Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380242401

Issued 02/15/02
Expires 08/15/02
Revenue Code 3157

Establishment
CORY & CAROL ECKERT
T8N R7E SEC 8
THE QUARRY-2ND ADDN LOT 1
4850 QUARRY LEDGE RD-ROCA

FEES: $200.00

TOTAL: $200.00

Permittee
CORY & CAROL ECKERT
5200 BRAEMER RD
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000590

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

A

Permit Number: 023802424

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 4850 QUARRY LEDGE RD (no rural route) City ROCA NE, Zip 68430

Legal Description LOT ONE (1) THE QUARRY SECOND ADD LC.N.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 8 8N 7E Latitude

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

B. Owner

Name CORY & CAROL ECKERT Signature

Address 5200 BRAEMER RD City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone 421-6606 Work Phone 432-2288

C. Contractor

Name STEVE FULTON Company Name FULTON CONST

Address 3639 N 39th City/State/Zip LINCOLN NE 68504

☐ Check if contractor designed system Work Phone 464-7272

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 2/14/02 Date frwd 2/15/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1/28/02 Date frwd 1/28/02 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

B

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

Permit Number: 02302424

Action PLBG + HTG

Jeff 423-6960
m-560-5824

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4850 Quarry Ledge Rd (no rural route) City ROCA NE, Zip

Owner Corey Eckert Address

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

Date of Tests 12/19/01 to 12/20/01 Weather: Precipitation — Temperature 40°

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	30"	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	1.25	24
2	30	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	1	30
3	30	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	2	15
4	30	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	1	30
5	30	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	1	30
6	30	12/19	12:00	12/20	12:00	12/20	3:30	16"	12/20	4:00	30	1.5	20

Sum of Percolation Rates: 149"
Average of Rates: 24.8 min/in
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Steve Suss 432-3051
Phone: 706 190th
Address Eagle NE 68347

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 15, 2002

FORM 23-101 10-98

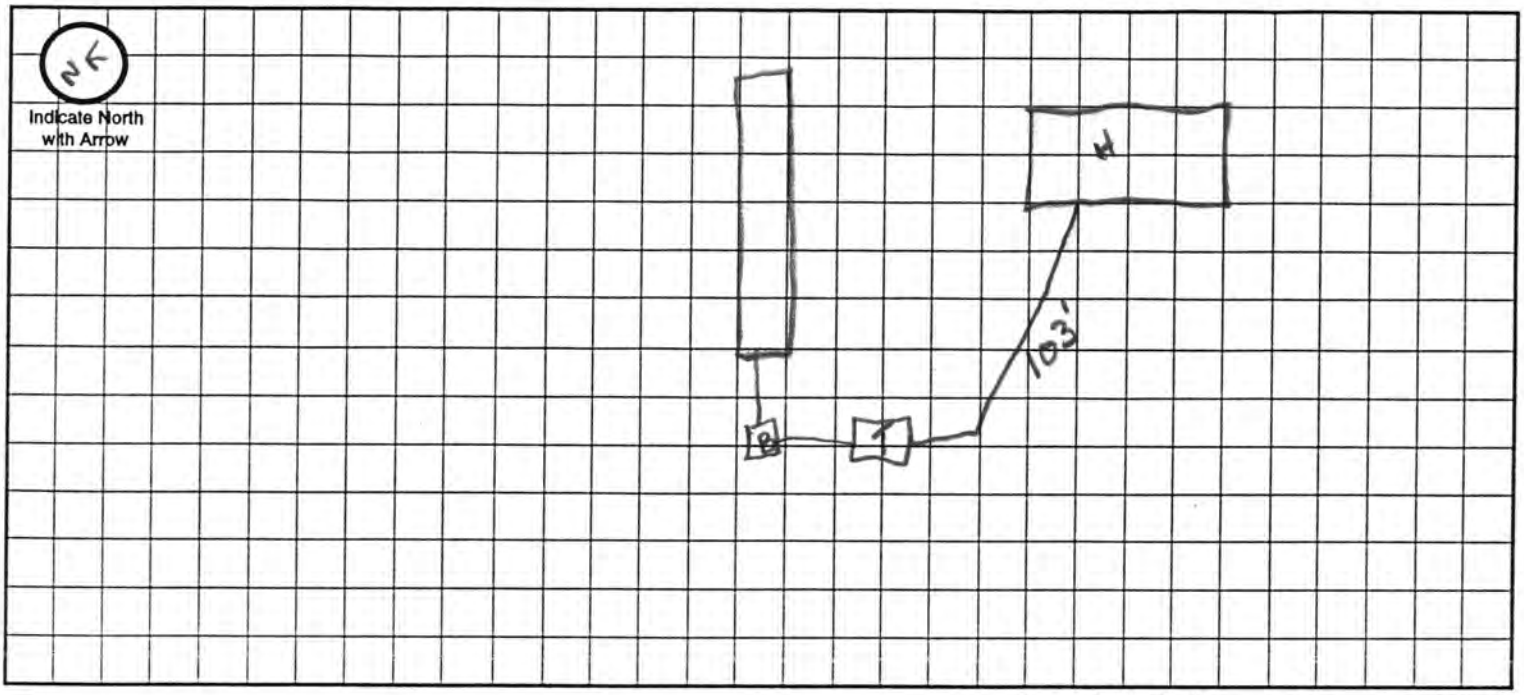
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802424

