Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

BRUCE HILLER
T8N R7E SEC 8
THE QUARRY LOT 1
4915 QUARRY LEDGE RD-ROCA

Permittee

BRUCE HILLER
915 N 65 ST
LINCOLN NE 68505

Permit # 02380250301

Issued 07/09/02
Expires 01/09/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002708

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

A

Permit Number: 02380250 3

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 4915 QUARRY LEDGE Rd (no rural route) City ROCA NE, Zip 68430

Legal Description ____ ____ 8 8N 7E THE QUARRY 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 BRUCE HILLER Signature Bruce Hiller

Address 915 N. 65 City/State/Zip LINCOLN, NE 68505

☒ Check if owner designed system Home Phone 464-5884 Work Phone 429-8833

C. Contractor

Name BNL Roger/Mike Company Name BNL Plumbing

Address Kimberly City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 435-7966

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 7/9/02 Date frwd 7/15/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/17/02 Date frwd 6/17/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible] CAN K
3. **City or County Engineer** Date rec'd 7/15/02 Date frwd 7/15/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible]

Installation Final Written Approval

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

Date JULY 15, 2000

Business Office Use Only

Date Rec'd 7-9-02
Amt Paid 200.00
Rec'd By JW Cash/Check No. ____

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

Bruce 610-2097

C

Permit Number: 023802503

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4915 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 30 (min. per inch) Soil Type: Black Clay (Wymore Silty Clay Loam) Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Infiltrator Chamber System

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 188 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 ☐	☐

