Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006191

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380295901

Issued 01/31/05
Expires 07/31/05
Revenue Code 3157

Establishment:
GENE GAGE
T8N R5E SEC 24
PARCEL
NO ADDRESS-MARTELL?

FEES: $200.00

Permittee:
GENE GAGE
11125 S 14 ST
ROCA NE 68430

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

A

Permit Number: 05380295901

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 5825 - W Roca Rd (no rural route) City _____ NE, Zip _____

Legal Description NE1/4 (1/4) 24 (Section) T8 (Township) R5 (Range) Parcel (Subdivision) _____ (Addition) Pt. Lot 14 (Block) _____ (Lot) FT.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gene Gage Signature _____ X

Address 11125 South 14th City/State/Zip Roca NE 68430

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

C. Contractor

Name Gene Gage Company Name Heartland Assoc., Inc

Address 6005 West Roca Rd City/State/Zip Martell NE 68404

☐ Check if contractor designed system Work Phone 794-0400

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

Designer Name Mel Eagner Firm Eagner Const Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 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 1/31/05 Date frwd 2/1/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/1/05 Date frwd 2/1/05 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2/1/05 Date frwd 2/1/05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 7/13/05

Business Office Use Only

Date Rec'd 01/31/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1122

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

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)

X

Address _____ City _____ NE, Zip _____

(no rural route)

Owner GENE Sage Address 11125 SO 14th ROCA NE 68430

Soil Type (SCS): ~~PAWNEE CLAY LOAM~~ WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 1-25-04 to 1-26-04 Weather: Precipitation cloudy Temperature 34

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	30	1-25	2:35	1-26	11:31	1-26	11:35	6	1-26	12:05	30	1/2	60
2	32	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	48
3	32	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1/2	60
4	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	48
5	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1/2	60
6	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	48

Sum of Percolation Rates: 324

Average of Rates: 54

Rate Used for Calculation: 54

Person Conducting Percolation Tests

Name: Mel Sagner

Phone: 432-5690

Address 4810 "D" Claire Ave
Lincoln 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hook R.E.H.S. Date FEBRUARY 1, 2005

FORM 23-101 10-96

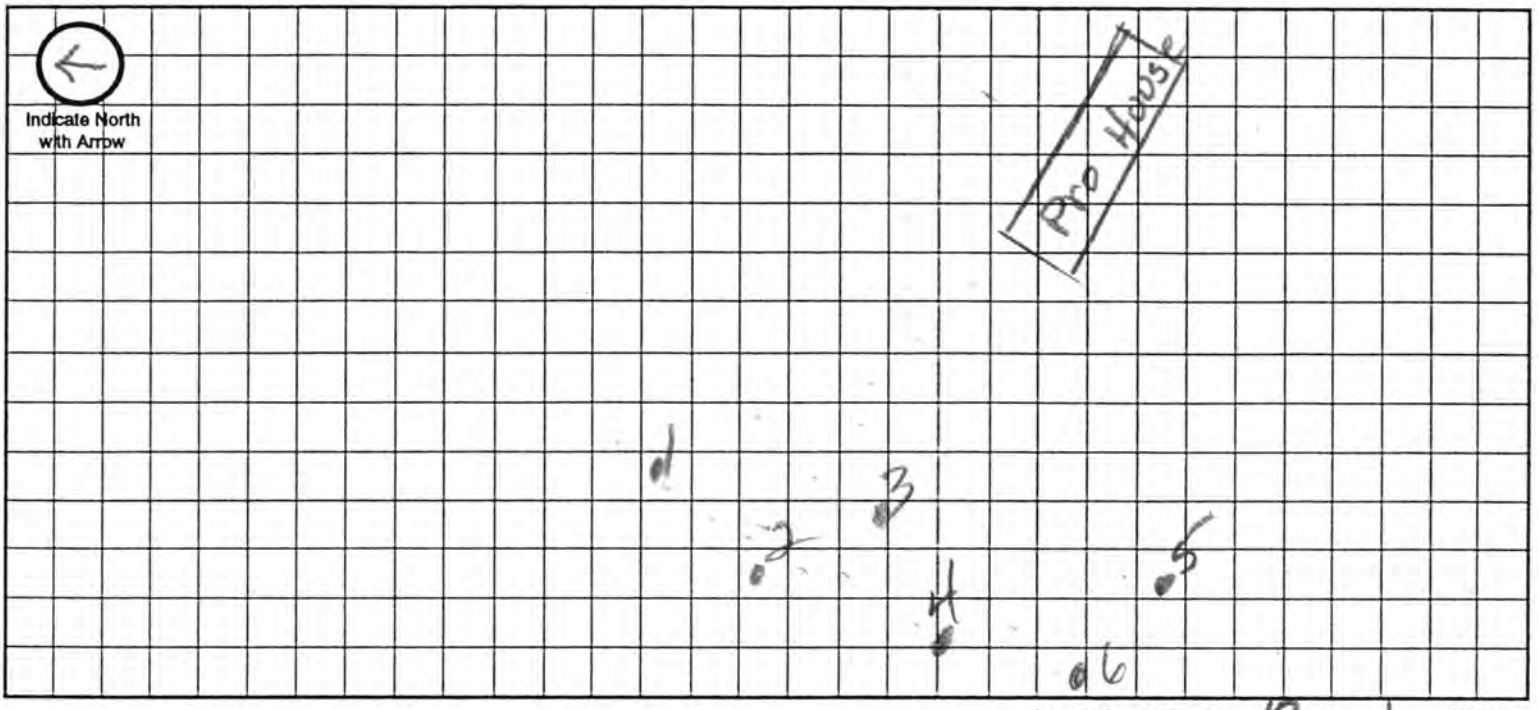
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 54 (min. per inch) Soil Type: ~~PAWNEE CLAY LOAM~~ WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 350 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 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 Melvin F. Gagner Date 28 Jan 04

