Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009733

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 06380327501

Issued: 11/08/06
Expires: 11/08/07
Revenue Code: 3157

Establishment:
JOHN KRUEGER
T11N R6E SEC 6 //
RAMBLING ROSE BLK 3 LOT 1
741 HACKMORE DR-ROCA

FEES: $290.00

Permittee:
JOHN KRUEGER
13105 S 12 ST
P O BOX 798430
ROCA NE 68430

TOTAL: $290.00

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director

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

A

Permit Number: 06380327501

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 741 Hackmore Dr. (no rural route) City Roca NE, Zip 68430

Legal Description CR 5891 — 1/4 — 1/4 — Section 11 — Township 8 — Range 6 — Subdivision Rambling Rose — Addition 3 — Block 1 — Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name John Krueger Signature _____

Address 13105 S. 12 City/State/Zip Roca Ne 68430

☐ Check if owner designed system Home Phone _____ Work Phone 440-7668

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O. 191 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 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 11/8/06 — Date frwd 11/8/06 — ACTION ☒ Approved ☐ Disapproved — Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 11/8/06 — Date frwd 11/8/06 — ACTION ☒ Approved ☐ Disapproved — Signature _____
3. **City or County Engineer** — Date rec'd 11-8-06 — Date frwd 11-8-06 — ACTION ☒ Approved ☐ Disapproved — Signature Jim Klouzek

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/8/06

Amt Paid 290.00

Rec'd By CW Cash/Check No. 1159

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: 063803275

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 731 Hackmore Dr. (no rural route) City Roca, NE, Zip 68430

Owner John Krueger Addresss 13105 S. 12 Roca Ne 68430

Soil Type (SCS): SHC Percolation Rate: 50 min./inch

Date of Tests 10/11 to 10/12 Weather: Precipitation — Temperature 50s

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	36	10/11	3/00	10/12	7/45	10/12	9/40	27 3/8	10/12	10/10	30	5/8	48
2	"		PM		AM		A	27				3/4	40
3	"							28				3/4	40
4	"							29 1/4				5/8	48
5	"							26 7/8				5/8	48
6	"							27 7/8				3/4	40

Sum of Percolation Rates: 264

Average of Rates: 44

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 430-7606

Address 1056 CRUST P.O. Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

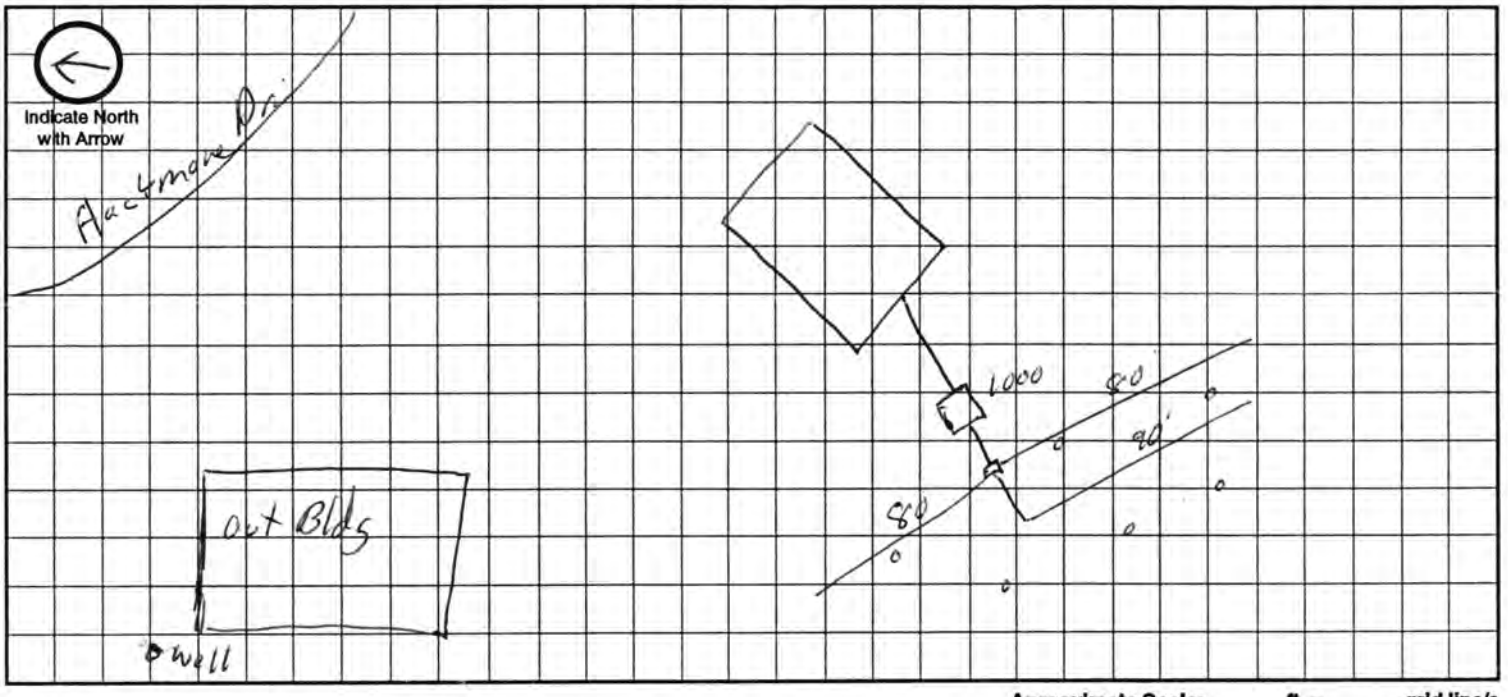
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803275

