Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008205

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380309501

Issued 12/10/04
Expires 12/10/05
Revenue Code 3157

Establishment: KARL & DEBRA ZIMMER
T8N R6E SEC 34 QTR SE
LOT 18&34
19951 SW 2 ST-ROCK

FEES: $200.00

Permittee: KARL & DEBRA ZIMMER
7522 SHERMAN ST
LINCOLN NE 68506

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 DEC 10 2004

A

Permit Number: 05380309501

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 19951 S.W. 2ND (no rural route) City ~~MALCOLM~~ ROCA NE, Zip 68404

Legal Description S.E. 34 8N 6E 18 + 34
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 KARL & DEBRA Zimmer Signature _____

Address 7522 SHERMAN ST. City/State/Zip LINCOLN, NE 68505

☐ Check if owner designed system Home Phone 489-9566 Work Phone 476-5939

C. Contractor

Name BILL OVERMAN Company Name B&R PUMP SERVICE

Address 4337 MADISON AVE. City/State/Zip LINCOLN NE. 68504

☐ Check if contractor designed system Work Phone 464-1745

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

Designer Name BILL OVERMAN 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 BARN / SHOP

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 12/10/04 Date frwd 9/16/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Patricia A Smith, Clerk Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Verify location and elevation of 100 yr. floodplain Date rec'd 9-20-05 Date frwd 9-20-05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10/21/05

Final, Final partial, letter 10/17

Business Office Use Only

Date Rec'd 12/10/04

Amt Paid 200.00

Rec'd By LO ~~Cash~~/Check No. 5597

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

A

Permit Number: 053803095

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 19951 SW 2nd (no rural route) City ROCA NE, Zip 68430

Legal Description SE (1/4) SE (1/4) 34 (Section) 8 (Township) 6 (Range) ____ (Subdivision) ____ (Addition) 18+34 (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 KARL & DEBRA ZIMMER Signature ____

Address 7522 SHERMAN ST City/State/Zip LINCOLN, NE 68506

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

C. Contractor

Name WILLIAM OVERMAN Company Name B+R PUMP SERVICE

Address 4337 MADISON City/State/Zip LINCOLN, NE 68504

☒ Check if contractor designed system Work Phone (402) 464-1745

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

Designer Name WILLIAM OVERMAN Firm B+R PUMP SERVICE Work Phone (402) 464-1745

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____
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 ____

Date ____

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

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

B

Permit Number: 053803095

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19951 S.W. 2nd (no rural route) City ROCA NE, Zip 68430

Owner KARL & DEBRA ZIMMER Addresss 7522 SHERMAN ST LINCOLN NE 68506

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

Date of Tests APRIL 1-05 to APRIL 2-05 Weather: Precipitation NONE Temperature 50-55°

LEGAL LOT 18+34 SE34-8-6

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	4/1	9:00	4/1	1:00	4/2	12:30	32 1/2	4/2	1:00	30	7/8	34
2	34	4/1	9:05	4/1	1:05	4/2	12:32	27	4/2	1:02	30	3/4	40
3	36	4/1	9:10	4/1	1:10	4/2	12:34	33 1/4	4/2	1:04	30	3/4	40
4	35	4/1	9:15	4/1	1:15	4/2	12:36	29	4/2	1:06	30	7/8	34
5	35	4/1	9:25	4/1	1:25	4/2	12:38	28 1/2	4/2	1:08	30	5/8	48
6	36	4/1	9:30	4/1	1:30	4/2	12:40	30 1/8	4/2	1:10	30	5/8	48

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: BILL OVERMAN

Phone: (402) 464-1745

Address 4337 MADISON
LINCOLN, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Wood R.E.H.S. Date 9/8/05

FORM 23-101 10-96

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

B

Permit Number: 053603095

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19951 S.W. 2ND (no rural route) City MARTELL NE, Zip NE. 68409

