A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☒ Other (Refer to Form C) CHANGE TO

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11840 W Roca Rd (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 17 Section 8N Township R5E Range _____ Subdivision _____ Addition _____ Block 40 Lot 17

Geographical Location (If known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Dave Linn Signature _____

Address 5835 Vine City/State/Zip Lincoln NE 68505

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Action Plumbing Company Name _____

Address 4101 So 8 City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone 423-6566

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO) NO but SHOWER

☐ Commercial Establishment/Other Facility Specify 3/4 bath no SHOP

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Dave Linn

Date 2/14/06

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

500 sf (5'x100') lateral per bedroom

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 114 & HY 39 (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 4/25/05 to 4/26/05 Weather: Precipitation Trace Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4/25	1200	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
2	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
3	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60
4	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
5	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60
6	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60

Person Conducting Percolation Tests

Name: Tom Bent

Phone: 402 474 3000

Address: 1609 N St Lincoln NE 68508

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-96

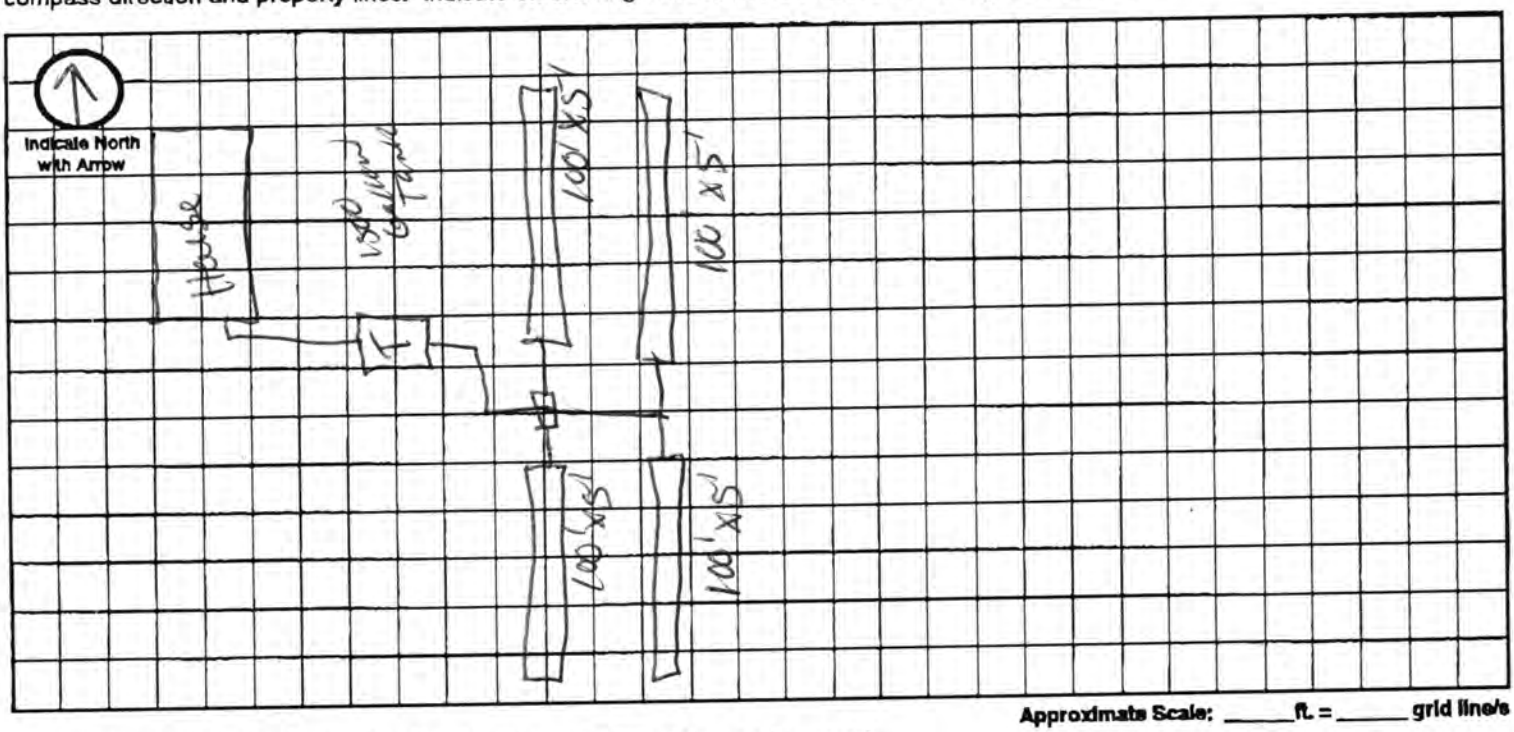
C

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11840 W Roca Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other ~~ENS Trench~~

