Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011072

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD 100' OF NEW LATERALS

Permit # 07390088401

Issued 07/25/07
Expires 07/25/08
Revenue Code 3157

Establishment
DONALD SPAULDING
T8N R7E SEC 8 QTR SE
THE QUARRY-7TH ADDN LOT 1
5100 QUARRY LEDGE RD-ROCA

FEES: $160.00

Permittee
DONALD SPAULDING
5100 QUARRY LEDGE RD
ROCA NE 68430

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0739008840 1
1f

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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:** HR 6008
   Township 8 Range 7 Section 8 1/4 Section SE
   Block _____ Lot 1 Addition The Quarry 4th Addition
   Parcel ID 15 - 08 - 404 - 001 - 000 (i.e. 99-99-999-999-999)
   Street Address 5100 Quarry Ledge Rd

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair** add 100' of new laterals (infiltrat Quick 4), eliminate 100' of old laterals (too close to steep embankment, causing erosion)

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek, Raymond Contracting, Inc

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

NCR 71691 AER 9740 Z

Print Name Donald Spaulding Address 5100 Quarry Ledge Rd Phone 402-440-3058
Applicant Signature (owner or lessee) see new "A" sheet

Please include the permit fee (~~$100~~ $160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 7/23/07 REVIEW: ☑ Approved ☐ Disapproved By: Doug Lamm

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 07/23/07 By Doug Lamm

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

Business Office Use Only
Received: Date: 7/25/07 Amount 160.00 Check No. 6476 Initials CW

White - Division Copy Pink - Business Office Revised 9/00

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 5100 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Legal Description SE (1/4) 8 (1/4) 8 (Section) 7 (Township) (Range) The Quarry (Subdivision) 4th (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 Donald B. Spaulding Signature Donald B. Spaulding 6/13/2007

Address 5100 Quarry Ledge Rd City/State/Zip Roca, NE 68430

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

C. Contractor

Name Existing Home Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Construction, Inc. Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 _____

Amt Paid _____

Rec'd By _____ 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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Sent to Doug Dessel on 9/23/03

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5100 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Owner Don + Nadean Spaulding Addresss 6801 Pine Lake Rd Lincoln NE 68516

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)
1	40"	9/5	8:30 am	9/6	4:00 pm	9/6	7:30 pm	6 3/4	9/6	8:00 am	30	3/4	40
2	40"	"	"	"	"	"	"	6 1/2	"	"	"	1/2	60
3	40"	"	"	"	"	"	"	5 3/4	"	"	"	5/8	48
4	40"	"	"	"	"	"	"	6 3/8	"	"	"	1	30
5	40"	"	"	"	"	"	"	5 1/4	"	"	"	1/2	30
6	40"	"	"	"	"	"	"	6	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Scott Prange

Phone: 788-2208

Address 22500 So 176th

Adam NE 68301

Sum of Percolation Rates: 278

Average of Rates: 46

Rate Used for Calculation: 60

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/10/07.

System Location (Indicate correct number and street)

Address 5100 Quarry Lodge Rd (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: unknown.
   Diameter: _____ 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: concrete.
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter 24" in.
   Riser: ☐ above ☐ below grade At 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

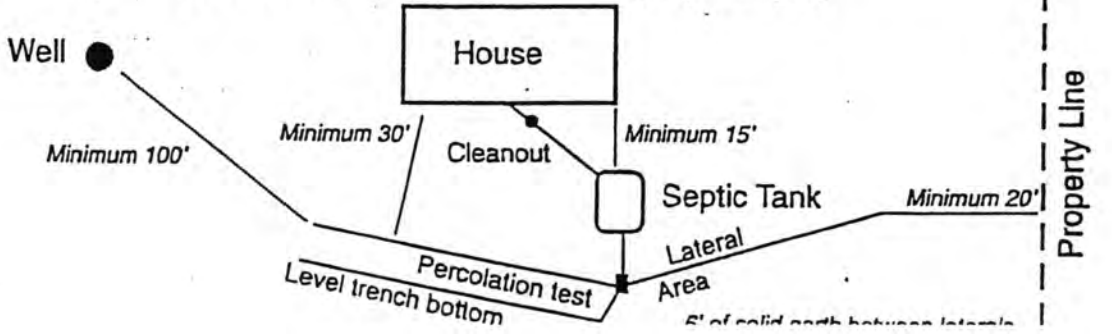
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: New 34"w x 12"Th x 100'
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 138 old ft. 100 New ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material 100+ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line ~~50~~ ft.

