Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC

Permit # 99380212401

Issued 12/07/99
Expires 06/07/00
Revenue Code 3157

Establishment

PAUL E NORRIS
T8N R7E SEC 8 QTR SE
QUARRY SUB-E 1/2 LOT 1
4800 QUARRY LEDGE RD-ROCA

FEES: $150.00

Permitee

PAUL E NORRIS
4501 EAGLE RIDGE RD
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011340

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 4800 QUARRY LEDGE RD. (no rural route) City ROCA NE, Zip 68430

Legal Description EAST 1/2 SE 1/4 8-8-7 QUARRY SUB. Lot # 1
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 PAUL E. & LINDA K. NORRIS Signature Paul E. Norris Linda K. Norris

Address 4501 EAGLE RIDGE RD City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-9218 Work Phone (CELL) 525.5470

C. Contractor MELVIN

Name GAGNER CONST. CO Company Name GAGNER CONST CO.

Address 4810 WEST CLAIRE AVE. City/State/Zip LINCOLN, NE. 68523

☒ Check if contractor designed system Work Phone 797-2365 CELL 4325498

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 12/7/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/6/99 Date frwd 12/6/99 ACTION ☒ Approved ☐ Disapproved Signature Mike Dekalb
3. **City or County Engineer** Date rec'd 12/9/99 Date frwd 12/9/99 ACTION ☒ Approved ☐ Disapproved Signature _____

12/15/99 Need drawing & C#

Installation Final Written Approval

By Jerrold C. Wood R.E.H.S.

Date JANUARY 3, 2000

Business Office Use Only

Date Rec'd 12-07-99
Amt Paid 150.00
Rec'd By CW Cash/Check No. 1004

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 _____

Owner PAUL NORRIS (no rural route) Addresss 4501 Eagle Ridge Rd. LINCOLN 68516

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

Date of Tests _____ to _____ Weather: Precipitation 0 Temperature 80

the QUARRY LOT 1

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	32	6/13	1:00	6/14	11:00	6/14	12:30	6	6/14	1:00	30	7/8	37 MIN/IN
2	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
3	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
4	"	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
5	"	"	"	"	"	"	"	"	"	"	"	7/8	37 MIN/IN
6	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
7	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
8	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
9	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
10	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
													42 MIN/IN

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 432-5698
Address 4810 "W" CLAIRE AVE
LINCOLN NE 68523

Post-It™ brand fax transmittal memo 7671 # of pages ▸ 2

To	From
Dick Hatton	Wagner Const
Co. Home Realty	Co. Melvin
Dept.	Phone # 432-5698
Fax # 436-3299	Fax # 797-7775

