Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005015

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380283201

Issued 05/17/04
Expires 11/17/04
Revenue Code 3157

Establishment: VANTAGE POINTE HOMES
T8N R6E SEC 26
LOT 7IT
18100 SW 2 ST-ROCA

FEES: $200.00

Permittee: VANTAGE POINTE HOMES
1000 W ROKEBY RD
ROKEBY NE 68522

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

A

Permit Number: 04380283201

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 18100 SW. 2nd (no rural route) City Roca NE, Zip 68430

Legal Description 1/4 26 1/4 Section 8N Township 6E Range Subdivision Addition Block Lot 77.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Vantage Pointe Homes Signature _____

Address 1000 Rokeby Rd. City/State/Zip Lincoln 68523

☐ Check if owner designed system Home Phone _____ Work Phone 423-8821

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd 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 5/17/04 Date frwd 5/18/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-18-04 Date frwd 5-18-04 ACTION ☐ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 5/18/04 Date frwd 5/18/04 ACTION ☒ Approved ☐ Disapproved Signature

8/2/04 f.C.H.
7/30/04 Sewer + tank. f.C.H. — line + field note

Installation Final Written Approval

By Doug Amen

Date 8/3/04

Business Office Use Only
Date Rec'd 05/17/04
Amt Paid 200.00
Rec'd By LS Cash/Check No. 1021

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: 04380283 2

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18100 S. 2nd (no rural route) City Roca NE, Zip 68430

Owner _____ Addresss _____

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

Date of Tests 5-1- to 5-1-04 Weather: Precipitation — 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	36	5/1	8:00	5/1	10:20	5/1	10:20	32 7/8	5/1	10:30	10	1	10
2			AM		AM		AM	28 1/8				7/8	12
3								28				7/8	12
4								32 7/8				1 1/8	9
5								33				7/8	12
6								24 7/8				1 1/8	9
7								24 5/8				7/8	12

Sum of Percolation Rates: 76
Average of Rates: 11
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd St
Hickman, Ne 68372

P1178

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

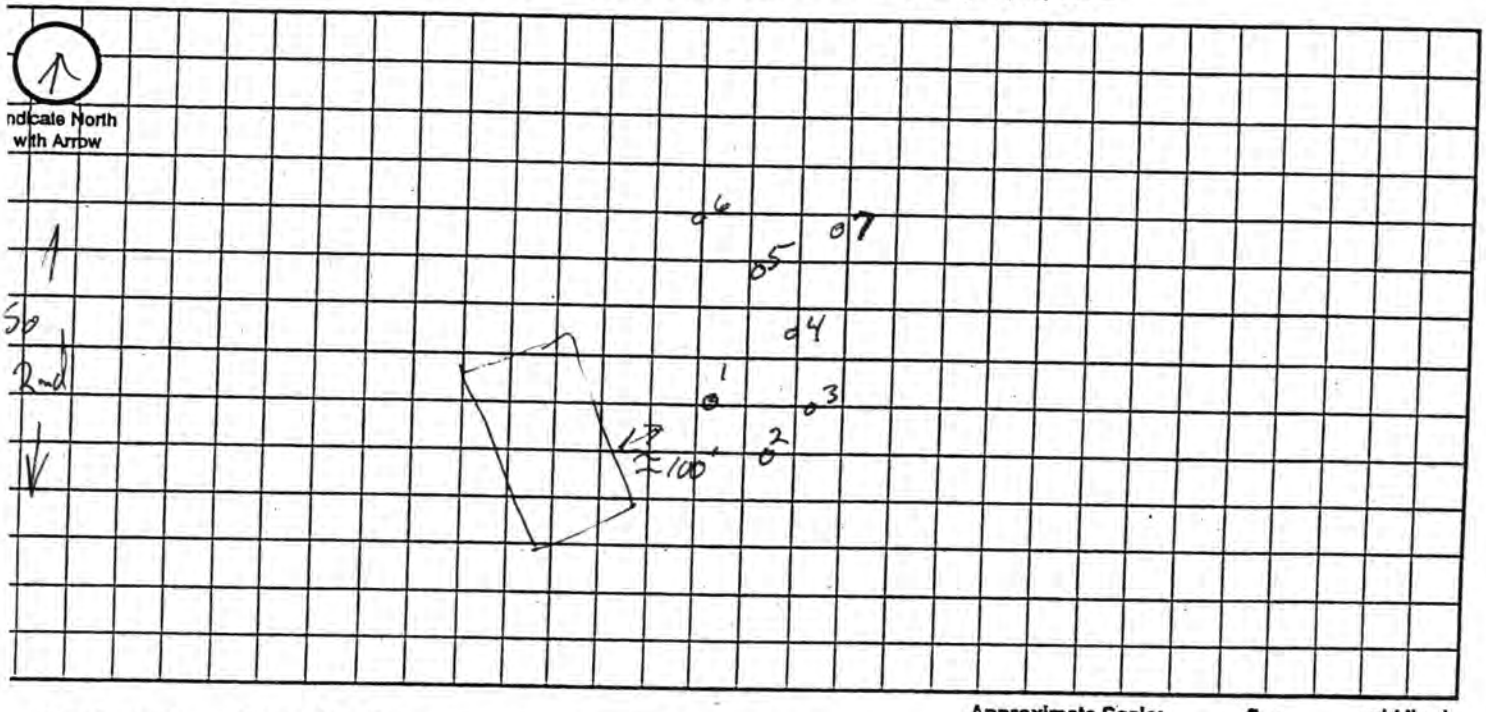
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Phone: 402-441-8022