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 4-17-04 Dave Hagen

System Location (Indicate correct number and street)

Address SW 58th +W. Roca Rd (no rural route) City Roca, NE NE, Zip 68430

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 50 ft.
   stream N/A ft.
   pressure line OVER 30 ft
   property line OVER 50 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank below unfinished grade: 28 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream N/A ft.
   Pressure line OVER 30 ft.
   Property line OVER 50 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 29 ft.

D. Absorption Field

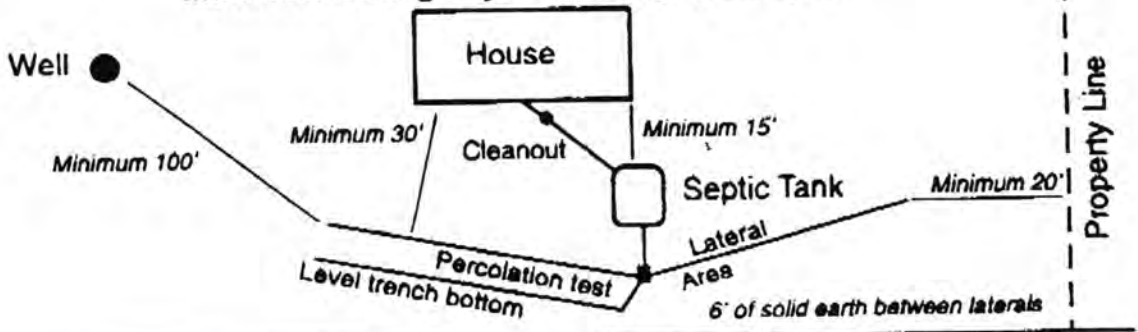
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INALTRATORS
2. Lateral lines: Number 2
   Length of each line: 876" ft. 112.5" ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