Owner DEBRA & KARL ZIMMER Addresss 7522 SHERMAN LINCOLN NE 68506

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

Date of Tests 9-11-04 to 9-12-04 Weather: Precipitation 0 Temperature 85°

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"	9/11	2:05	9/11	7 pm	9/12	3:50	14 1/8	9/12	4:20	30	5/8	~~30~~ 30/5/8
2	36	9/11	2:05	9/11	7 pm	9/12	3:50	16	9/12	4:20	30	1/2	~~60~~ 30/1/2
3	36	9/11	2:05	9/11	7 pm	9/12	3:50	16 1/4	9/12	4:20	30	3/4	~~40~~ 30/3/4
4	36	9/11	2:05	9/11	7 pm	9/12	3:50	16 3/4	9/12	4:20	30	1/2	~~60~~ 30/1/2
5	36	9/11	2:05	9/11	7 pm	9/12	3:50	15 1/2	9/12	4:20	30	1/2	~~60~~ 30/1/2
10	36	9/11	2:05	9/11	7 pm	9/12	3:50	20 3/4	9/12	4:20	30	3/4	~~40~~ 30/3/4

Sum of Percolation Rates: 308

Average of Rates: ~~51~~ 33

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: KARL ZIMMER

Phone: 402-489-9564

Address 7522 SHERMAN LINCOLN NE 68506

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

C

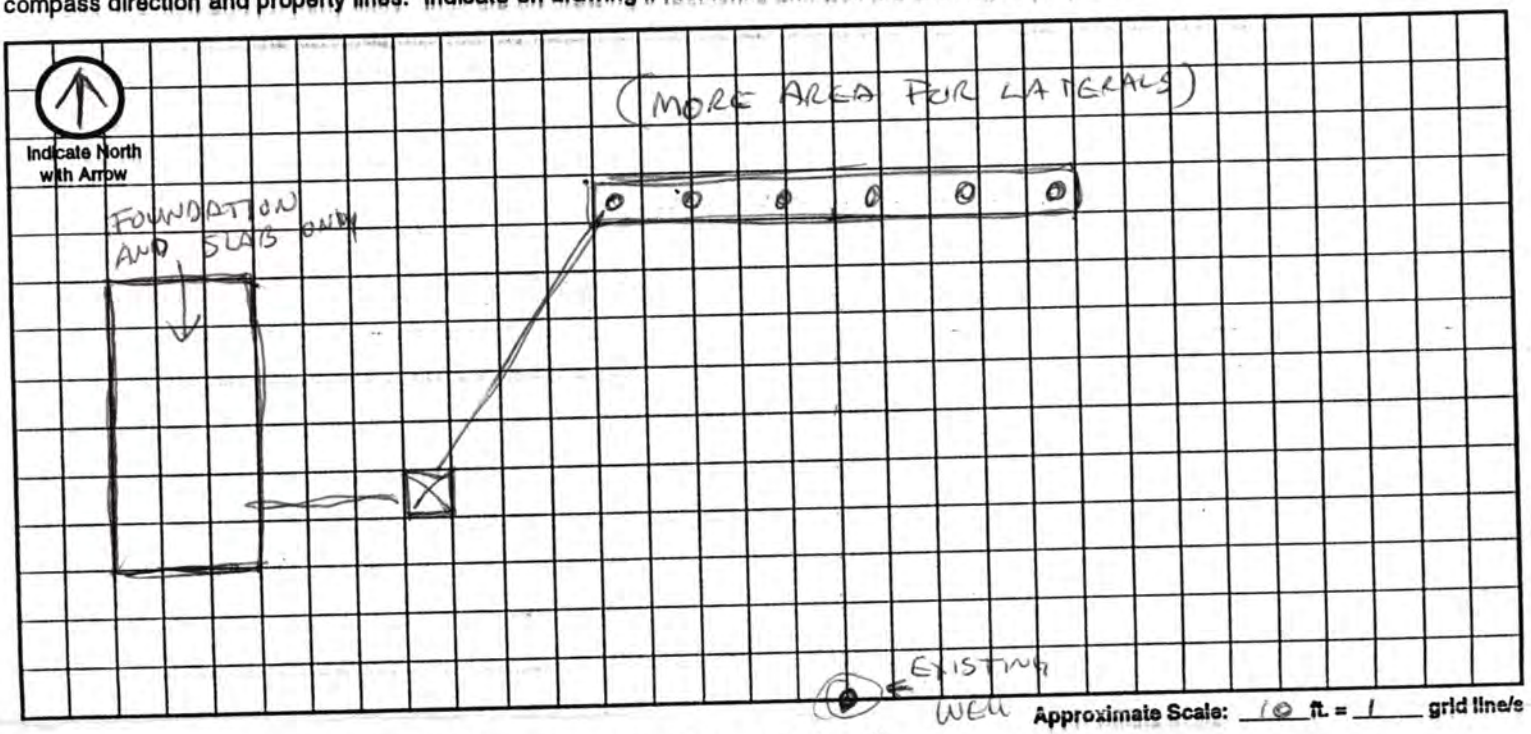
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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DEC 10 2004