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) 731 Hackmore Dr. City Roca NE, Zip 68340

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: WIC/SHC Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1000 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

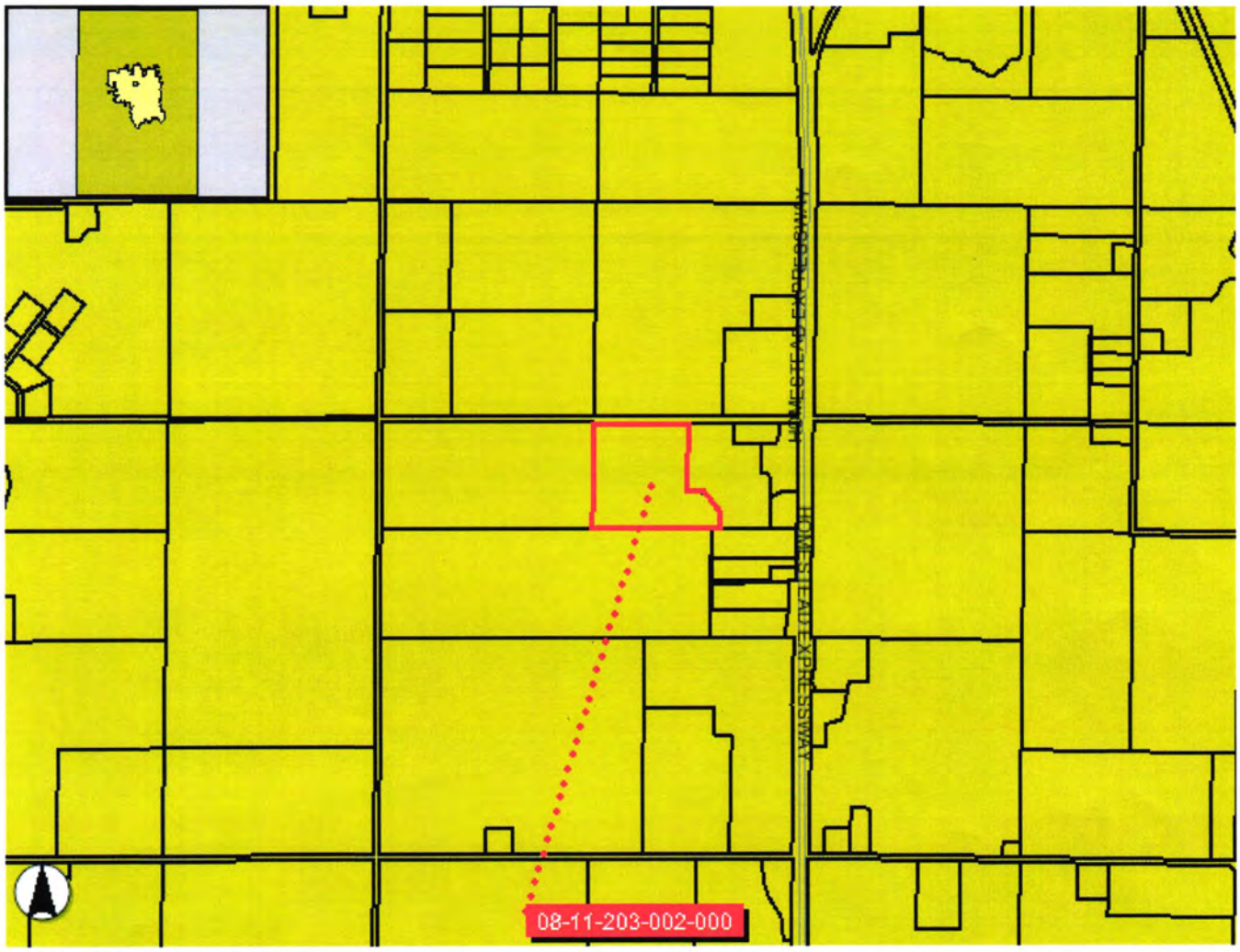
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

