Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

PAUL BRAKHAGE
T8N R5E SEC 24
LOT9-NW,LOT15-NE LOT 9IT
6633 W ROCA RD-MARTELL

Permittee

PAUL BRAKHAGE
2815 FRANKLIN ST
LINCOLN NE 68502

Permit # 02380255801

Issued 10/22/02
Expires 04/22/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003019

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

A

Permit Number: 023802558

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 6633 W. Roca Rd. (no rural route) City Martell NE, Zip 68404

LCR 4933

Legal Description Lot 9 NW 1/4, Lot 15 NE 1/4 Section S24 - Township T8N - Range R5E Subdivision Addition Block Lot 9I.I

Geographical Location (if known): Longitude ______ Latitude ______

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

B. Owner

NCR 54268

Name Paul Brakhage Signature Paul Brakhage

Address 2815 Franklin City/State/Zip Lincoln, NE 68502

ACR 27888

☐ Check if owner designed system Home Phone (402) 477-8141 Work Phone (402) 471-4224

C. Contractor

Name ______ Company Name Waverly Plumbing

Address 14150 Lancashire City/State/Zip Waverly, NE 68462

☑ Check if contractor designed system Work Phone 786-5620

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 2 Is there a Whirlpool Bathtub (YES) NO Proposed

☐ 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 10/22/02 Date frwd 10/22/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-23-02 Date frwd 10-23-02 ACTION ☒ Approved ☐ Disapproved Signature [signature]

3. **City or County Engineer** Date rec'd 10-23-02 Date frwd 10-23-02 ACTION ☐ Approved ☐ Disapproved Signature [signature]

Lagoon + line field note: need fence

Installation Final Written Approval

By [signature]

Date 5/4/04

Business Office Use Only

Date Rec'd 10/22/02

Amt Paid 200.00

Rec'd By [initials] ~~Cash~~/Check No. 503

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: 023802558

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6633 W. ROCA RD. (no rural route) City MARTELL NE, Zip 68404

Owner PAUL BRAKHAGE Address 2815 FRANKLIN LINCOLN NE 68502

Soil Type (SCS): WYMORE-PAWNEE ASSOCIATION - WYMORE SILTY CLAY Percolation Rate: 170 min./inch

Date of Tests 10/20/02 to 10/21/02 Weather: Precipitation NONE FOR DAYS Temperature LOW 60's

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	37	10/20/02	12:30 p	10/21/02	1:00 p	10/21/02	4:30 p	3	10/21/02	4:30 p	30	1/8	240
2	38 1/2	10/20/02	12:30 p	10/21/02	1:00 p	10/21/02	4:03	3 1/2	10/21/02	4:33	30	1/4	120
3	36	10/20/02	12:30 p	10/21/02	1:00 p	10/21/02	4:07	4	10/21/02	4:37	30	1/4	120
4	37 1/4	10/20/02	12:35 p	10/21/02	1:05 p	10/21/02	4:10	3 3/4	10/21/02	4:40	30	1/2	60
5	36 1/2	10/20/02	12:35 p	10/21/02	1:05 p	10/21/02	4:13	4	10/21/02	4:43	30	1/8	240
6	37 3/4	10/20/02	12:35 p	10/21/02	1:05 p	10/21/02	4:16	4	10/21/02	4:46	30	1/8	240

Sum of Percolation Rates: 1020

Average of Rates: 170

Rate Used for Calculation: 170

Person Conducting Percolation Tests

Name: PAUL BRAKHAGE

Phone: DAY - 471 4224 EVENING 477-8141

Address 2815 FRANKLIN
LINCOLN, NE 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

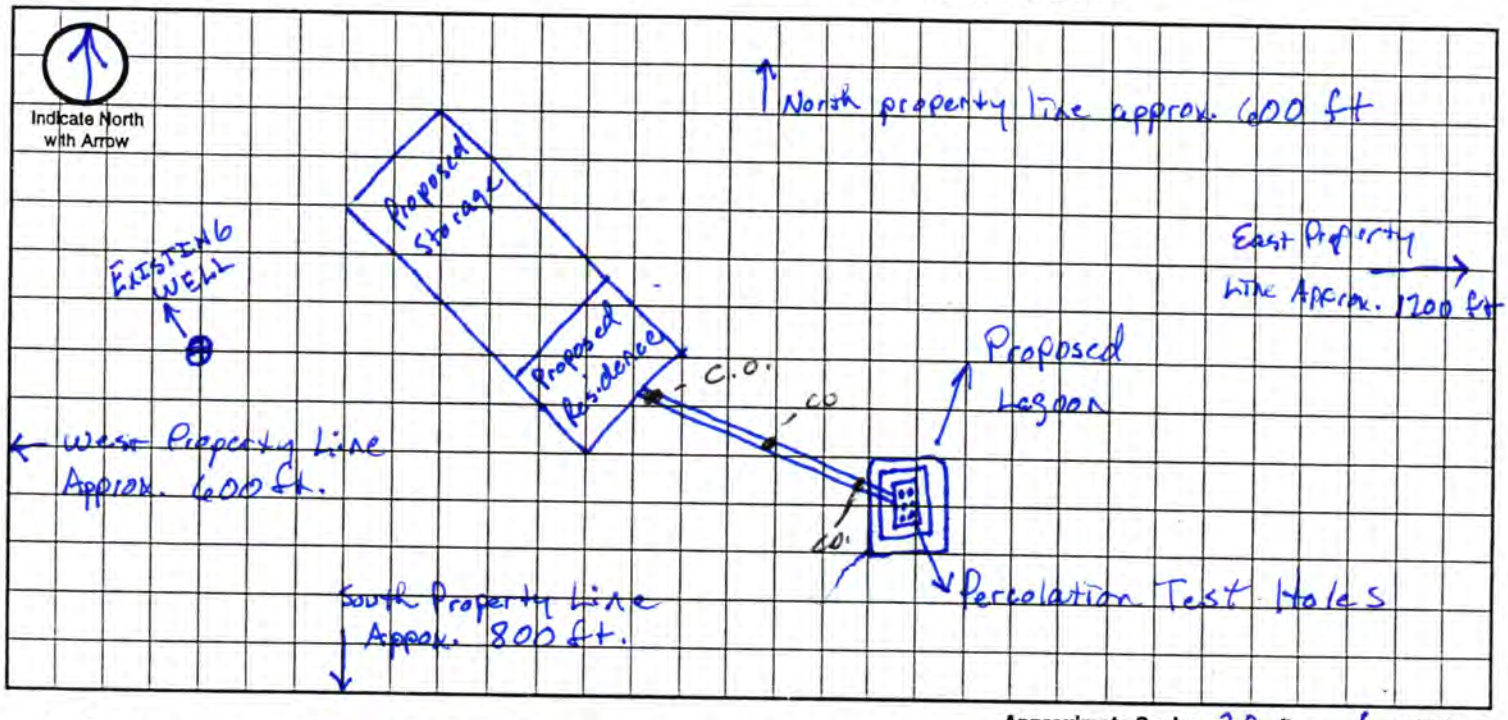
Lincoln-Lancaster County Health Department
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C

