Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003771

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON-SITE TO BE RAISED OUT OF THE
FLOOD PLAIN

Establishment: MARVIN HOY
T8N R6E SEC 1
PARCEL A
12501 S 25 ST-ROCA

Permittee: MARVIN HOY
12845 S 25 ST
ROCA NE 68430

Permit # 04380280501

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

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
APR 0 2 2004

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

A

Permit Number: 04380280501

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 12501 So 25 St (no rural route) City Roca NE, Zip 68430

Legal Description 1/4 1/4 Section 1 Township 8N Range 6E Subdivision Addition PARCEL A 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 Marvin Hoy Signature Marvin Hoy

Address 12845 So 25 St City/State/Zip Roca Ne 68430

☒ Check if owner designed system Home Phone 450 0321 Work Phone 450 0321

C. Contractor Marvin Hoy

Name Hoy Construction LLC Company Name Hoy Construction LLC

Address 12845 So 25 St City/State/Zip Roca Ne 68430

☒ Check if contractor designed system Work Phone 450 0321

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

Designer Name Todd Wedick Firm Hoy Const Work Phone 450 0321 610 1848 Todd

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 300 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 4/2/04 Date frwd 4/7/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/7/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Field notes - Line - Lagoon, Need Fence

3. **City or County Engineer** Date rec'd 4-7-04 Date frwd 4-7-04 ACTION ☒ Approved ☐ Disapproved Signature _____

LAGOON SITE WILL BE RAISED OUT OF FLOOD PLAIN

Installation Final Written Approval

By _____

Date 11/23/05

Business Office Use Only

Date Rec'd 04/02/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 2790

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

General Field Notes as built V

C

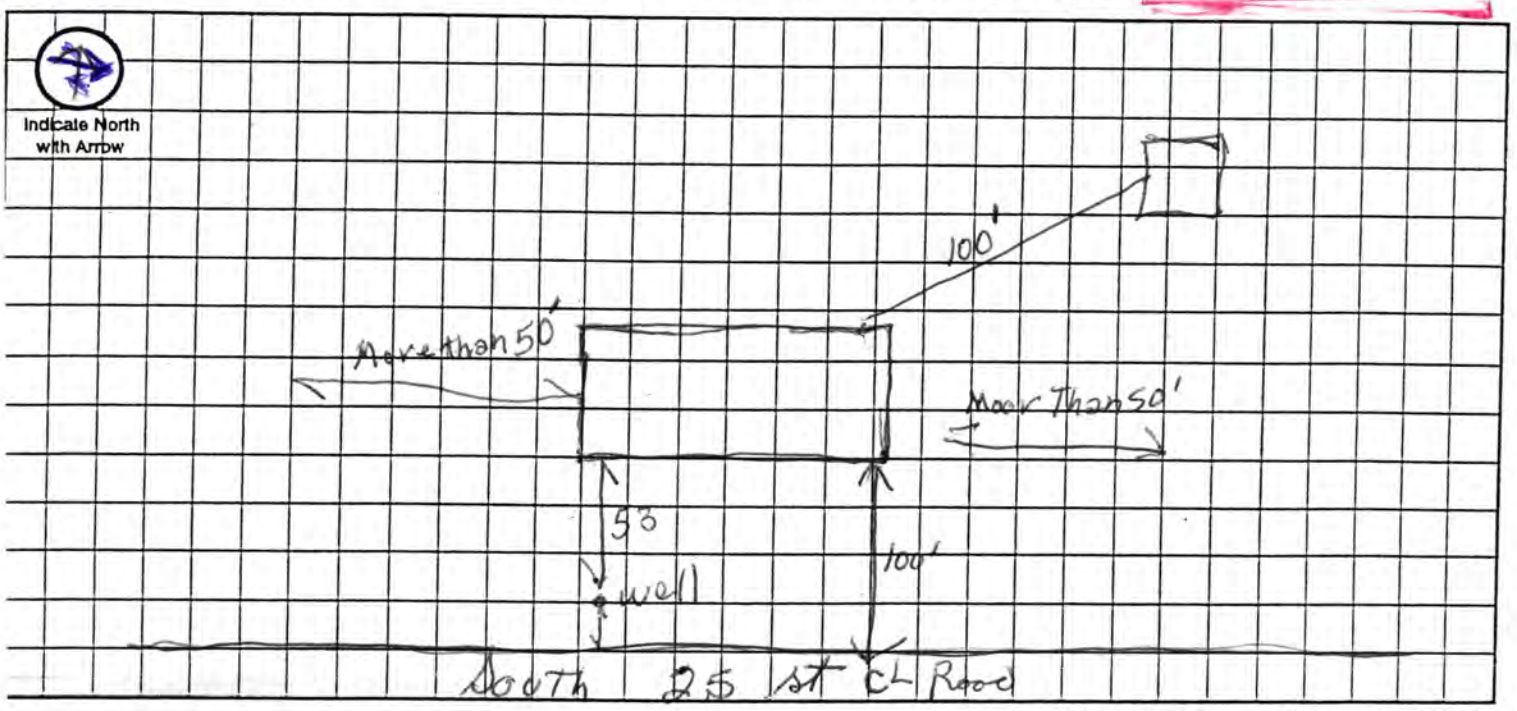
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