DO NOT WRITE I

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

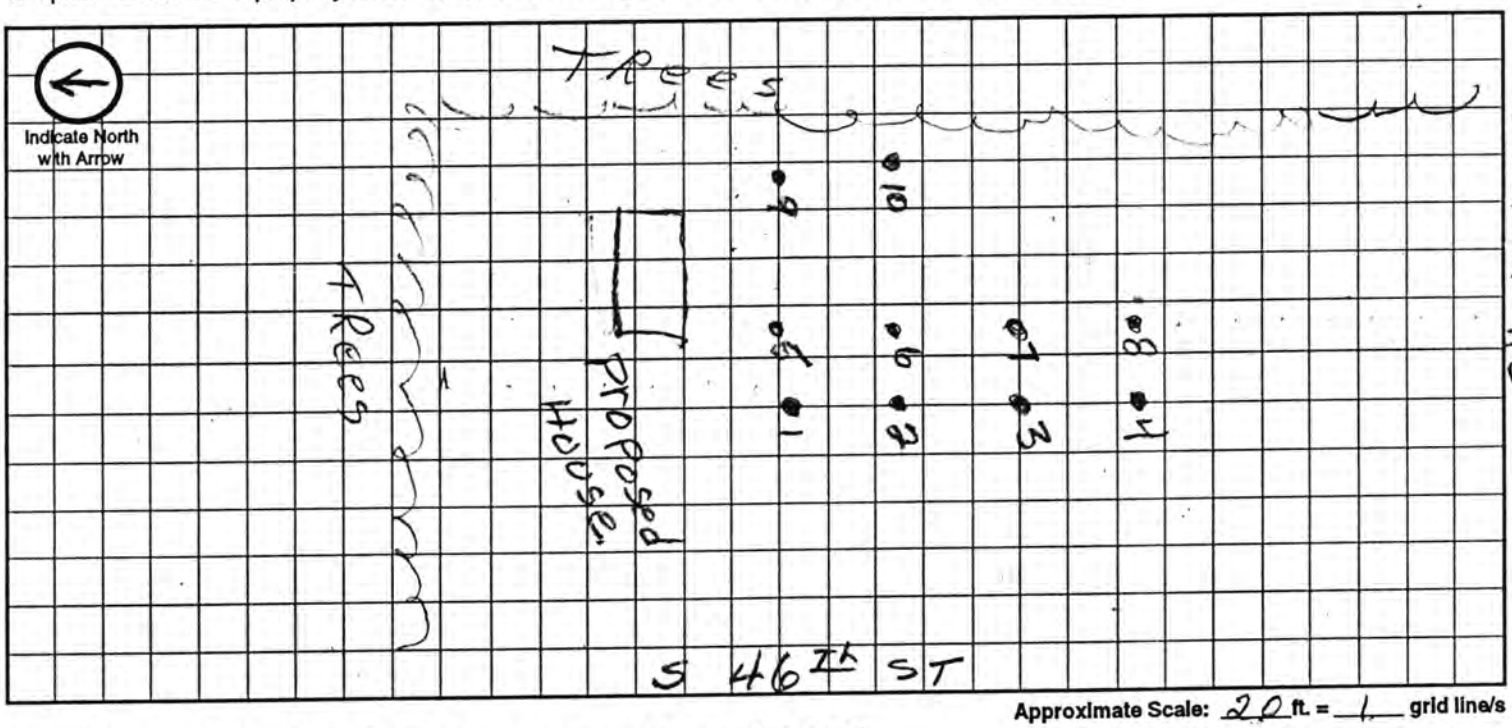
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 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 42 (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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 293 ft. Number of Trenches 3 Trench Width 3'

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

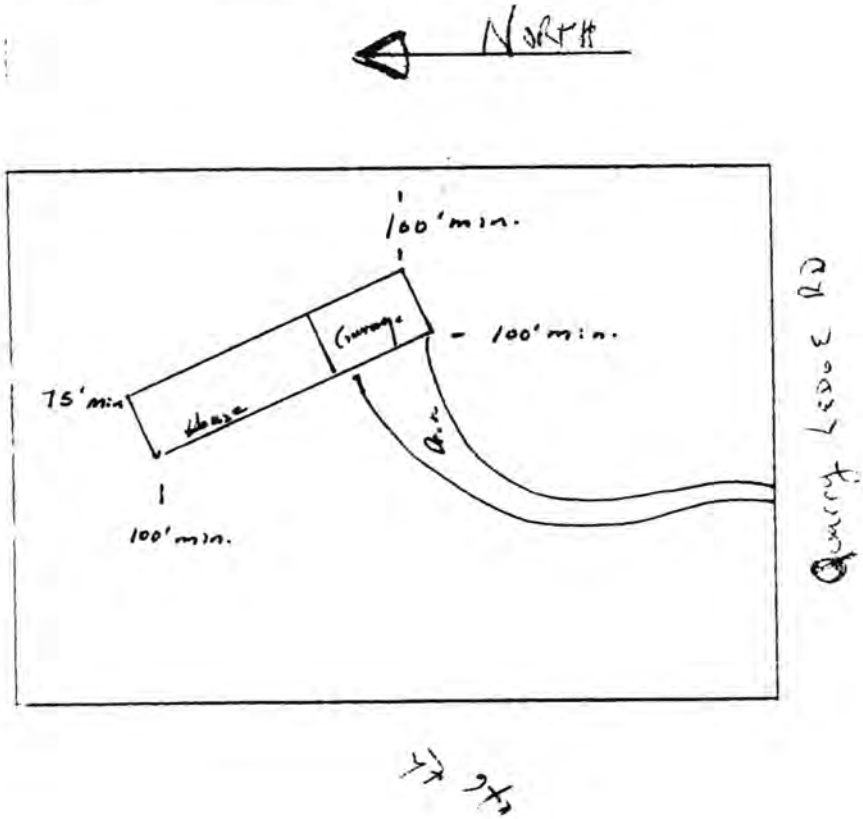
Home Building Contractor Paul E. Vavra For Jim Svoboda Date 12-7-99

Installer Melvin J Klages Date 12/7/99

FORM 23-102 10-96

PLAT OF LOT AND BUILDING

Show all dimensions of lot, building, front yard, side yards, rear yard, garages and other buildings. Indicate North.