Total Square Feet of Field Required: 2000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: ENS Trench

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 17

Total Length of Laterals ~~100~~ 106.25' ft. Number of Trenches 4 Trench Width 5'

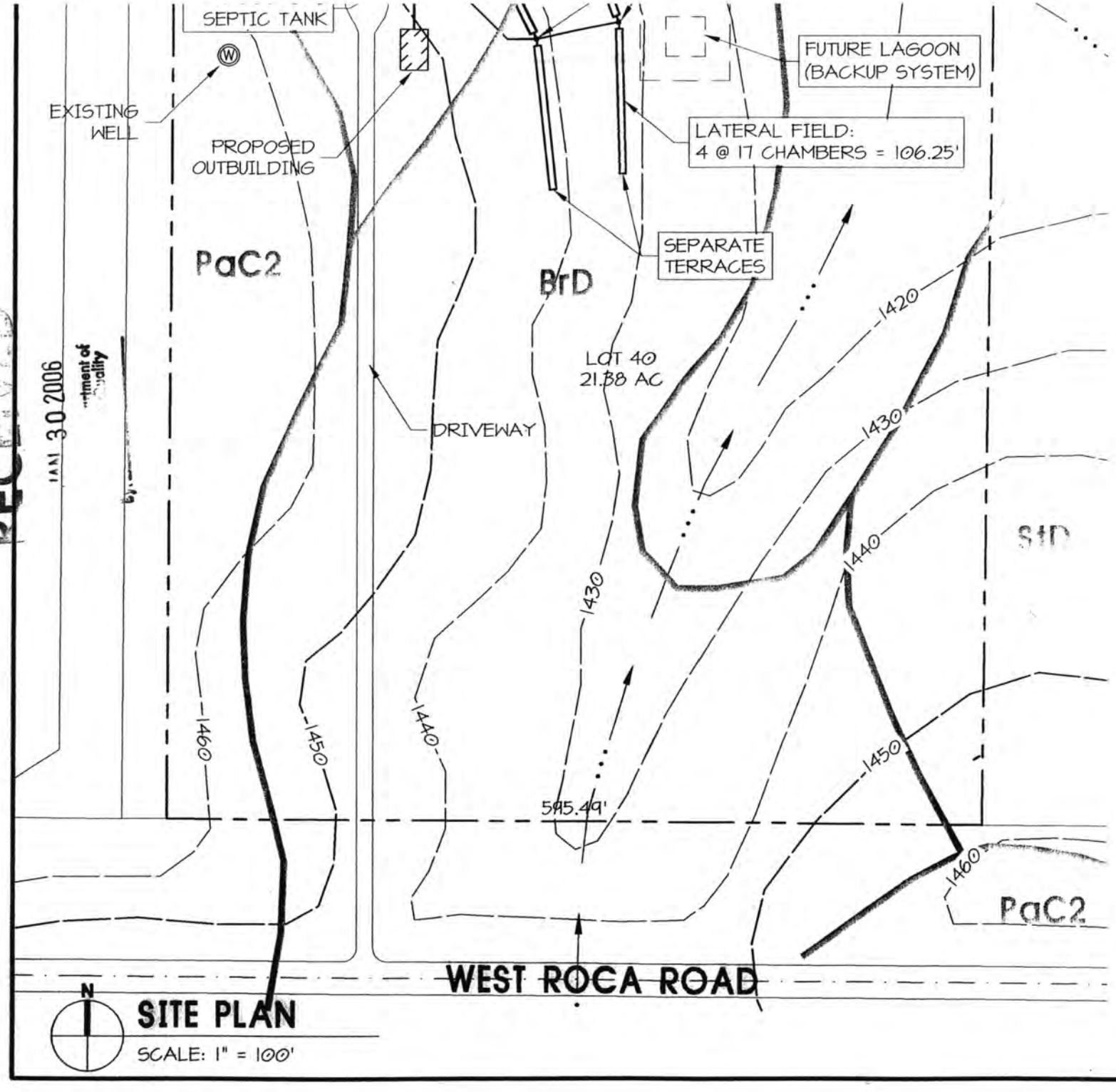
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☐	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☑	500 ☐	50 ☐	N/A ☑	30 ☐	50 ☑	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Frontier Homes Date _____

Installer Action Plumbing + HTC Date 2/13/06



SITE PLAN

SCALE: 1" = 100'

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA

RECEIVED
MAY 30 2006
Department of Environmental Quality
By:

