Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380203001

Issued 06/30/99
Expires 12/30/99
Revenue Code 3157

FEES: $150.00

Establishment

BRENT MOORE
T8N R6E SEC 15 QTR SE
LOT 20IT
15433 SW 2 ST-ROCA

TOTAL: $150.00

Permitee

BRENT MOORE
15433 SW 2 ST
ROCA NE 68430

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010657

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

A

Permit Number: 993802030

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 15433 SW 2nd (no rural route) City Roca NE NE, Zip 68430

Legal Description SE 15 T8N R6E 20II
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 Brent + Stacy Moore Signature _____

Address _____ City/State/Zip Roca, NE 68430

☐ Check if owner designed system Home Phone 794-2101 Work Phone _____

C. Contractor

Name Super Construct Inc Company Name Super Const. Inc.

Address 12401 Bobwhite Tr. City/State/Zip Crete, NE 68333

☐ Check if contractor designed system Work Phone 641-2386

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

Designer Name Johnson Pg Firm _____ Work Phone 402-520-0114

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ 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 5/21/99 Date frwd 6/30/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/30/99 Date frwd 6/30/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/30/99 Date frwd 6/30/99 ACTION ☒ Approved ☐ Disapproved Signature _____

7/8/99 C.H. 7/21/99 C.H. J.C.H. Need drawing

Installation Final Written Approval

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

Date January 25, 2000

Business Office Use Only

Date Rec'd 05/24/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 1495

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

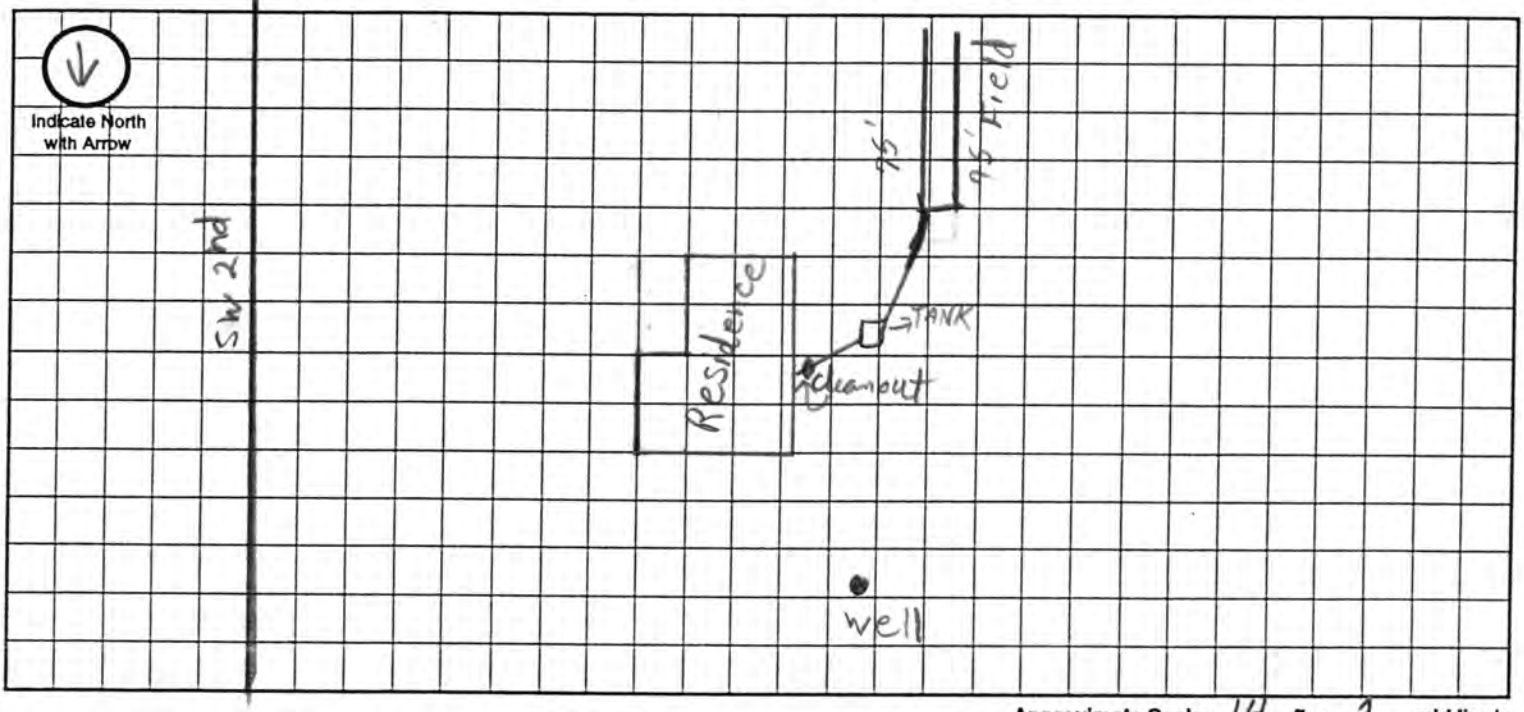
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 14 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15433 SW 2nd City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other 1000 gal