Indicate North with Arrow

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

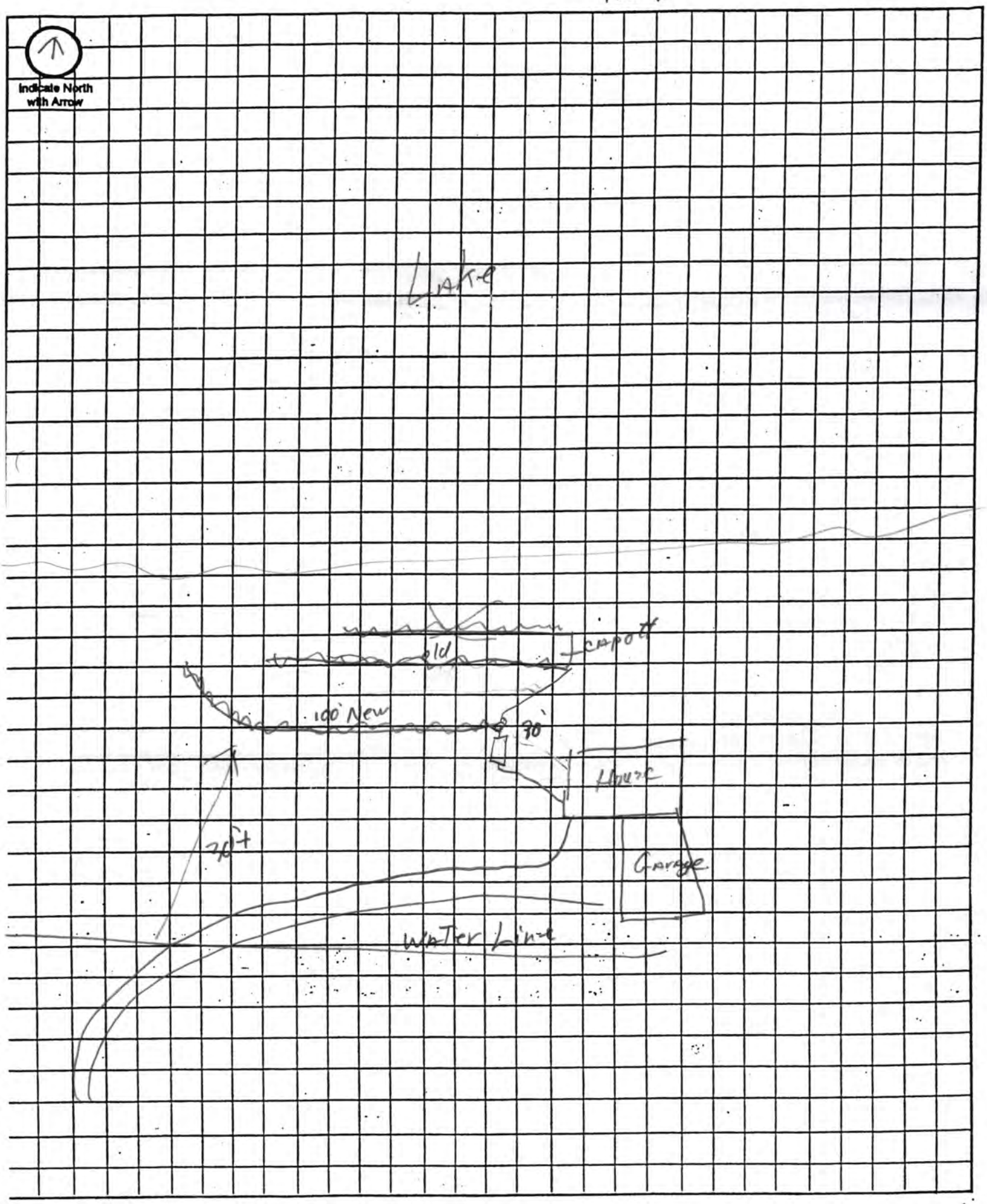
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

