LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1022-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 28, 1977 — THIS PERMIT EXPIRES

John Ehlers — ISSUED TO

RFD, Roca, NE 68430 — ADDRESS

T8N, R7E, Section 4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
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

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. 1022-C

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

DATE: 3-25-77

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 7E; Section 4;
Block ____; Lot ____; Addition ____
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: add 100' Intersect 9 Pleasant

5. Work to be done by: Owner ☐; or Contractor ☒, Smith Sewer Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	562 50

John Ekler
Signature of Applicant (owner or lessee)

RFD Posa
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoad

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: ____ by: ____

* COVERED WITHOUT INSPECTION.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

E. D. LYMAN, M. D., M.P.H.
DIRECTOR

March 30, 1977

COPY

Mr. John Ehlers
RFD
Roca, NE 68430

Dear Mr. Ehlers:

Enclosed is the permit for the extension work that was to be done on your individual sewage disposal system. Final approval on the work that was done cannot be given because it was covered by your contractor without an inspection by the Lincoln-Lancaster County Health Department.

If there are any questions, please contact the Lincoln-Lancaster County Health Department.

Yours truly,

Jerrold C. Hood, RSB.
General Sanitation Section
Division of Environmental Health

3-30-77
JCH:kv

Enclosure 1

cc: Larry Sintek, 2425 South St.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR (UNDER $400)

No. 98390060001

Issued 10/23/98
Expires 04/23/99
Revenue Code 3157

PAID

FEES:

TOTAL $.00

Establishment

ROYCE KOEHLER
T8N R7E SEC 4 QTR NE
6700 BENNET RD-ROCA

Permittee

ROYCE KOEHLER
6700 BENNET RD
ROCA NE 68430-4061

Issued By Health Director
Lincoln-Lancaster County Health Department

008221

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

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 10-16-98	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **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:** (NW corner of 68th st & Bennet Road)
   Township 8N Range 7E Section 4 1/4 Section NE
   Block _____ Lot _____ Addition _____
   Street Address 6700 Bennet Rd. Roca, Ne
2. **Property use:** ☐ residential ☐ commercial ☐ other use
   Number of bedrooms ~~Adding~~ 3 ~~Have 2~~ Describe Adding 2 Have 1
3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair:** Adding another Building with 2 Bathrooms. Runing them into existing septic System
5. **Work to be done by:** ☒ owner ☐ contractor's name _____
6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Royce Koehler 2K October Living Inc Address 6700 Bennet Rd. Roca Ne Phone 792-2214
Applicant Signature (owner or lessee) Roger H Koehler V.P.

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd _____ REVIEW: ☐ approved ☐ disapproved By: _____

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date _____ By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 00390065601

Issued 03/03/00
Expires 09/03/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Establishment

2K OUTDOOR LIVING
T8N R7E SEC 4
LOT 6IT
6700 BENNET RD-ROCA

Permitee

2K OUTDOOR LIVING
6700 BENNET RD
ROCA NE 68430-4061

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011920

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 1/21/00	File No.: 003900656

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **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:**
   Township 8N Range 7E Section 4 1/4 Section _____
   Block _____ Lot 6 & 7 Addition _____
   Street Address _____

2. **Property use:** ❒ residential ☒ commercial ❒ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** NEW LINE FROM BUILDING TO SEPTIC TANK

5. **Work to be done by:** ❒ owner ☒ contractor's name HARPER WELL & PLUMBING INC

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name ~~[illegible]~~ 2K OUT DOOR LIVING Address 6700 Bennet RD Phone 792-2214
Applicant Signature (owner or lessee) _____

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 1/27/00 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits: 1/27/00 #50.00 ck 1373 cw

Date 1/27/2000 By _____
Date _____ By _____
Date _____ By _____

Installation final written approval ☒

Date 1/27/00 By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH ☒ LINCOLN: PRE EXISTING SYSTEM, OK FROM BOTH OWNERS Pink - Business Office Revised 1/98

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 1/2 Mile South of Firth RD & 43rd Hiway West Side (no rural route) City Adams NE, Zip 68301

Legal Description 1/4 4 1/4 Section 8N Township 7E Range Subdivision Addition Block 64 Lot T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Russel Nevinen Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name LEONARD HARPER Company Name HARPER Well & Plumbing Inc