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) _____ 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 25 (min. per inch) Soil Type: REWORKED SOIL Land Slope: _____ %

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

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: _____ 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 _____

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 _____

System Location (Indicate correct number and street)

Address 4850 Quarry Lodge RD (no rural route) City ROCA NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15" in.
3. Distance between dwelling and septic tank: 200 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line — ft.
   property line 25 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade even in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2.5' in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: ~~Metal~~ Concrete
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

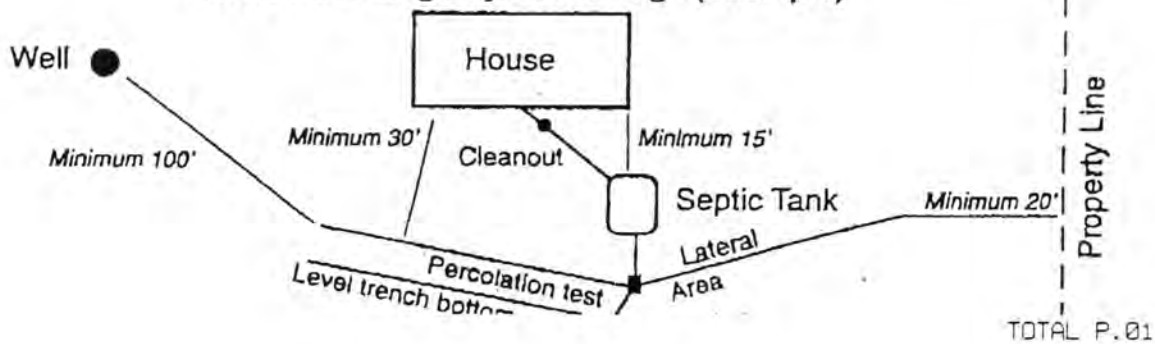
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope _____ in/100 ft.
   Average depth 3 1/2' in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100++ ft.
   Pressure line _____ ft.
   Property line 25' ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



