Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

007743

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION-REPRINT
SEPTIC SYSTEM

Permit # 05380302301

Issued 05/12/05
Expires 05/12/06
Revenue Code 3157

Establishment: HAROLD BONNE
T8N R6E SEC 1
12305 S 25 ST-ROCA

FEES: $200.00

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Permittee: HAROLD BONNE
6254 SW 42 ST
CORTLAND NE 68331-8136

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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

A

Permit Number: 05380302301

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 12305 So 25 (no rural route) City Roca NE, Zip 68430

Legal Description ____ 1/4 ____ 1/4 1 Section 8N Township 6E 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 Harold Bongie Signature ____

Address 12305 So 25 City/State/Zip Roca, Ne 68430

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd St. City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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)

☐ 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 5/12/05 Date frwd 5/12/05 **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 ____

Tank - line 5/11/05 DS

Installation Final Written Approval

By ____

Date 6/28/05

Business Office Use Only

Date Rec'd 05/12/05
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 1086

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: 053803023

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12305 S 25 (no rural route) City Roca, NE, Zip 68430

Owner _____ Addresss _____

Soil Type (SCS): JUC Percolation Rate: 30 min./inch

Date of Tests 5/5 to 5/6/05 Weather: Precipitation ~~60~~ 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	30	5/5	9:30	5/6	11:00	5/6	1:30	23½	5/6	2:00	30	1 3/8	2.3
2			A		A		P	24⅞		P		1⅛	27
3								24				⅞	34
4								25⅛				1¼	24
5								24⅛				⅞	34
6								23⅞				1⅛	27

Sum of Percolation Rates: 169

Average of Rates: 28

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date MAY 12, 2005

FORM 23-101 10-96

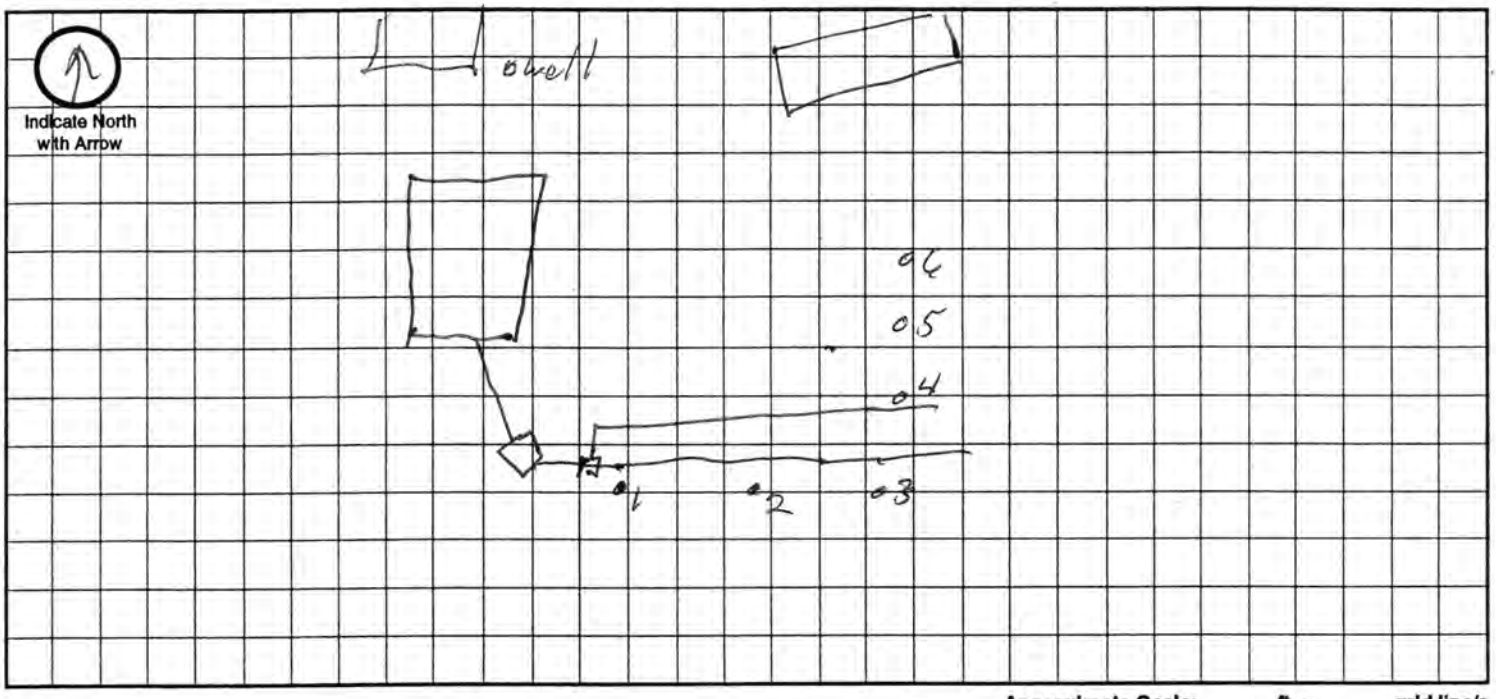
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12305 S. 25 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: SUC Land Slope: _____ %

