Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008661

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380315601

Issued 02/23/06
Expires 02/23/07
Revenue Code 3157

Establishment: JEFFERY & MICHELLE MONHALLON
T8N R6E SEC 25 QTR N1
DEERTRAIL ADDN LOT 3
1555 DEER TRAIL-ROCA

FEES: $275.00

Permittee: JEFFERY & MICHELLE MONHALLON
BOX 151
CORTLAND NE 68331

TOTAL: $275.00

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

RECEIVED FEB 22 2006

A

Permit Number: 06380315601

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 1555 Deer Trail (no rural route) City Roca NE, Zip 68430

Legal Description N 1/2 NW 25 8N 6E Deer Tr Add 3
~~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 Jeffery + Michelle Monhollon Signature Jeffy D Monhollon

Address PO Box 151 City/State/Zip Cortland NE 68331

☐ Check if owner designed system Home Phone 402-798-2123 Work Phone 402-798-2122

C. Contractor

Name STAN KROEST Company Name DIRT WORKS PLUS INC

Address 66667 NW 48 City/State/Zip LUX NE 68504

☑ Check if contractor designed system Work Phone 560 1208

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 5 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 2/23/06 Date frwd 2/23/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-23-06 Date frwd 2-23-06 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-23-06 Date frwd 2-23-06 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Smith

Date 6/3/06

Business Office Use Only
Date Rec'd 02/23/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 8508

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

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FEB 22 2006

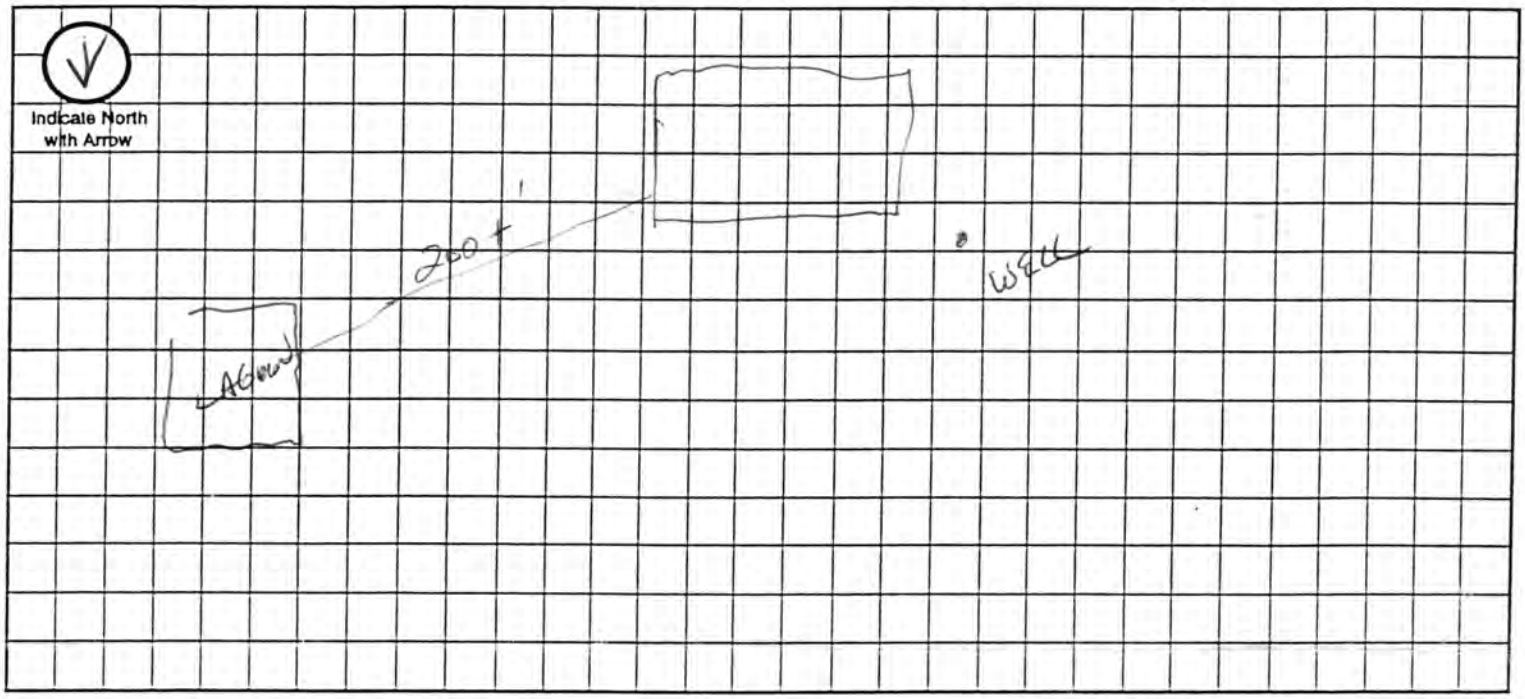
C

Permit Number: 06380356

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) 1555 Deer Trail 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 Jeffrey D McMillan Date 2/20/06

Installer _____ Date 2/20/06

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 1555 Deer Trail (no rural route) City Lincoln NE, Zip 68516

Owner Heritage Builders Address Suite B Undercreek Dr Lincoln NE 6852

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

Date of Tests 6/13/06 to 6/14/06 Weather: Precipitation none Temperature 92°

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	27	6/13	[illegible]	6/14	8A	6/14	11:30A	6	6/14	12P	30	1¼	24
2	28	6/13	8A	6/14	8A	6/14	11:30A	6	6/14	12P	30	1¼	24
3	30	6/13	8A	6/14	8A	6/14	11:30A	6	6/14	12P	30	¾	40
4	28	6/13	8A	6/14	8A	6/14	11:30A	6	6/14	12P	30	1	30
5	29	6/13	8A	6/14	8A	6/14	11:30A	6	6/14	12P	30	¾	40
6	28	6/13	8A	6/14	8A	6/14	11:30A	6	6/14	12P	30	¾	40

Person Conducting Percolation Tests

Name: Scott Nelson

Phone: 325-0529

Address 6667 Nw 48th St - Suite 7 Lincoln NE 68524

Sum of Percolation Rates: 198

Average of Rates: 33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: _____

Signature of Reviewing Official _____

Dirt Works Plus, Inc 402 325 0530 06/30/06 11:32A P.002

As Built Drawing

ROCA 68430.
Jeffrey Monhollan