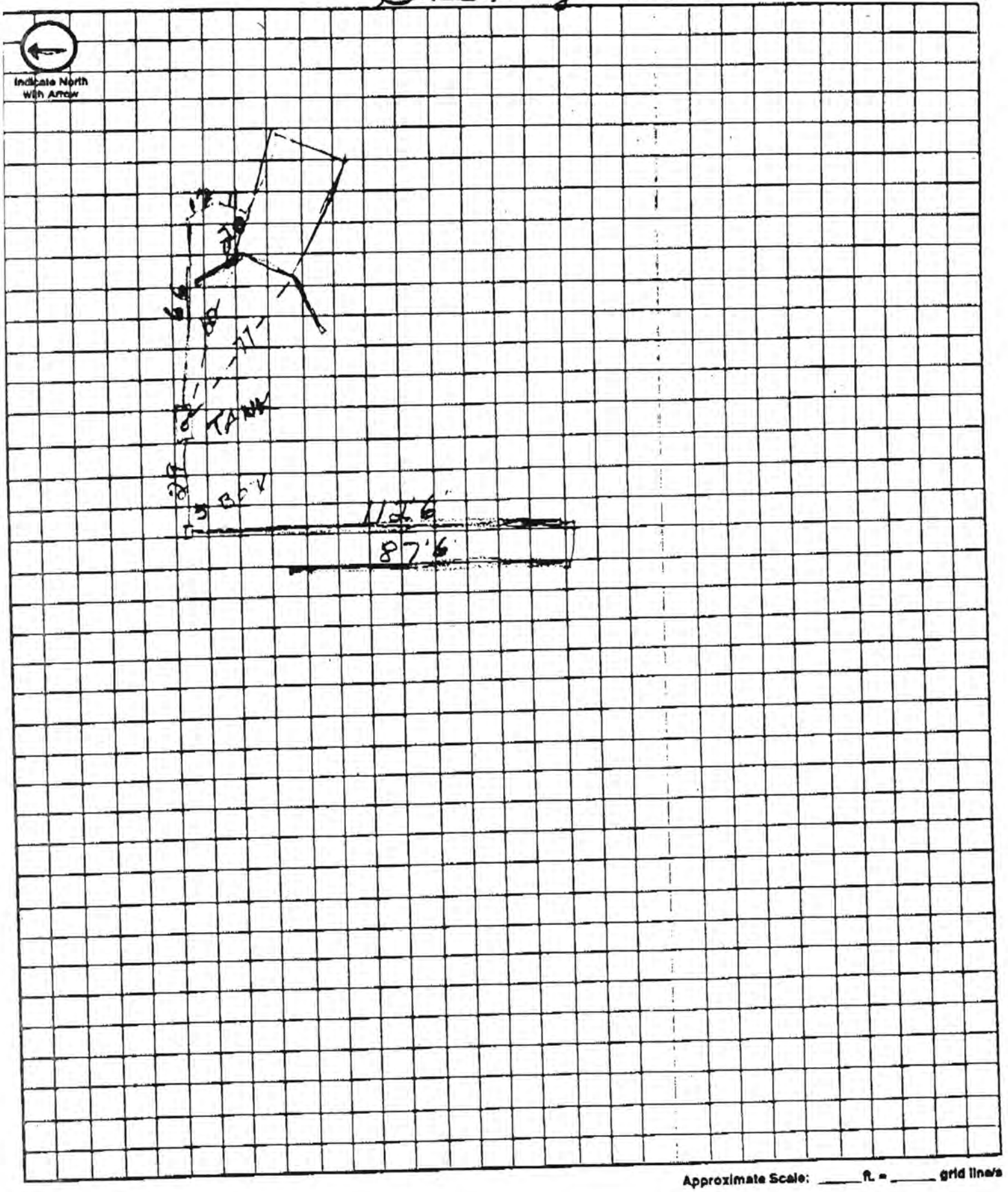
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Lone Sage SW 58th + W. Roca Rd.

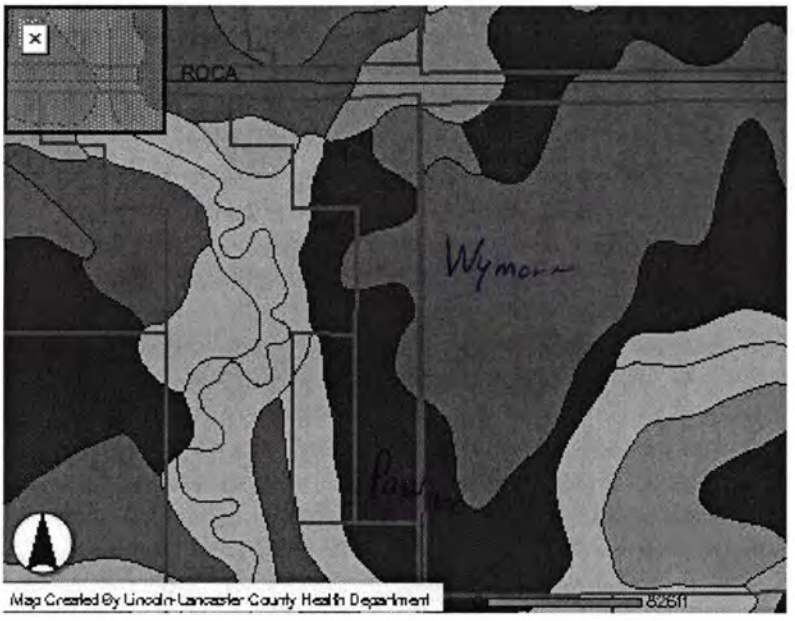


Approximate Scale: ____ ft. = ____ grid lines

04/18/2005 19:01 14027977475 GAGNER PAGE 03


0.59 ac.
1.28 ac.
30' Access Easement
5.13 ac.
(Including R-O-W)
20.07 ac.
(Including R-O-W)
House

Setback 60'


ROCA
Wymore
Map Created By Lincoln-Lancaster County Health Department