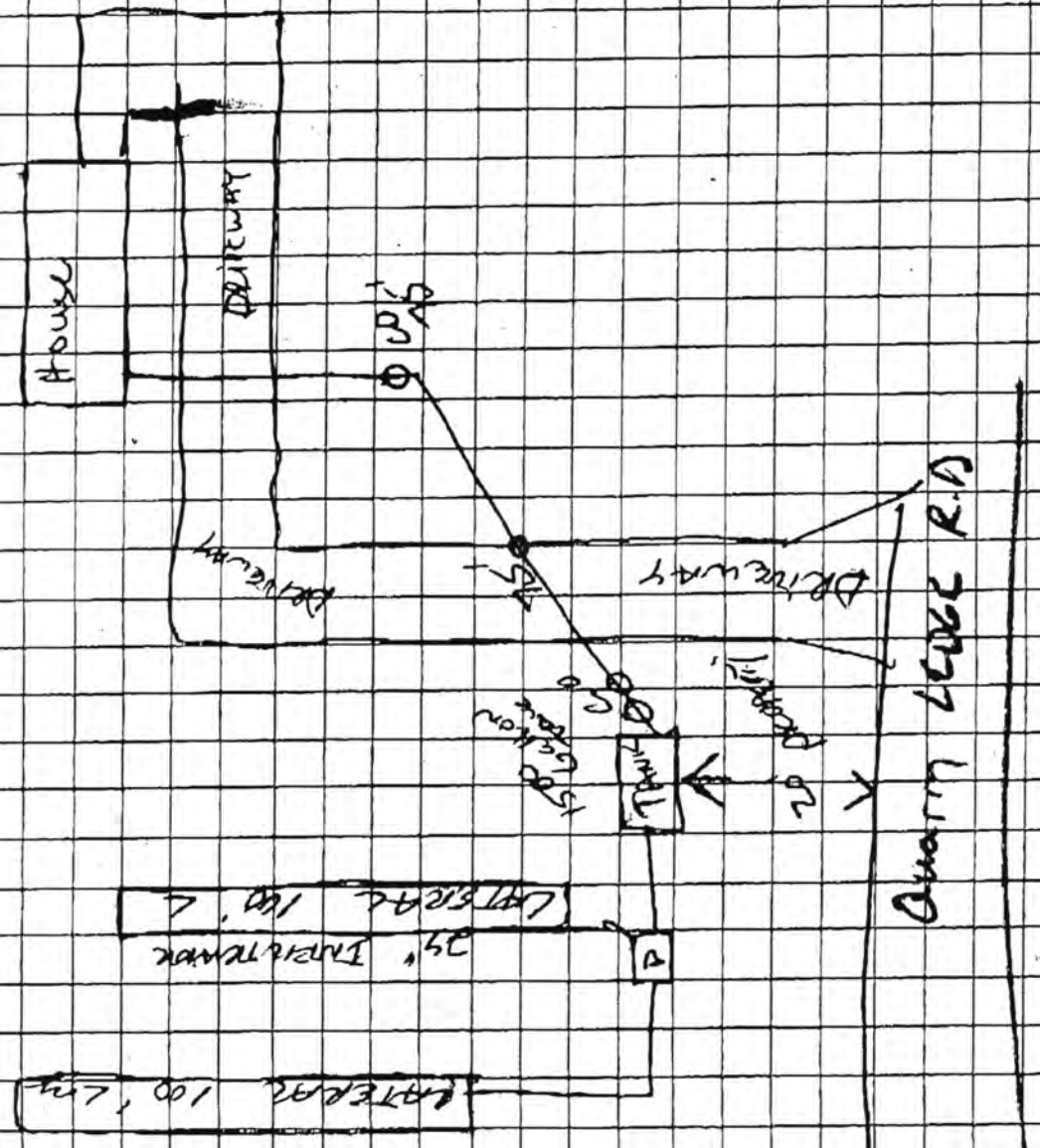
As Built Drawing

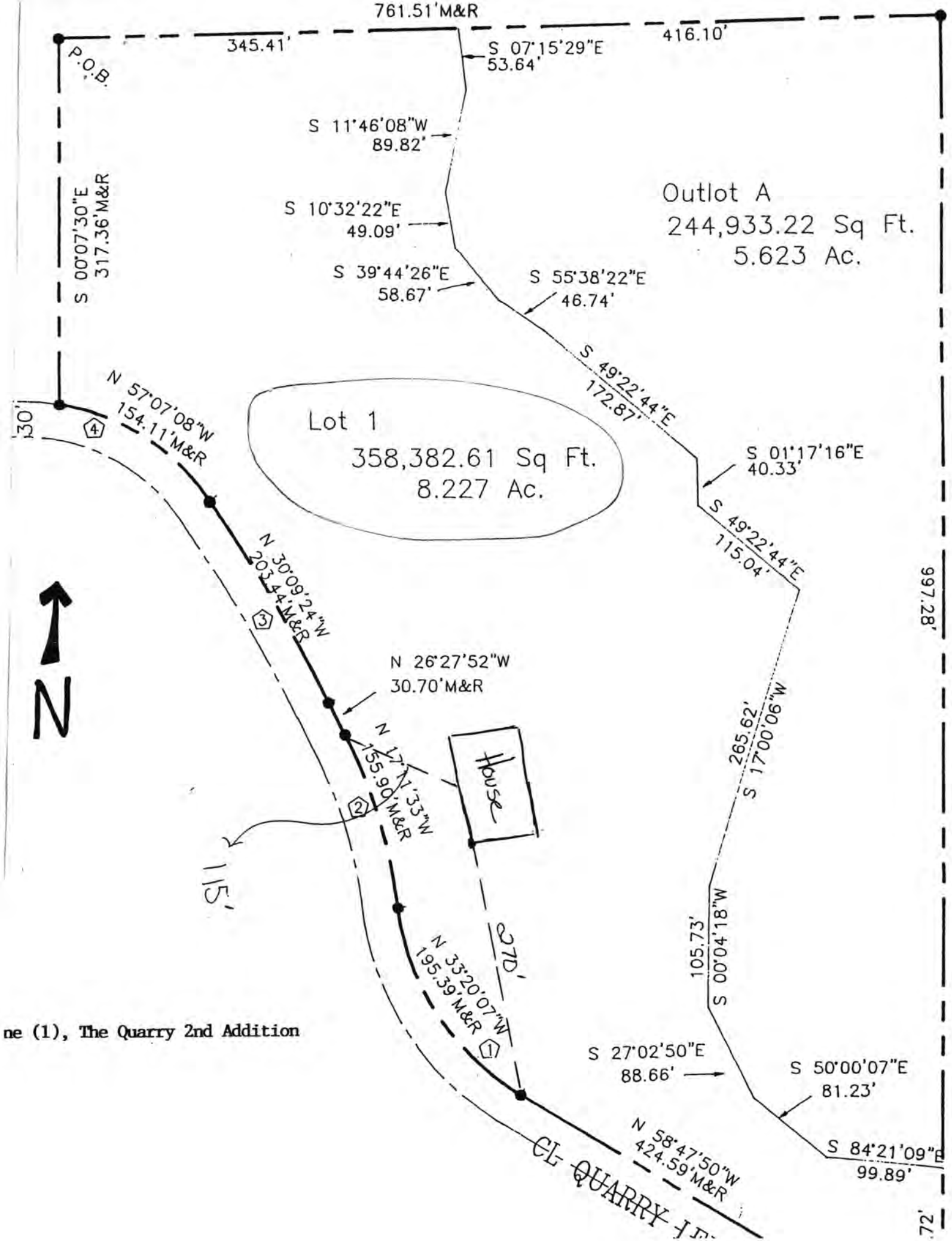
4850 Quarry Ledge R.D.

ATTN: Jerry Hood

Indicate North with Arrow

NORTH





ne (1), The Quarry 2nd Addition

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

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Establishment
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T8N R7E SEC 8
THE QUARRY-2ND ADDN LOT 1
4850 QUARRY LEDGE RD-ROCA

FEES: $200.00

TOTAL: $200.00

Permittee
CORY & CAROL ECKERT
5200 BRAEMER RD
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000590

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

A

Permit Number: 023802424

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 8 8N 7E Latitude

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

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Name CORY & CAROL ECKERT Signature

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☐ Check if owner designed system Home Phone 421-6606 Work Phone 432-2288

C. Contractor

Name STEVE FULTON Company Name FULTON CONST

Address 3639 N 39th City/State/Zip LINCOLN NE 68504

☐ Check if contractor designed system Work Phone 464-7272

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 2/14/02 Date frwd 2/15/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1/28/02 Date frwd 1/28/02 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

B

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

Permit Number: 02302424

Action PLBG + HTG

Jeff 423-6960
m-560-5824

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

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Average of Rates: 24.8 min/in
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Steve Suss 432-3051
Phone: 706 190th
Address Eagle NE 68347

