Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380213901

Issued 01/19/00
Expires 07/19/00
Revenue Code 3157

FEES: $150.00

Establishment

GAGNER CONSTRUCTION
T8N R5E SEC 24 QTR NE
IRREGULAR TRACT LOT 14
6005 W ROCA RD-MARTELL

TOTAL: $150.00

Permitee

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011618

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

A

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)

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 6005 W. ROCA Rd (no rural route) City MARTEL NE, Zip

Legal Description Lot 14 in NE Quarter, Sec 24, Township 8N, Range 5E, Lancaster County 14 I.T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name EUGENE EAGE Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name EAGNER CONST. Company Name

Address 4810 W CLAIRE AV City/State/Zip LINCOLN NE. 68523

☒ Check if contractor designed system Work Phone 432-5698

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 3 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 1/18/00 Date frwd 1/24/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/2/00 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

2/7/00 Need drawing/CA

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date FEBRUARY 8, 2000

Business Office Use Only

Date Rec'd 01/18/00
Amt Paid 150.00
Rec'd By
Cash/Check No. 6047

FORM 23-100 10-96 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

sec 24
T5 - 8N
R - 5E

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6005 "W" ROCA Rd (no rural route) City MARTEL NE, Zip 68404

Owner GENE GAGE Addresss 11125 so 14th ROCA 68430

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

Date of Tests 1/10/00 to 1/11/00 Weather: Precipitation 0 Temperature 40

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	31	1/10	4:00	1/11	4:30	1/11	4:30	6	1/11	5:00	30	3/4	40 MIN/IN
2	24	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
3	32	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN
4	29	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
5	30	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
6	34	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN

Person Conducting Percolation Tests

Name: MELVIN FAGNER
Phone: 432-5696
Address 4510 W CLAIRE AVE
LINCOLN NE. 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 41

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

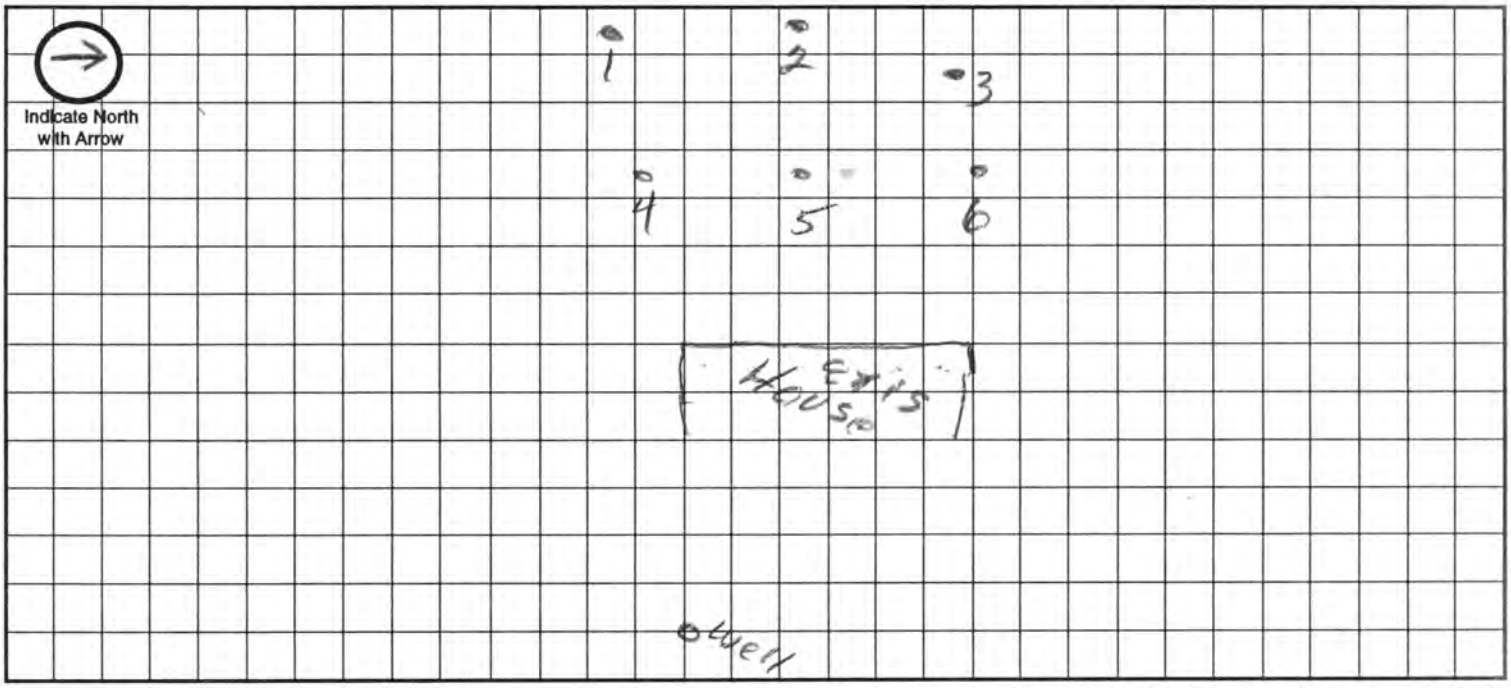
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ 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 41 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 870 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 290 ft. Number of Trenches 3 Trench Width 4'