APPROVED _____ 19____

City Clerk, _____

Referred to Board of Adjustment _____ 19____

City Clerk, _____

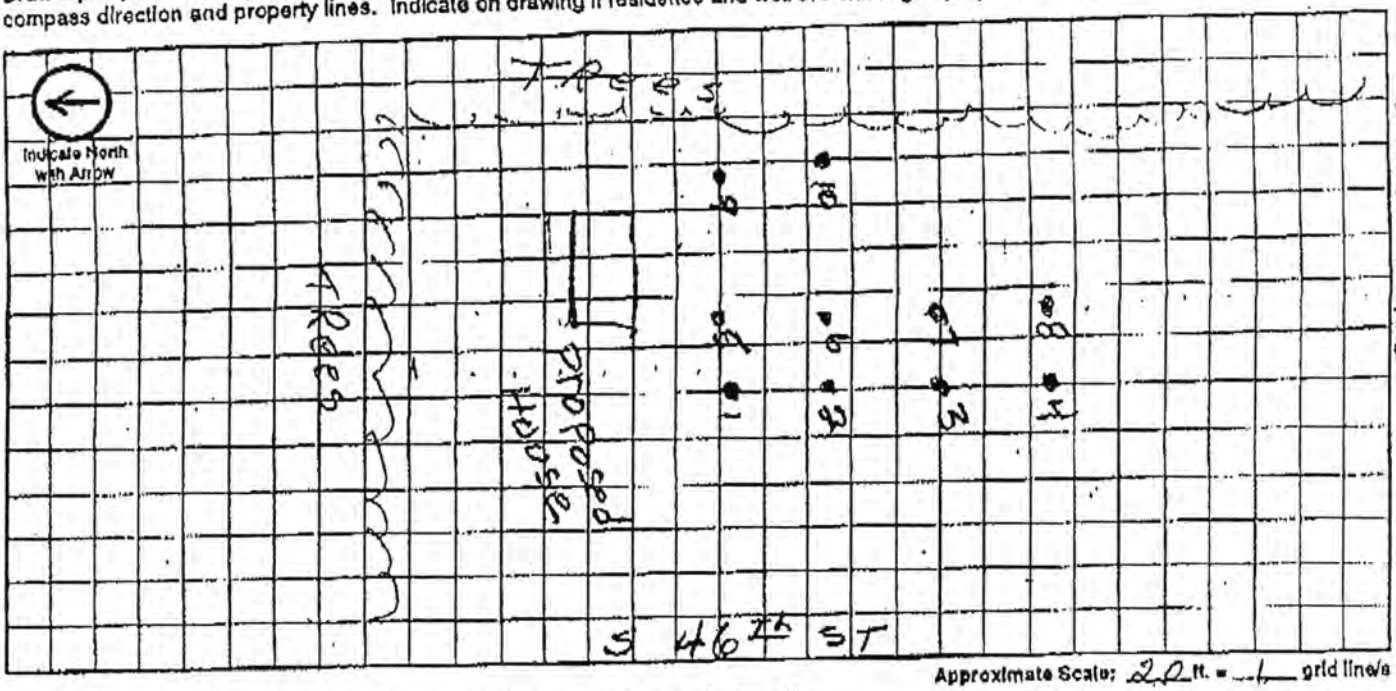
C

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

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) QUARRY LEDGE 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 _____ (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 1000 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 _____ Date _____

FORM 23-102 10-96

Pg: 2 07:56 06/15/98 04-704 GAGNER Sent by: 797 7475

D

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

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 16 D.c 99

System Location (Indicate correct number and street)
Address The Quarry Lodge (no rural route) City ROCA NE, Zip 68430

A. Building Sewer
1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 52 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line OVER 100 ft.
   property line _____ 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 _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 5 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line OVER 100 ft.
   Property line _____ ft.