Address P.O. Box 15 , City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402 - 988-2055

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 _____ 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 1/27/00

Amt Paid 150.00 CW

Rec'd By _____ Cash/Check No. 1375

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

Owner Russel Nuvian Addresss _____

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)
		Bentolite Bottom of Lagoon											

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

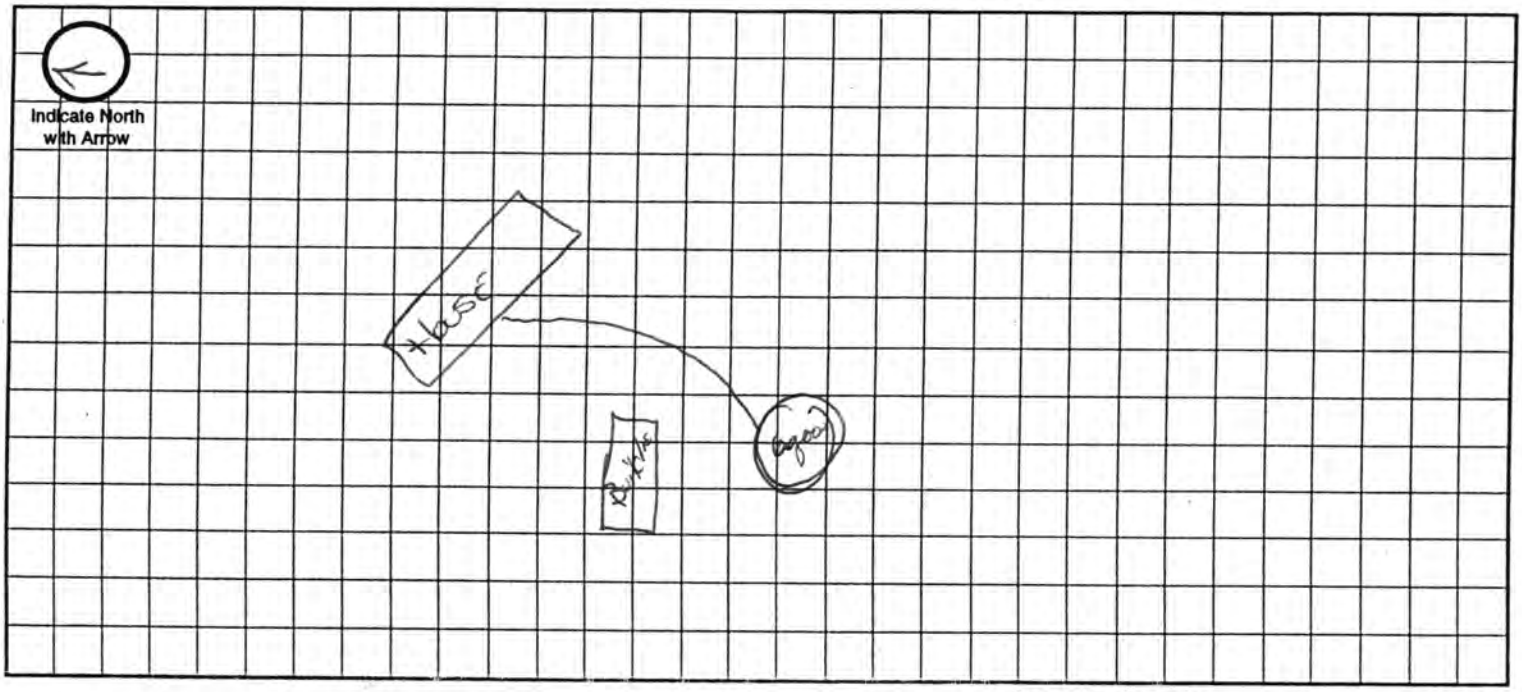
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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

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 _____ Date _____

Installer Richard Hagen Hagen Well & Plumbing Date 1/21/00

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

D

Permit Number: 003900656

Sewage Disposal System

As Built Plans & Specifications

Date 1/21/00

System Location (Indicate correct number and street)

Address 6700 Bennet RD (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: PVC 160# Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