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 EXISTING HOUSE Date _____

Installer Melvin F. Gagner Date 1/18/00

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 7 Feb 00 — Dave Boge

System Location (Indicate correct number and street)

Address 6005 11' West Rd. City MARTell NE, Zip 68404
(no rural route)

Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 15 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

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 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 0 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

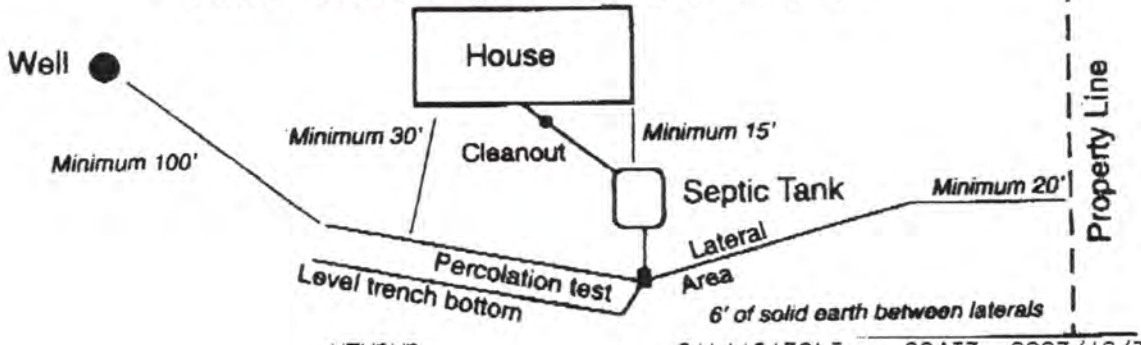
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 1 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 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)



