Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380255601

Issued 10/11/02
Expires 04/11/03
Revenue Code 3157

Establishment

BRAD SOUTHWICK
T8N R7E SEC 8
QUARRY-3RD ADDITION LOT 1
5301 QUARRY LEDGE DR-ROCA

FEES: $200.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003030

4226 Hours ← OCT 2 1 2002

A

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

Permit Number: 023802556

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 5301 Quarry Ledge Dr. (no rural route) City Roca NE, Zip 68430

Legal Description 8 (1/4) 8N (1/4) 7E (Section, Township, Range) Quarry (Subdivision) 3rd (Addition) 1 (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 Mike Anderson Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 10/11/02 Date frwd 10/21/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/18/02 Date frwd 10/19/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 10/21/02 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature [illegible]

~~11/21/02 NEED DRAWING~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.d

Date JUNE 23, 2003

Business Office Use Only

Date Rec'd 10/11/02
Amt Paid 200.00
Rec'd By [illegible] Cash/Check No. 4832

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: 023802556

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5301 (no rural route) City Roca NE, Zip 68430

Owner Mike Anderson Addresss

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

Date of Tests 9-21 to 9-22 Weather: Precipitation 0 Temperature 60s

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	9/21	10:00	9/22	12:00	9/22	3:30	12	9/22	4:00	30	1	30
2	20		AM		Noon		P	11		P		1	30
3	19							10½				⅞	34
4	19							12¼				⅝	48
5	21							13¼				⅝	48
6	19							10⅞				⅞	34
7	19							11¼				¾	40

Person Conducting Percolation Tests

Name: Mike Anderson

Phone:

Address

Sum of Percolation Rates: 234

Average of Rates: 34

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

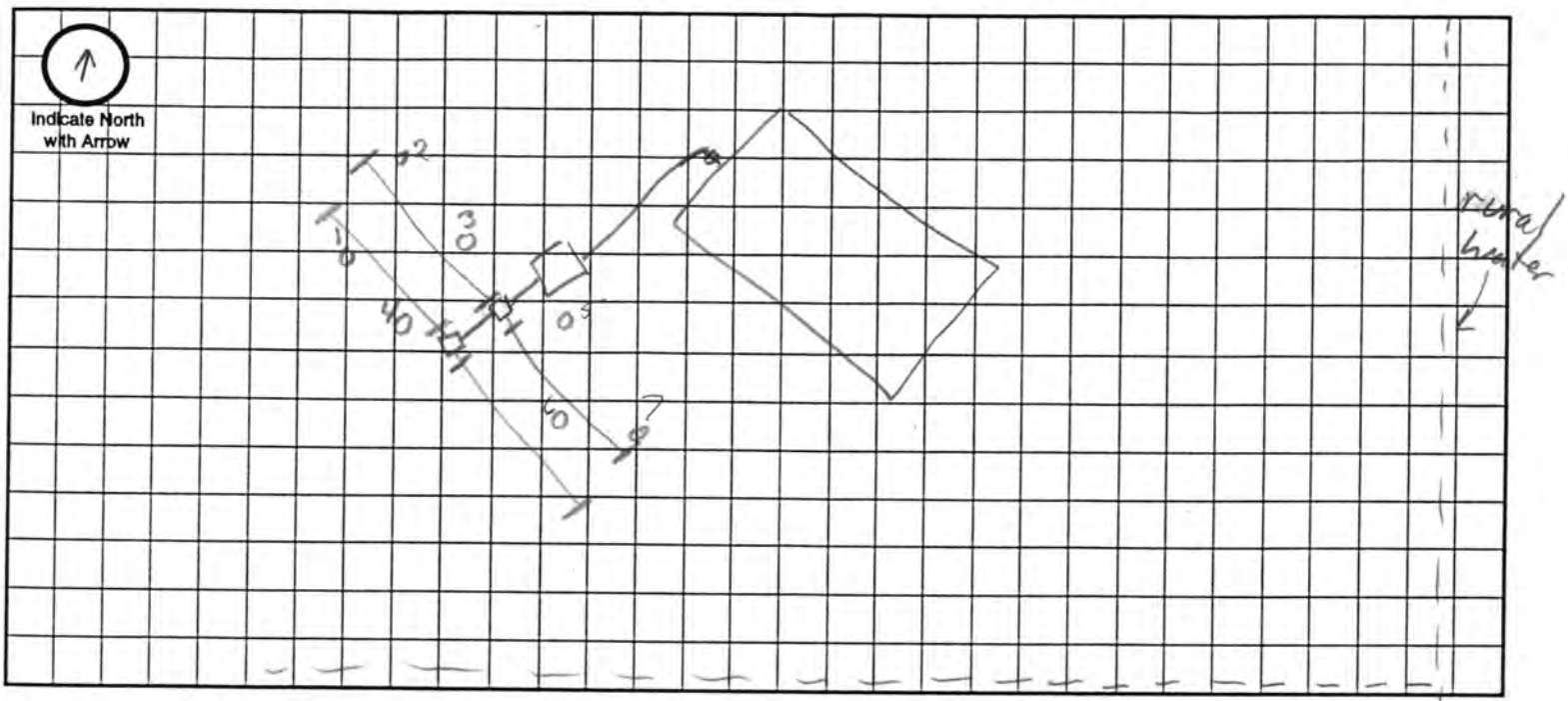
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0238025S6

