LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380154701

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 03/18/97
Expires 09/18/97
Revenue Code 18754

Establishment

MICHAEL MITCHELL
T8N R6E SEC 35
LOT 6
19600 SW 2 STREET

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL MITCHELL
19600 SW 2 ST
ROCA NE 68430

3419

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 19600 SW 2nd St (no rural route) City Roca NE, Zip 68430

Legal Description NW (1/4) NW (1/4) 35 (Section) 8N (Township) 6E (Range) Subdivision Addition Block 6 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Michael S. Mitchell Signature

Address 19600 SW 2nd City/State/Zip Roca Ne. 68430

☐ Check if owner designed system Home Phone (402) 794-4034 Work Phone (402) 794-4785

C. Contractor

Name Dennis Frey Company Name Bar Builders Inc

Address RT 1 Box 85A City/State/Zip Nickerson NE 68032

☐ Check if contractor designed system Work Phone 560-2210

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

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 560-4267

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 3/13/97 Date frwd 3/17/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-18-97 Date frwd 3-18-97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 03/18/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul D

Date 3-10-98

Business Office Use Only 3065

Date Rec'd 3/13/97

Amt Paid 150.00

Rec'd By LS Cash/Check No. 5047

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19600 SW 2nd (no rural route) City Roca NE, Zip 68430

Owner Mike Mitchell Addresss 19600 SW 2nd

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

Date of Tests 10-7-96 to 10-8-96 Weather: Precipitation None Temperature 63°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	30"	10-7	16:00	10-8	18:44	10-8	18:44	6	10-8	19:14	30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1¼	24
4	"	"	"	"	"	"	"	6	"	"	"	1⅛	26.39
5	"	"	"	"	"	"	"	6	"	"	"	1¼	24
6	"	"	"	"	"	"	"	6	"	"	"	1	30

Sum of Percolation Rates: 164.39

Average of Rates: 27.40

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Dave Vogt

Phone: 560-4267

Address P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MARCH 17, 1997

FORM 23-101 10-96

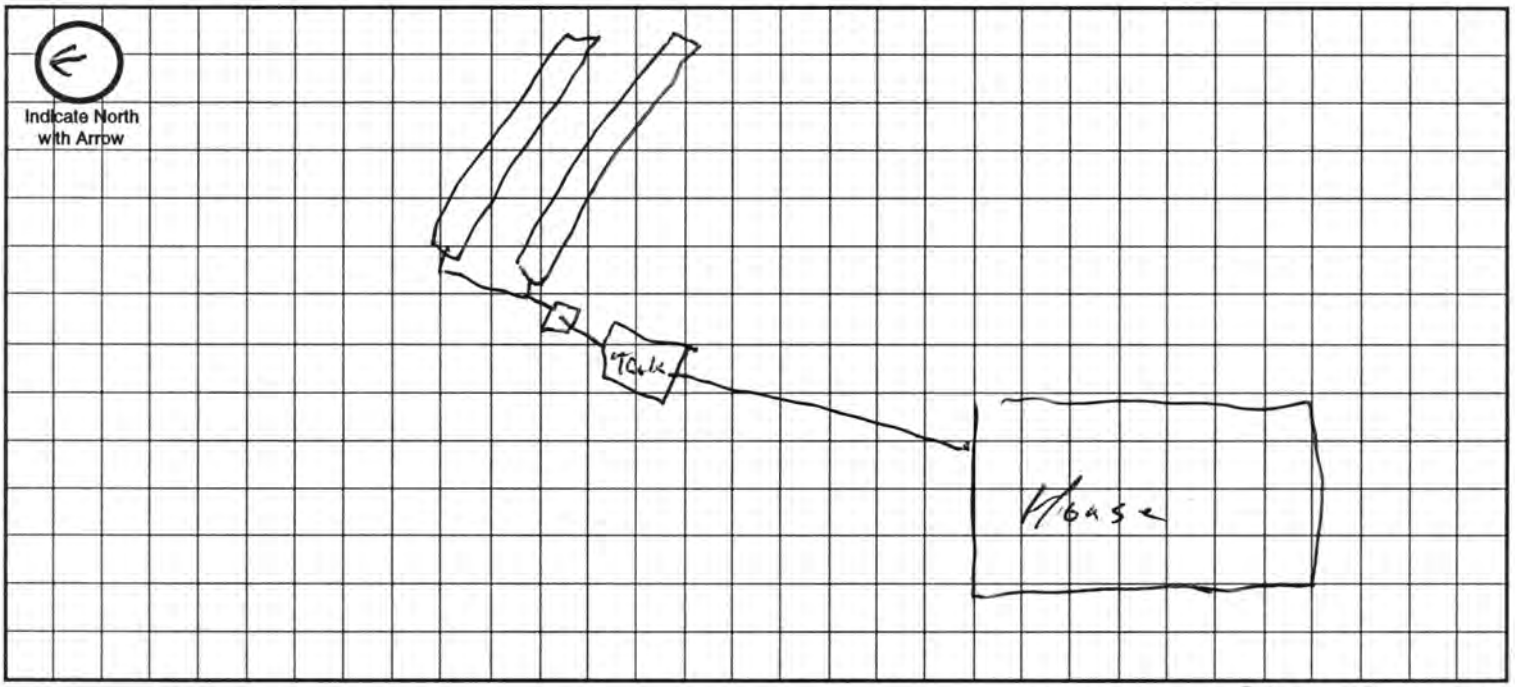
Lincoln-Lancaster County Health Department
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C