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

Total Square Feet of Field Required: 500 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Entrator

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

Total Length of Laterals 125 ft. Number of Trenches 2 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 5-10-05

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

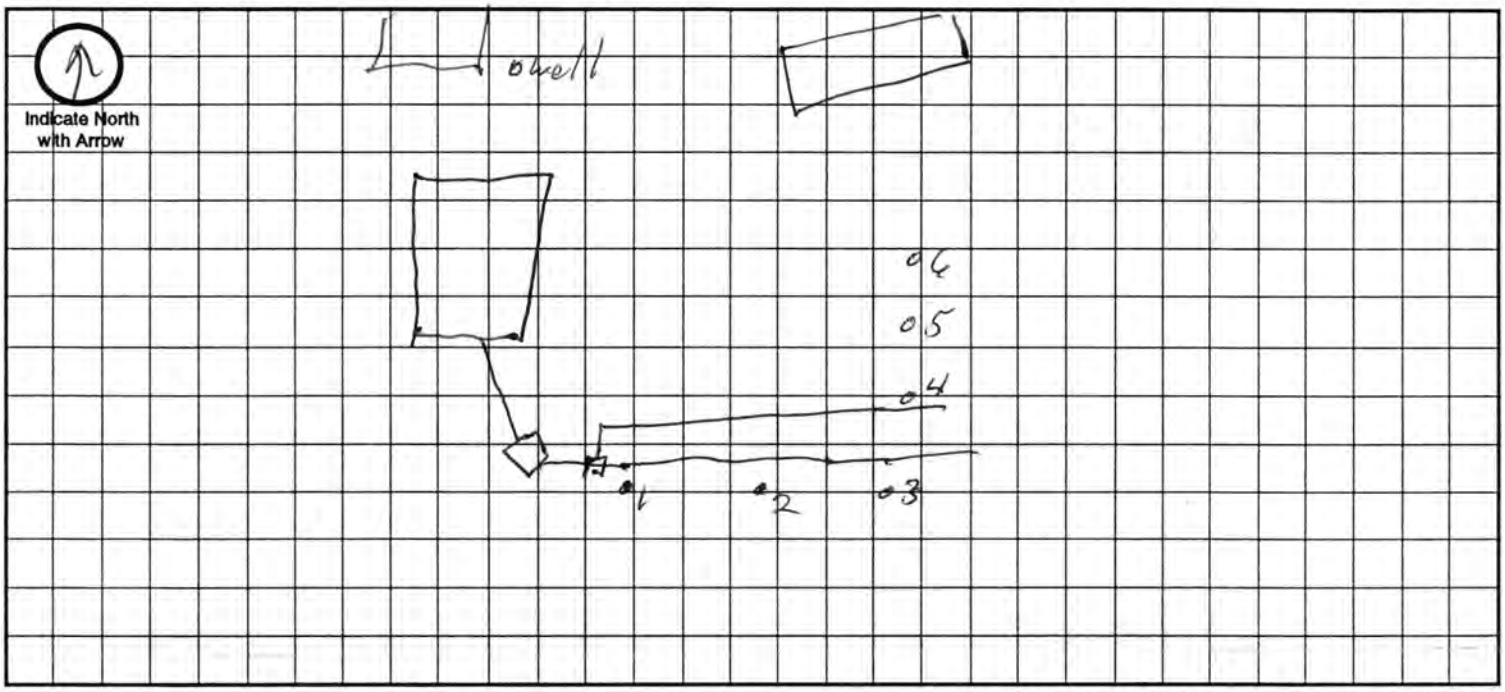
C

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) 12305 S. 25 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: JUC Land Slope: _____ %

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

Total Square Feet of Field Required: 500 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Polyester

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

Total Length of Laterals 125 ft. Number of Trenches 2 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 Brad Smith Date 5-10-05