C

Permit Number: 043802832

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) _____ City Roca NE, Zip 68430

. Proposed Septic Tank/s

nk Material: ☒ Concrete ☒ Plastic ☐ Other _____

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

rcolation Rate 20 (min. per inch) Soil Type: Mrd Sandy Spots Land Slope: 4-6 %

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

al Square Feet of Field Required: 630 sq. ft. 3 Bdrm

pe of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator or ADS Biodiffuser

pacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 160 ft. Number of Trenches 2 Trench Width 4

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

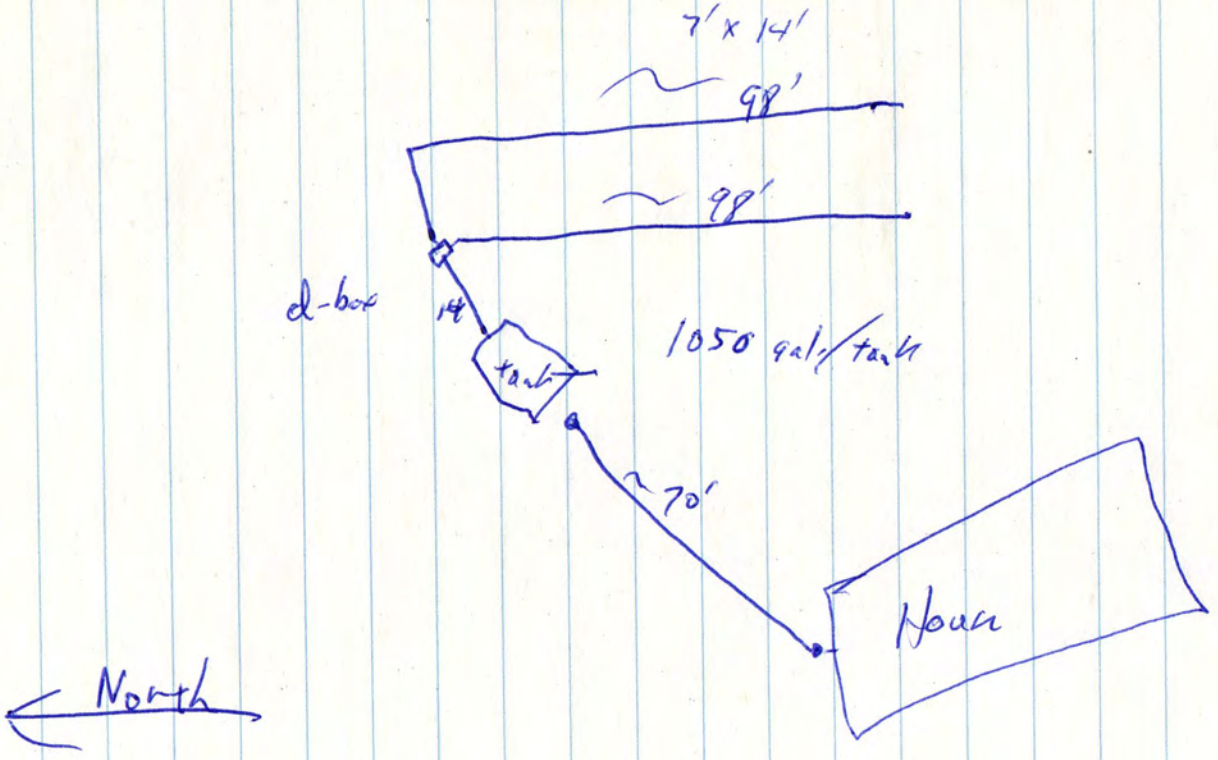
istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐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

Required Signatures

ıe Building Contractor MOVE IN Date _____

ıller Brad Southwick Date 5-1-04

23-102 10-96



18100 Sw 2nd

Field Notes 9/3/04 DS