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.



Approximate Scale: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 27 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM, Land Slope: _____ %

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

Total Square Feet of Field Required: 713 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 178 ft. Number of Trenches _____ Trench Width _____

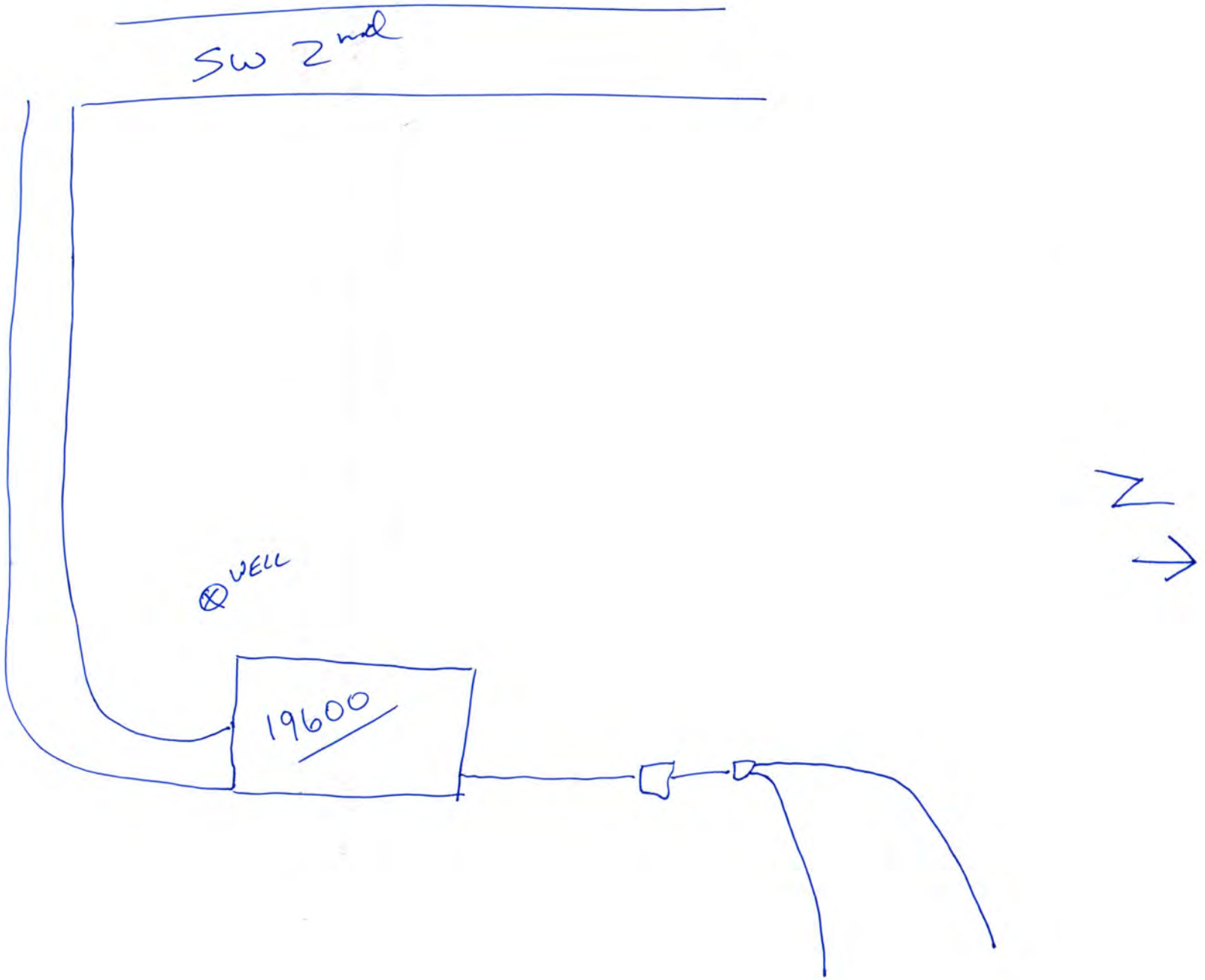
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Date _____