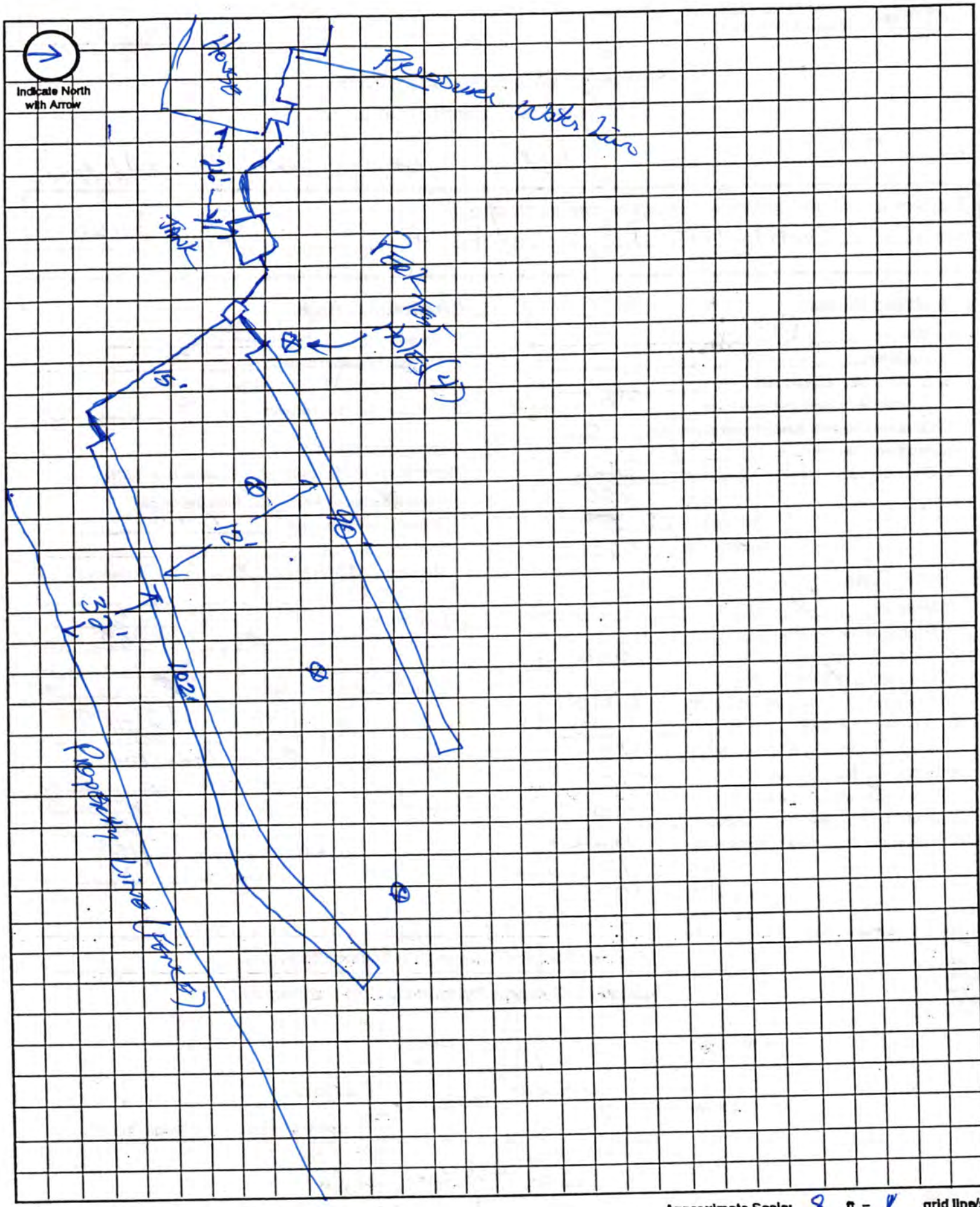
E. Required Signatures

Home Building Contractor Bruce Miller Date 6/10/02

Installer Bruce Miller Date 6/10/02

FORM 23-102 10-96

As Built Drawing



Approximate Scale: 8 ft. = 1 grid line/s

RECEIVED
JUL 15 2022

Row 5' under to water Rock or 2'-3' Ideal

B

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

Permit Number: 023802503

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4915 QUARRY LEDGE Rd (no rural route) City ROCA NE, Zip NE 68430

Owner BRUCE HILLER Address 915 N. 65 LINCOLN NE 68505

Soil Type (SCS): ~~BIACKWYMORE SILTY CLAY LOAM~~ REWORKED Percolation Rate: 30 min./inch

Date of Tests 6/5/02 to 6/6/02 Weather: Precipitation NONE 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)
1	33	6/5	6pm	6/6	3:pm	6/6	3:15pm	6	6/6	7:15	30MIN	1	30
2	36	"	"	"	"	"	"	"	"	"	"	1¼	24
3	35	"	"	"	"	"	"	"	"	"	"	4	7.5
4	32	"	"	"	"	"	"	"	"	"	"	1	30

Sum of Percolation Rates: 91.5
Average of Rates: 22.875
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: BRUCE HILLER
Phone: H-464-5884 - CELL 610-2097
Address 915 N. 65 LINCOLN, NE 68505

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ___

Signature of Reviewing Official ___ Date ___

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 7/12/02 Lot 1 THE QUARRY 1st Addition

System Location (Indicate correct number and street)

Address 4915 QUARRY LEDGE Rd (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: 20" in.
3. Distance between dwelling and septic tank: 26 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line None ft.
   stream 120 ft.
   pressure line 60 ft.
   property line 57' 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 6'X10 in.
   Over outlet, diameter 6'X10 in.
   Riser: ☐ above ☒ below grade 9 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 None ft.
   Stream 120' ft.
   Pressure line 100' ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

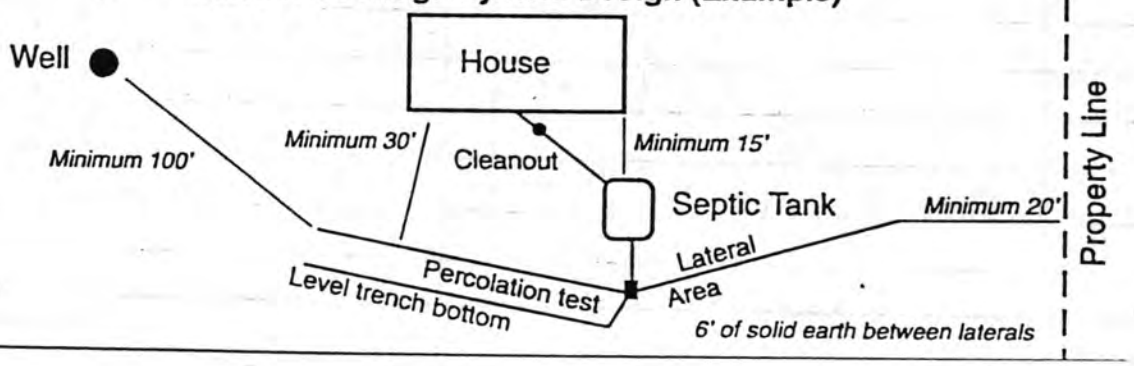
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 90 ft. 102 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1" in/100 ft.
   Average depth 24" in
4. Filter material: ROAD GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line None ft.
   Stream 50' ft.
   WATER Pressure line 115' ft.
   Property line 32' 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 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

