Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009966

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380333401

Issued 05/07/07
Expires 05/07/08
Revenue Code 3157

Establishment:
KEVIN MEIER
T8N R6E SEC 11
RAMBLING ROSE BLK 1 LOT 1
13101 S 8 ST-ROCA

FEES: $290.00

Permittee:
KEVIN MEIER
1640 NORMANDY CT
APT A
LINCOLN NE 68512

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

MAY 03 2007

A

Permit Number: 07380333401

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:

3.11 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 13101 S. 27th St (no rural route) City ROCA NE, Zip 68430

Legal Description LCR 5469. 1/4 11 1/4 8 Section 6 Township RAMBLING ROSE Range ROCA Subdivision Addition 1 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 KEVIN MEIER/ASPEN BUILDER Signature _____

Address 1610 NORMANDY CRT, STE A. City/State/Zip LINCOLN, NE 68512

☐ Check if owner designed system Home Phone 423-6811 Work Phone _____

C. Contractor

Name BOB BENES Company Name ASPEN BUILDERS

Address 1610 NORMANDY CRT, STE A City/State/Zip LINCOLN, NE 68512

☐ Check if contractor designed system Work Phone (402) 423-6811

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 5/4/07 Date frwd 5/4/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/7/07 Date frwd 5/7/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/7/07 Date frwd 5/7/07 ACTION ☑ Approved ☐ Disapproved Signature Jim Lloyd

Installation Final Written Approval

By Leon Marquardt

Date 9-21-07

Business Office Use Only

Date Rec'd 05/07/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 15496

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

Lincoln-Lancaster County Health Department
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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 13101 S. 9th St (no rural route) City ROCA NE, Zip 68430

Owner KEVIN MEIER Addresss

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

Date of Tests 4/16 to 4/17 Weather: Precipitation Previous Rain 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	36	4/16	9am	4/17	9am	4/17	10:13	26"	4/17	10:43	30	1/2"	60
2	36	"	"	"	"	"	10:14	27 1/2"	"	10:44	"	5/8"	48
3	36	"	"	"	"	"	10:15	22"	"	10:45	"	5/8"	48
4	36	"	"	"	"	"	10:16	24"	"	10:46	"	1/2"	60
5	36	"	"	"	"	"	10:17	26 1/2"	"	10:47	"	1/2"	60
6	36	"	"	"	"	"	10:18	29"	"	10:48	"	5/8"	48

Sum of Percolation Rates: 324

Average of Rates: 54

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: BOB BENES

Phone: 4769660

Address 3300 Man assas

UNCOLN, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

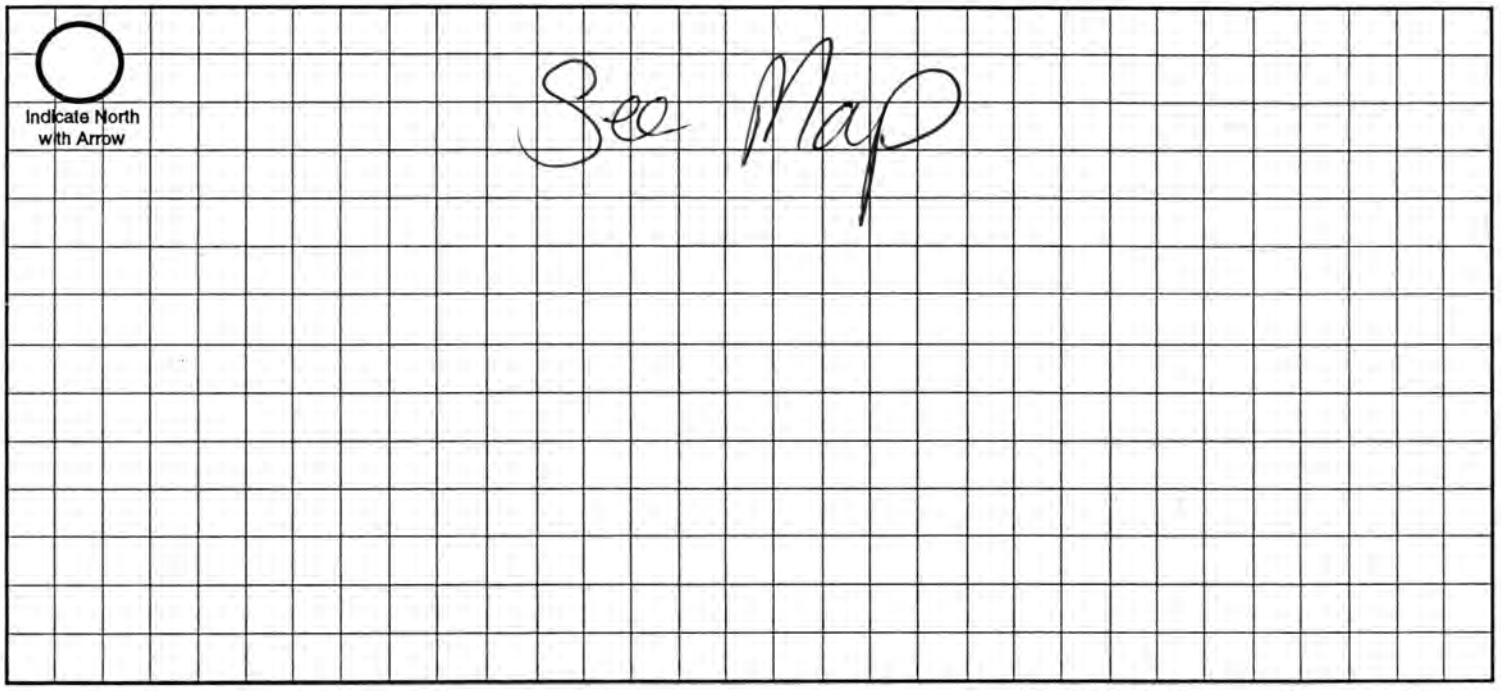
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C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13101 S. 9th St 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 60 (min. per inch) Soil Type: clay loam Land Slope: 2 %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1290 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 3 Trench Width 3' → 4.25' effective