7/18/07
Add New D-Box
100' LATERAL



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011072

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD 100' OF NEW LATERALS

Permit # 07390088401

Issued 07/25/07
Expires 07/25/08
Revenue Code 3157

Establishment
DONALD SPAULDING
T8N R7E SEC 8 QTR SE
THE QUARRY-7TH ADDN LOT 1
5100 QUARRY LEDGE RD-ROCA

FEES: $160.00

Permittee
DONALD SPAULDING
5100 QUARRY LEDGE RD
ROCA NE 68430

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0739008840 1
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☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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   Block _____ Lot 1 Addition The Quarry 4th Addition
   Parcel ID 15 - 08 - 404 - 001 - 000 (i.e. 99-99-999-999-999)
   Street Address 5100 Quarry Ledge Rd

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair** add 100' of new laterals (infiltrat Quick 4), eliminate 100' of old laterals (too close to steep embankment, causing erosion)

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek, Raymond Contracting, Inc

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
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   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

NCR 71691 AER 9740 Z

Print Name Donald Spaulding Address 5100 Quarry Ledge Rd Phone 402-440-3058
Applicant Signature (owner or lessee) see new "A" sheet

Please include the permit fee (~~$100~~ $160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 7/23/07 REVIEW: ☑ Approved ☐ Disapproved By: Doug Lamm

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 07/23/07 By Doug Lamm

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

Business Office Use Only
Received: Date: 7/25/07 Amount 160.00 Check No. 6476 Initials CW

White - Division Copy Pink - Business Office Revised 9/00

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 5100 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Legal Description SE (1/4) 8 (1/4) 8 (Section) 7 (Township) (Range) The Quarry (Subdivision) 4th (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 Donald B. Spaulding Signature Donald B. Spaulding 6/13/2007

Address 5100 Quarry Ledge Rd City/State/Zip Roca, NE 68430

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

C. Contractor

Name Existing Home Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Construction, Inc. Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 _____

Amt Paid _____

Rec'd By _____ 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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Sent to Doug Dessel on 9/23/03

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5100 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Owner Don + Nadean Spaulding Addresss 6801 Pine Lake Rd Lincoln NE 68516

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)
1	40"	9/5	8:30 am	9/6	4:00 pm	9/6	7:30 pm	6 3/4	9/6	8:00 am	30	3/4	40
2	40"	"	"	"	"	"	"	6 1/2	"	"	"	1/2	60
3	40"	"	"	"	"	"	"	5 3/4	"	"	"	5/8	48
4	40"	"	"	"	"	"	"	6 3/8	"	"	"	1	30
5	40"	"	"	"	"	"	"	5 1/4	"	"	"	1/2	30
6	40"	"	"	"	"	"	"	6	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Scott Prange

Phone: 788-2208

Address 22500 So 176th

Adam NE 68301

Sum of Percolation Rates: 278

Average of Rates: 46

Rate Used for Calculation: 60

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/10/07.

System Location (Indicate correct number and street)

Address 5100 Quarry Lodge Rd (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: unknown.
   Diameter: _____ 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: concrete.
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter 24" in.
   Riser: ☐ above ☐ below grade At 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

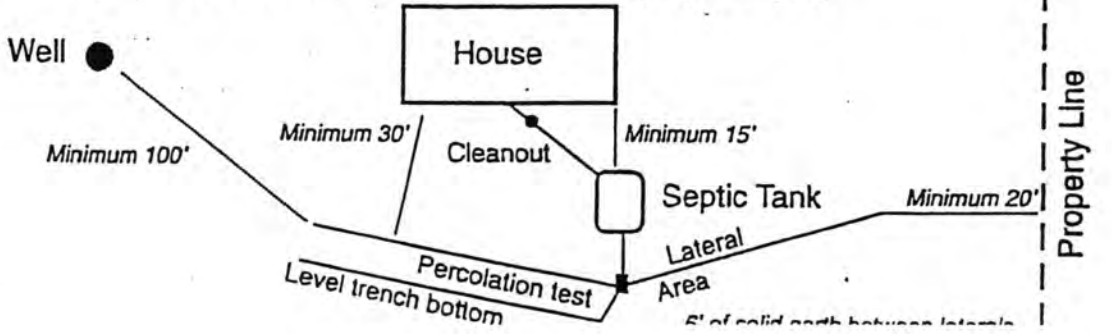
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: New 34"w x 12"Th x 100'
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 138 old ft. 100 New ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material 100+ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line ~~50~~ 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

7/18/07
Add New D-Box
100' LATERAL