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 1995 S.W. 2nd City MARTELL NE, Zip 68404

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: BLACK Land Slope: FLAT %

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 [illegible] Date 9/19/04

Installer B&R PUMP SERVICE LICENSE # P1217 Date 12-9-04

FORM 23-102 10-96

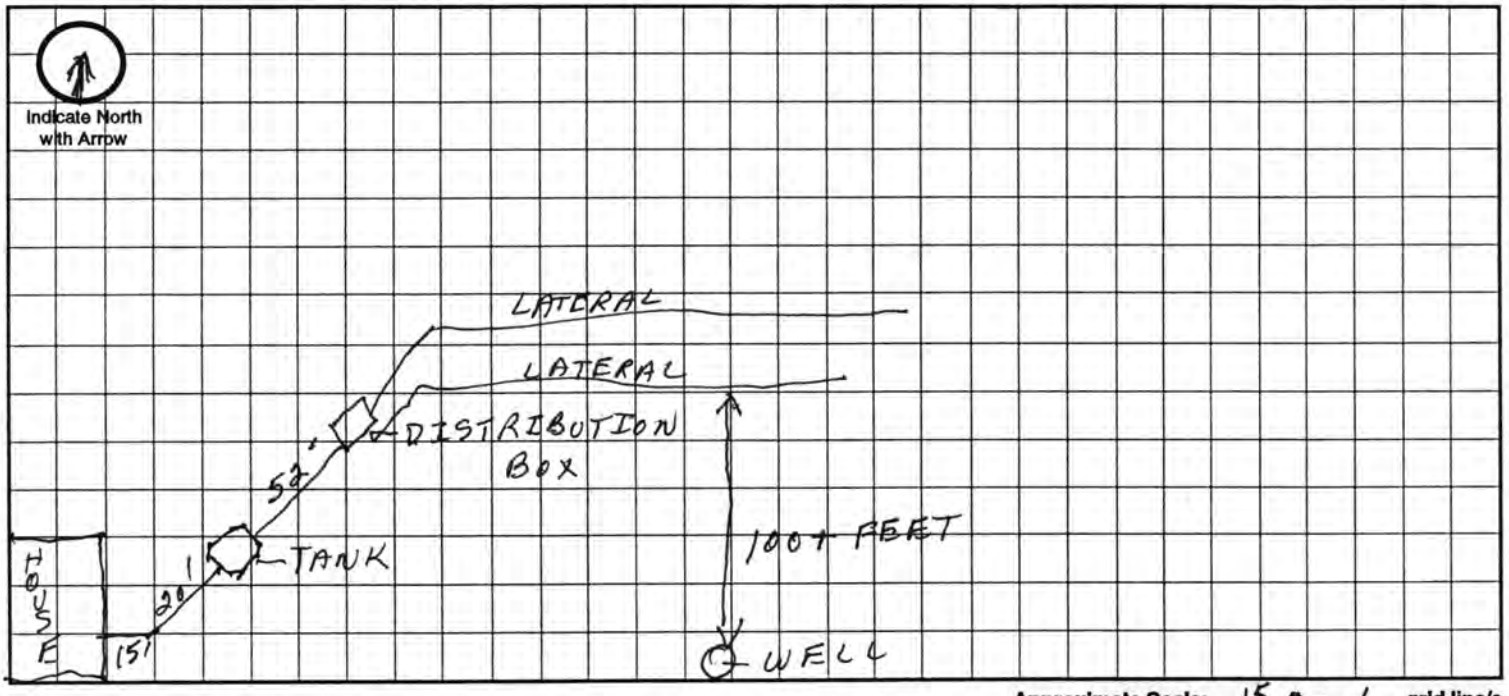
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803095

