LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2075-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 30, 1984 — THIS PERMIT EXPIRES

JAMES A. DYCK — ISSUED TO

RFD #1 — ADDRESS

ROCA, NE 68430

T8N; R6E; Sec 26 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R. J. NUERNBERGER, Lancaster County Treasurer
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2075-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 30, 1984 — THIS PERMIT EXPIRES

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	110.16	148.14	6-2

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R. J. NUERNBERGER, Lancaster County Treasurer
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 2075-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 6E ; Section 26 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☒
Describe CHILD CARE

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: 12' (S) Line Dist Box, 100' 4' wide material

5. Work to be done by: Owner ☐ ; or Contractor ☑, Capital City Trenching
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1300 00

JAMES A. DYCK
Signature of Applicant (owner or lessee)

R.F.D. #1, ROCA, NEBRASKA 68430
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits: Owner indicated that system was covered w/o Dept. Inspection
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2142-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 18, 1985 — THIS PERMIT EXPIRES

JAMES A. [illegible]YCK — ISSUED TO

RR #1 — ADDRESS

ROCA, NE 68430

T8N; R6E; Sec 26; Lot 4 I.T. — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2142-C

DATE: October 18 1984

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 North ; Range 6E ; Section 26 ;
   Block _____ : Lot 4 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Day Care for 15 children

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

James A Dyk
Signature of Applicant (Owner or Lessee)

RR 1 Roca, Ne. 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/18/84. Date Frwd. 10/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd 10-18/84 Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Donna Dennis

3. City or County Engineer: Date Rec'd. 10/18/84 Date Frwd. 10/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

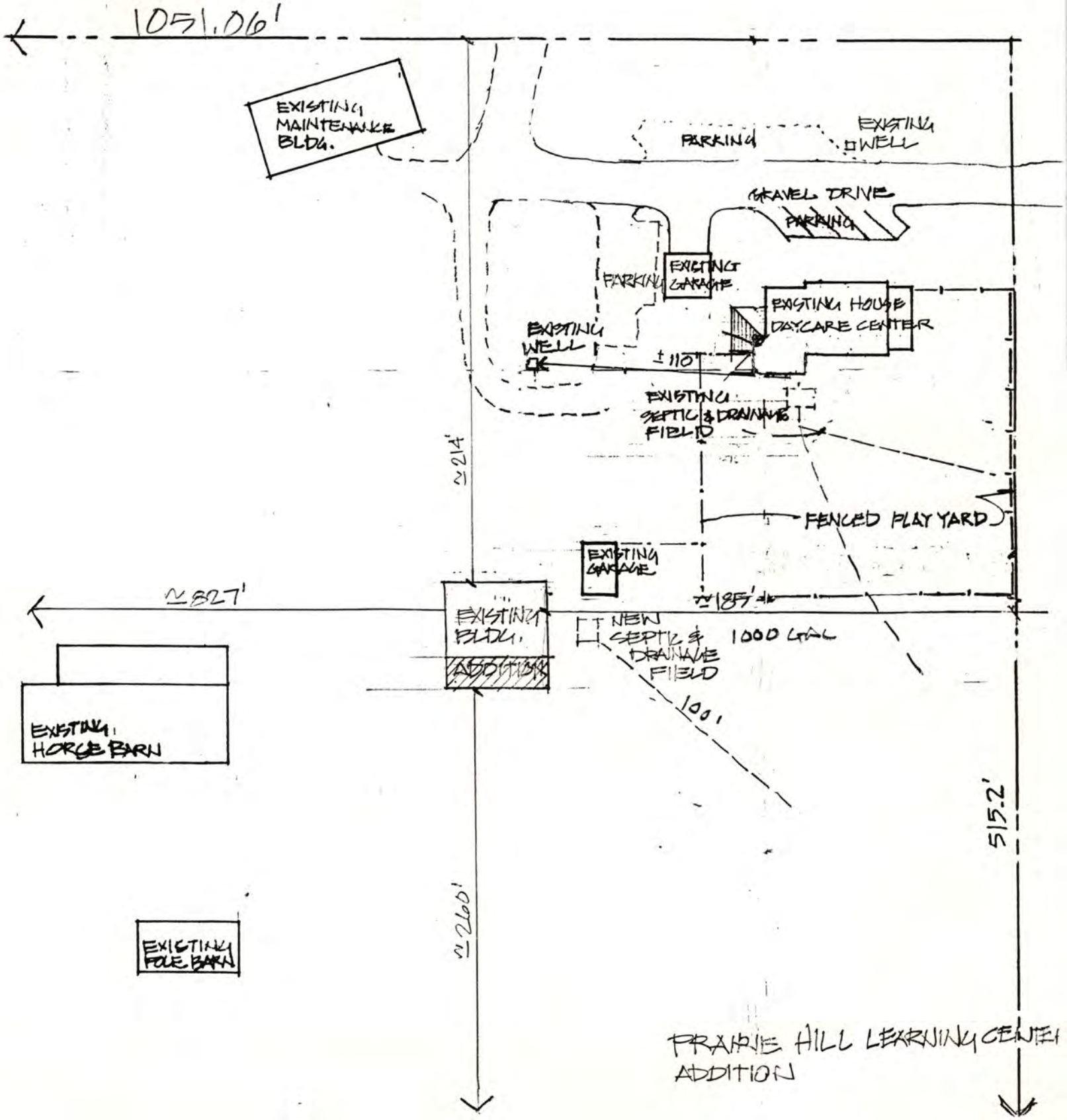
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/21/84 by: J.C.H. old well must be abandoned.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

