Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment
MONTE ZYSSET
T8N R7E SEC 8
THE QUARRY-4TH ADDN LOT 3
5101 SILVER SPRINGS RD-ROCA

Permittee
MONTE ZYSSET
5101 SILVER SPRINGS RD
LINCOLN NE 68516

Permit # 02380252801

Issued 08/27/02
Expires 02/27/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002881

AUG 2 7 2002

A

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

Permit Number: Acreage 02380252~~8~~

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 5101 Silver Springs Rd. (no rural route) City Lincoln Rural NE, Zip 68516

Legal Description 1/4 1/4 Section 8 Township 8N Range 7E Subdivision THE QUARRY 4TH ADDITION Addition 3 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 Zysset, MONTE Signature _____

Address 5101 Silver Springs Rd City/State/Zip Lincoln, Ne 68516 (Rural)

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

C. Contractor

Name Roberts plumbing Company Name " "

Address 4231 progressive City/State/Zip Lincoln neb 68504

☐ Check if contractor designed system Work Phone 467-3744

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 5 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 3/11/02 Date frwd 8/27/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jim Pluym
3. **City or County Engineer** Date rec'd 8-27-02 Date frwd 8-27-02 ACTION ☒ Approved ☐ Disapproved Signature Mike Dekalb

Tank + lateral – Need drawing 3/28/02 ar.

Installation Final Written Approval

By _____

Date 8/28/02

Business Office Use Only

Date Rec'd 3/11/02

Amt Paid $40.00

Rec'd By _____ Cash/Check No. 1230?

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: 023802528
Acreage

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5101 Silversprings Rd (no rural route) City Lincoln (Rural) NE, Zip 68516

Owner Zysset Address

Soil Type (SCS): Sandy Clay Percolation Rate: 30/1 1/4" min./inch

Date of Tests 2-27 3-4 PM to 2-28 3-5 AM Weather: Precipitation None None Temperature 35° 38↑

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	2-27	11:00	2-28	10:50	2-28	10:50	12	2-28	2:50	30	1 1/4	24 MIN/IN
2	36	2-27	11:17	2-28	10:50	2-28	10:50	12	2-28	2:50	30	1 1/2	20 MIN/IN
3	36	2-27	11:27	2-28	10:50	2-28	10:50	12	2-28	2:50	30	1	30 MIN/IN
4	36	3/4	2:00	3/5	3:00	3/5	3:00	12	3-6	7:00	30	1/4	30 MIN/IN
5	36	3/4	2:15	3/5	3:00	3/5	3:00	12	3-6	7:00	30	1	30 MIN/IN
6	36	3/4	2:30	3/5	3:00	3/5	3:00	12	3-6	7:00	30	1	30 MIN/IN

Sum of Percolation Rates: 180/3 3/4 (min/in)
Average of Rates: 26 MIN/IN ~~180/30~~ (" ")
Rate Used for Calculation: inches dropped per 30 min

Person Conducting Percolation Tests

Name: Shawn Christen / Bill Smith
Phone: (402) 467-3744
Address: 4231 Progressive Ave #3
Lincoln, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

