IINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 'N' STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380191701

Issued 12/16/98
Expires 06/16/99
Revenue Code 3157

Establishment

KEVIN JOCHUM
T8N R6E SEC 2 QTR SW
S 1/2 OF SW 1/4
12900 SW 2ND ST-ROCA

FEES: $150.00

PAID

TOTAL $150.00

Permittee

KEVIN JOCHUM
12900 SW 2 ST
LINCOLN NE 68430

Issued By Health Director
Lincoln-Lancaster County Health Department

008387

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

RUSH

A

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

Permit Number: 98380197

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 12900 SW 2nd (no rural route) City Roca NE, Zip 68430

Legal Description S1/2 SW1/4 Sec 2 TN. 8N R6
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 Kevin Jochum Signature Kevin Jochum

Address 12900 SW 2nd City/State/Zip Roca 68430

☐ Check if owner designed system Home Phone 402 730 7483 Work Phone 496 6679

C. Contractor

Name Vogt, [redacted] Dave Company Name Vogt Excavation

Address _____ City/State/Zip Elmwood

☐ Check if contractor designed system Work Phone 560-4267

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

Designer Name Dave Vogt Firm Vogt Excavation Work Phone 560-4267

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 12-16-98 Date frwd 12/17/98 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12.17.98 Date frwd 12.17.98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-17-98 Date frwd 12-17-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date JUNE 1, 1999

Business Office Use Only
Date Rec'd 12/16/98
Amt Paid 150.00
Rec'd By LO Cash/Check No. 2517

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 12900 SW 2nd (no rural route) City Roca NE, Zip 68430

Owner Kevin Jochum Addresss 12900 SW 2nd

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

Date of Tests 9/19 to 9/20 Weather: Precipitation NONE Temperature Mid high 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	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/8"	240
2	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/8"	240
3	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/4"	120
4	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/2"	60
5	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/8"	240
6	34"	9/19	4:30	9/19	12:30	9/20	10:30	6"	9/20	11:00	30	1/8"	240

Person Conducting Percolation Tests

Name: Kevin Jochum

Phone: 456-6679, 730-7223

Address 12900 SW 2nd Roca, 68430

Sum of Percolation Rates: _____

Average of Rates: N/A

Rate Used for Calculation: 240

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR ABSORPTION SYSTEM. LAGOON WILL BE CONSTRUCTED.

Signature of Reviewing Official John E Munin Date 12-16-98

FORM 23-101 10-96

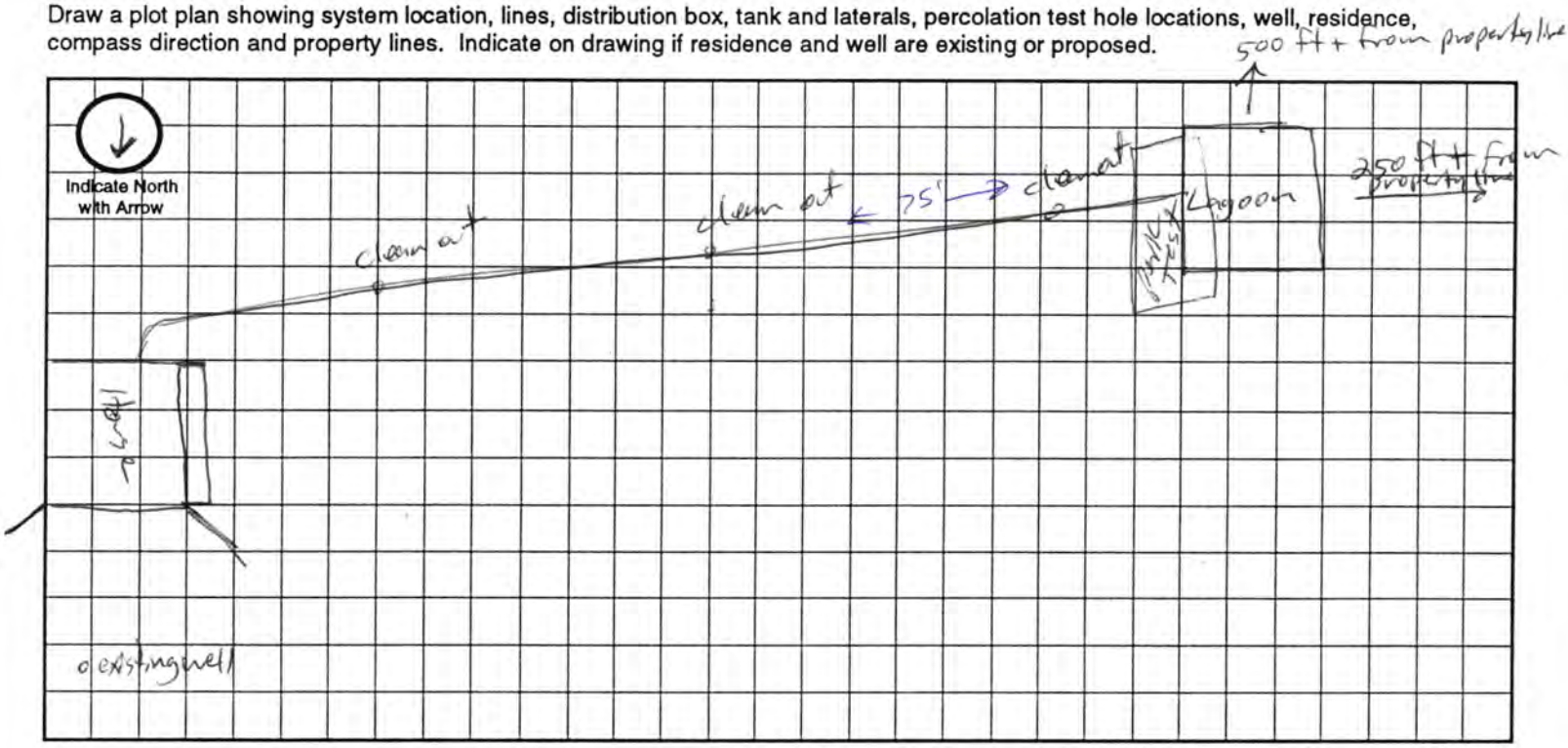
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C

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) 12900 SW 2nd 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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 EXISTING HOME Date _____

Installer DAVE VOGT Date 12-16-98

Kevin Jochum
12900 SW 2nd
Roca, NE 68430

"D" Sheet