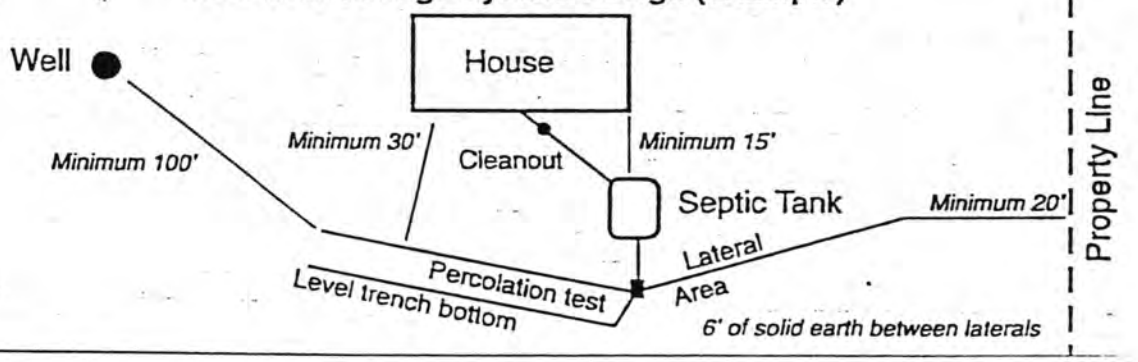
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

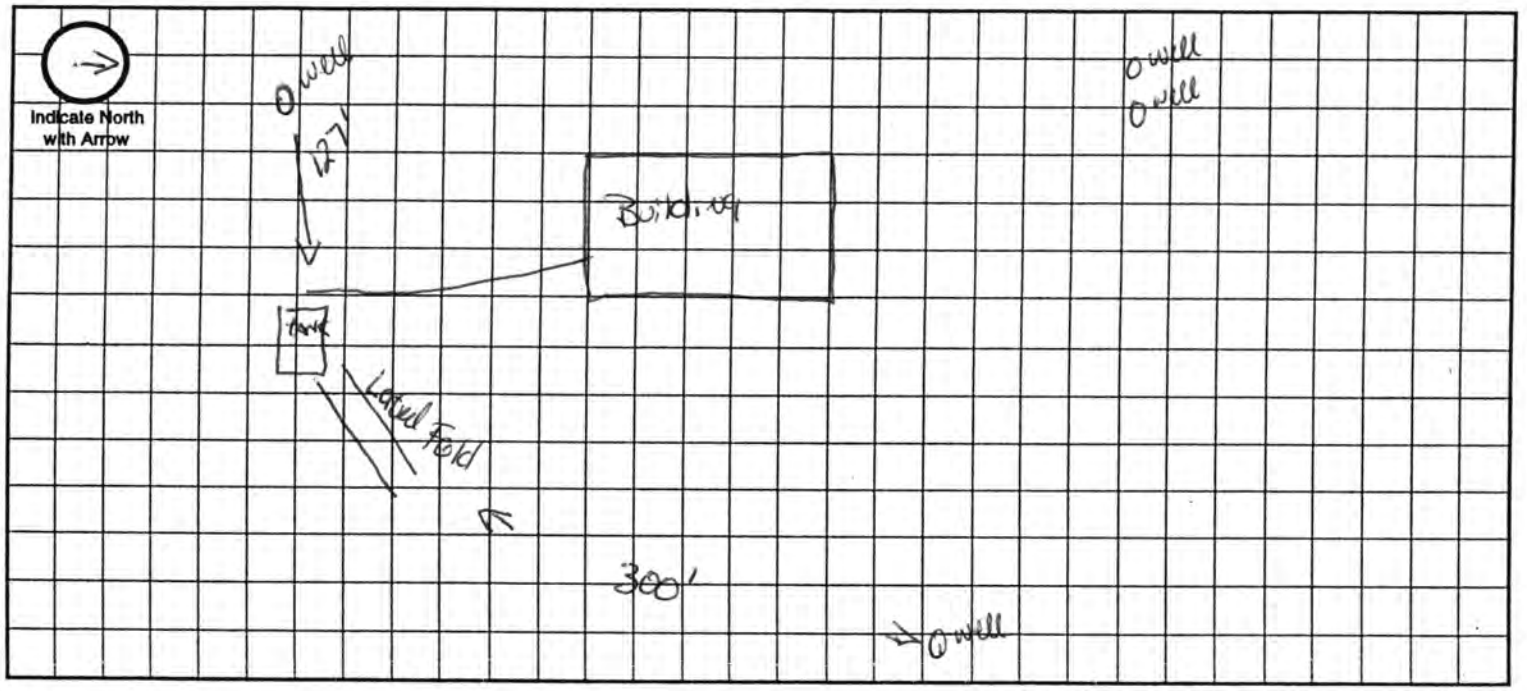
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00390065G