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) 5301 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: WTC Land Slope: 4-5 %

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

Total Square Feet of Field Required: 825 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 210' ft. Number of Trenches 4 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 Brad Smith Date 10-5-02

FORM 23-102 10-96

J

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 12-1-05

Mike Anderson

System Location (Indicate correct number and street)

Address 5301 Quarry Ridge Rd (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Rural ft.
   stream NA ft.
   pressure line NA ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 4,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6X9 in.
   Over outlet, diameter 6X9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
8. Distances to: Well or suction line rural ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: (2) Drop Boxes
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 25 & 35' ft.

D. Absorption Field

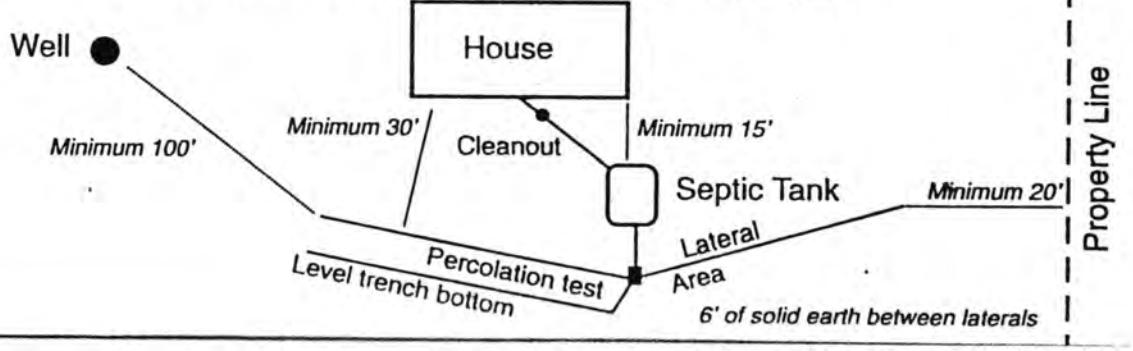
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 68 ft. 68 ft.
   68 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 28 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line rural ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