2142-C


1051.06'
EXISTING MAINTENANCE BLDG.
PARKING
EXISTING WELL
GRAVEL DRIVE PARKING
PARKING
EXISTING GARAGE
EXISTING HOUSE DAYCARE CENTER
EXISTING WELL
±110'
EXISTING SEPTIC & DRAINAGE FIELD
≃214'
FENCED PLAYYARD
EXISTING GARAGE
≃827'
≃185'
EXISTING BLDG.
ADDITION
NEW SEPTIC & DRAINAGE FIELD
1000 GAL
100'
EXISTING HORSE BARN
515.2'
≃260'
EXISTING POLE BARN
PRAIRIE HILL LEARNING CENTER
ADDITION

FORM CONTROL NUMBER 06392

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	15740	DATE OF DEPOSIT M M D D Y Y	ACCOUNTING PERIOD M M Y Y	BUDGET FY Y Y
				10/18/84		85

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: N

OFFSET CASH ACCOUNT:

COMMENTS: Individual Sewage Permits

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./ DEC IND	P/F IND
		011	999				2559							2142-C	60-		
														TOTAL	60-		

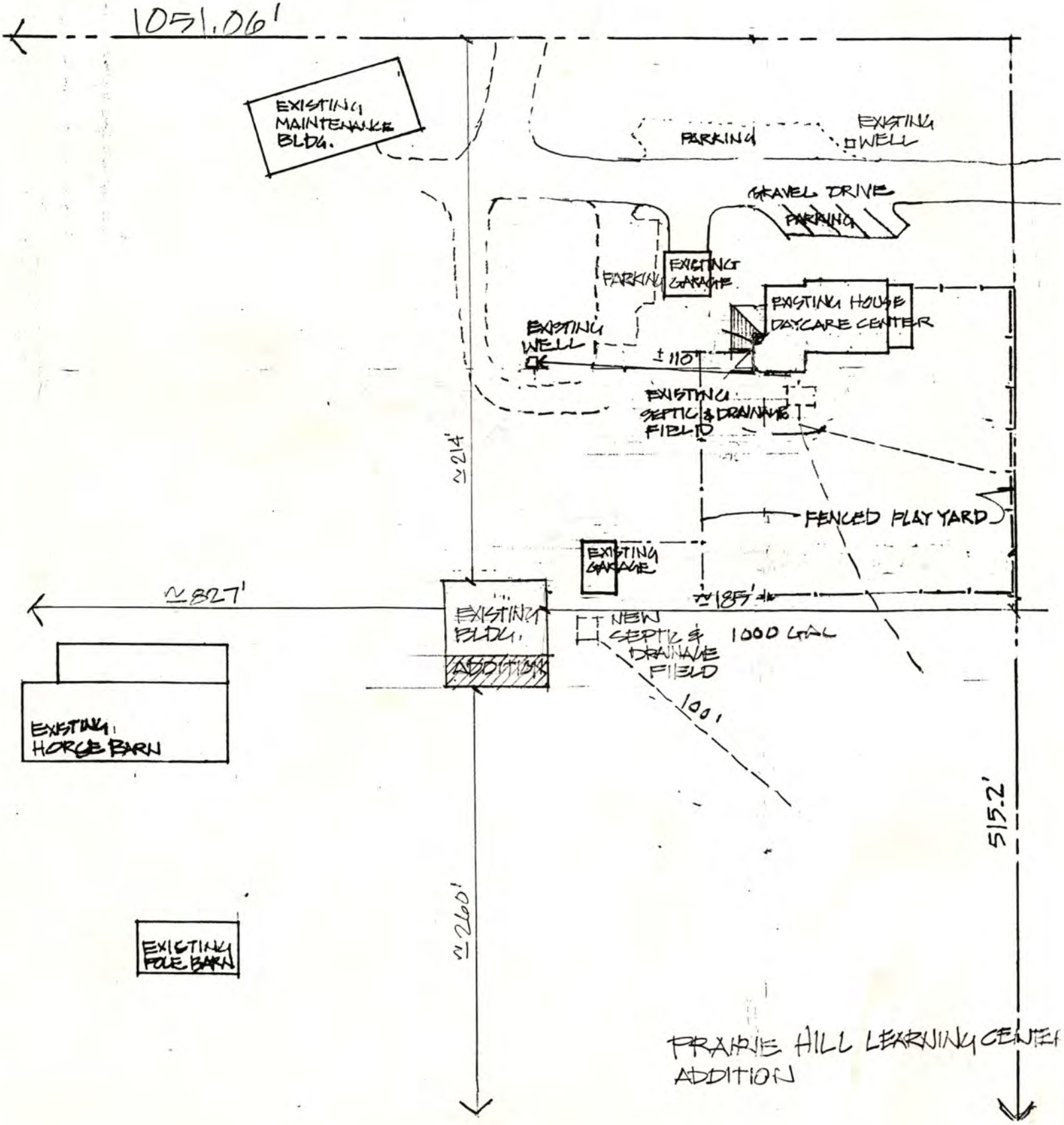
PREPARED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____ DATE 10-18-84

ORIGINAL

2142-C


1051.06'
EXISTING MAINTENANCE BLDG.
PARKING
EXISTING WELL
GRAVEL DRIVE PARKING
EXISTING GARAGE
PARKING
EXISTING HOUSE DAYCARE CENTER
EXISTING WELL
±110'
EXISTING SEPTIC & DRAINAGE FIELD
≈214'
FENCED PLAY YARD
EXISTING GARAGE
≈827'
±185'
EXISTING BLDG.
ADDITION
NEW SEPTIC & DRAINAGE FIELD
1000 GAL
100'
EXISTING HORSE BARN
515.2'
≈260'
EXISTING POLE BARN
PRAIRIE HILL LEARNING CENTER
ADDITION

JUL 24 1997

A

Permit Number:

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

REPAIR PERMIT

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 17805 S. 12th (no rural route) City Martell NE, Zip 68404

Legal Description T8N, R6E, 26 4 I.T.
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 James and Lynda Dyck Signature Lynda L. Dyck

Address RR1 Box 16 City/State/Zip Roca, NE 68430

☐ Check if owner designed system Home Phone (402) 794-6075 Work Phone (402) 794-5885

C. Contractor

Name Friesen Excavating Company Name _____

Address 1901 W. Pleasant Hill Rd City/State/Zip Lincoln NE 68523

☐ Check if contractor designed system Work Phone 423-7076 (464-1850)

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 _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify Preschool/Daycare

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 7-28-97 ACTION ☐ Approved ☑ Disapproved
   Date frwd _____ Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____ see repair permit