RECEIVED
APR 02 2004

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 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 Lagoon

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 ☐ NA	50 ☐ NA	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☐	☐

E. Required Signatures

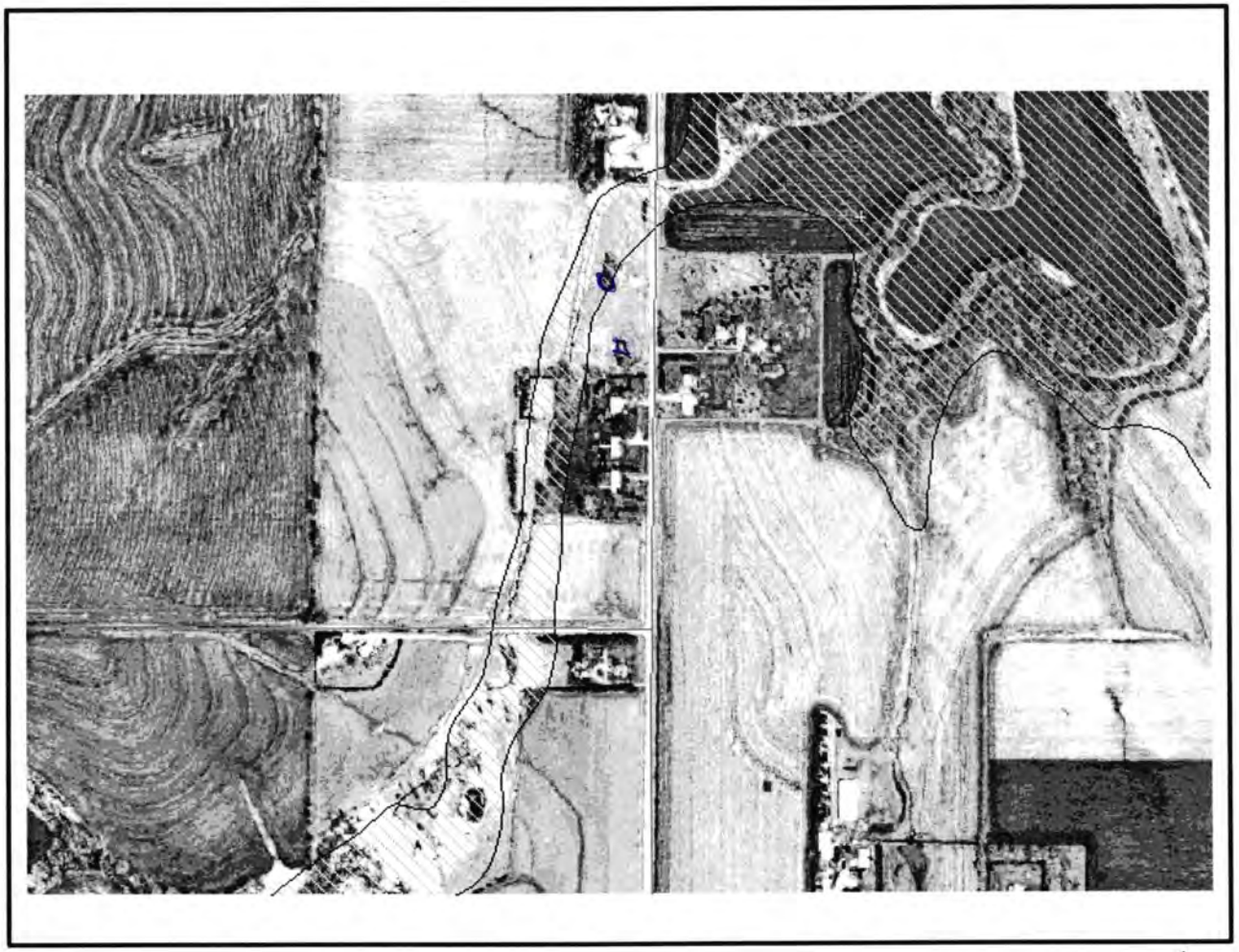
Home Building Contractor Dennis Lizer Date 04/02/04