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 19951 SW 2nd 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 40 (min. per inch) Soil Type: _____ Land Slope: LEVEL %

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

Total Square Feet of Field Required: 550 sq. ft.

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

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

Total Length of Laterals 138 ft. Number of Trenches 2 Trench Width 4'

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

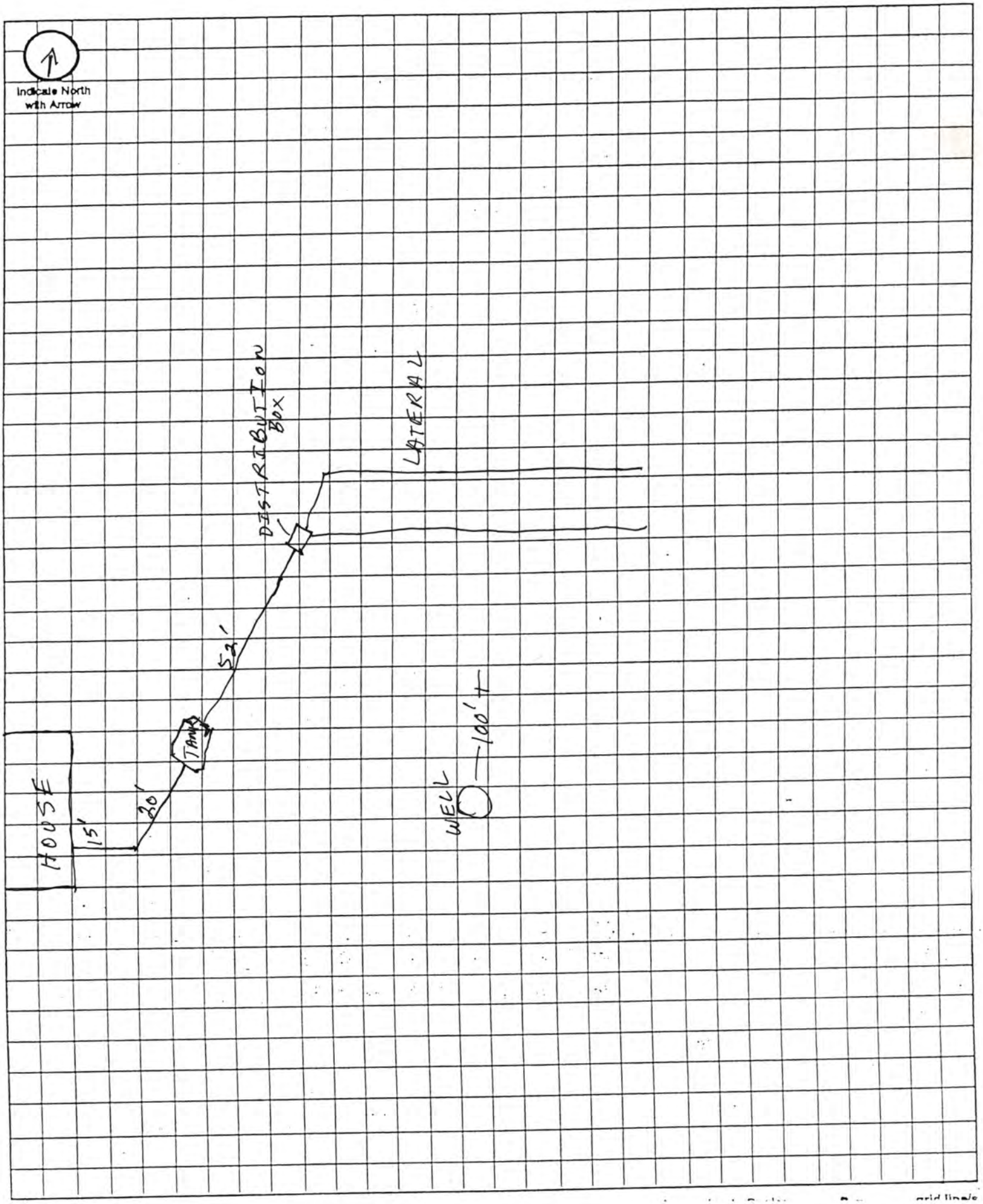
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

