Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009560

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380324701

Issued 09/19/06
Expires 09/19/07
Revenue Code 3157

Establishment: JILL STANEK
T8N R6E SEC 34
LOT 26
715 W SPRAGUE RD

FEES: $275.00

Permittee: JILL STANEK
715 W SPRAGUE RD
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: 06380324701

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 715 West Sprague Road (no rural route) City Roca NE, Zip 68430

Legal Description ~~36~~ NE 34-8N6E 26 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 Jill Stanek Signature Jill Stanek

Address 715 W. Sprague Rd City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone 402-794-8661 Work Phone 794-8660

C. Contractor

Name Paul Weber Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth Ne 68358

☒ Check if contractor designed system Work Phone (402) 580-8311

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 400 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 9/19/06 Date frwd 9/19/06	**ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9-18-06 Date frwd 9-18-06	**ACTION** ☒ Approved ☐ Disapproved Signature Patricia Smith	
3. **City or County Engineer**	Date rec'd 9-21-06 Date frwd 9-21-06	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Flowers	

Installation Final Written Approval

By _____

Date 10/9/06

Business Office Use Only
Date Rec'd 09/19/05
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 1342

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: 063803247

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 715 W. Sprague Rd (no rural route) City Roca NE, Zip 68430

Owner Jill Stanek Addresss 715 W Sprague

Soil Type (SCS): clay / sand top soil Percolation Rate: 30 min./inch

Date of Tests 8-28-06 to 8-29-06 Weather: Precipitation Clear Temperature 69

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	24	8-28	8:30	8-29	8:30	8-29	8:45	6"	8-29	9:15	30	1.5	20
2	24	8-28	8:30	8-29	8:30	8-29	8:45	6"	8-29	9:15	30	1.0	30
3	24	8-28	8:30	8-29	8:30	8-29	8:45	6"	8-29	9:15	30	.75	40

Sum of Percolation Rates: 90 min

Average of Rates: 30 min / inch

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name Weber Well Service

Phone 10133 Willow Cove Lane

Addre Firth, NE 68358

(402) 791-3008

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

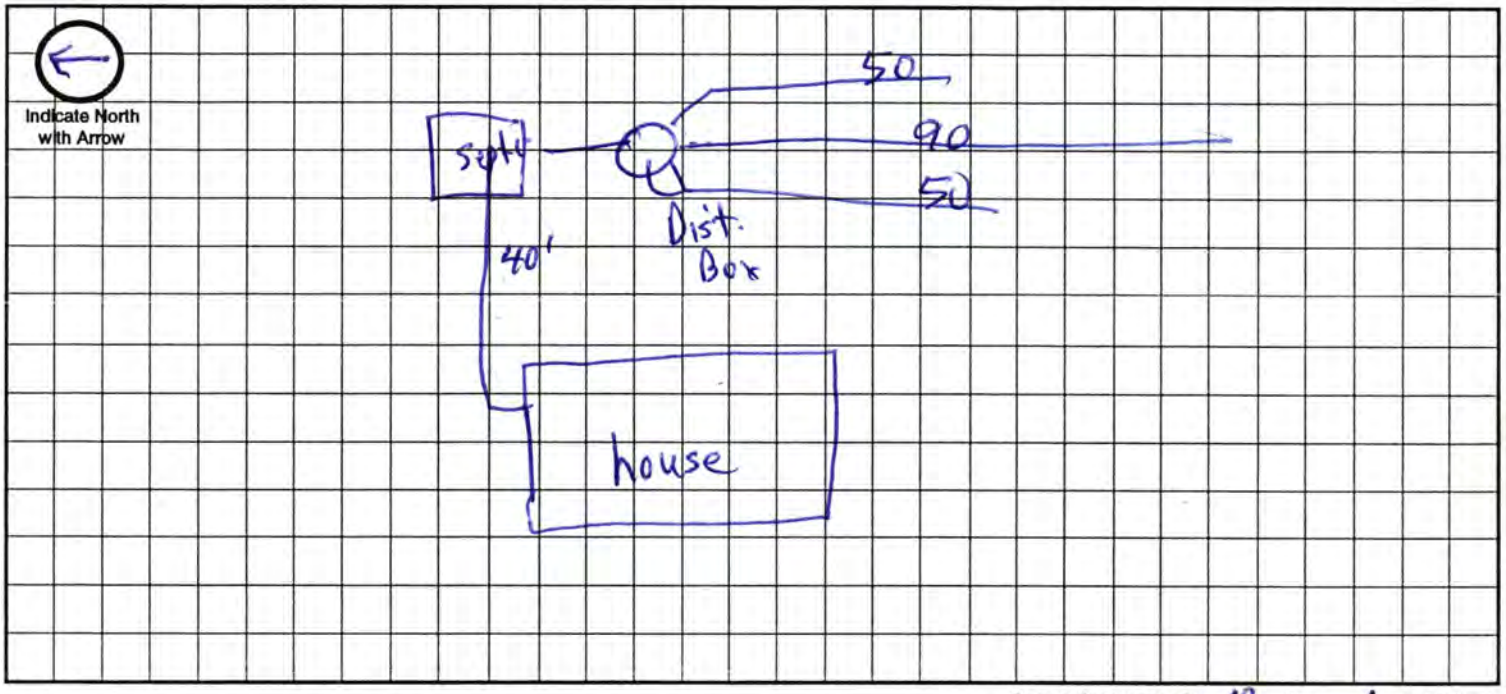
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0638 03247

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 715 W Sprague Rd 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 30 (min. per inch) Soil Type: clay + sand Land Slope: < 10 %

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

Total Square Feet of Field Required: 750 ~~1875~~ sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 90-50-50

Total Length of Laterals 190 ft. Number of Trenches 3 Trench Width 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 _____ Date 8-19-06

Installer Paul Weber - Weber Well Date 8-16-06

10133 Willow Cove Lane
Firth NE 68358

FORM 23-102 10-96