C. Distribution Box
1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9 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: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 60 ft. 70 ft.
   80 ft. 90 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line C ft.
   Stream _____ ft.
   Pressure line OVER 100 ft.
   Property line _____ ft.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 4

To Co. Health	From Lagoon Const
Co. Jerry Hood	Co. Melvin
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 797-7475

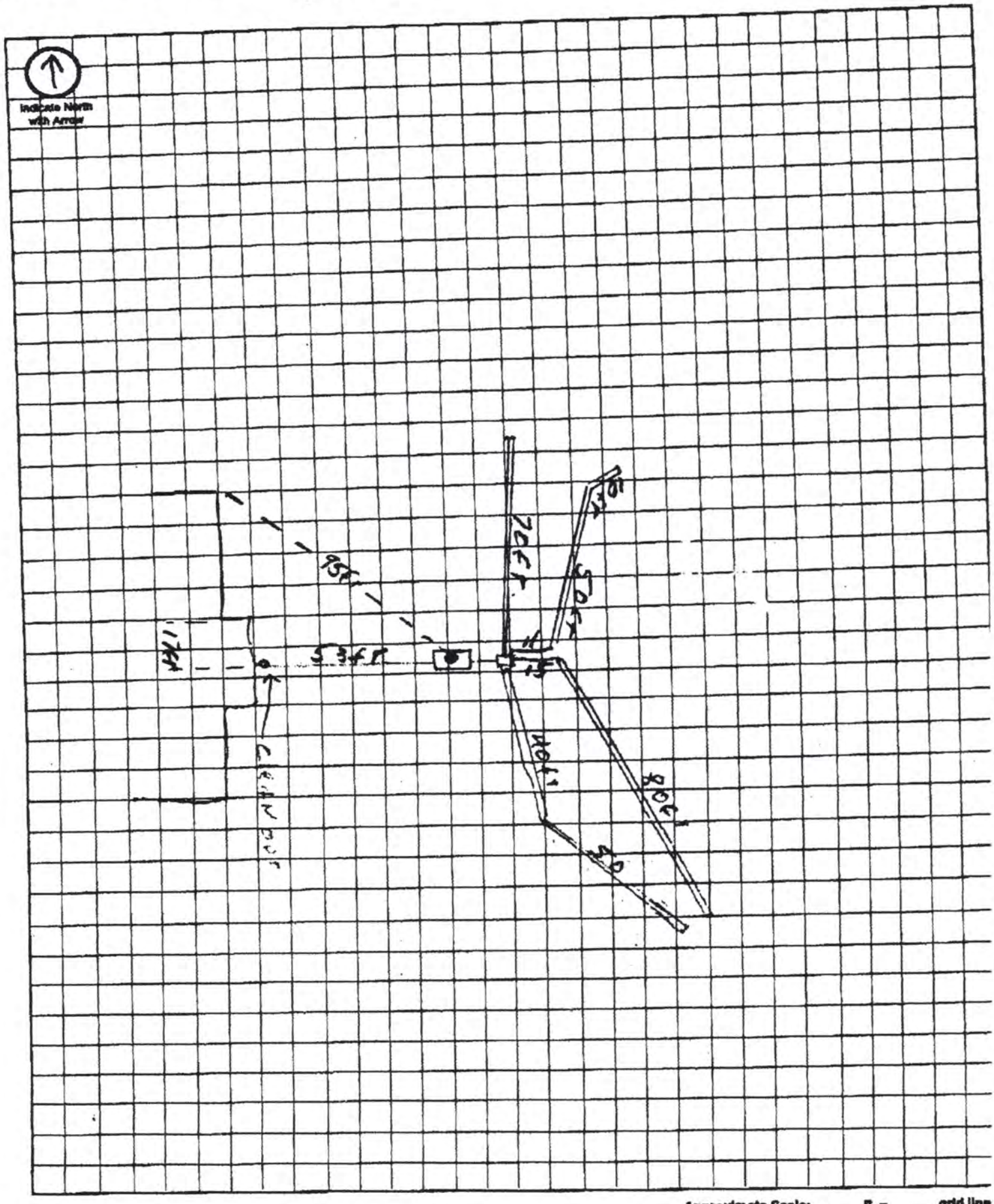
ulit" drawing on back of this form.

nage System Design (Example)



As Built Drawing

Roca



Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC

Permit # 99380212401

Issued 12/07/99
Expires 06/07/00
Revenue Code 3157

Establishment

PAUL E NORRIS
T8N R7E SEC 8 QTR SE
QUARRY SUB-E 1/2 LOT 1
4800 QUARRY LEDGE RD-ROCA

FEES: $150.00

Permitee

PAUL E NORRIS
4501 EAGLE RIDGE RD
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011340