Indicate North with Arrow

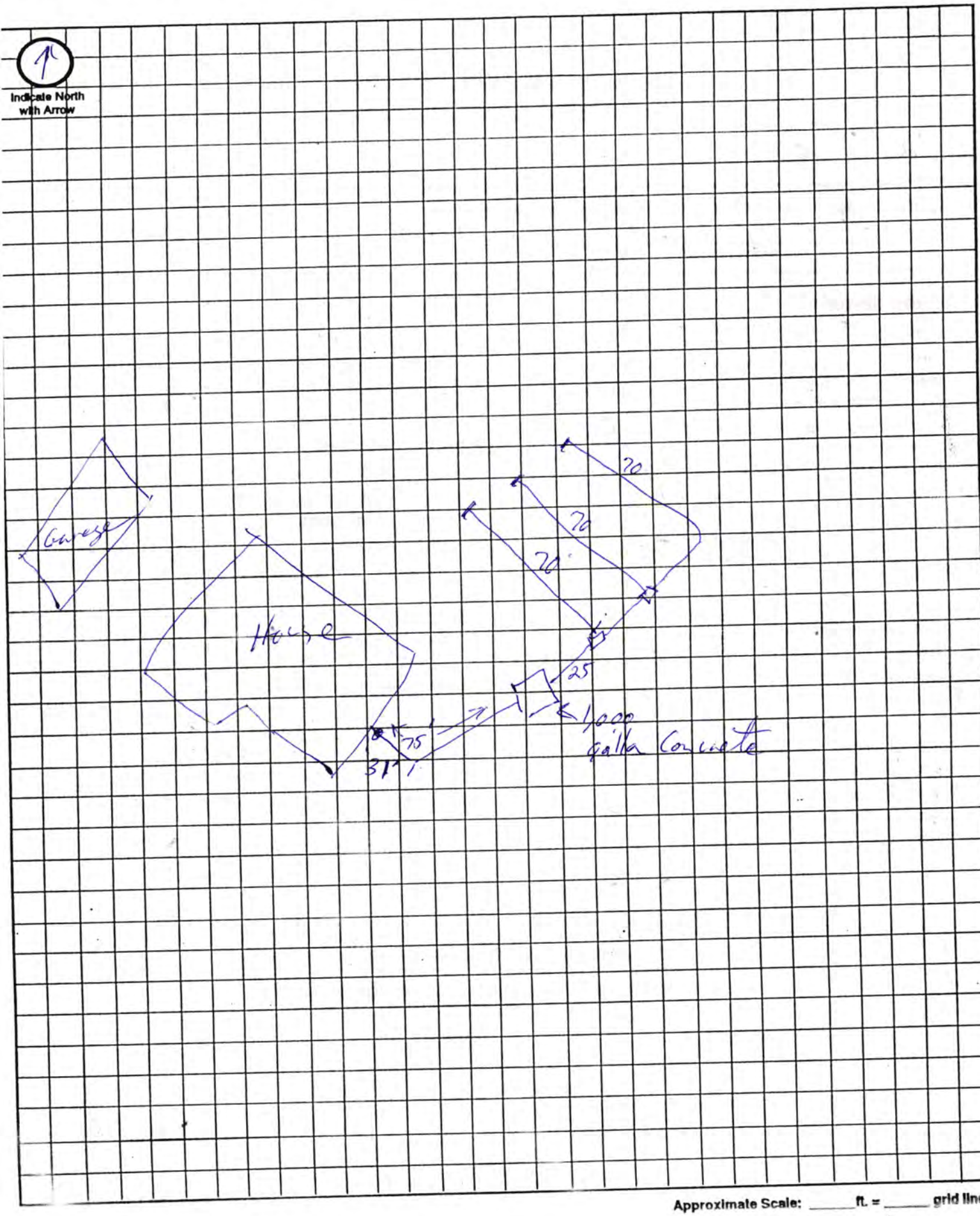
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380255601

Issued 10/11/02
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Establishment

BRAD SOUTHWICK
T8N R7E SEC 8
QUARRY-3RD ADDITION LOT 1
5301 QUARRY LEDGE DR-ROCA

FEES: $200.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003030

4226 Hours ← OCT 2 1 2002

A

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

Permit Number: 023802556

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:

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Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Mike Anderson Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 10/11/02 Date frwd 10/21/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/18/02 Date frwd 10/19/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 10/21/02 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature [illegible]

~~11/21/02 NEED DRAWING~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.d

Date JUNE 23, 2003

Business Office Use Only

Date Rec'd 10/11/02
Amt Paid 200.00
Rec'd By [illegible] Cash/Check No. 4832

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: 023802556

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5301 (no rural route) City Roca NE, Zip 68430

Owner Mike Anderson Addresss

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

Date of Tests 9-21 to 9-22 Weather: Precipitation 0 Temperature 60s

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		Start		End		Start			End				
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3	19							10½				⅞	34
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5	21							13¼				⅝	48
6	19							10⅞				⅞	34
7	19							11¼				¾	40

Person Conducting Percolation Tests

Name: Mike Anderson

Phone:

Address

Sum of Percolation Rates: 234

Average of Rates: 34

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

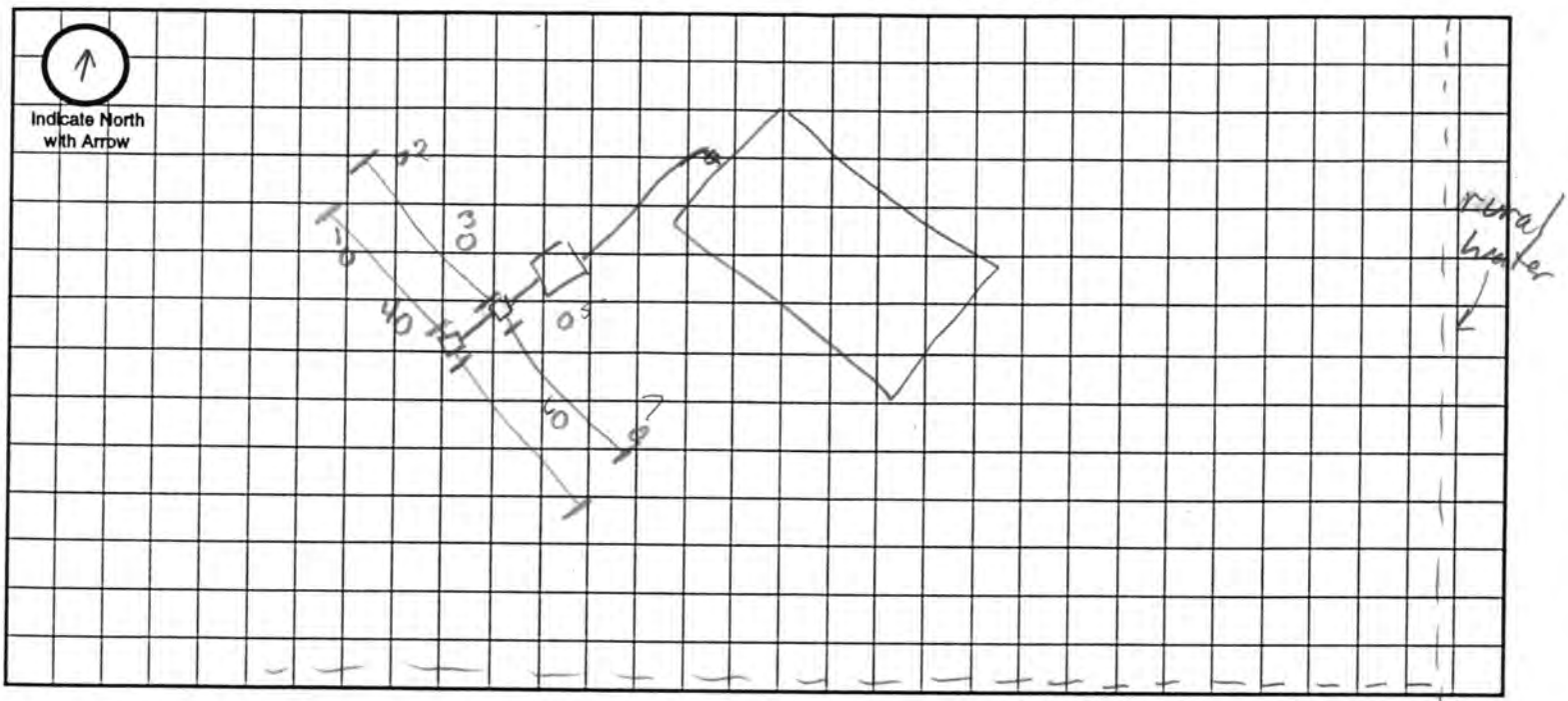
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0238025S6

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) 5301 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: WTC Land Slope: 4-5 %

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

Total Square Feet of Field Required: 825 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 210' ft. Number of Trenches 4 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 Brad Smith Date 10-5-02

FORM 23-102 10-96

J

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 12-1-05

Mike Anderson

System Location (Indicate correct number and street)

Address 5301 Quarry Ridge Rd (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: Sch 40 PVC
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   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Rural ft.
   stream NA ft.
   pressure line NA ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 4,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6X9 in.
   Over outlet, diameter 6X9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
8. Distances to: Well or suction line rural ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: (2) Drop Boxes
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 25 & 35' ft.

D. Absorption Field

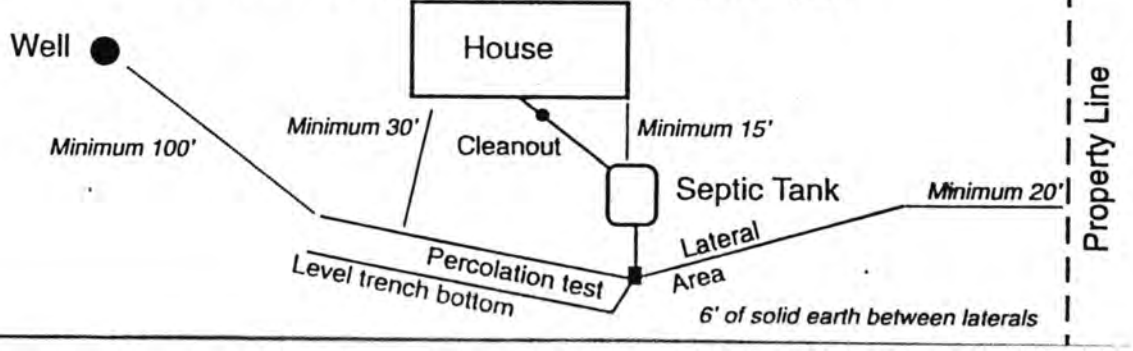
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 68 ft. 68 ft.
   68 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 28 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line rural ft.
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   Property line > 20 ft.