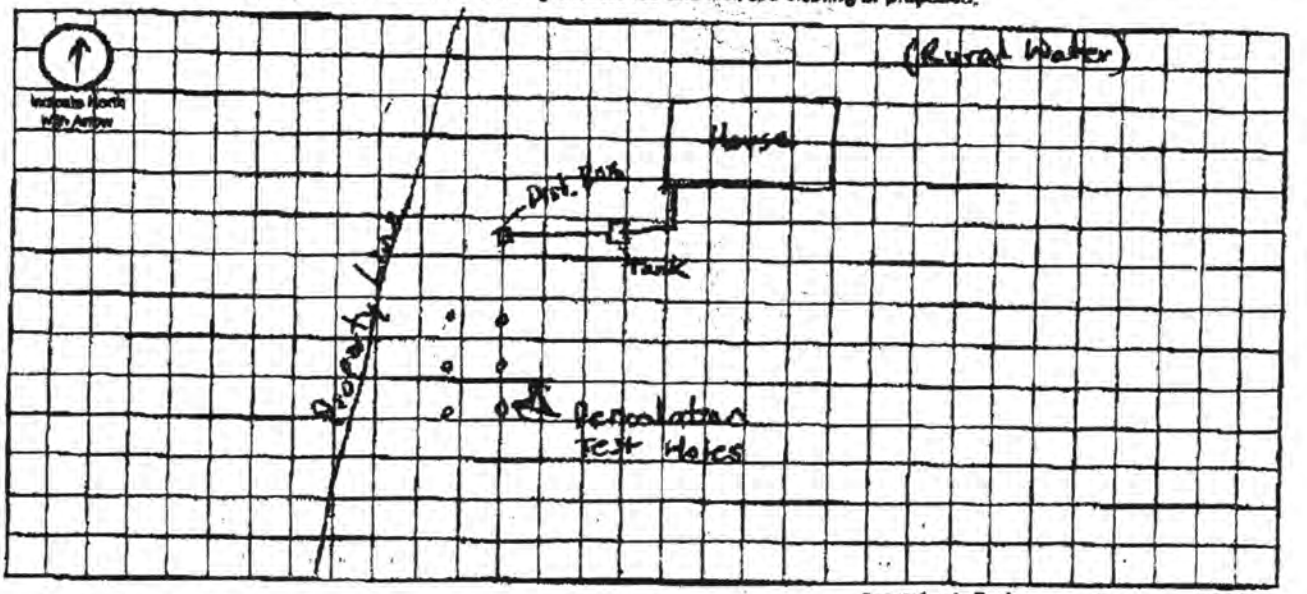
C

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

Permit Number: Acreage 02380228

Sewage Disposal System
Preliminary Plan Specifications

Draw a plat 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 blocks

A. System Location (Indicate correct number and street)

Address (no rural route) 5101 Silversprings Rd. City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 1 Hr per 30 min. (min. per inch) Soil Type: Sandy Clay (REWORKED) Land Slope: 1.0 %

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

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

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 313 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground 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 ☐	NA ☑	20 ☑	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 3/11/02

Installer Shawn Christen (Roberts Plbg.) Date 3-11-02

FORM 23-102 10-98

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

D

Permit Number: Acreage 623802528

Sewage Disposal System

As Built Plans & Specifications

Date 3-28-02

System Location (Indicate correct number and street)

Address 5101 Silversprings Rd (no rural route) City Roca NE, Zip 68516

A. Building Sewer

1. Material: PVC CL160
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line 100+ ft.
   property line 30 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☐ above ☑ below grade 3 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 96 in.
8. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — ft.
   Property line 30 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 35' ft.

D. Absorption Field

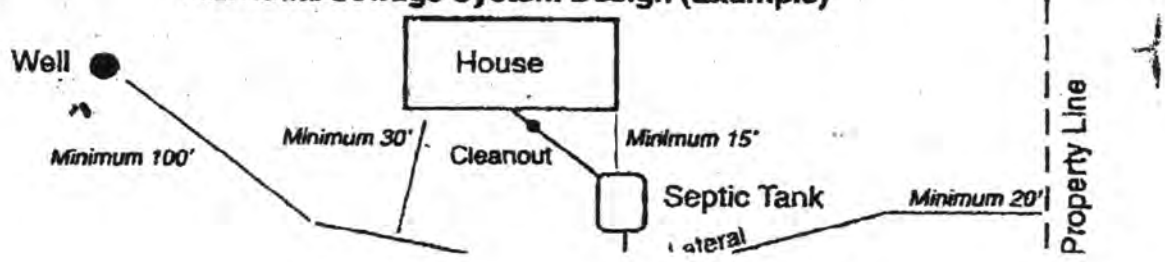
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: —
   or perforated pipe: —
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☑ other Infiltrator
2. Lateral lines: Number 4
   Length of each line: 90 ft. 80 ft.
   80 ft. 65 ft., — ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Direct Bury
   Depth of material — in.
5. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — ft.
   Property line 20 ft.