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 4800 QUARRY LEDGE RD. (no rural route) City ROCA NE, Zip 68430

Legal Description EAST 1/2 SE 1/4 8-8-7 QUARRY SUB. Lot # 1
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 PAUL E. & LINDA K. NORRIS Signature Paul E. Norris Linda K. Norris

Address 4501 EAGLE RIDGE RD City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-9218 Work Phone (CELL) 525.5470

C. Contractor MELVIN

Name GAGNER CONST. CO Company Name GAGNER CONST CO.

Address 4810 WEST CLAIRE AVE. City/State/Zip LINCOLN, NE. 68523

☒ Check if contractor designed system Work Phone 797-2365 CELL 4325498

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 12/7/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/6/99 Date frwd 12/6/99 ACTION ☒ Approved ☐ Disapproved Signature Mike Dekalb
3. **City or County Engineer** Date rec'd 12/9/99 Date frwd 12/9/99 ACTION ☒ Approved ☐ Disapproved Signature _____

12/15/99 Need drawing & C#

Installation Final Written Approval

By Jerrold C. Wood R.E.H.S.

Date JANUARY 3, 2000

Business Office Use Only

Date Rec'd 12-07-99
Amt Paid 150.00
Rec'd By CW Cash/Check No. 1004

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 _____

Owner PAUL NORRIS (no rural route) Addresss 4501 Eagle Ridge Rd. LINCOLN 68516

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

Date of Tests _____ to _____ Weather: Precipitation 0 Temperature 80

the QUARRY LOT 1

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	32	6/13	1:00	6/14	11:00	6/14	12:30	6	6/14	1:00	30	7/8	37 MIN/IN
2	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
3	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
4	"	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
5	"	"	"	"	"	"	"	"	"	"	"	7/8	37 MIN/IN
6	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
7	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
8	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
9	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
10	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
													42 MIN/IN

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 432-5698
Address 4810 "W" CLAIRE AVE
LINCOLN NE 68523

Post-It™ brand fax transmittal memo 7671 # of pages ▸ 2

To	From
Dick Hatton	Wagner Const
Co. Home Realty	Co. Melvin
Dept.	Phone # 432-5698
Fax # 436-3299	Fax # 797-7775

DO NOT WRITE I

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

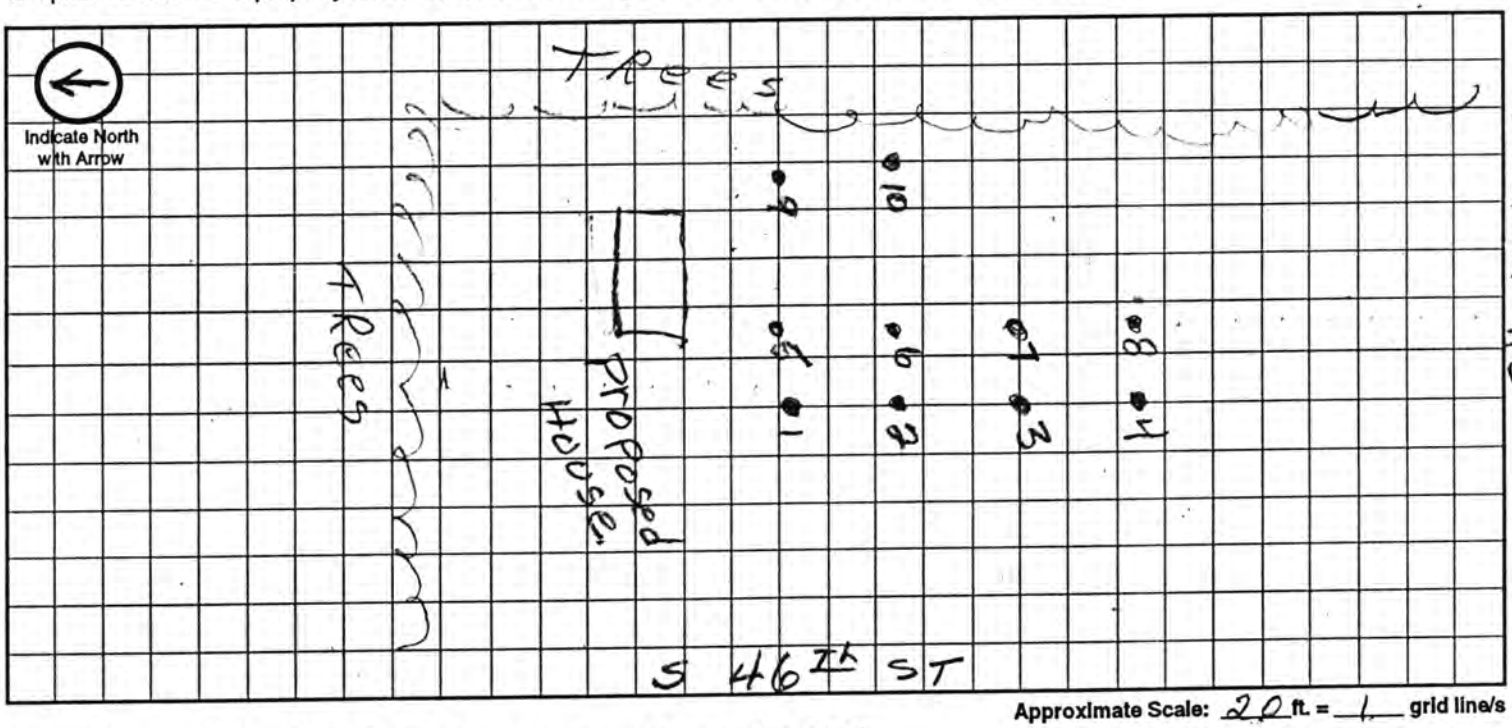
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 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 42 (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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 293 ft. Number of Trenches 3 Trench Width 3'