BRUCE HILLER
T8N R7E SEC 8
THE QUARRY LOT 1
4915 QUARRY LEDGE RD-ROCA

Permittee

BRUCE HILLER
915 N 65 ST
LINCOLN NE 68505

Permit # 02380250301

Issued 07/09/02
Expires 01/09/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002708

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

A

Permit Number: 02380250 3

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 4915 QUARRY LEDGE Rd (no rural route) City ROCA NE, Zip 68430

Legal Description ____ ____ 8 8N 7E THE QUARRY 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 BRUCE HILLER Signature Bruce Hiller

Address 915 N. 65 City/State/Zip LINCOLN, NE 68505

☒ Check if owner designed system Home Phone 464-5884 Work Phone 429-8833

C. Contractor

Name BNL Roger/Mike Company Name BNL Plumbing

Address Kimberly City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 435-7966

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 7/9/02 Date frwd 7/15/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/17/02 Date frwd 6/17/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible] CAN K
3. **City or County Engineer** Date rec'd 7/15/02 Date frwd 7/15/02 ACTION ☒ Approved ☐ Disapproved Signature [illegible]

Installation Final Written Approval

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

Date JULY 15, 2000

Business Office Use Only

Date Rec'd 7-9-02
Amt Paid 200.00
Rec'd By JW Cash/Check No. ____

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

Bruce 610-2097

C

Permit Number: 023802503

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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Percolation Rate 30 (min. per inch) Soil Type: Black Clay (Wymore Silty Clay Loam) Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Infiltrator Chamber System

Total Square Feet of Field Required: 750 sq. ft.

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Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 188 ft. Number of Trenches 2 Trench Width 4'