Rec'd By _____ Cash/Check No. _____

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

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005152

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 04380284001

Issued: 06/08/04

Expires: 6~~12~~/08/~~04~~ 05

Revenue Code: 3157

Establishment:
PRAIRIE HILL LEARNING CENTER
T8N R6E SEC 26 QTR NE
LOT 4
17805 S 12 ST-ROCA

FEES: $200.00

Permittee:
PRAIRIE HILL LEARNING CENTER
17805 S 12 ST
ROCA NE 68430

TOTAL: $200.00

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 NOV 0 5 2004

A

Permit Number: 043802840 01

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 17805 So. 12th St. (no rural route) City Roca NE, Zip 68430

Legal Description NE 1/4 Section 26 8N 6E 36 4
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 Prairie Hill Learning Center Signature Buddy Bredeson Board President

Address 17805 So 12th St. City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone _____ Work Phone 793-5885

C. Contractor

Name Josh Shear Company Name Shear Contracting

Address 2324 'O' St City/State/Zip Lincoln NE 68503

☐ Check if contractor designed system Work Phone 770-5408

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

Designer Name Brad Southwick Southwick Sewer & Drain Firm Southwick Sewer & Drain Work Phone 792-2462

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify Private School

Design flow in gallons per day 720 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 6/8/04 Date frwd 6/9/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-9-04 Date frwd 6-9-04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Thorson

Date 4/27/06

Business Office Use Only
Date Rec'd 6-8-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 8162

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: 043802840

RECEIVED
JUN 08 2004

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17805 So 12th St. (no rural route) City Roca NE, Zip NE 68430