Indicate North with Arrow

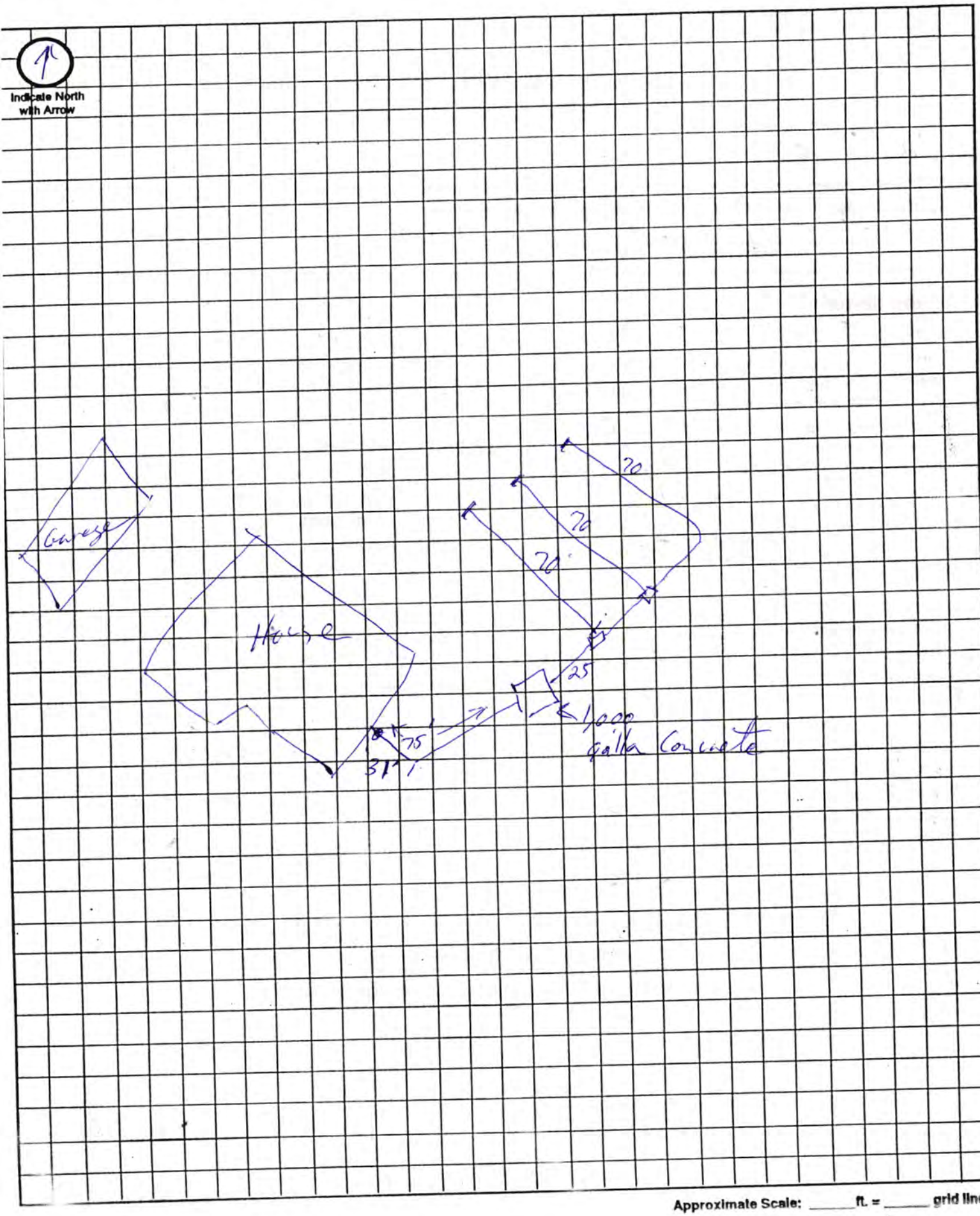
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s