Installer Todd R. Didick #0057 Date 04/02/04

RM 23-102 10-96

ESRI ArcExplorer 2.0

12501 South 25th Street



streets

flood1

N

Wednesday, Apr 7 2004

Northwest Corner, West Half, Southeast Quarter, Section 1, Township 8 North, Range 6 East of the 6th P.M.

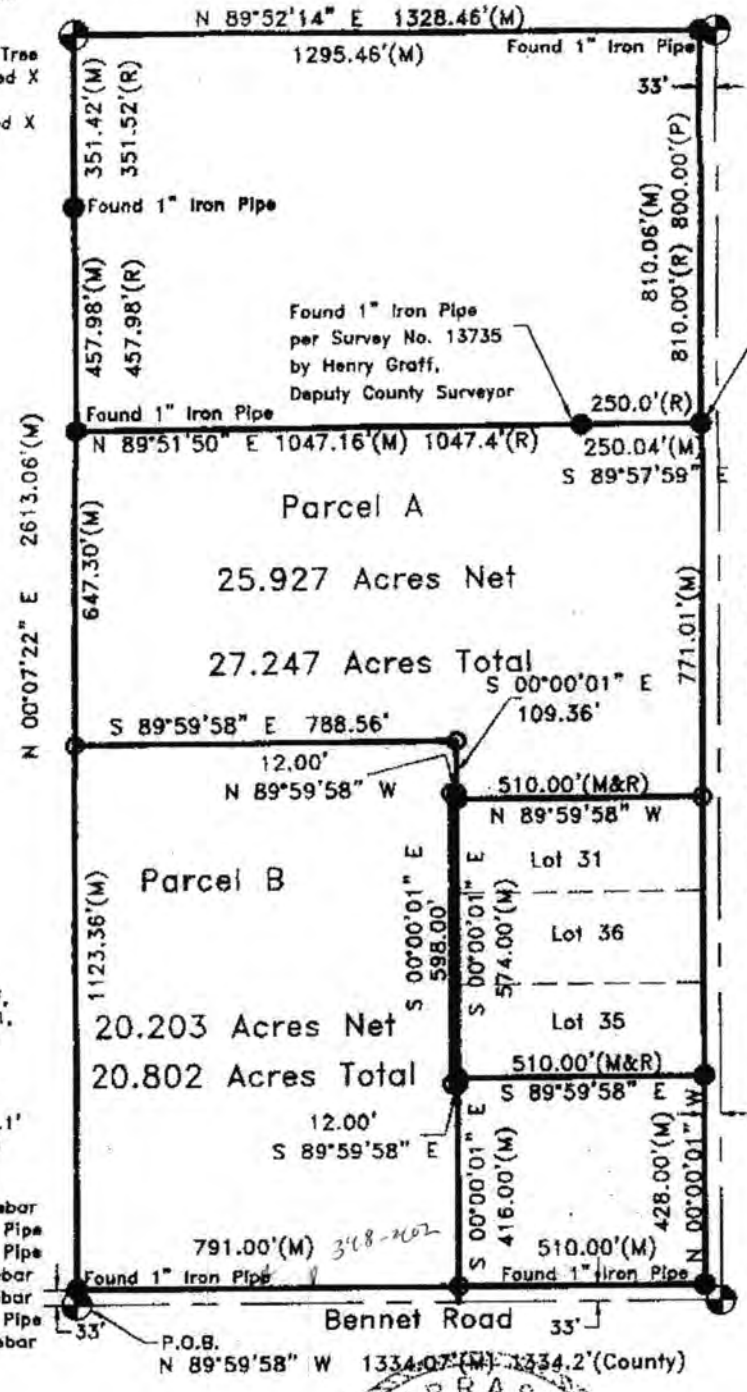
Found 1" Iron Pipe per Survey No. 13735 at surface SE of barb wire fence.