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

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

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Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

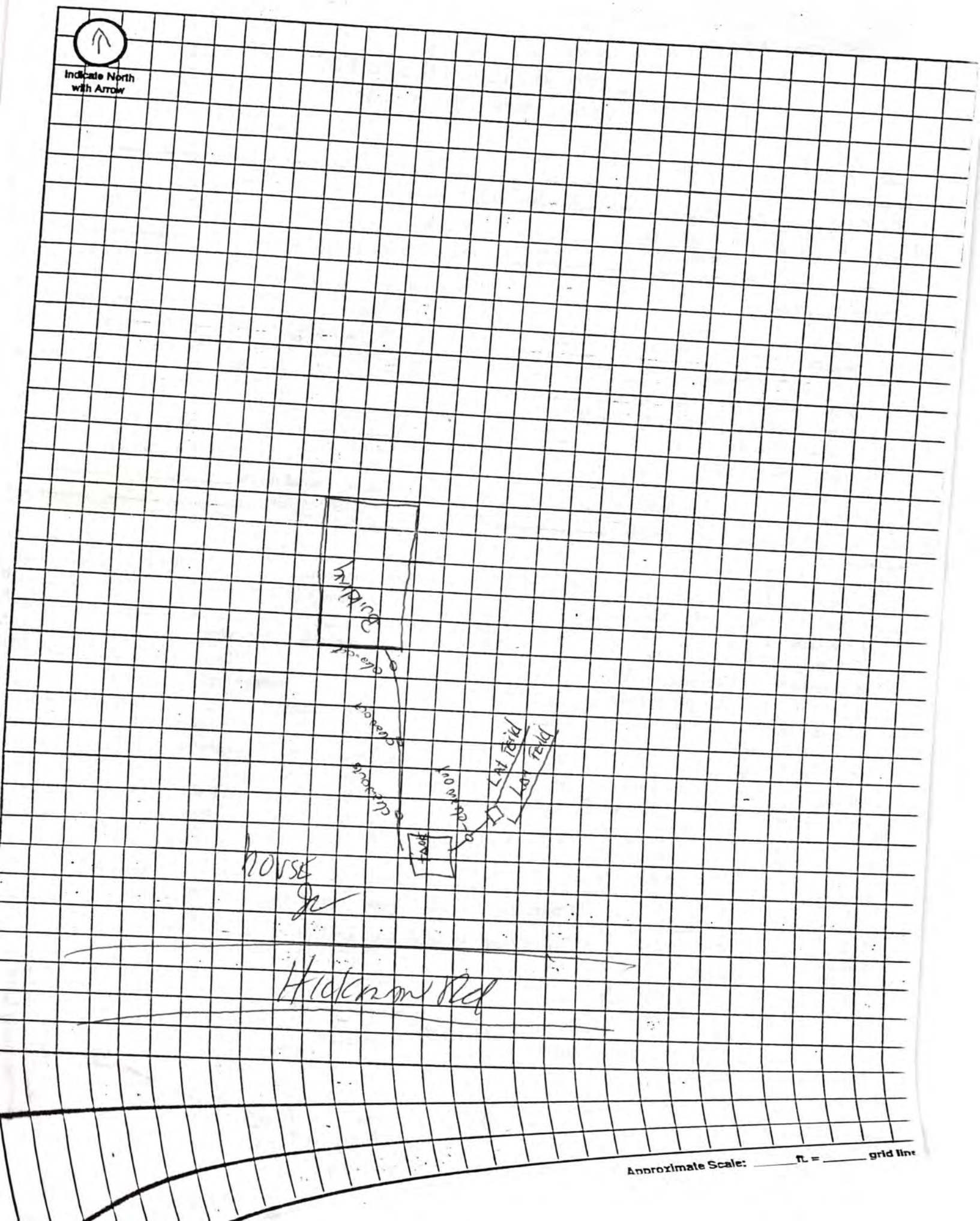
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Howard Harper Harper Well & Plumbing Inc Date 1/21/00