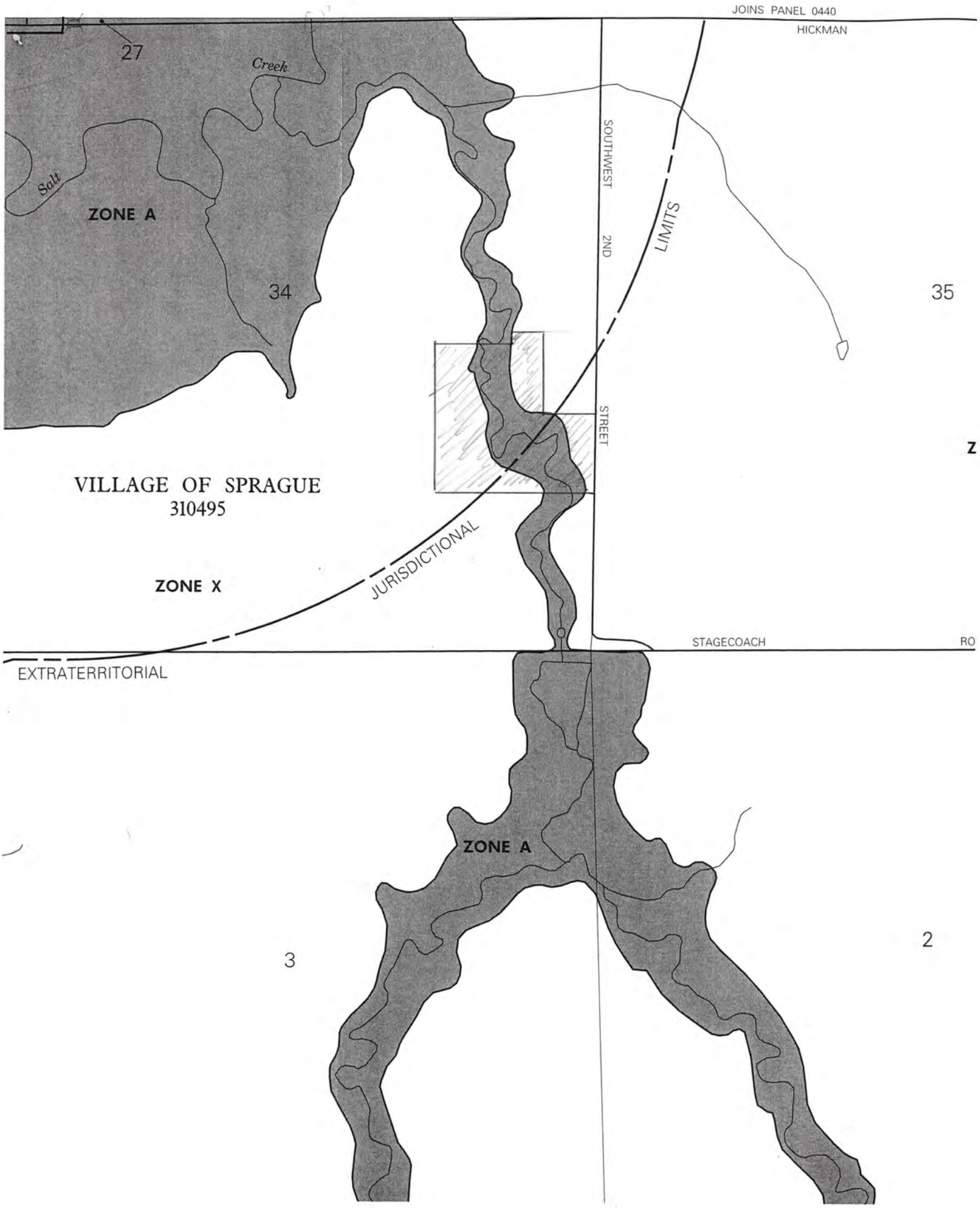
E. Required Signatures

Home Building Contractor _____ Date _____

Installer William A. Quersman Date 9-9-05

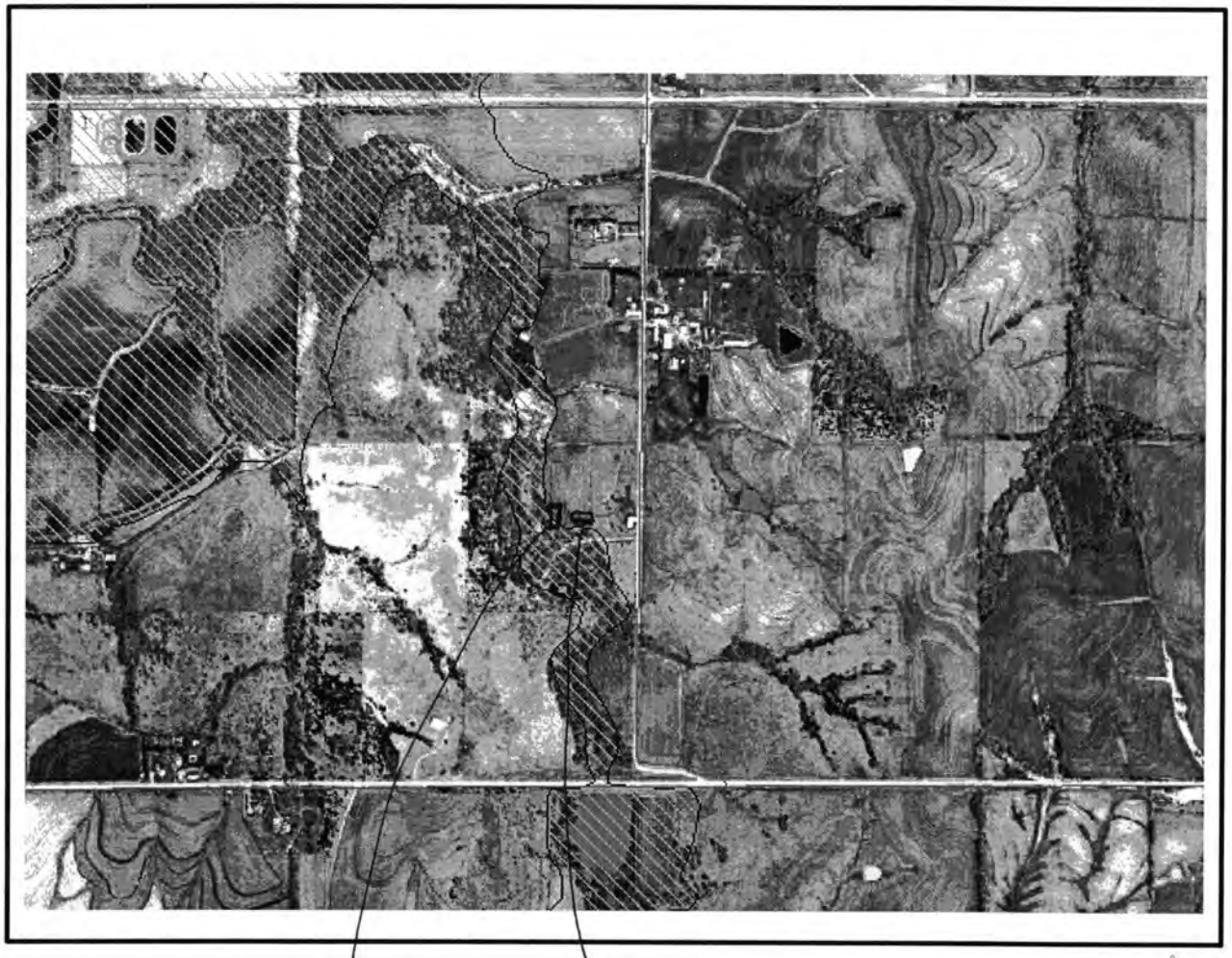
As Built Drawing




JOINS PANEL 0440
HICKMAN
27
Creek
Salt
ZONE A
34
SOUTHWEST
2ND
STREET
LIMITS
35
Z
VILLAGE OF SPRAGUE
310495
JURISDICTIONAL
ZONE X
EXTRATERRITORIAL
STAGECOACH
RO
ZONE A
3
2

ESRI ArcExplorer 2.0

19951 S.W. 2nd Street



streets
flood1

Tuesday, Sep 20 2005