RM 23-103 10-96

02/07/2000 21:05 14027977475 GAGNER PAGE 01

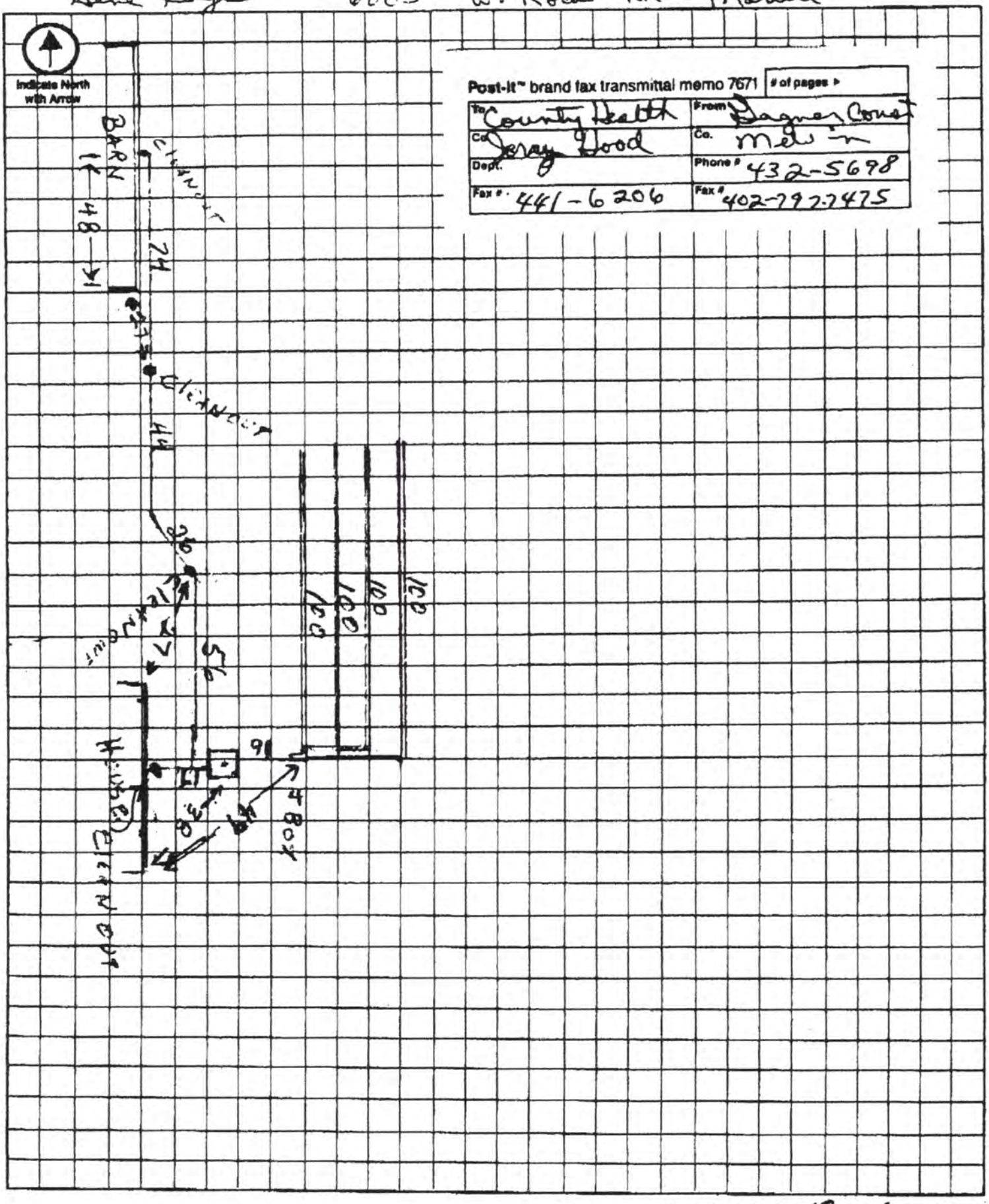
As Built Drawing

Dana Sage 6005 W. Roca Rd - Martell

Indicate North with Arrow

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To County Health	From Gagner Const
Co. Jerry Wood	Co. Mel
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-7475



Approximate Scale: 10 ft. = 1 grid line/s

FEDERAL EMERGENCY MANAGEMENT AGENCY
STANDARD FLOOD HAZARD DETERMINATION

See The Attached Instructions

O.M.B. No. 3067-0264
Expires October 31, 2001

SECTION I - LOAN INFORMATION

1. LENDER NAME AND ADDRESS
4555001A M73 NOT GIVEN
MARTELL STATE BANK
5748 S 83RD STREET
LINCOLN, NE 68516

REQUESTER: AARON BELL
FAX #: (402) 434-7388 PHONE #: (402) 434-7385

2. COLLATERAL (Building/Mobile Home/Personal Property) PROPERTY ADDRESS
(Legal Description may be attached)
GAGEL GENE
6005 W ROCA ROAD
MARTELL, NE 68404

LOT: 14 BLOCK: NA SUBV: NA

3. LENDER ID. NO.

4. LOAN IDENTIFIER
NOT GIVEN

5. AMOUNT OF FLOOD INSURANCE REQUIRED

SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

NFIP Community Name	County (ies)	State	NFIP Community Number
LANCASTER COUNTY *	LANCASTER	NE	310134

B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME

NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")	NFIP Map Panel Effective/Revised Date	LOMA/LOMR	Flood Zone	No NFIP Map
310134-0120B	02/03/1982	/ / Yes Date	C Elev.:	

C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply)

- [X] Federal Flood Insurance is available (community participates in NFIP) [X] Regular Program [ ] Emergency Program of NFIP
- [ ] Federal Flood Insurance is not available because community is not participating in the NFIP.
- [ ] Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available.
  CBRA/OPA designation date: _____

D. DETERMINATION

IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? [ ] YES [X] NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.
If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.