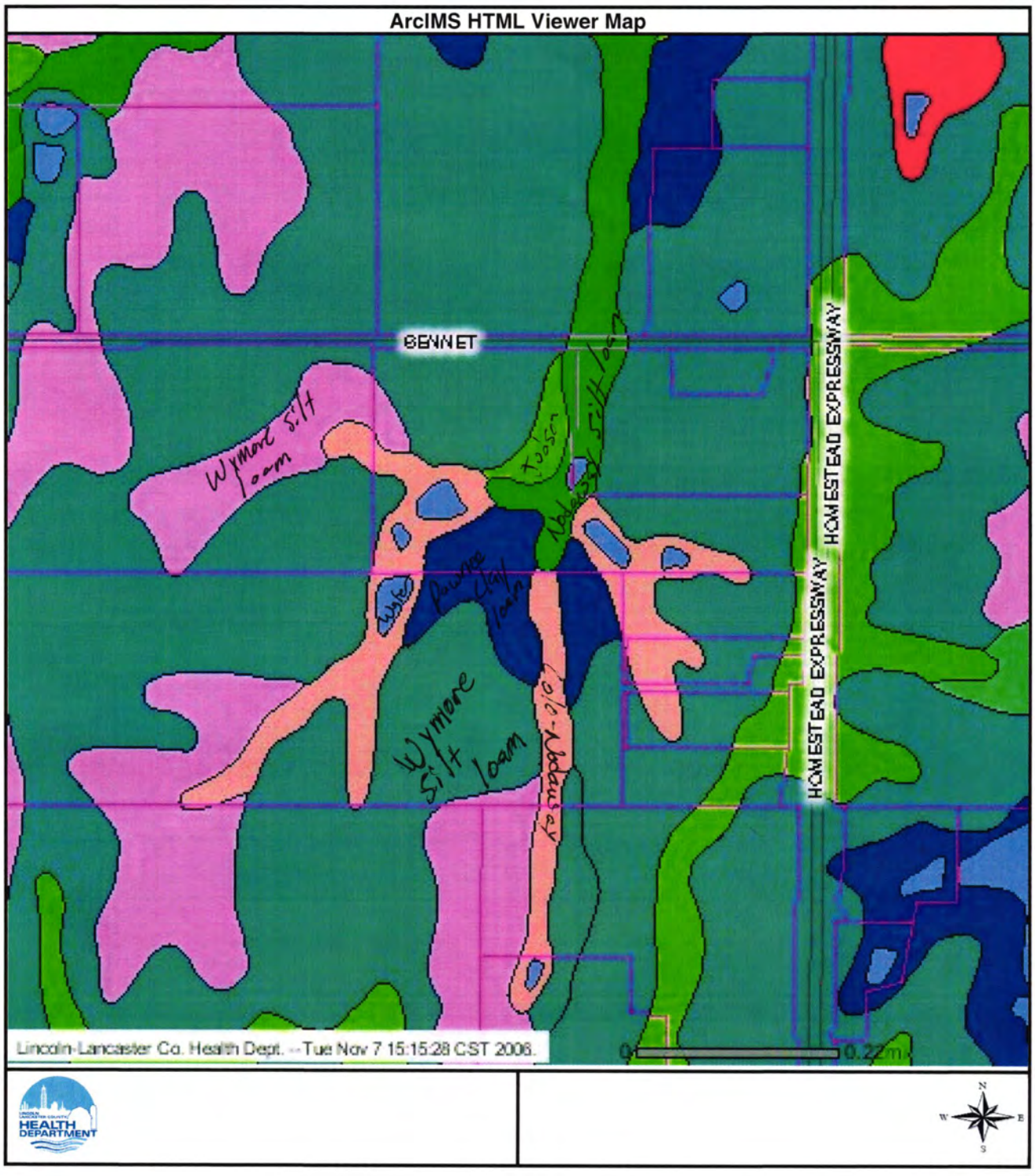
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Santtur [illegible] Date 10/12/06

FORM 23-102 10-96


HOMESTEAD EXPRESSWAY
08-11-203-002-000


ArcIMS HTML Viewer Map
BENNET
Wymore silt loam
Kenesaw silt loam
Pawnee clay loam
Wymore silt loam
Colo-Wabash
HOMESTEAD EXPRESSWAY
HOMESTEAD EXPRESSWAY
Lincoln-Lancaster Co. Health Dept. -- Tue Nov 7 15:15:28 CST 2006.
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HEALTH DEPARTMENT
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