FORM 23-102 10-96

As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1022-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 28, 1977 — THIS PERMIT EXPIRES

John Ehlers — ISSUED TO

RFD, Roca, NE 68430 — ADDRESS

T8N, R7E, Section 4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
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

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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. 1022-C

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

DATE: 3-25-77

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2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: add 100' Intersect 9 Pleasant

5. Work to be done by: Owner ☐; or Contractor ☒, Smith Sewer Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	562 50

John Ekler
Signature of Applicant (owner or lessee)

RFD Posa
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoad

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: ____ by: ____

* COVERED WITHOUT INSPECTION.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

E. D. LYMAN, M. D., M.P.H.
DIRECTOR

March 30, 1977

COPY

Mr. John Ehlers
RFD
Roca, NE 68430

Dear Mr. Ehlers:

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If there are any questions, please contact the Lincoln-Lancaster County Health Department.

Yours truly,

Jerrold C. Hood, RSB.
General Sanitation Section
Division of Environmental Health

3-30-77
JCH:kv

Enclosure 1

cc: Larry Sintek, 2425 South St.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR (UNDER $400)

No. 98390060001

Issued 10/23/98
Expires 04/23/99
Revenue Code 3157

PAID

FEES:

TOTAL $.00

Establishment

ROYCE KOEHLER
T8N R7E SEC 4 QTR NE
6700 BENNET RD-ROCA

Permittee

ROYCE KOEHLER
6700 BENNET RD
ROCA NE 68430-4061

Issued By Health Director
Lincoln-Lancaster County Health Department

008221

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☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 10-16-98	File No.:

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   Number of bedrooms ~~Adding~~ 3 ~~Have 2~~ Describe Adding 2 Have 1
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Print Name Royce Koehler 2K October Living Inc Address 6700 Bennet Rd. Roca Ne Phone 792-2214
Applicant Signature (owner or lessee) Roger H Koehler V.P.

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd _____ REVIEW: ☐ approved ☐ disapproved By: _____

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date _____ By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 00390065601

Issued 03/03/00
Expires 09/03/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Establishment

2K OUTDOOR LIVING
T8N R7E SEC 4
LOT 6IT
6700 BENNET RD-ROCA

Permitee

2K OUTDOOR LIVING
6700 BENNET RD
ROCA NE 68430-4061

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011920

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 1/21/00	File No.: 003900656

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **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:**
   Township 8N Range 7E Section 4 1/4 Section _____
   Block _____ Lot 6 & 7 Addition _____
   Street Address _____

2. **Property use:** ❒ residential ☒ commercial ❒ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** NEW LINE FROM BUILDING TO SEPTIC TANK

5. **Work to be done by:** ❒ owner ☒ contractor's name HARPER WELL & PLUMBING INC

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name ~~[illegible]~~ 2K OUT DOOR LIVING Address 6700 Bennet RD Phone 792-2214
Applicant Signature (owner or lessee) _____

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 1/27/00 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits: 1/27/00 #50.00 ck 1373 cw

Date 1/27/2000 By _____
Date _____ By _____
Date _____ By _____

Installation final written approval ☒

Date 1/27/00 By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH ☒ LINCOLN: PRE EXISTING SYSTEM, OK FROM BOTH OWNERS Pink - Business Office Revised 1/98

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 1/2 Mile South of Firth RD & 43rd Hiway West Side (no rural route) City Adams NE, Zip 68301

Legal Description 1/4 4 1/4 Section 8N Township 7E Range Subdivision Addition Block 64 Lot T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Russel Nevinen Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name LEONARD HARPER Company Name HARPER Well & Plumbing Inc

Address P.O. Box 15 , City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402 - 988-2055

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 _____ 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 1/27/00

Amt Paid 150.00 CW

Rec'd By _____ Cash/Check No. 1375

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

Owner Russel Nuvian Addresss _____

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)
		Bentolite Bottom of Lagoon											