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 10-20-05

System Location (Indicate correct number and street)

Address 19951 SW 2nd (no rural route) City ROCA NE, Zip 68430

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 31 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 100 + ft.
   stream 90 + ft.
   pressure line 18 ft.
   property line 200 + 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 5 in.
   Over outlet, diameter 5 in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100 + ft.
   Stream 90 + ft.
   Pressure line 20 ft.
   Property line 200 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 42 ft.

D. Absorption Field

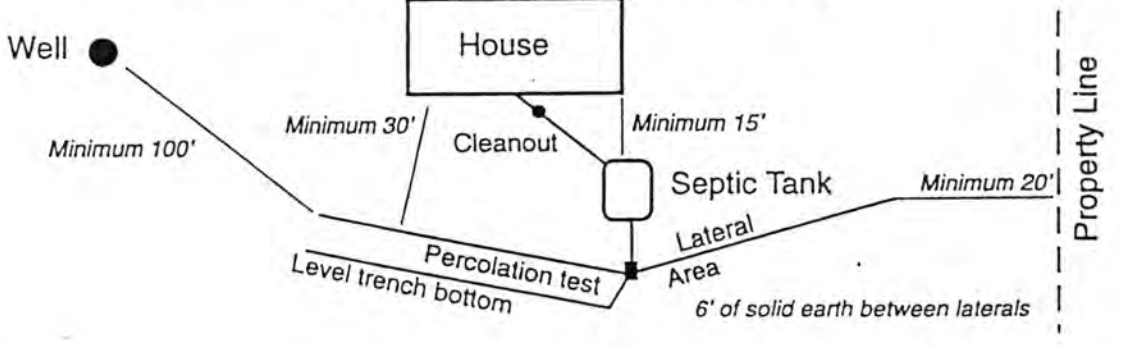
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: (1) 15" (2) 34"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth (1) 36" (2) 44 in
4. Filter material: SOIL
   Depth of material _____ in.
5. Distances to: Well or suction line 109 ft.
   Stream 150 ft.
   Pressure line 110 ft.
   Property line 77 ft.