NW. 2.86' Found Nail in Tree
WNW. 20.02' Found Chiseled X in South end of 36" RCP.
NNW. 42.32' Found Chiseled X in North end of 36" RCP

Northeast Corner, West Half, Southeast Quarter, Section 1, Township 8 North, Range 6 East of the 6th P.M.

Found Concrete Cylinder 0.15' below gravel in Road 421.

NE. 55.87' Found 5/8" Rebar
E. 32.33' Found 1" Iron Pipe
SE. 58.27' Found 5/8" Rebar
W. 32.73' Found 1" Iron Pipe



Southwest Corner, West Half, Southeast Quarter, Section 1, Township 8 North, Range 6 East of the 6th P.M.

Found 3/4" Iron Pipe and Concrete Encased Magnet 1.1' below dirt surface on North edge of Bennet Road.

NW. 30.83' Found 5/8" Rebar
N. 33.00' Found 1" Iron Pipe
NNE. 31.28' Found 1" Iron Pipe
NE. 38.94' Found 5/8" Rebar
SE. 39.75' Found 5/8" Rebar
S. 33.00' Found 1" Iron Pipe
SW. 56.77' Found 5/8" Rebar

Southeast Corner, West Half, Southeast Quarter, Section 1, Township 8 North, Range 6 East of the 6th P.M.

Found Aluminum Cap 0.2' below gravel in Intersection of Road 421 and Bennet Road.

NW. 46.51' Found 1" Iron Pipe
NE. 36.85' Found 1" Iron Pipe
E. 32.91' Found 1" Iron Pipe
SW. 46.64' Found 1" Iron Pipe

145

Signed this 14th day of January, 20[illegible]

By: Karen D. Brouwer
Karen D. Brouwer, NE. L.S. #611

NEBRASKA REGISTERED LS-611 LAND SURVEYOR KAREN D. BROUWER

SURVEYOR'S CERTIFICATE

I hereby certify that the accompanying survey was conducted by me or under my direct supervision. Points and improvements found are certified to be accurately shown on this Plat. All distances are Arc distances, unless otherwise noted. All distances are measured in feet or decimals of a foot.

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008333

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment: MARVIN N HOY
T8N R6E SEC 1
PARCEL A
12601 S 25 ST-ROCA

Permittee: MARVIN N HOY
12845 S 25 ST
ROCA NE 68430

Permit # 05380311501

Issued 10/11/05
Expires 10/11/06
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

12601

A

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

Permit Number: 053803115

Sewage Disposal System

Request for Site Clearance and Permit

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

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

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PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 12601 So 25 St (no rural route) City Roca NE, Zip 68430

Legal Description ____ ____ 1 8N 6E PARCEL A
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 Marvin Hoy Signature Marvin Hoy

Address 12845 So 25 St City/State/Zip Roca Ne 68430

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

C. Contractor

Name Todd Widerk Company Name Hoy Construction

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 5 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 10/11/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
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 Doug Moore

Date 11/16/05

Business Office Use Only

Date Rec'd 10/11/05

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 4466

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12601 S. 25 (no rural route) City Roca NE, Zip 68430