Owner Prairie Hill Learning Center Addresss 17805 So 12th St, Roca NE

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

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

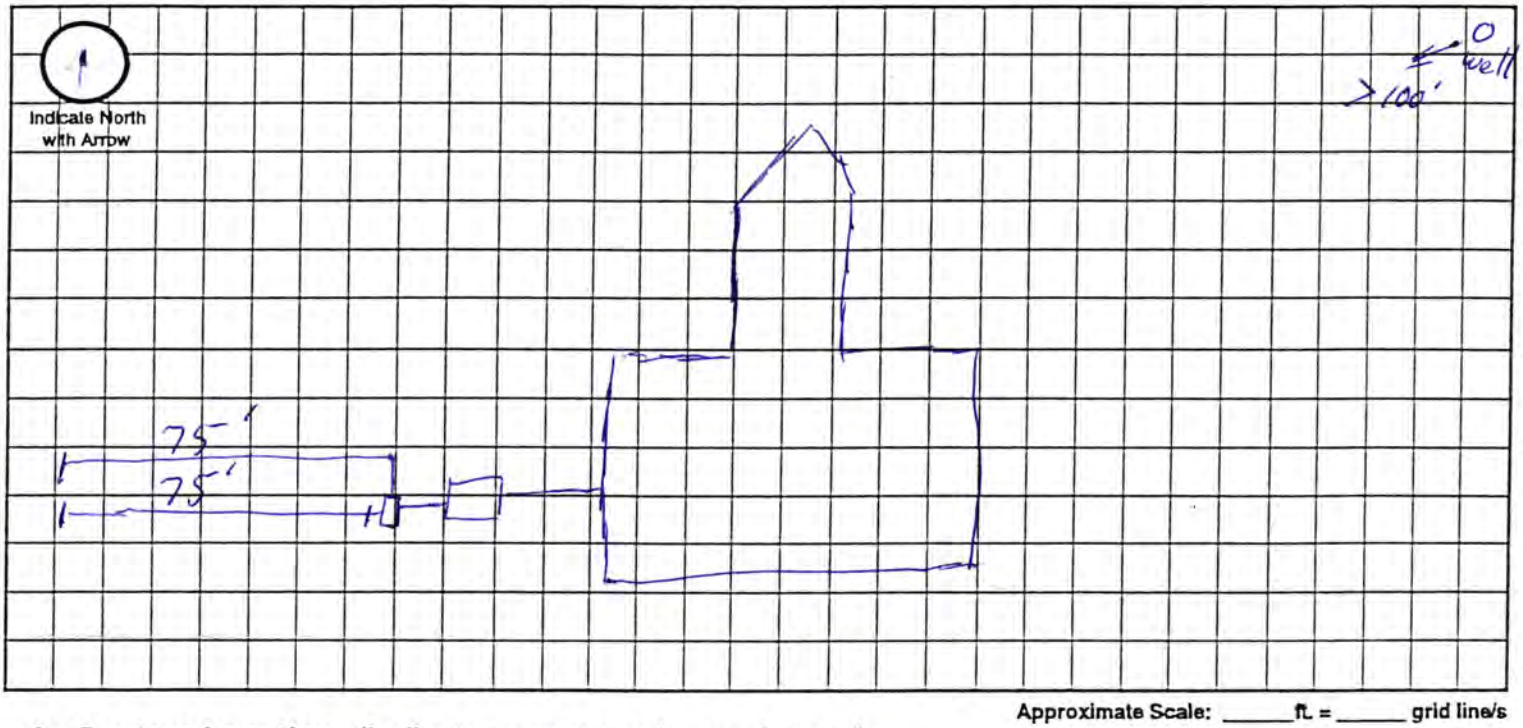
C

Permit Number: 043802840

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) 17805 S. 12 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) Prior Perc Test

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 600 sq. ft.

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

Capacity of Septic Tank 1,000 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 ☐	☐

Required Signatures

Building Contractor _____ Date 6-8-04

Brad _____ Date 6-7-04

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008521

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380313501

Issued 12/01/05
Expires 12/01/06
Revenue Code 3157

Establishment

PRAIRIE HILL LEARNING CENTER
T8N R6E SEC 26 QTR NE
LOT 4
17805 S 12 ST-ROCA

FEES: $275.00

Permittee

PRAIRIE HILL LEARNING CENTER
17805 S 12 ST
ROCA NE 68430

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

A

Permit Number: 05380313501

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 17805 S. 12 (no rural route) City Roca NE, Zip 68430

Legal Description ____ ____ 23 8N 6E ____ ____ ____ ____
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 Prairie Hill Learning Center Signature ____

Address 17805 S. 12 City/State/Zip Roca Ne 68430

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 12 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 ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 750 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 12/1/05 Date frwd 12/1/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By Doug Amick