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 15, 2002

FORM 23-101 10-98

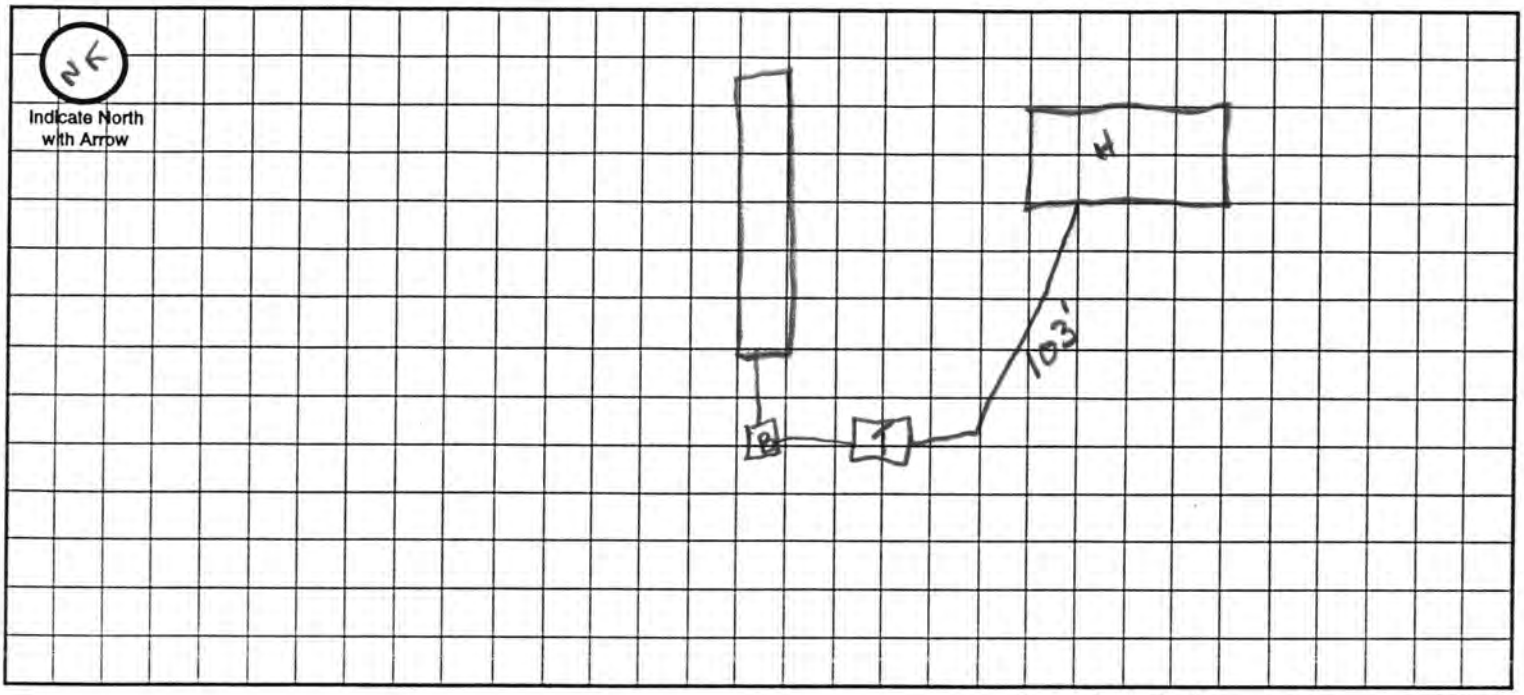
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802424

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) _____ 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 25 (min. per inch) Soil Type: REWORKED SOIL Land Slope: _____ %

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

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: _____ 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 _____

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 _____

System Location (Indicate correct number and street)

Address 4850 Quarry Lodge RD (no rural route) City ROCA NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15" in.
3. Distance between dwelling and septic tank: 200 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line — ft.
   property line 25 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade even in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2.5' in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: ~~Metal~~ Concrete
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

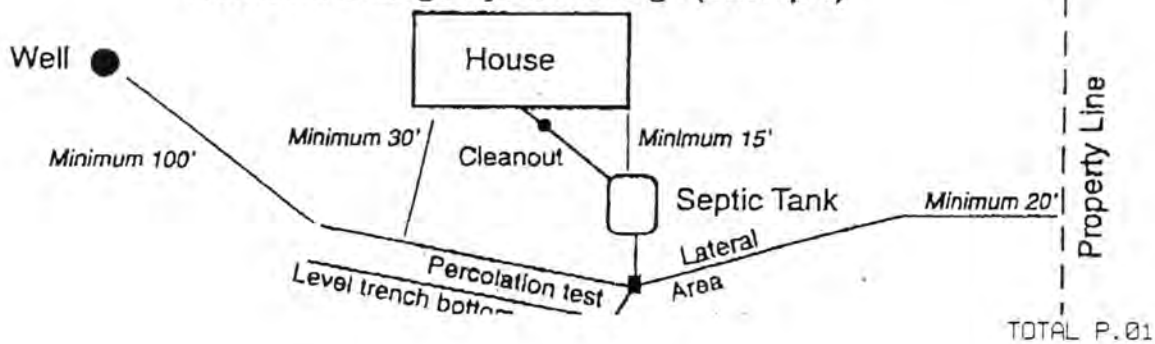
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope _____ in/100 ft.
   Average depth 3 1/2' in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100++ ft.
   Pressure line _____ ft.
   Property line 25' ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