Owner Marvin Hoy Addresss 12601 S. 25 Roca 68430

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	10/10	8/00	10/10	3/25	10/10	3/55	14 1/4	10/10	4/25	30	1 1/4	24
2	↓		AM		P		P	16 3/8		P		2 1/4	14
3								18 5/8				2 1/2	12
4								17 1/2				2 5/8	11
5								22 1/8				2 1/8	15
6								26 1/4				3/4	40

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17201 S. 72nd

Hickman, Ne 68372

Sum of Percolation Rates: 116

Average of Rates: 28

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

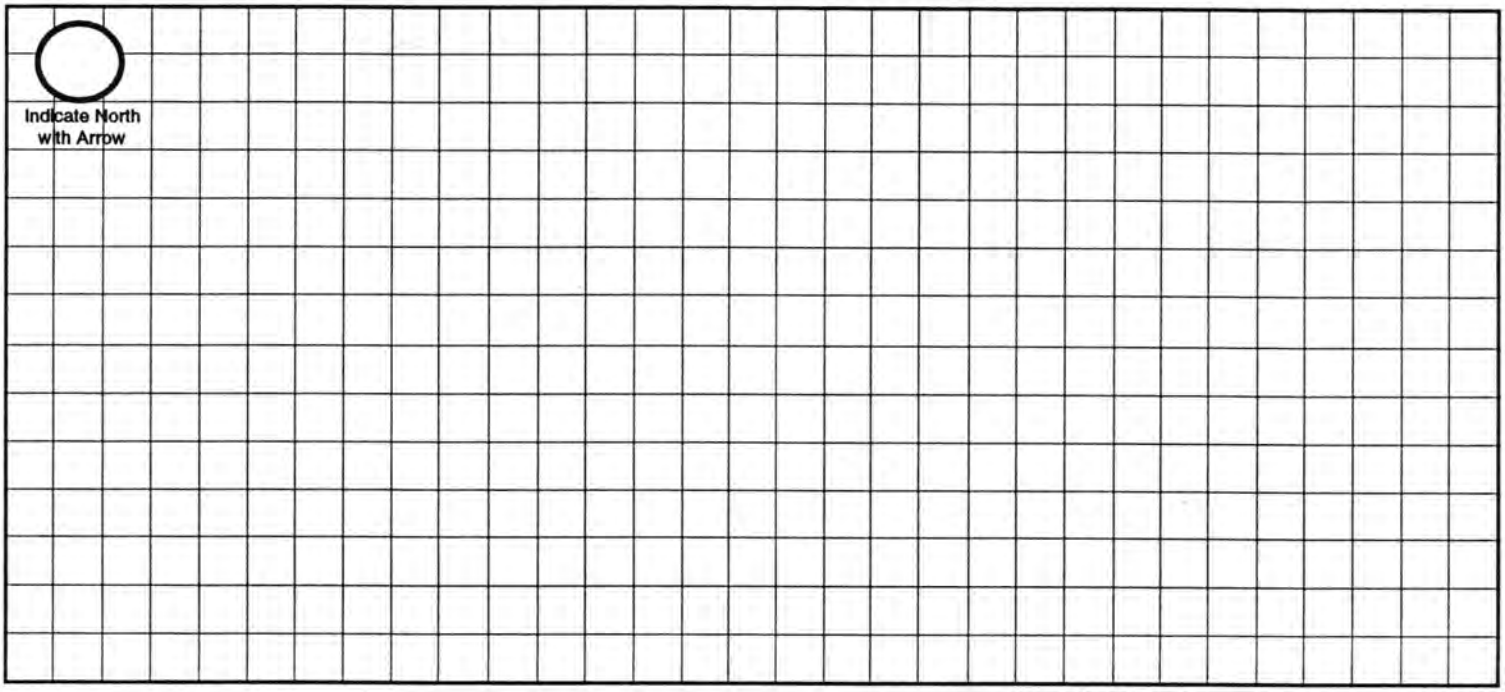
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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

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

Total Square Feet of Field Required: 1375 sq. ft.

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

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

Total Length of Laterals 344 ft. Number of Trenches _____ 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 _____ Date _____

Installer _____ Date _____