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 5-11-05

System Location (Indicate correct number and street)

Address 12305 S. 25 (no rural route) City Roca NE, Zip 68372

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: 50 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 19 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line NA ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Plastic (Snyder Ind)
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. Distribution Box

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

D. Absorption Field

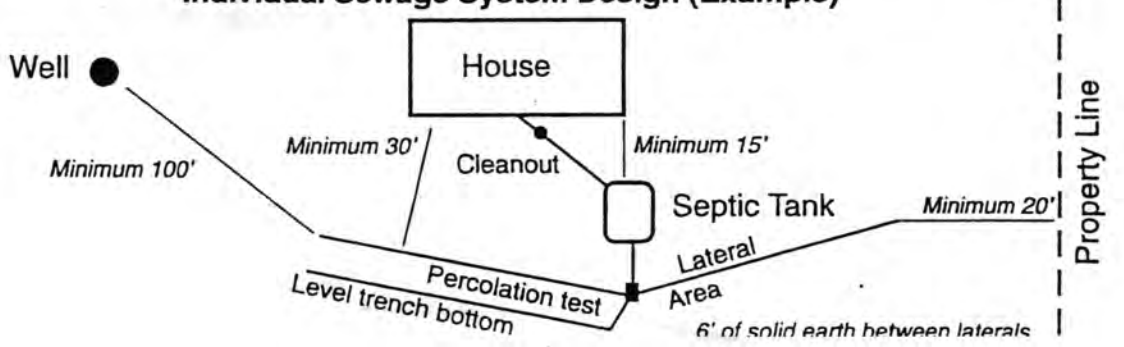
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 Infiltrator 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 62.5 ft. 62.5 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36 in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



441. 6206

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

RECEIVED APR 18 2005

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12305 S 25TH ST ROCA

Parcel ID 06 - 01 - 400 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 8 Range 6 Section 1 1/4 1/4 Block Lot 21 Addition

Directions to Property SHILLO RD to 25th turn S. ½ mile -

Location of Well north of house/red pump Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH OF HOUSE/by red flag Year Installed 1960

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Harold & Shirley Bonne	12305 S. 25 ST ROCA	432-9289 (Harold)
Tenant/Buyer:		title comp FAX 434-3736 phone 434-3743	
Return to:	Wendy Francis	7100 S. 29 (68516)	580-7610 434-3605 (Fax)

Signature of Applicant [signature] Address 1616 W A LINCOLN, NE 68522 Date 4 / 18 / 05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04 / 19 / 05 Amount 200.00 Check No. 7296 Initials lo

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 4 / 21 / 05

WATER SYSTEM:	Approved	Disapproved
Construction	☒ corrected	☒ loose sanitary seal
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☒ Corrected	Date 5 / 12 / 05 by rm
Provisional	☐	Date ___/___/___ by ___
Disapproved	☒ Violation South of House	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping and that septic tank is watertight. There is no record of a permit or inspection of the original installation. A permit has been taken out to repair the violation and the permit is approved. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Marquardt, R.S. Date 5 / 13 / 05

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

Solid Edit

P27361-24

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

MAY 16 2005

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

Laboratory Report Printed on: May 13, 2005

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P27361-24**
Sampled By: **R MARQUART**
Location: **12305 S. 25TH**
Sample Point:

Date Collected: **12-May-2005 10:00 AM**
Date Received: **12-May-2005**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/13/05	TW
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/13/05	TW

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12305 S 25TH ST Ilora

Parcel ID 02 - 01 - 400 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 8 Range 6 Section 1 1/4 1/4 Block Lot 21 Addition

Directions to Property SALTILLO RD to 25th turn S. 1/2 mile -

Location of Well north of house/red pump Tap Location: Inside ☐ Outside ☑

Location of Sewage System South of House/by red flag Year Installed 1960

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Harold & Shirley Beine	12305 S. 25 ST Ilora FAX 434-3736 Home 434-3743	432-9289 (Harold)
Tenant/Buyer:			
Return to:	Wendy Travis	3100 S. 29 68516	580-2690 434-3605 (Fax)

Signature of Applicant [signature] Address 1616 W A Lincoln, NE 68522 Date 4 / 18 / 05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04 / 19 / 05 Amount 200.00 Check No. 7296 Initials LO

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Ron Maryanek **DATE:** 4 / 21 / 05

WATER SYSTEM:	Approved	Disapproved
Construction	☒ corrected	☒ loose
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 8.3 ppm	☐ ppm