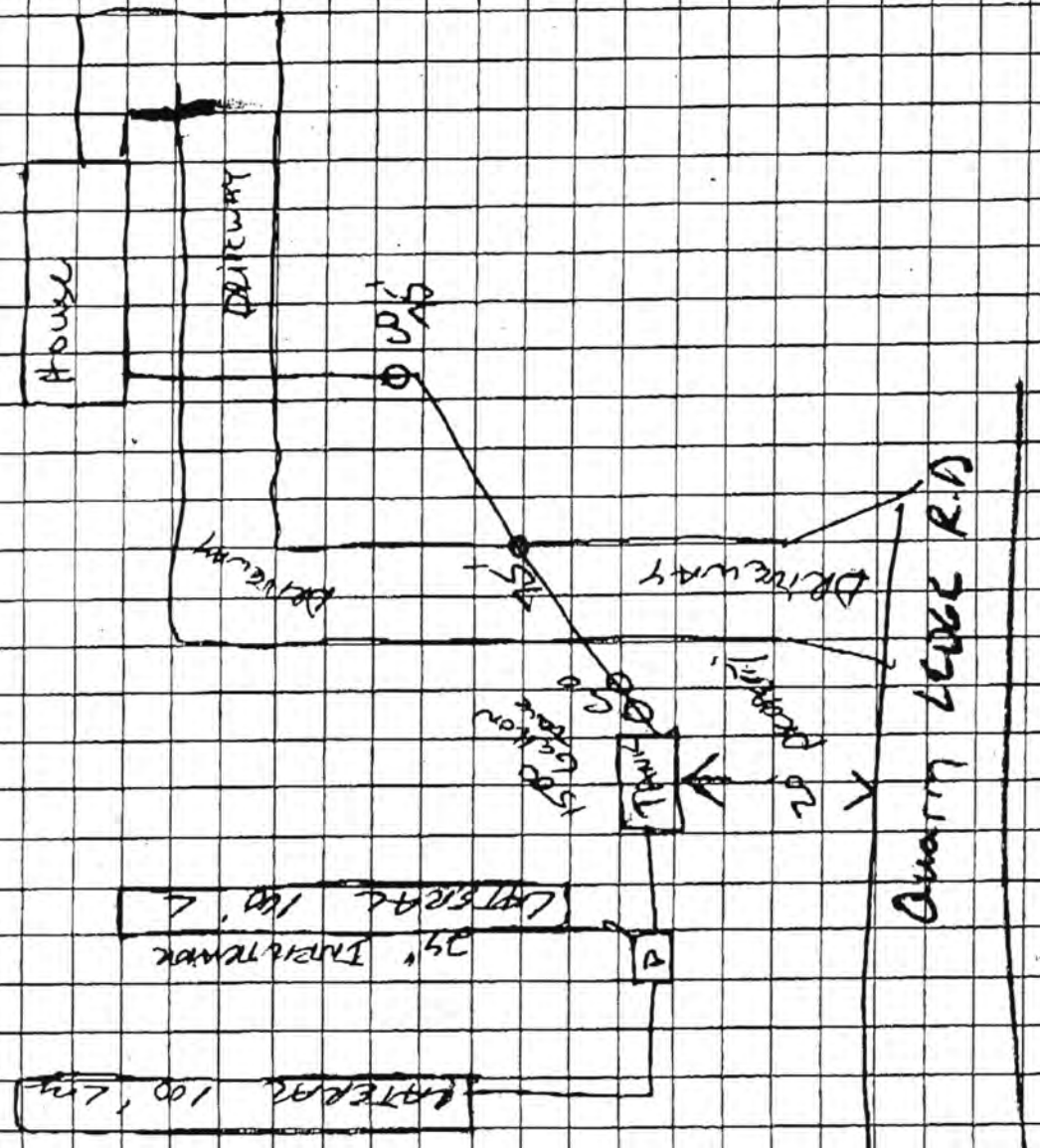
As Built Drawing

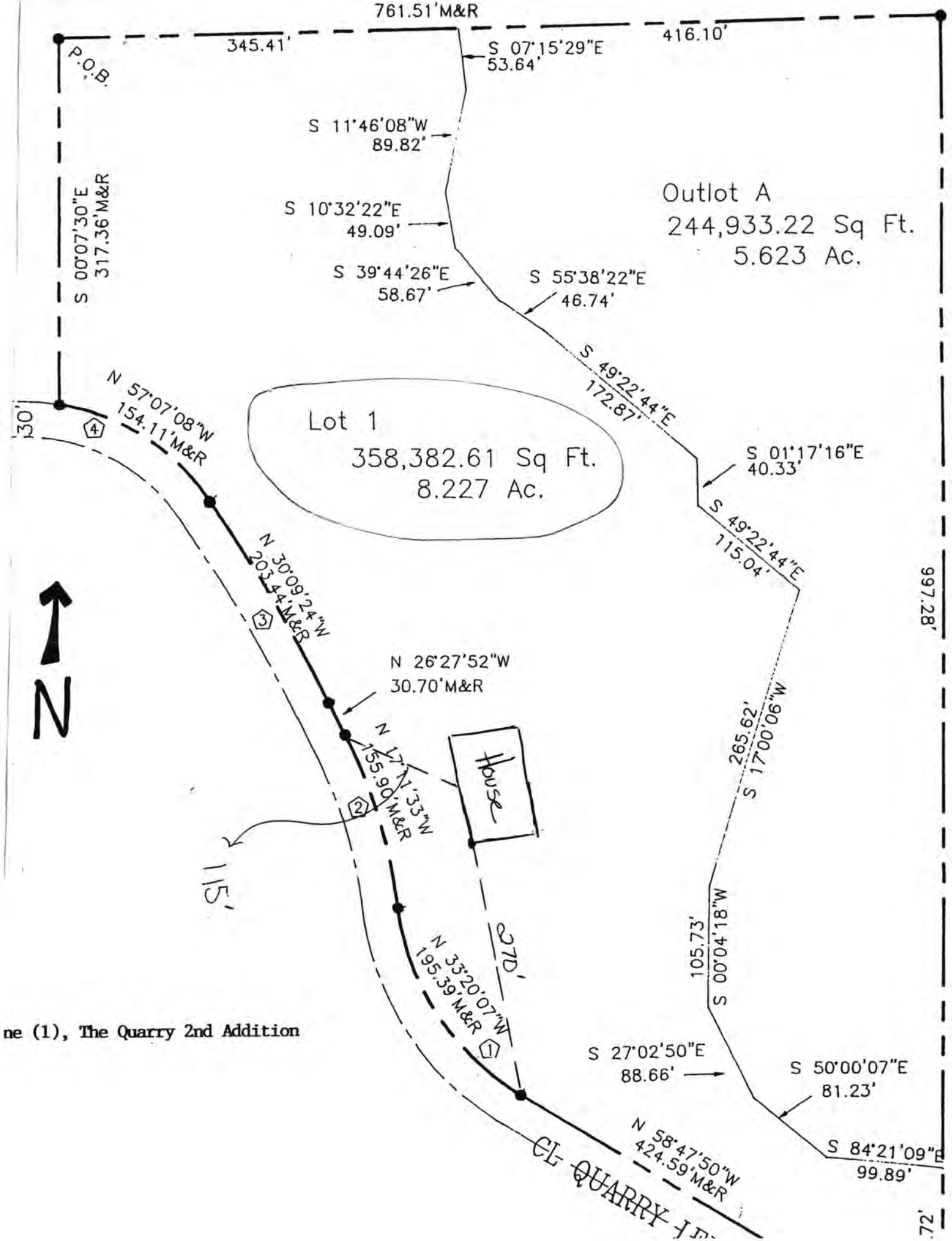
4850 Quarry Ledge R.D.

ATTN: Jerry Hood

Indicate North with Arrow

NORTH





ne (1), The Quarry 2nd Addition