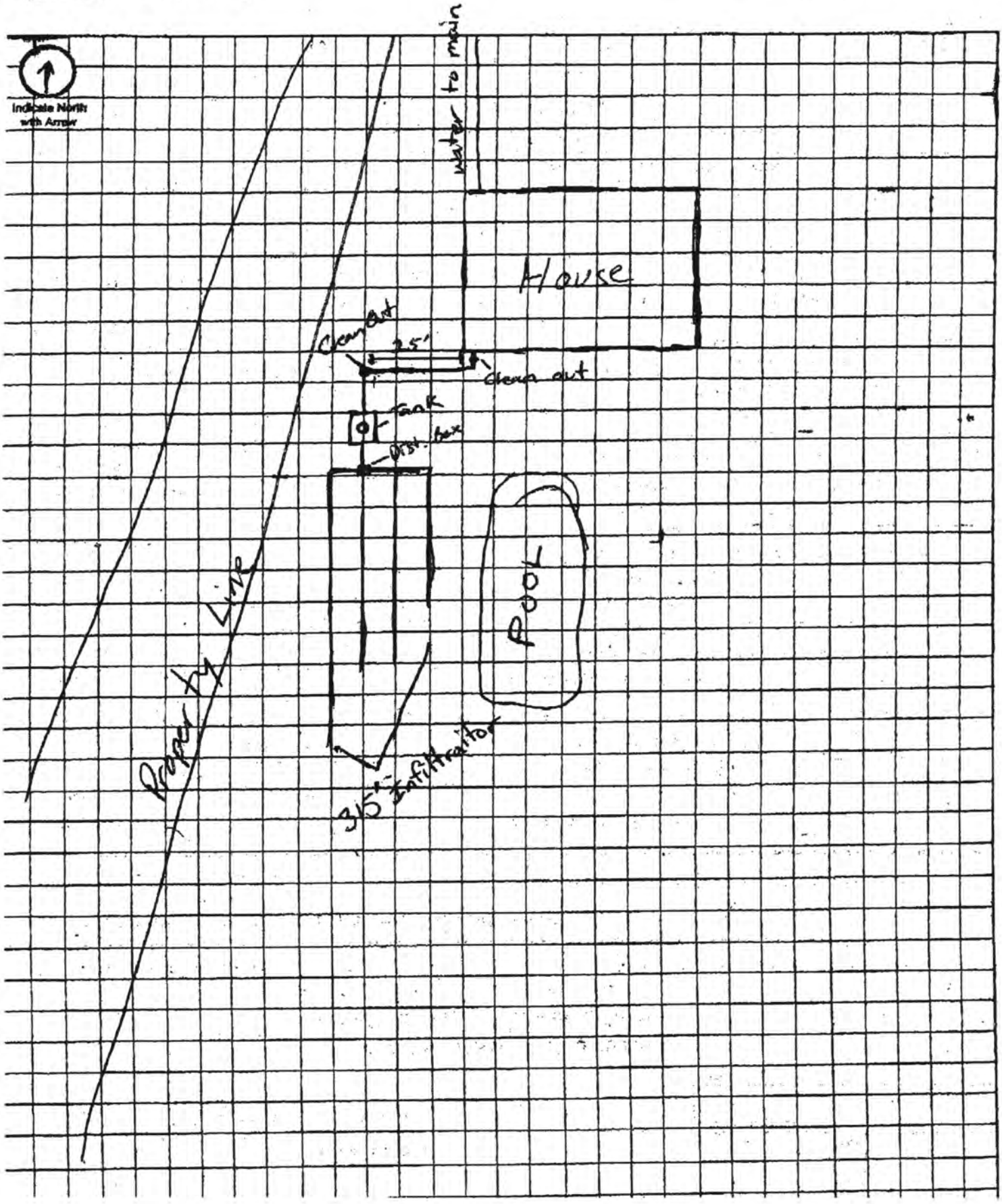
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

