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

Jerry 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 4701 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Legal Description 8 8N 7E
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 Jim Jackson Signature _____

Address 2340 west Wolstow Rd City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 438-2042 Work Phone ~~6885~~

### C. Contractor

Name X Prange Construction Company Name Scott Prange

Address 22500 South 176th City/State/Zip Adams, NE 68301

☐ Check if contractor designed system Work Phone 540-1875

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

Designer Name X Scott Prang Firm Prange Construction Work Phone 540-1875

### 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 9/30/02 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 _____

9/30/02 Sewer, tank, distribution box + Plotted. J.C.A.

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***
Date Rec'd 9-30-02
Amt Paid 200.00
Rec'd By TW Cash/Check No. 6988

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 4701 Quarry Ledge Rd (no rural route) City Roca NE, Zip 68430

Owner Jim Jackson Address 2340 West Millstone Rd

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 9-28-2002 to 9-29-2002 Weather: Precipitation 0 Temperature 80-90

### 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 | 36 | 9/27 | 8pm | 9/28 | 8pm | 9/29 | 9Am | 12" | 9/29 | 12:30p | 210 | 6 3/4" | 31 |
| 2 | 36 | 9/27 | | 9/28 | | | | | | | | 5 1/4" | 40 |
| 3 | 36 | 9/27 | | 9/28 | | | | | | | | 5" | 42 |
| 4 | 36 | 9/27 | | 9/28 | | | | | | | | 5" | 42 |
| 5 | 36 | 9/27 | | 9/28 | | | | | | | | 12" | 17.5 |
| 6 | 36 | 9/27 | | 9/28 | | | | | | | | 4" | 52.5 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Diane Jackson

Phone: 438-2642

Address 2340 West Millstone Rd

Sum of Percolation Rates: 225

Average of Rates: 37.5

Rate Used for Calculation: 60 per 1"

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

9/29/02 had to clean mud out of holes in morning to get holes back to 3' put gravel in bottom + filled holes to 12" water @ 8:30 AM

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| 9.00 | 1 2/8 | 3/4 | 1 1/8 | 1 3/8 | 3 | 1 |
| 9:30 | 1 | 7/8 | 3/4 | 5/8 | 2 | 5/8 |
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filled holes back to 12" water

| | | | | | | |
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this hole Kept having the sides fall in on Sunday Worse than the other one

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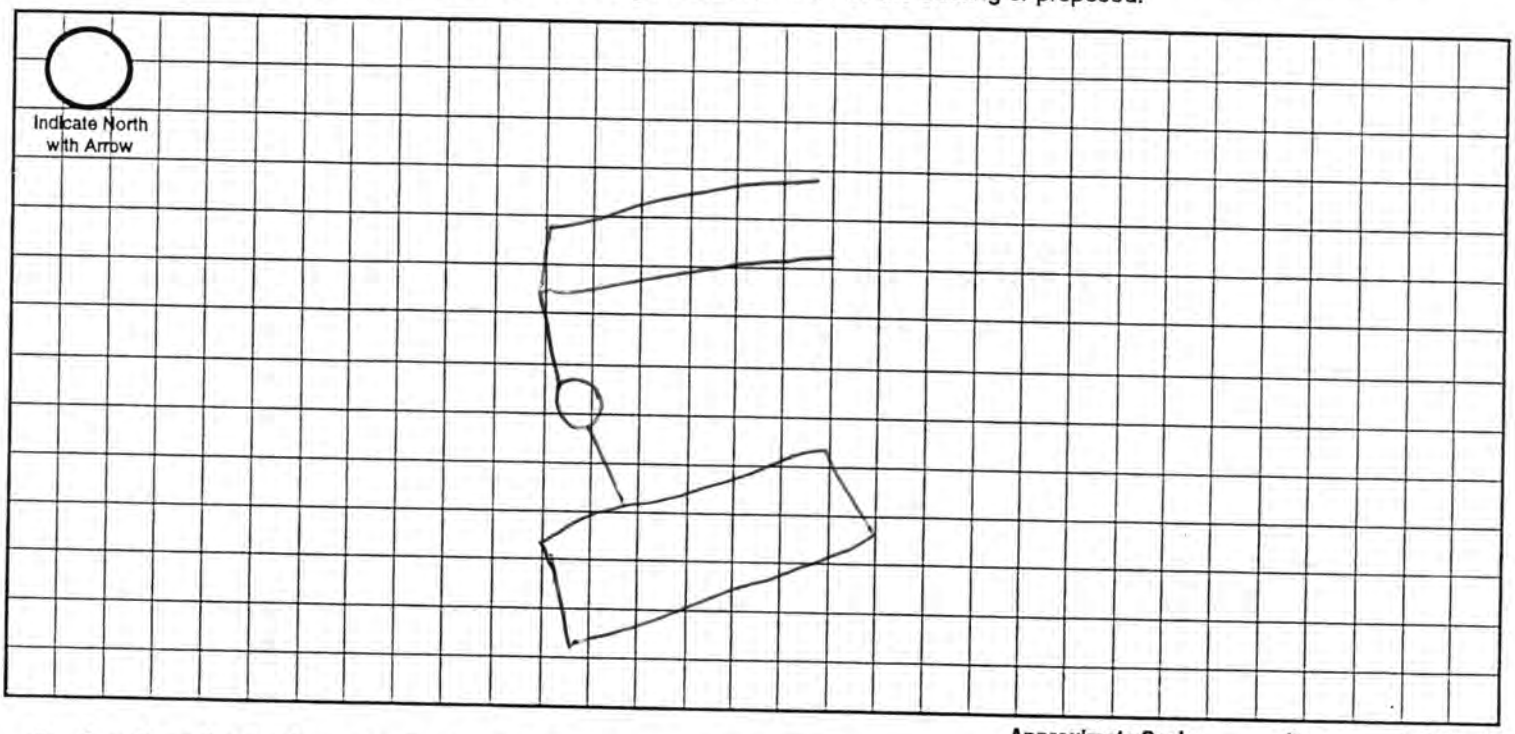
**Lincoln-Lancaster County Health Department**
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**C**