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

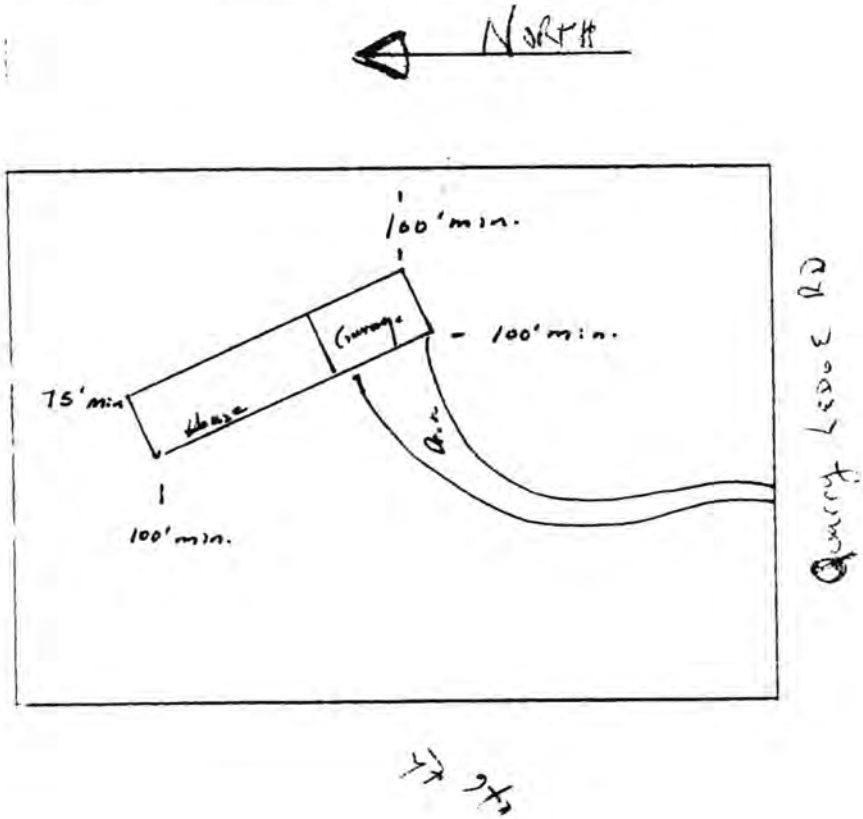
Home Building Contractor Paul E. Vavra For Jim Svoboda Date 12-7-99

Installer Melvin J Klages Date 12/7/99

FORM 23-102 10-96

PLAT OF LOT AND BUILDING

Show all dimensions of lot, building, front yard, side yards, rear yard, garages and other buildings. Indicate North.