GENE

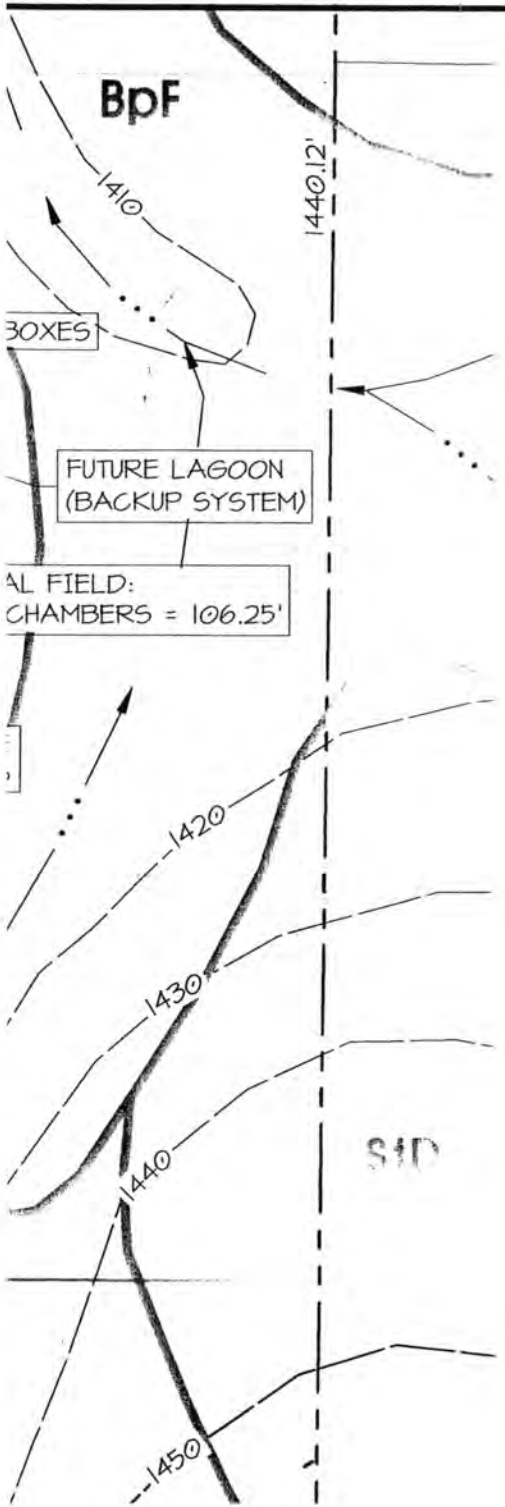
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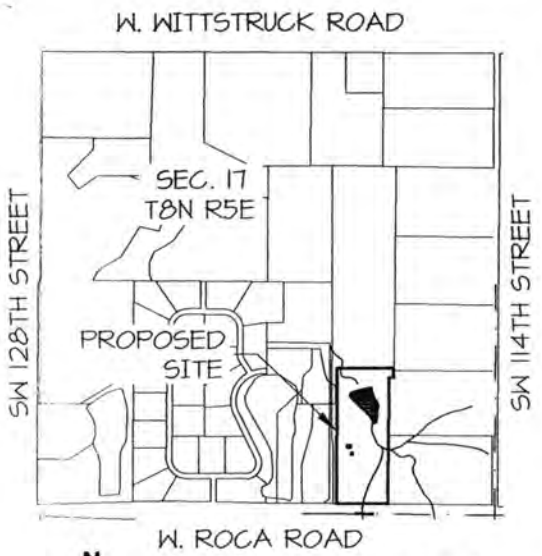
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4. 100-I
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5. IT IS
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AND ENS
USED.



PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
1/30/06



VICINITY MAP

NOT TO SCALE

Pollution Control Project
060WT003 PHB

Nebraska DEQ

APPROVED

FEB 03 2006

GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.

3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

date: 10 JAN 2006
revised:
26 JAN 06
30 JAN 06

11840 W. ROCA ROAD
ON-SITE WASTEWATER TREATMENT SYSTEM
CRETE, NEBRASKA

PERSHING SQUARE
1609 "N" STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
desassoc@inebraska.com
ASSOCIATES OF LINCOLN, INC

project no:
sheet name:

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007867

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380303901

Issued 06/14/05
Expires 06/14/06
Revenue Code 3157

Establishment: FRONTIER GENERAL CONTRACTORS LLC
T8N R5E SEC 17 QTR SE
11840 W ROCA RD

FEES: $200.00

Permittee: FRONTIER GENERAL CONTRACTORS LLC
BOX 29678
LINCOLN NE 68529

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

RECEIVED
JUN 14 2005

A

Permit Number: 05380303901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11840 West Rock RD (no rural route) City _____ NE, Zip _____

Legal Description SE 1/4 of 17 (1/4 Section) 8N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 40 F.T. (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name David & Regina Linn Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name John Brummer Company Name Frontier General Contractors, LLC