SEWAGE SYSTEM

Approved	☐	
Provisional	☒	Corrected Violation South of House
Disapproved	☐	

Additional Site Visits

Date 5 / 12 / 05 by
Date / / by
Date / / by

Comments: Recommend checking to see if septic tank needs pumping and that septic tank is watertight. There is no record of a permit or inspection of the original installation. A permit has been taken out to repair the violation and the permit is approved. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

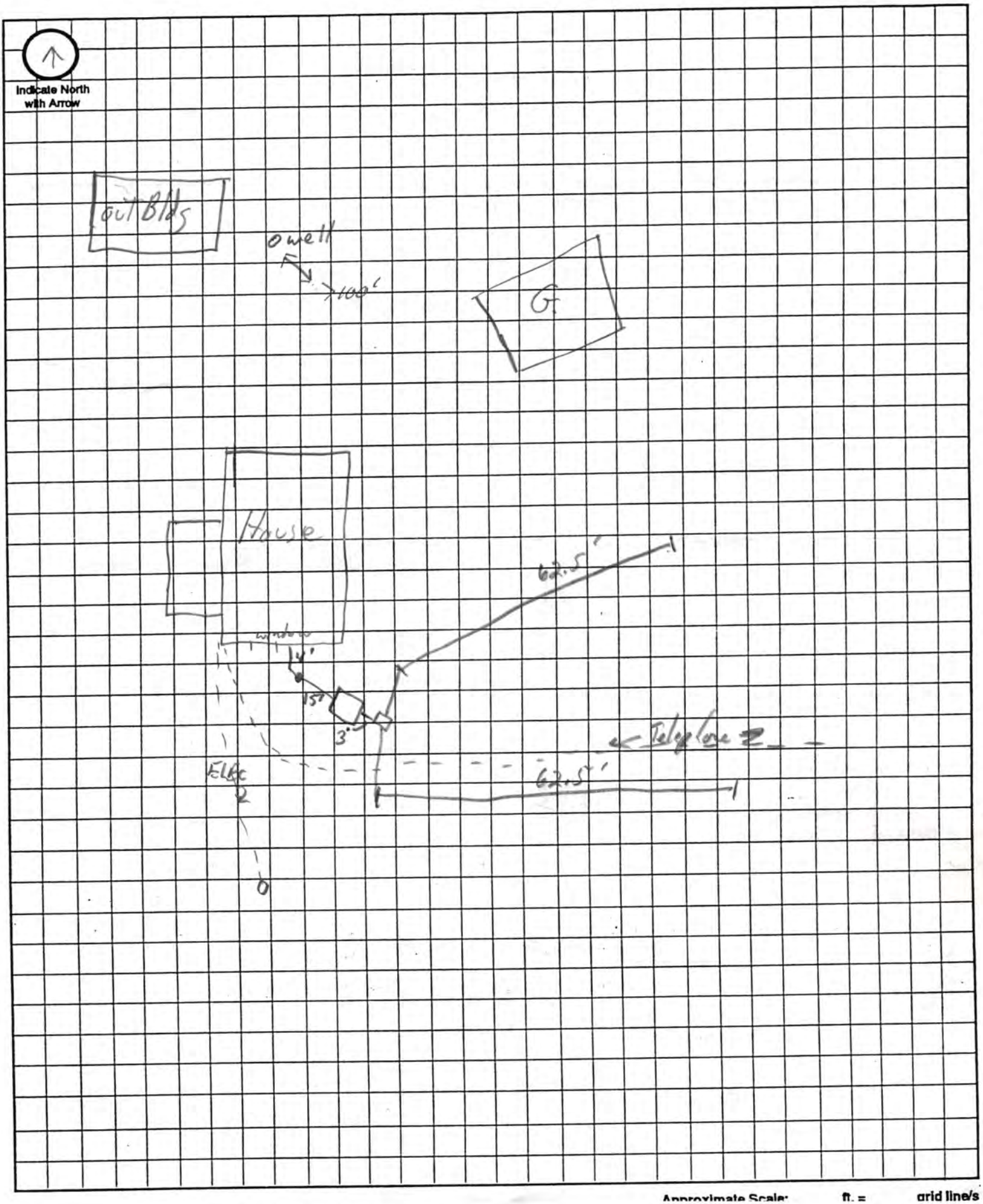
Approved by Ron Maryanek, R.S Date 5 / 13 / 05

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

As Built Drawing



Approximate Scale: ft. = grid line/s