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

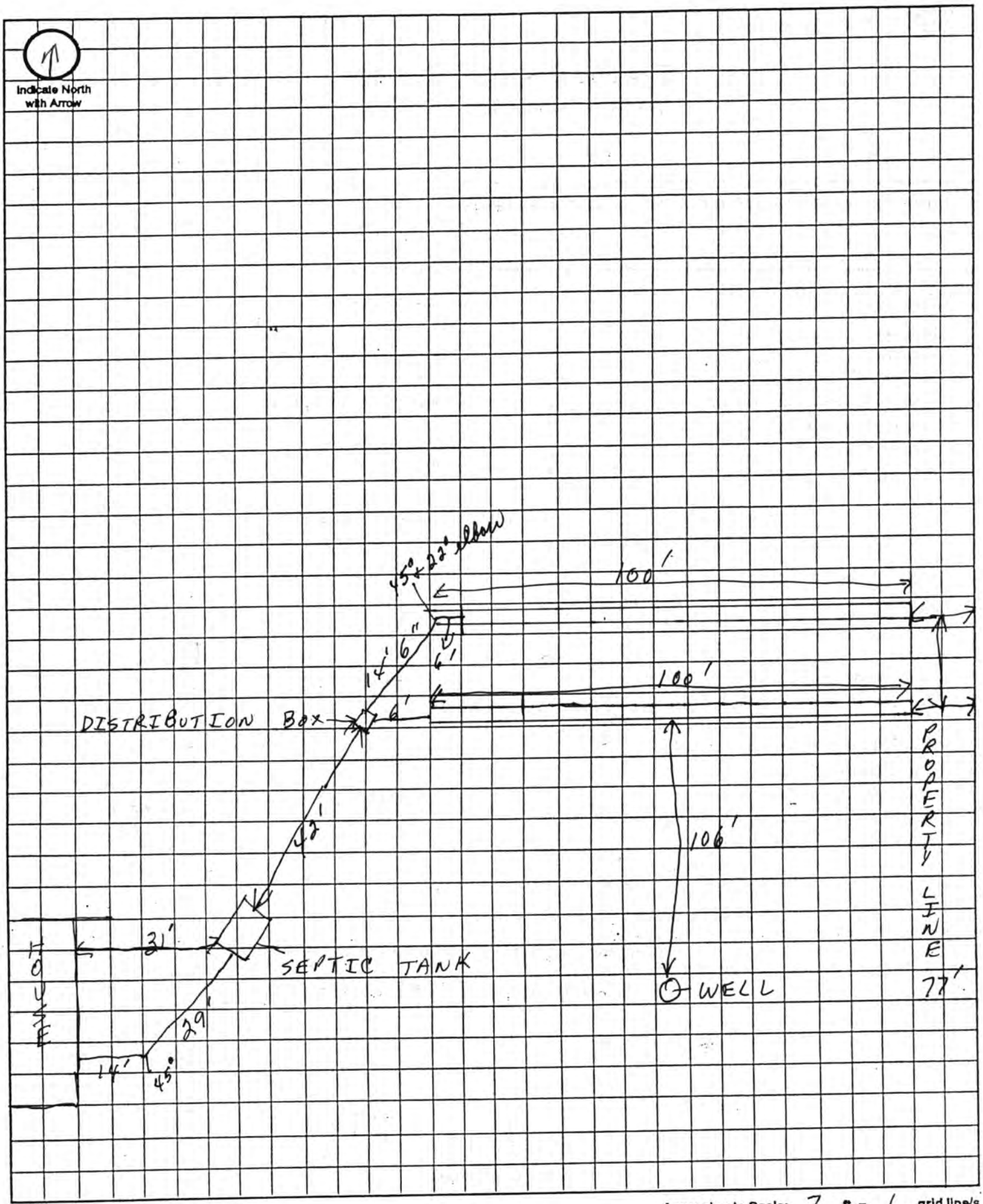
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 7 ft. = 1 grid line/s