Address P.O. Box 29678 City/State/Zip Lincoln, NE 68529

☐ Check if contractor designed system Work Phone 328-8700

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Jeff Kreifels Firm Action Plumbing Work Phone 423-6960

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 6/14/05 Date frwd 6/14/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-14-05 Date frwd 6-14-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/14/05 Date frwd 6/14/05 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 06/14/05
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 3666

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

FROM :

B

Permit Number: 053803039

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 114th / HY 39 City NE, Zip
(no rural route)

Owner DAVID LINN Address

Soil Type (SCS): Percolation Rate: min/inch

Date of Tests 4/25/05 to 4/26/05 Weather: Precipitation Trace Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rate (Min/in)
1	36	4/25	1200	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
2	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
3	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60
4	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/4	120
5	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60
6	36	4/25	12:00	4/26	9:00	4/26	9:00	6	4/26	1:00	30	1/2	60

Person Conducting Percolation Tests

Name: Tom. Burt
Phone: 402 434 3000
Address 1609 N St
Lincoln NE 68508

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 22-101 10-96

Lagoon System /w Bentinite
Did not pass perc test.

TOTAL P.02

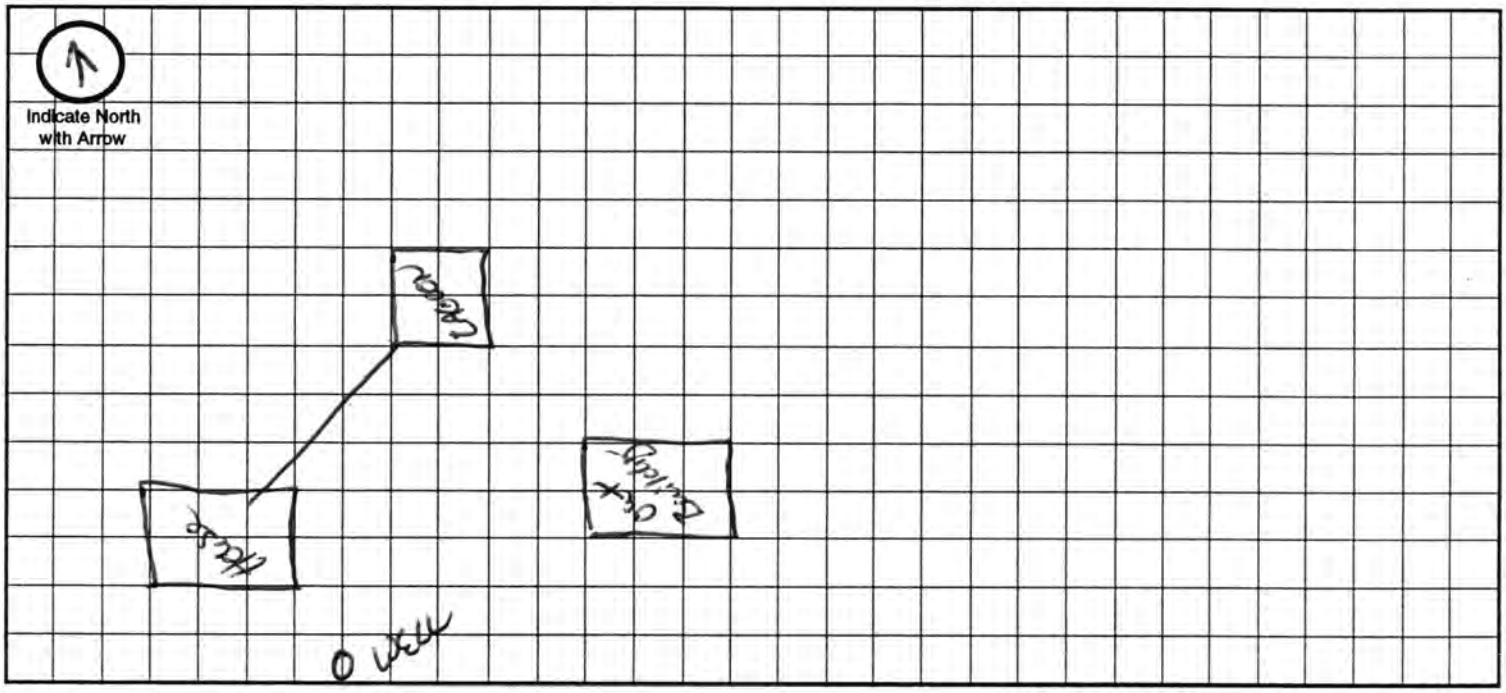
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803039

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11840 Roca Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Jeff Kreikels Action PLBG & HTG Date 06/10/05

FORM 23-102 10-96