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 ☑	☑

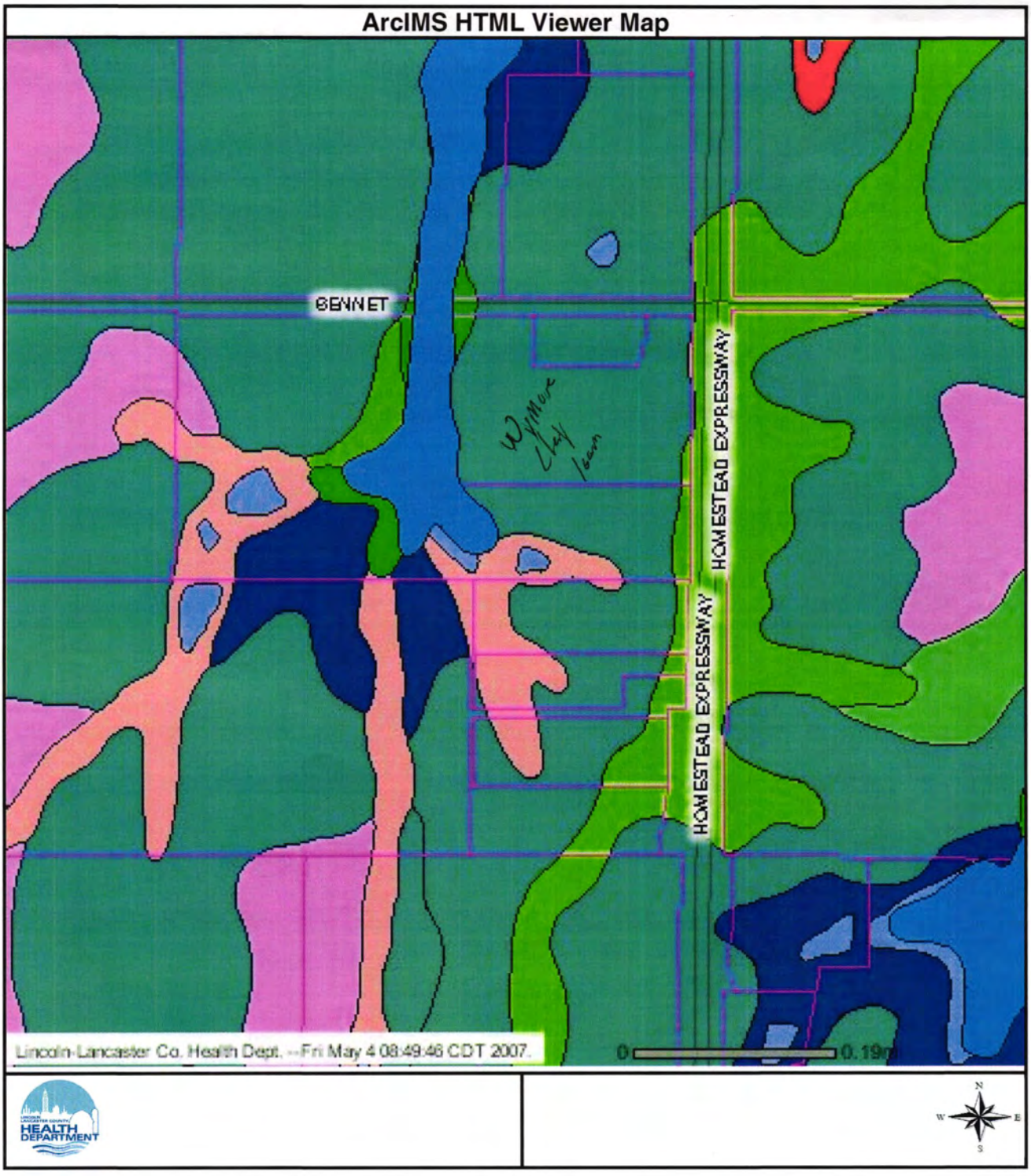
E. Required Signatures

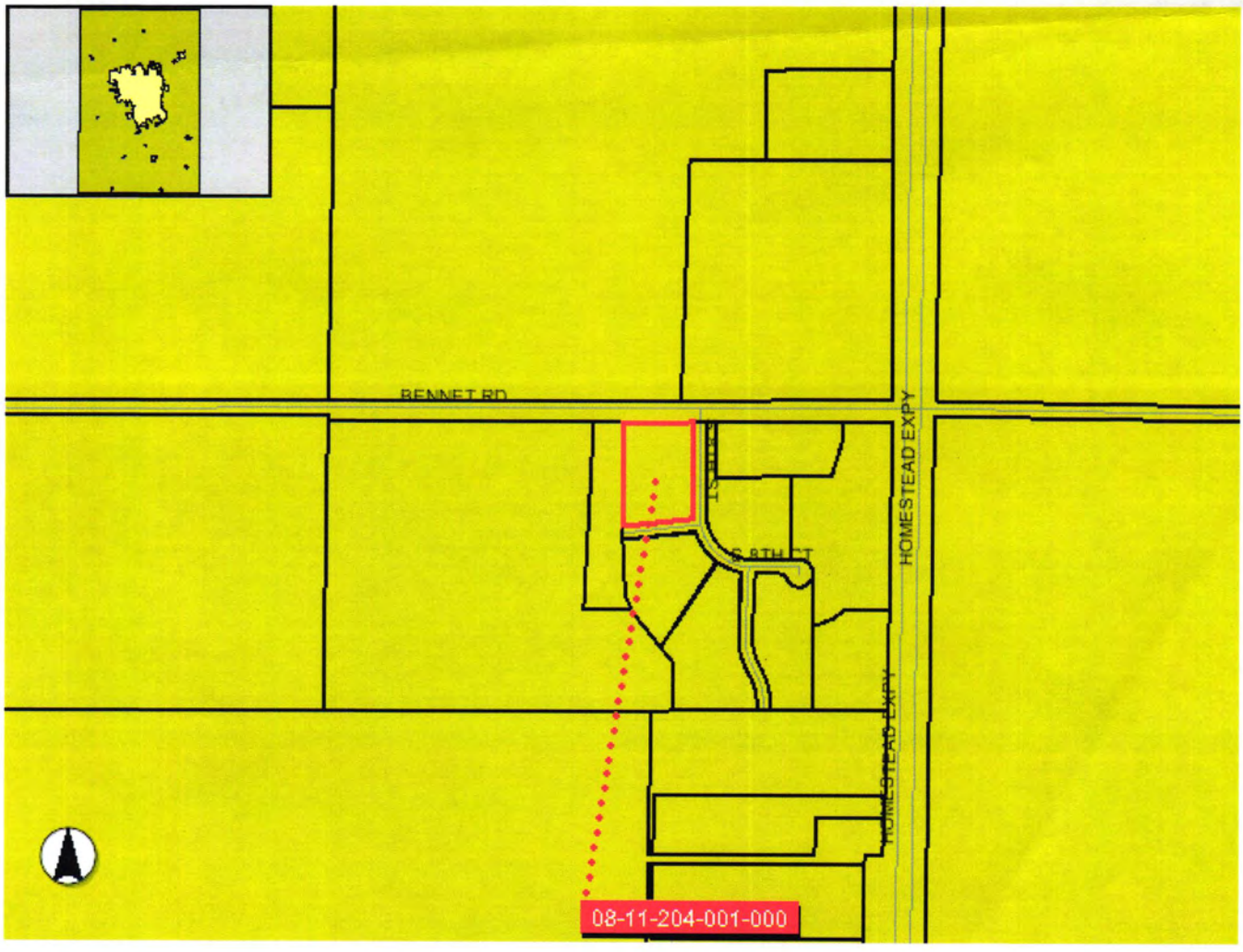
Home Building Contractor Aspen Builders inc Date 4/17/06

Installer Bob BENES Date 4/17/06

FORM 23-102 10-96


BENNET
HOMESTEAD EXPRESSWAY
HOMESTEAD EXPRESSWAY
2ND
WITTSTRUCK
≈40'
≈100'
Sept. 21, 2007
Leon M
* property line borders flood plain *
May 4 08:49:46 CDT 2007.
0
0.45mi


ArcIMS HTML Viewer Map
BENNET
HOMESTEAD EXPRESSWAY
HOMESTEAD EXPRESSWAY
Lincoln-Lancaster Co. Health Dept. --Fri May 4 08:49:46 CDT 2007.
0
0.19mi
HEALTH DEPARTMENT
N
W
E
S


BENNET RD
HOMESTEAD EXPY
HOMESTEAD EXPY
08-11-204-001-000