E. COMMENTS (Optional):
SURVEY APPROXIMATELY 30% OF THE WESTERN PORTION OF THE PROPERTY IS IN A SPECIAL FLOOD HAZARD AREA.

CERTIFY TO: TYPE OF COVERAGE: LIFE OF LOAN RUSH: No

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

F. PREPARER'S INFORMATION

NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)
AMERICAN FLOOD RESEARCH, Inc.
6500 LBJ Freeway, Suite 200
Dallas, Texas 75240
1-800-[illegible]

DATE OF DETERMINATION
01/28/2000

4555001A-M73

FEMA Form 81-93, OCT 88

SLHC-LH

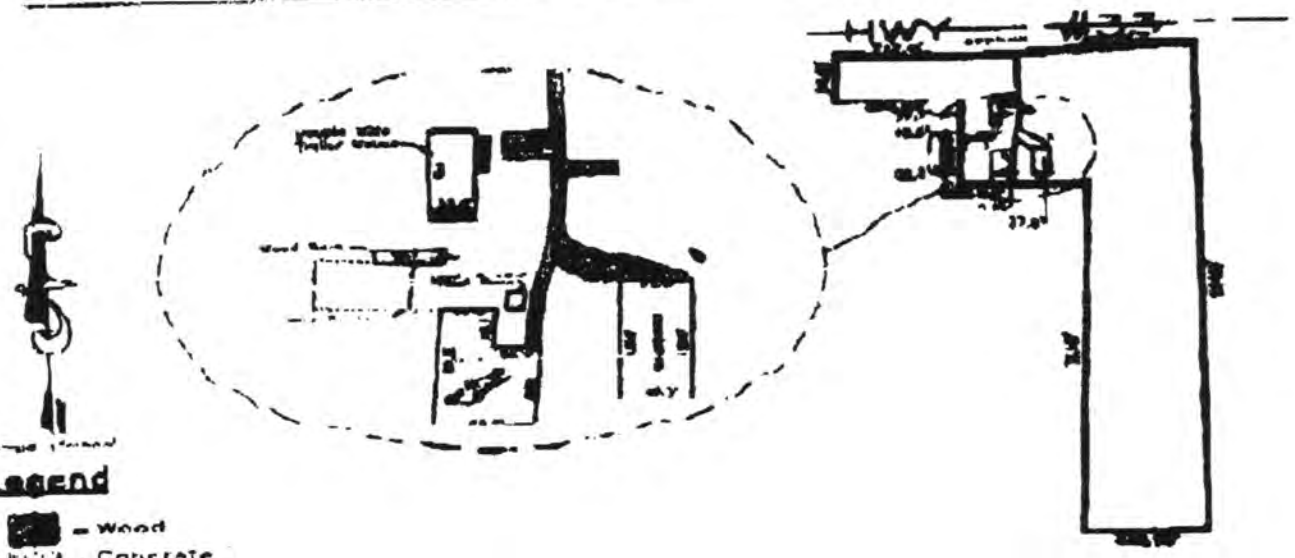
CLSE

MORTGAGE PLOT PLAN

Property Address: 5555 West Pine Road

Legal description: Lot 18 IT, NE 1/4, Sec. 25-9-6

City of Lincoln, Lancaster County, NE



Legend

- Wood
- Concrete
- Brick

DATE OF CERTIFICATE

March 3, 1999

SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible encroachments, conflicts, shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way, except as shown to me. Visible utility services have been located from observed evidence and that said property has access to and from a dedicated street. This plat is NOT A BOUNDARY SURVEY and is not to be used for any purpose whatsoever other than those specifically stated above.