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) 4701 Quarry Ledge Rd City Roca NE, Zip 68430

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other Concrete 1250

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 4 %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Standard H10

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 131.25 ft. Total 262.50 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 X Scott Pfeifer dfy Date _____

Installer X Gordon Lukes S Date 9-30-2002

FORM 23-102 10-96

**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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**A**

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### Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

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***Business Office Use Only***
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FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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# Sewage Disposal System

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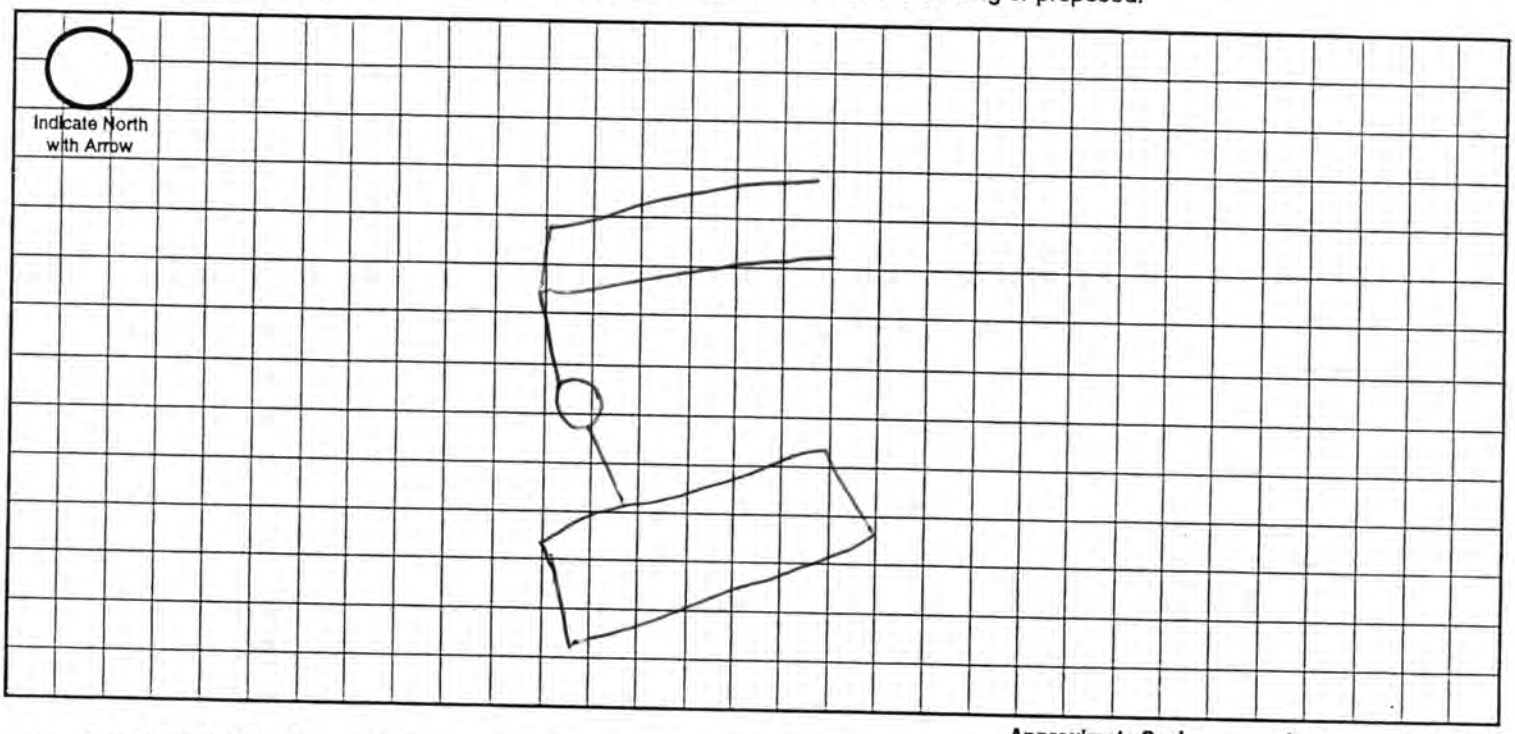
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## E. Required Signatures

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Installer X Gordon Lukes S Date 9-30-2002

FORM 23-102 10-96