Date 1/25/06

Business Office Use Only

Date Rec'd 12/1/05

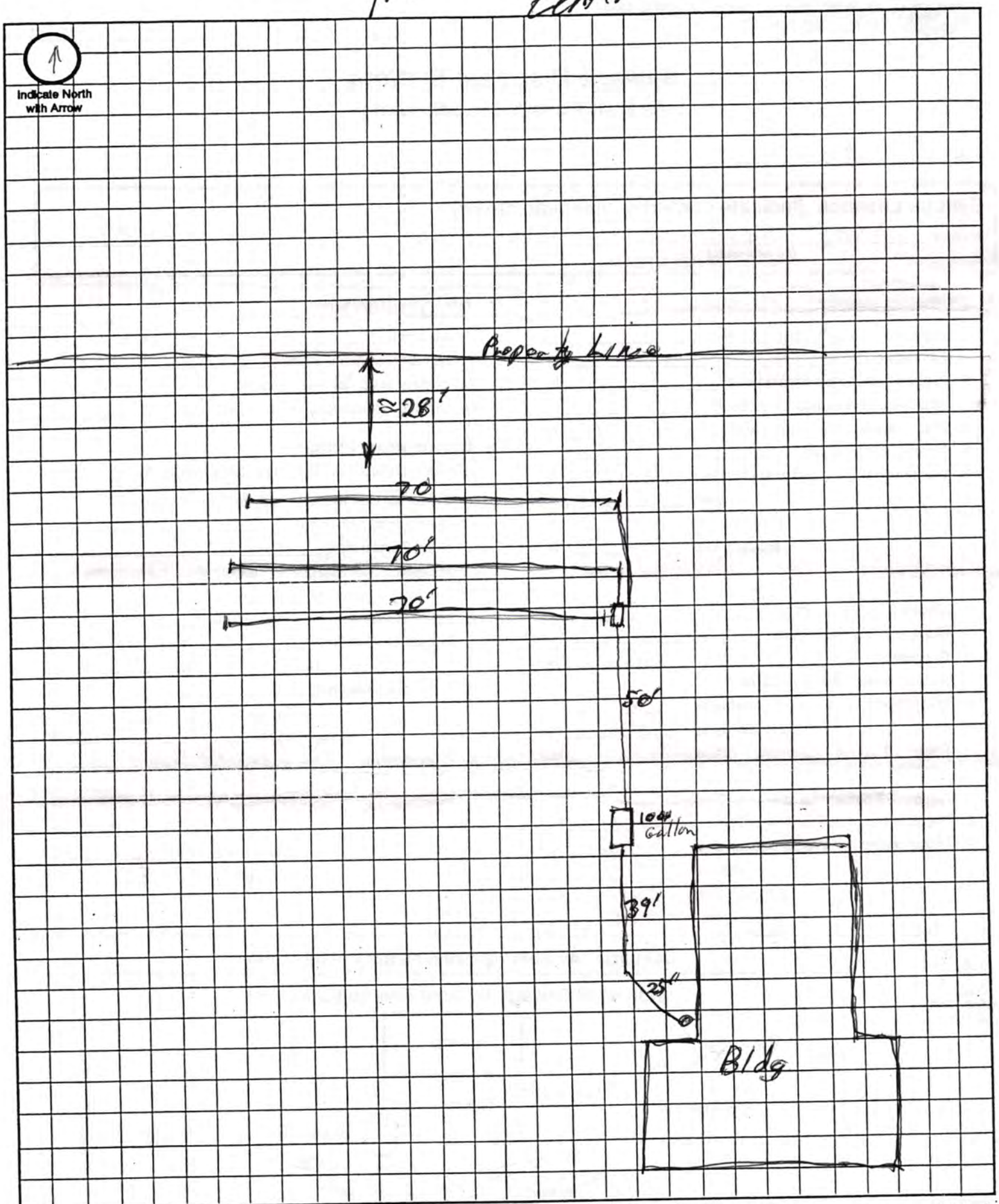
Amt Paid 275.00

Rec'd By ____ Cash/Check No. 1112

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

As Built Drawing

Prairie Hills leaning center



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

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 17805 S 12 (no rural route) City Roca NE, Zip 68430

Owner Prairie Hill Center Addresss 17805 So 12 Roca, Ne

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

Date of Tests 8/22 to 8/23/05 Weather: Precipitation — Temperature 80s

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	8/22	6/00	8/23	4/00	8/23	7/00	21 1/4	8/23	7/30	30	3/4	40
2	↓		P		PM		P	17 7/8				7/8	35
3	↓							23 1/2				1	30
4	↓							21 3/8				1	30
5	↓							22 1/2				1 1/4	24
6	↓							22 3/4				3/4	40
7	↓							19 1/4				7/8	35
8	↓							23 1/8				1 1/4	24