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

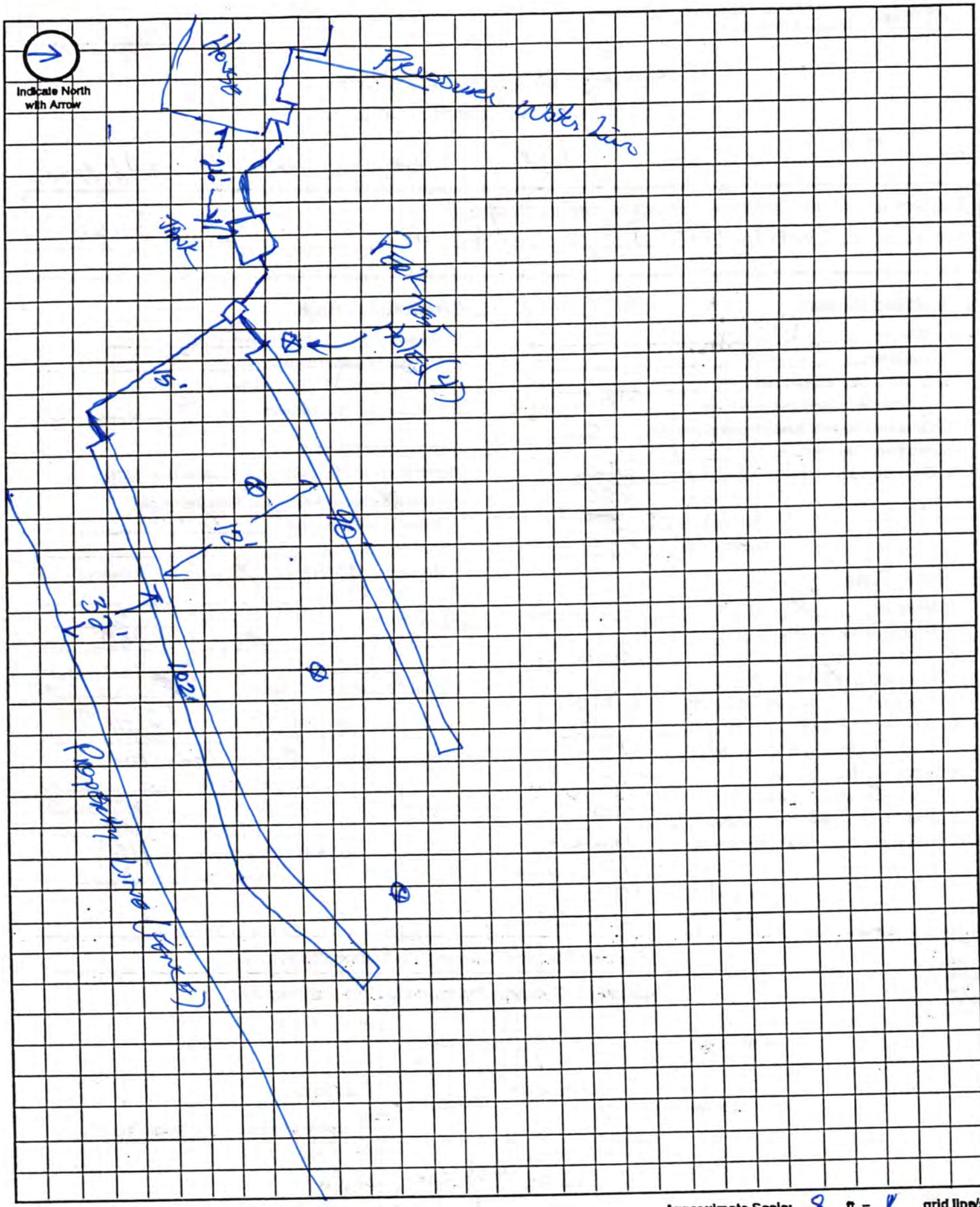
E. Required Signatures

Home Building Contractor Bruce Miller Date 6/10/02

Installer Bruce Miller Date 6/10/02

FORM 23-102 10-96

As Built Drawing



Approximate Scale: 8 ft. = 1 grid line/s

RECEIVED
JUL 15 2022

Row 5' under to water Rock or 2'-3' Ideal

B

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

Permit Number: 023802503

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

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Owner BRUCE HILLER Address 915 N. 65 LINCOLN NE 68505

Soil Type (SCS): ~~BIACKWYMORE SILTY CLAY LOAM~~ REWORKED Percolation Rate: 30 min./inch

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Sum of Percolation Rates: 91.5
Average of Rates: 22.875
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: BRUCE HILLER
Phone: H-464-5884 - CELL 610-2097
Address 915 N. 65 LINCOLN, NE 68505

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ___

Signature of Reviewing Official ___ Date ___

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 7/12/02 Lot 1 THE QUARRY 1st Addition

System Location (Indicate correct number and street)

Address 4915 QUARRY LEDGE Rd (no rural route) City ROCA NE, Zip 68430

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   or distance below basement floor: 20" in.
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4. Number of clean-outs: 1
5. Distances to: well or suction line None ft.
   stream 120 ft.
   pressure line 60 ft.
   property line 57' 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 6'X10 in.
   Over outlet, diameter 6'X10 in.
   Riser: ☐ above ☒ below grade 9 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
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   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

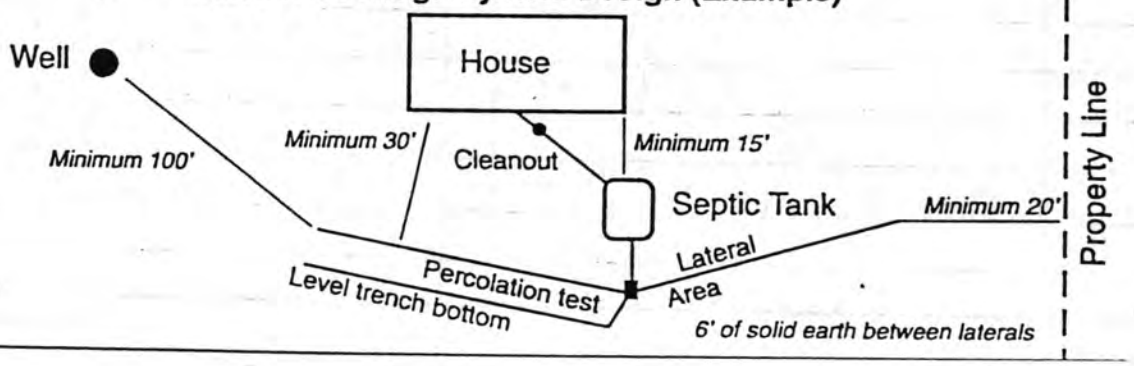
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 90 ft. 102 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1" in/100 ft.
   Average depth 24" in
4. Filter material: ROAD GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line None ft.
   Stream 50' ft.
   WATER Pressure line 115' ft.
   Property line 32' ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96