Permit Number: 023802558

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6633 W. Roca RD. City MARTELL NE, Zip 68404

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: WYMORE-PAWNEE ASSOCIATION Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other WYMORE SILTY CLAY LOAM

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

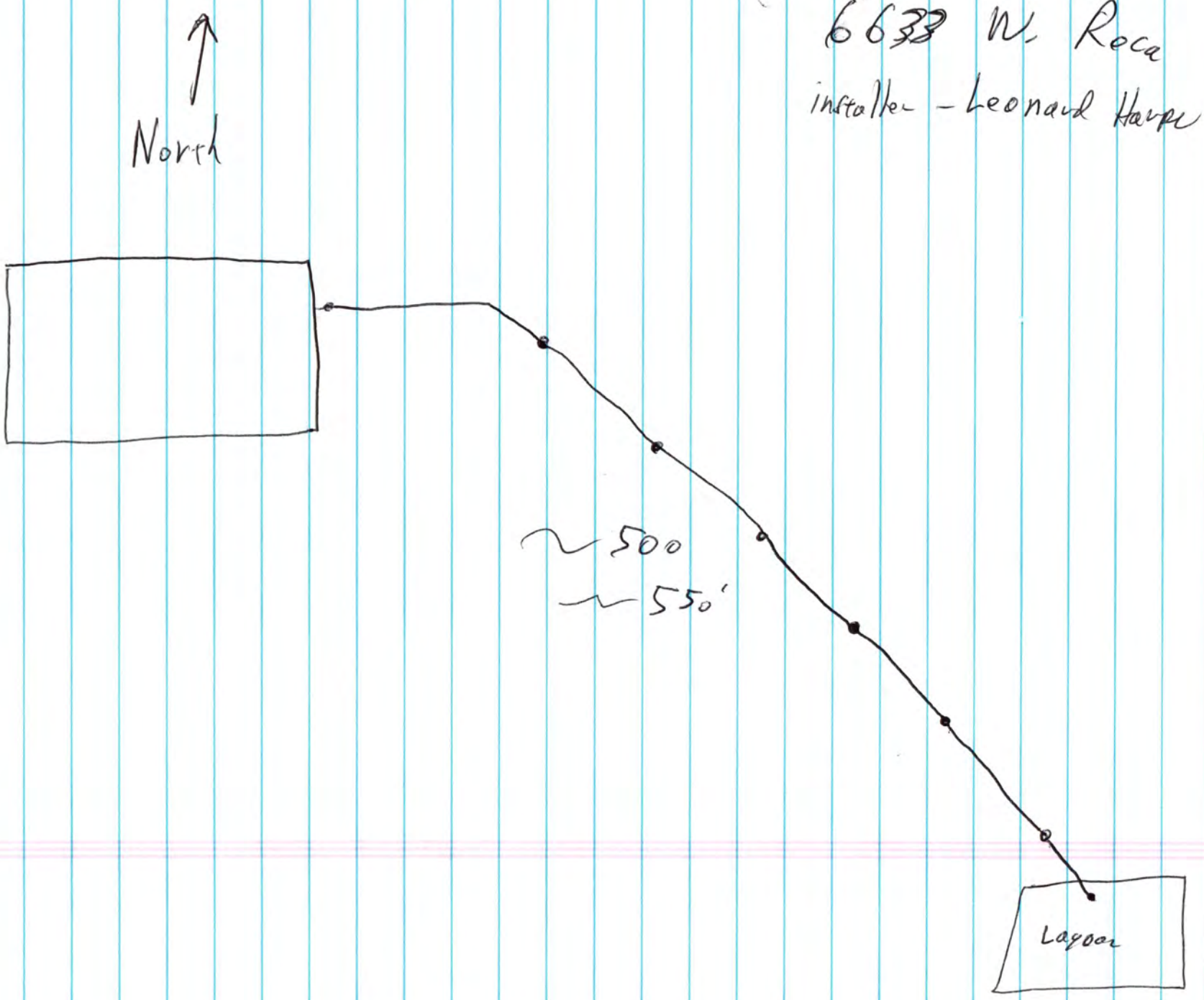
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☑	N/A ☐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

E. Required Signatures

Home Building Contractor Tom Drabek Date 10/22/02

Installer Michael J Pacha Date 10-22-02

FORM 23-102 10-96


North
6633 N. Roca
installer - Leonard Harpe
~500
~550'
Lagoon