Person Conducting Percolation Tests

Name: Brad Southins

Phone: 475-2462

Address 17201 So 72nd St

Hickman, Ne. 68372

Sum of Percolation Rates: 258

Average of Rates: 32.25

Rate Used for Calculation: 32.25

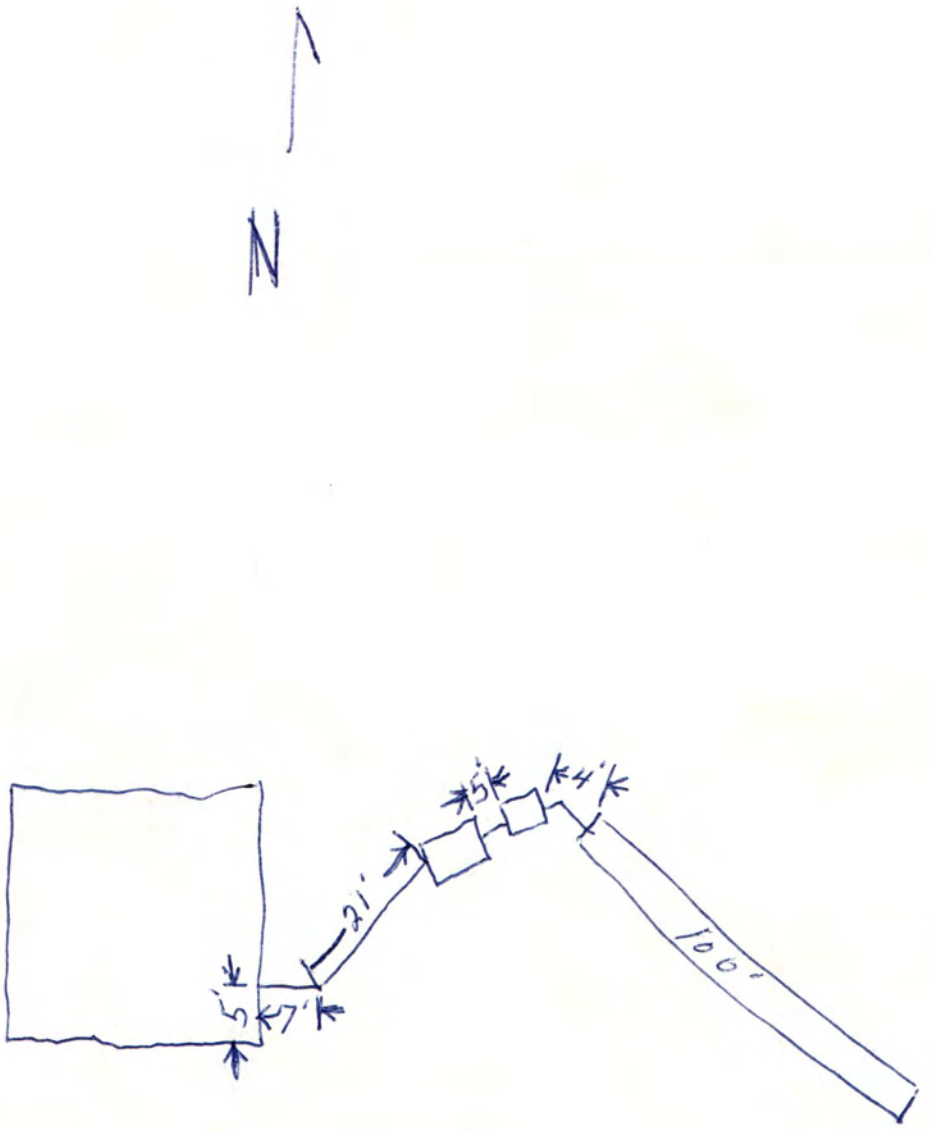
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96



DATE 11-21-84

Capital City Trenching

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 11/8/05

System Location (Indicate correct number and street)

Address 17805 So 12 (no rural route) City Roca NE, Zip 68372

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 64 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5X7 in.
   Over outlet, diameter 6X9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 4 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50 ft.

D. Absorption Field

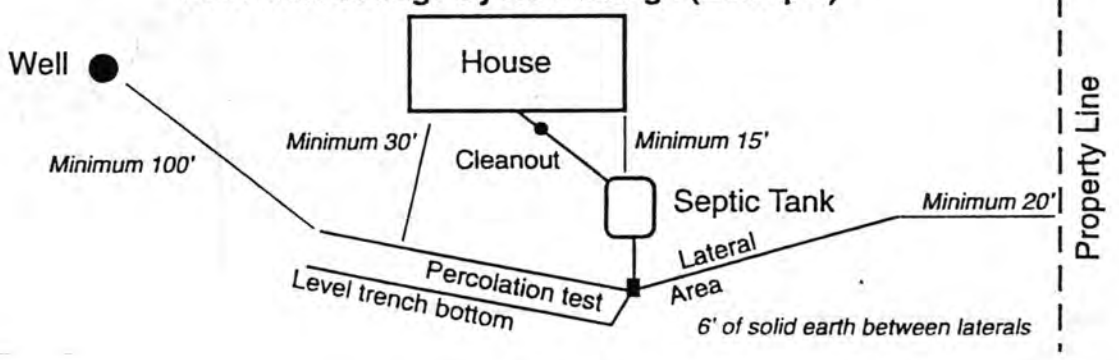
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltralon
2. Lateral lines: Number 3
   Length of each line: 70 ft. 70 ft.
   70 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel less
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



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