Installer _____ Date 3-13-97

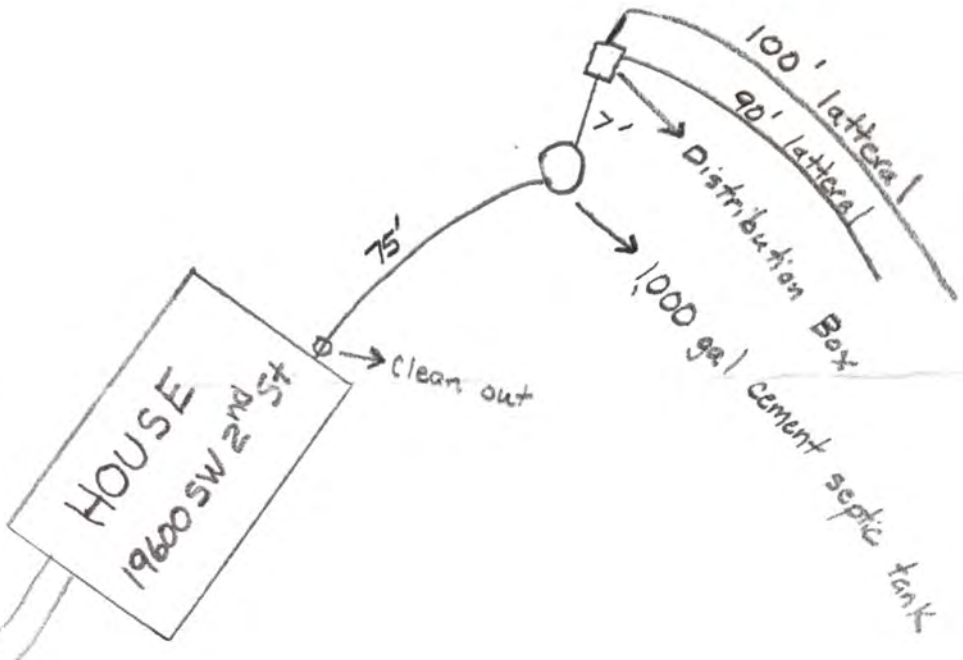

SW 2nd
WELL
19600
N

MAR 2 1998

W. Sprague Rd.

SW 2nd St

Lot 6
T8N R6E Sec. 35



Drawing is not to scale

Latterals are 4' wide and follow contour of terrace 100' long latteral is just off the top of terrace and 90' long latteral is ≅ 10' above terrace channel