REGISTERED LS-440 LAND SURVEYOR JAYME M. MALONE

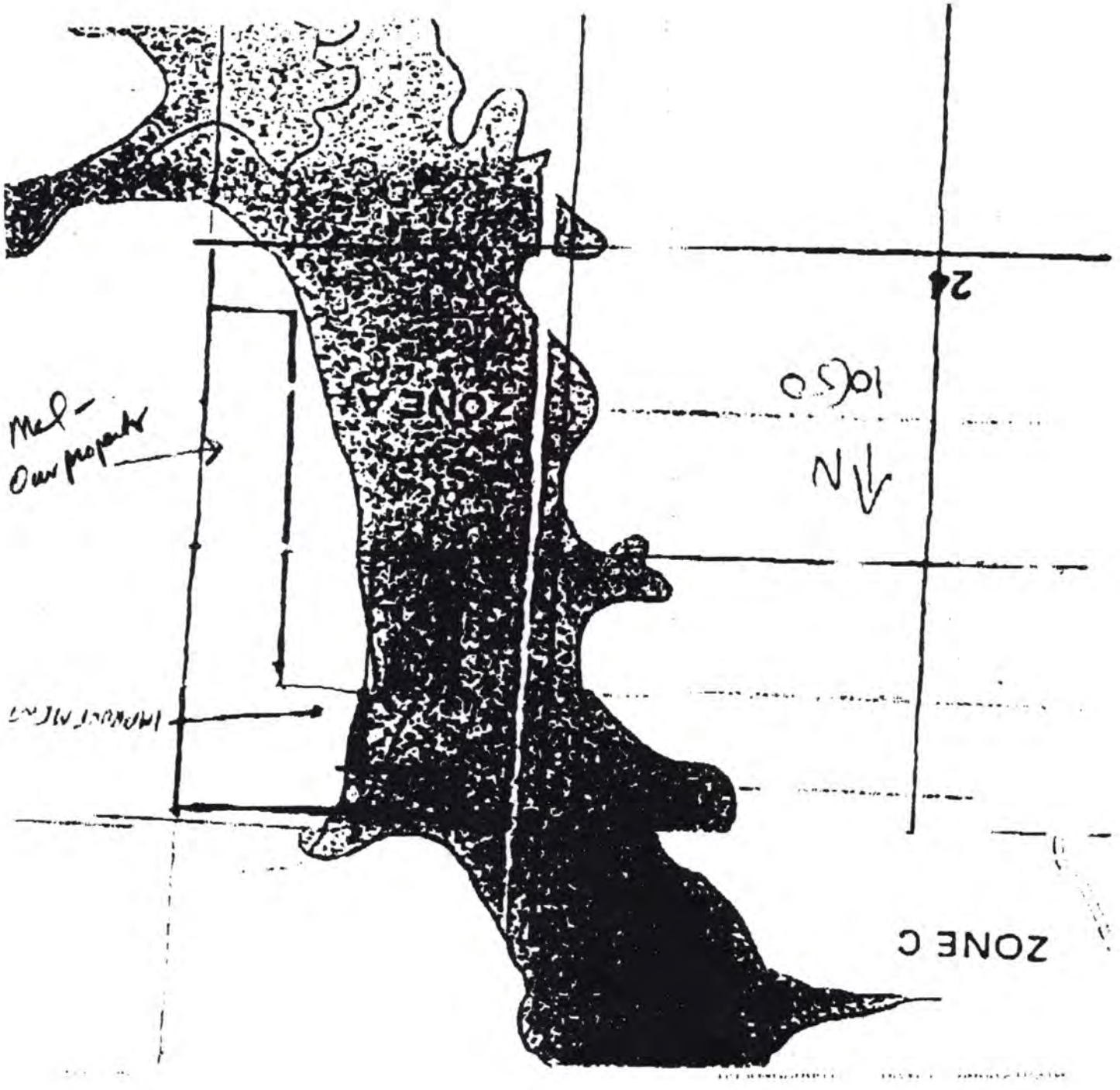
Jayme M. Malone

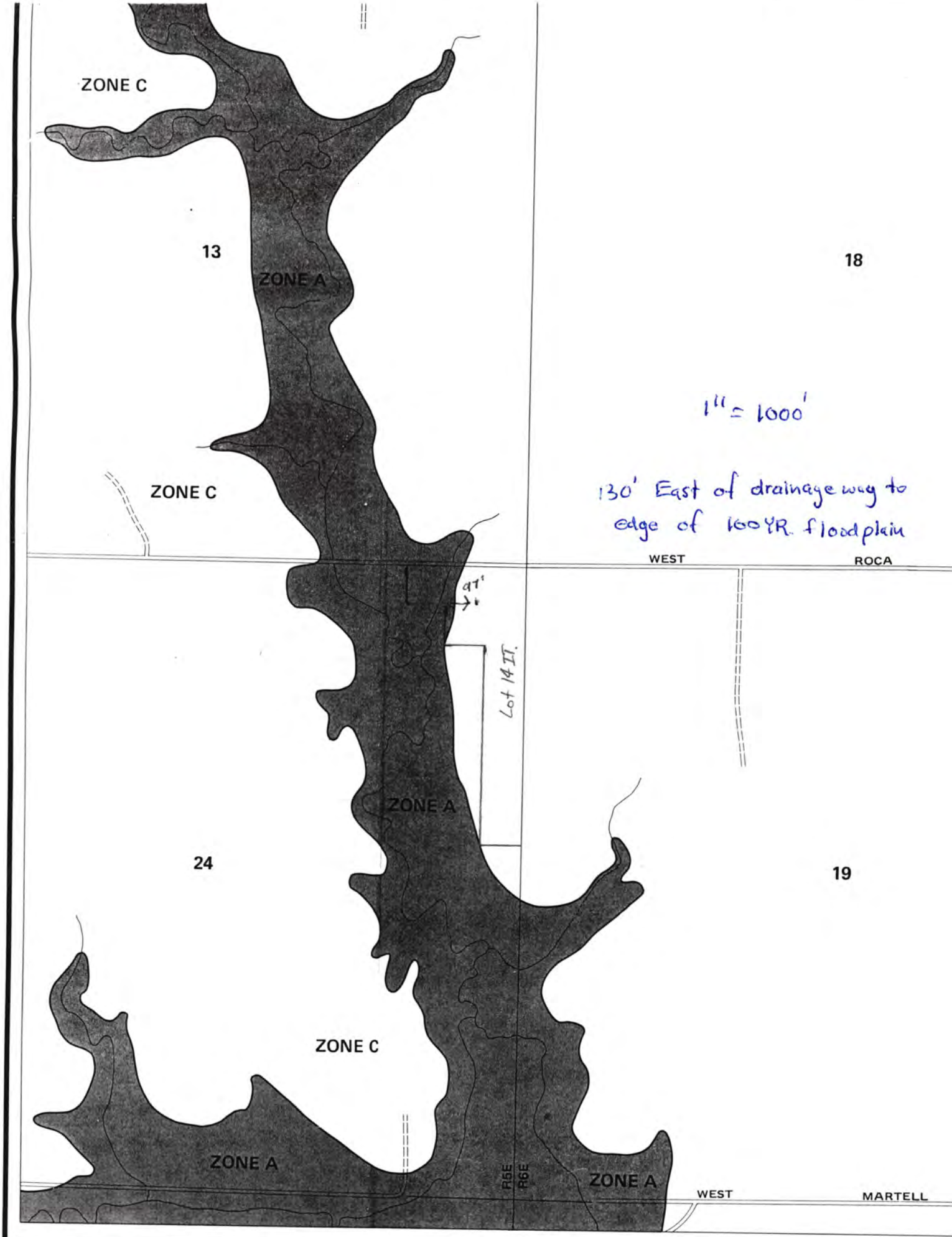
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Martell, NE

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To County Health	From Gagner Const
Co. Jerry Wood	Co. Mel
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-2475




ZONE C
13
ZONE A
18
1" = 1000'
130' East of drainage way to edge of 100YR. floodplain
ZONE C
WEST
ROCA
97'
Lot 14 II.
ZONE A
24
19
ZONE C
ZONE A
R6E
R6E
ZONE A
WEST
MARTELL