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

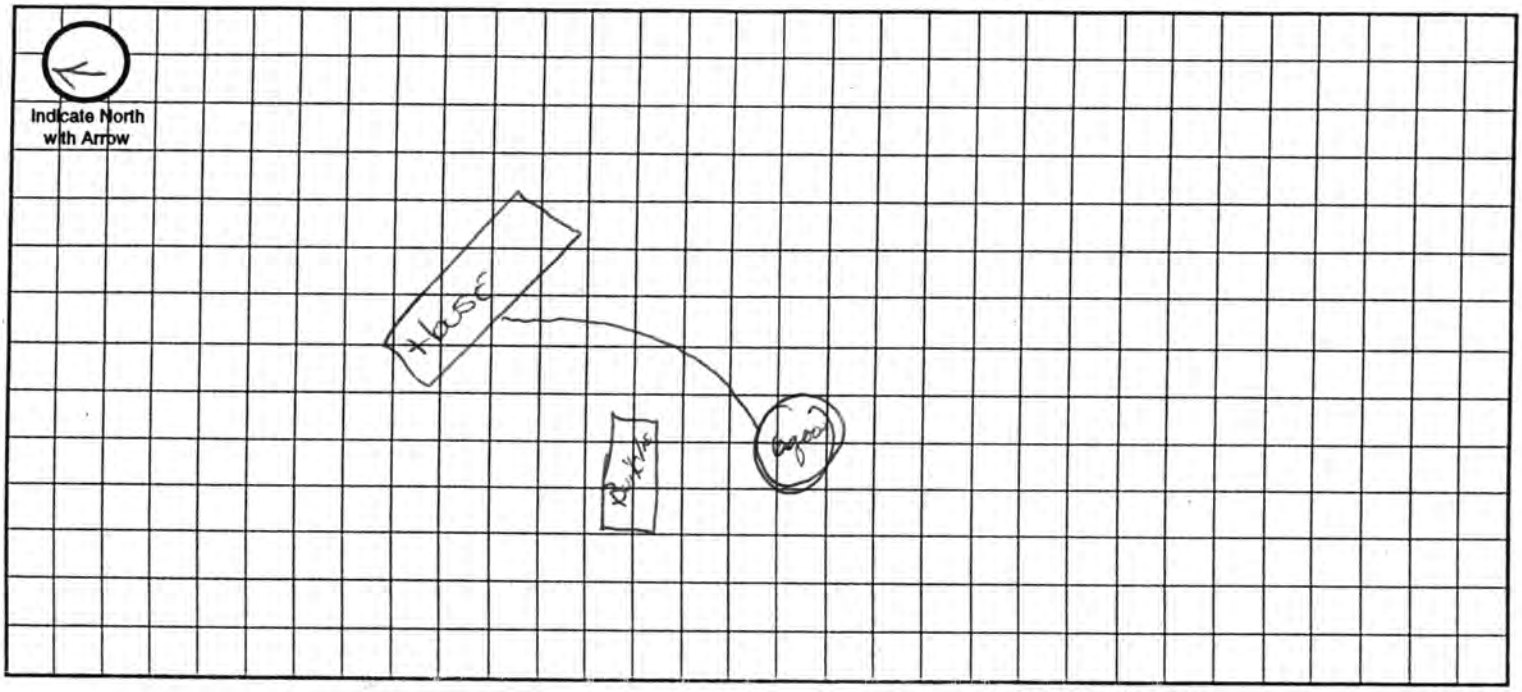
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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

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 _____ Date _____

Installer Richard Hagen Hagen Well & Plumbing Date 1/21/00

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

D

Permit Number: 003900656

Sewage Disposal System

As Built Plans & Specifications

Date 1/21/00

System Location (Indicate correct number and street)

Address 6700 Bennet RD (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: PVC 160# Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

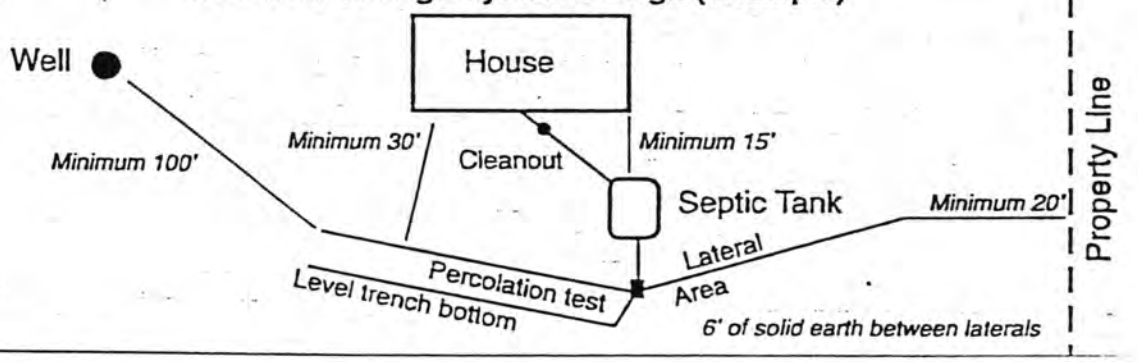
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