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

Percolation Rate 44 (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: 47 B gravel

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

Total Length of Laterals 223 ft. Number of Trenches 2 Trench Width 3'0" 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 Raymond D. Kreifels Date 5-19-99

Installer Johnson Plg & Heating Date 5/20/99

FORM 23-102 10-96

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 15433 SW 2nd (no rural route) City Roca NE, Zip 68430

Owner Brent + Stacy Moore Addresss

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 44 min./inch

Date of Tests 5-10-99 to 5-11-99 Weather: Precipitation NO Temperature ~50

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"	5/10	12:00	5/11	7:30	5/11	12:00	7/8"	5/11	12:30	30	7/8"	34.29
2	30	5/10	12:00	5/11	7:30	5/11	12:00	3/4"	5/11	12:30	30	3/4"	40.00
3	30	5/10	12:00	5/11	7:30	5/11	12:00	7/16"	5/11	12:30	30	7/16"	68.57
4	30	5/10	12:00	5/11	7:30	5/11	12:00	7/16"	5/11	12:30	30	7/16"	68.57
5	30	5/10	12:00	5/11	7:30	5/11	12:00	9/16"	5/11	12:30	30	9/16"	53.33
6	30	5/10	12:00	5/11	7:30	5/11	12:00	1 3/4"	5/11	12:30	30	1 3/4"	17.14
7	30	5/10	12:00	5/11	7:30	5/11	12:00	5/8"	5/11	12:30	30	5/8"	48.00
8	30	5/10	12:00	5/11	7:30	5/11	12:00	1 1/4"	5/11	12:30	30	1 1/4"	24.00

Sum of Percolation Rates: 353.90 min/in

Average of Rates: 44.23 min/in

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: ~~Sueper Construction Inc.~~

Phone: 12401 Bobwhite Trail 826-3976

Address Crete, NE 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 21, 1999

FORM 23-101 10-96

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 1-22-2000 Brent + Stacy Moore Residence

System Location (Indicate correct number and street)

Address 15433 SW 2nd ST. (no rural route) City ROCA NE, Zip

A. Building Sewer

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

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 90' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 50' ft.

D. Absorption Field

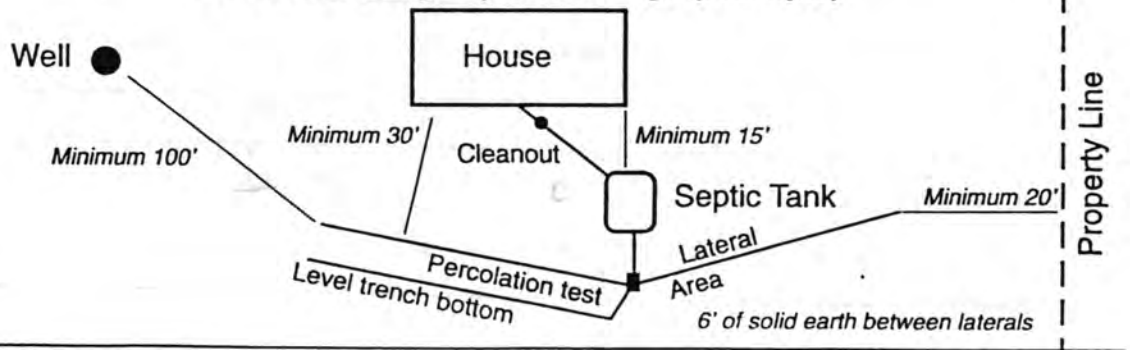
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100' ft. 100' ft.
   50' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 48" ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: gravel
   Depth of material 18" in.
5. Distances to: Well or suction line 122' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 22' ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County
HEALTH DEPARTMENT
LEON F. VINCI, M.P.H., HEALTH DIRECTOR

COPY

3140 N STREET
LINCOLN, NE 68510-1514
402-441-8000
TDD 402-441-6284
FAX 402-441-8323
health@ci.lincoln.ne.us

January 4, 2000

Brent Moore
15433 SW 12th St.
Roca, NE 68430

Re: Sewage Installation Permit #993802030

Dear Mr. Moore:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its review of sewage installation permits that never received final approval. This file indicates that this Sewage Installation Permit expired December 30, 1999.