APPROVED _____ 19____

City Clerk, _____

Referred to Board of Adjustment _____ 19____

City Clerk, _____

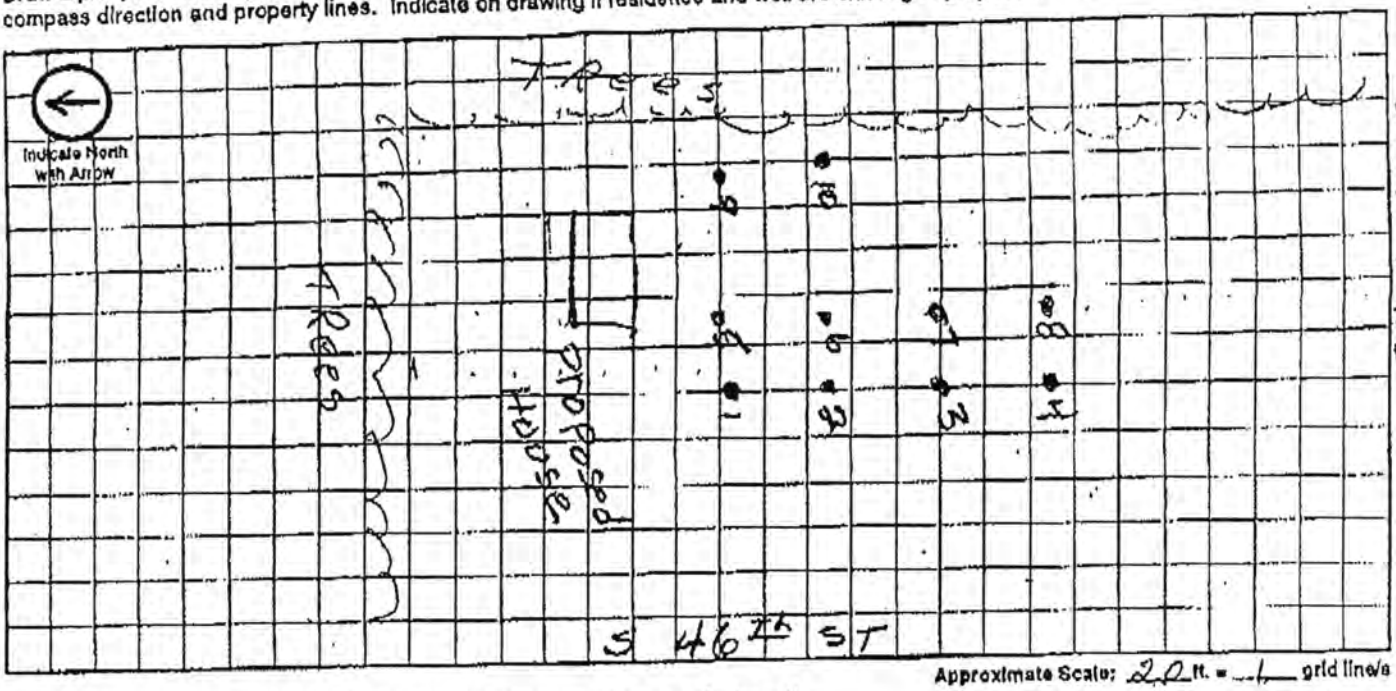
C

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

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) QUARRY LEDGE 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 _____ (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 1000 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
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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 _____

FORM 23-102 10-96

Pg: 2 07:56 06/15/98 04-704 GAGNER Sent by: 797 7475

D

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

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 16 D.c 99

System Location (Indicate correct number and street)
Address The Quarry Lodge (no rural route) City ROCA NE, Zip 68430

A. Building Sewer
1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 52 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line OVER 100 ft.
   property line _____ 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 _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 5 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line OVER 100 ft.
   Property line _____ ft.

C. Distribution Box
1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9 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: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 60 ft. 70 ft.
   80 ft. 90 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line C ft.
   Stream _____ ft.
   Pressure line OVER 100 ft.
   Property line _____ ft.

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To Co. Health	From Lagoon Const
Co. Jerry Hood	Co. Melvin
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 797-7475

ulit" drawing on back of this form.

nage System Design (Example)



As Built Drawing

Roca