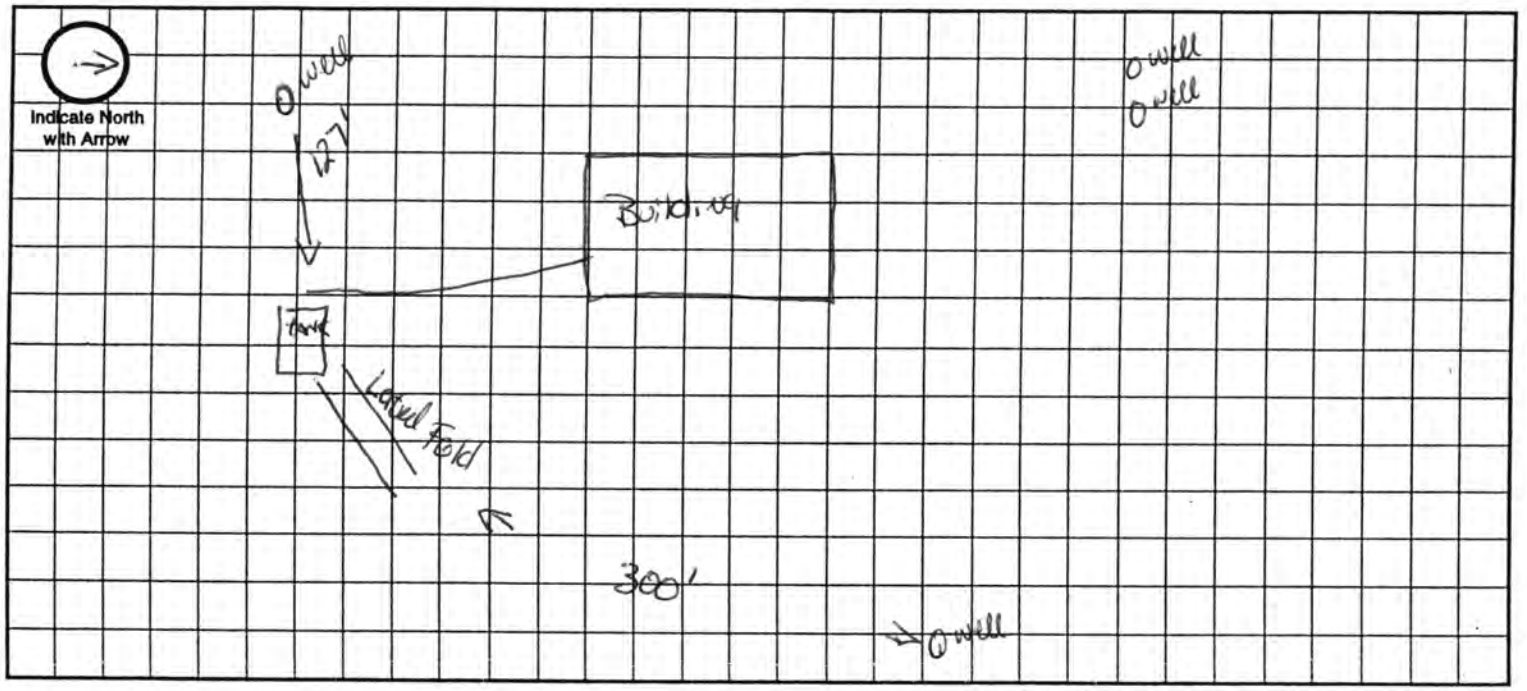
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00390065G

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.



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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Howard Harper Harper Well & Plumbing Inc Date 1/21/00

FORM 23-102 10-96

As Built Drawing