According to our file there is no recorded date confirming that field staff from LLCHD did a final inspection for this address. Our records are still missing the the "D" Sheet drawing.

Please submit your information to the above address **within 5 days from the date of this letter.** We appreciate your assistance in resolving this matter.

If you have any questions, please contact me at 441-8029.

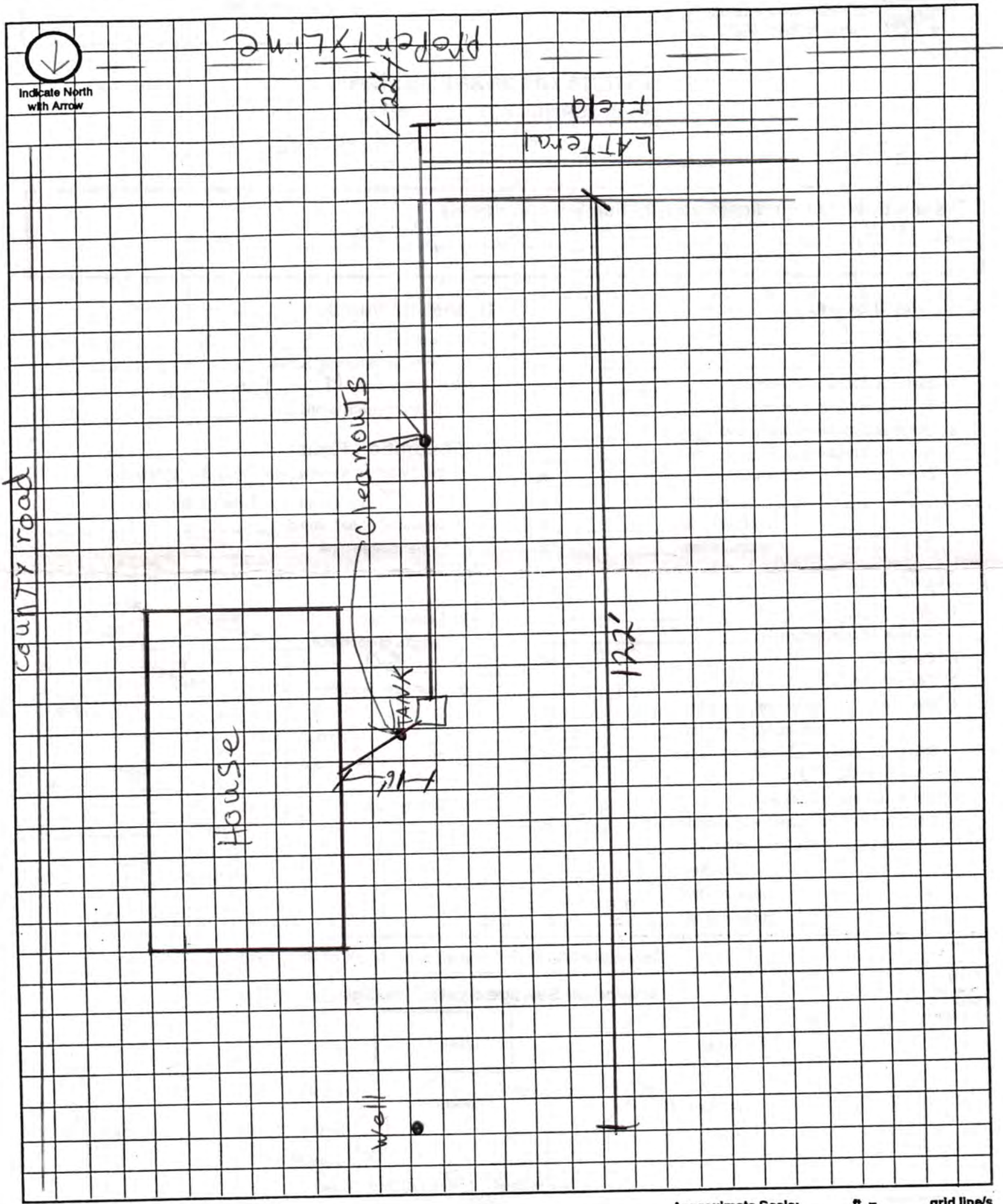
Sincerely,

Jerrold C. Hood

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

cc: EH File

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s