003170

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380273601

Issued 10/24/03
Expires 04/24/04
Revenue Code 3157

Establishment PAUL EISENBARTH JR
T8N R7E SEC 8 QTR SE
QUARRY-2ND ADD LOT OLA
5051 SILVER SPRINGS CT-ROCA

FEES: $200.00

Permittee PAUL EISENBARTH JR
5025 GREENWOOD ST
LINCOLN NE 68504

TOTAL: $200.00

Bruce D. Dart

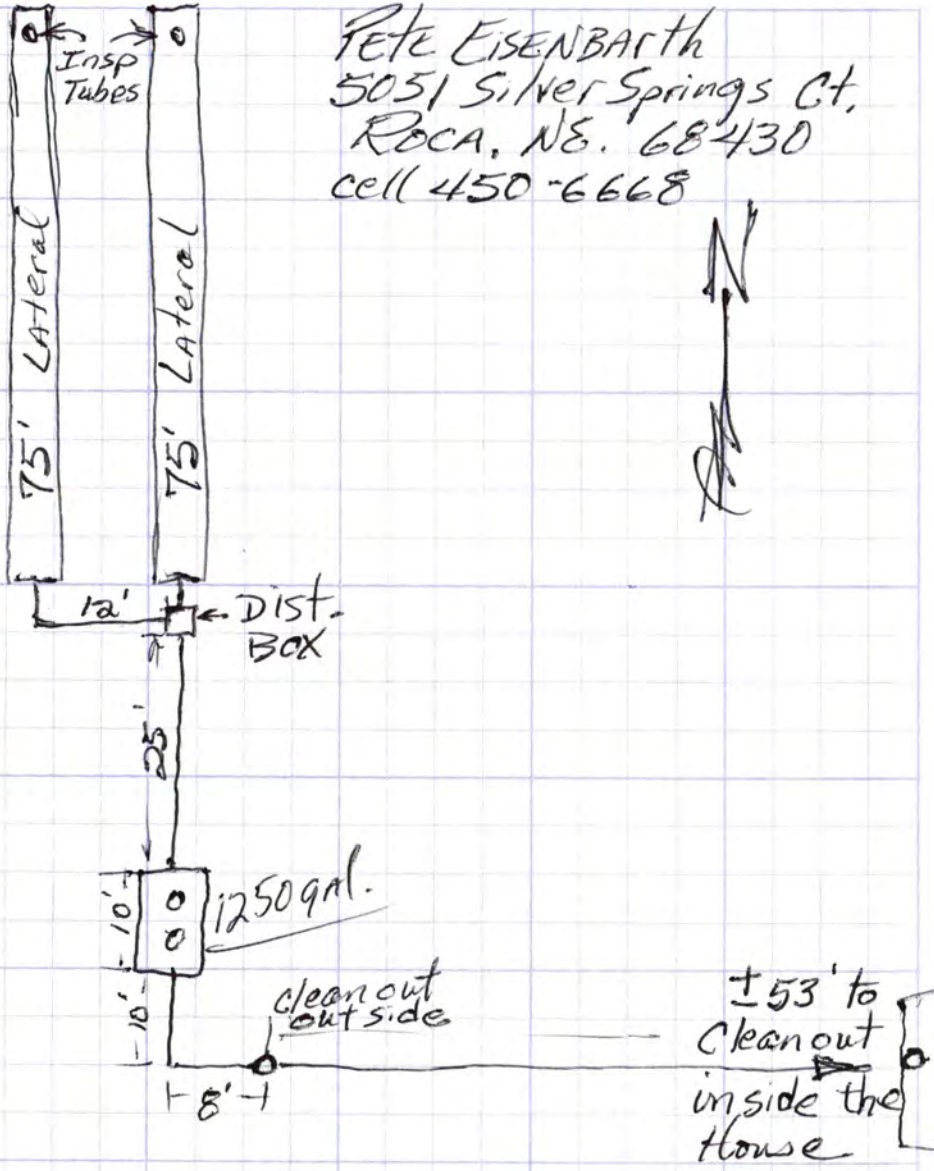
Bruce D. Dart, Health Director

EPH COPY

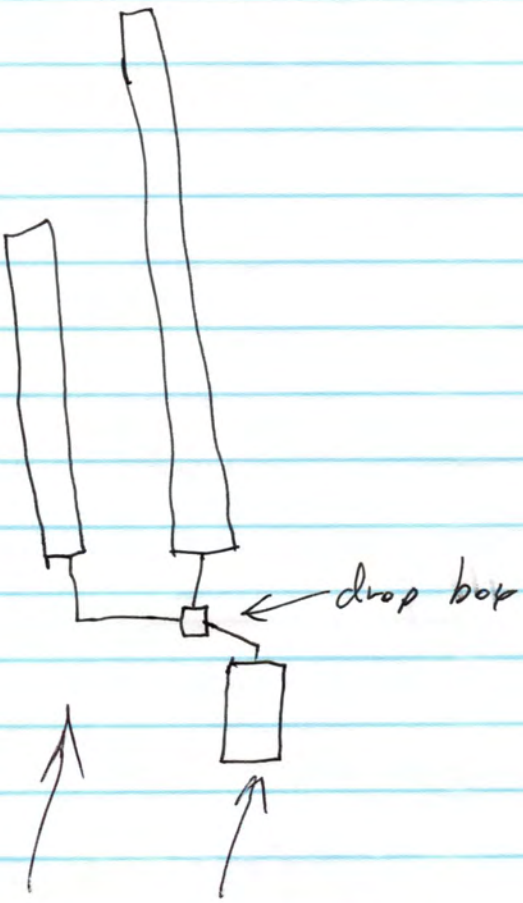
10/5/04 Doug Smith

YANKEE HILL BRICK & TILE

Pete Eisenbarth
5051 Silver Springs Ct.
Roca, NE. 68430
cell 450-6668



3705 SO. CODDINGTON AVE., LINCOLN, NE 68522 (402) 477-6663
4212 SO. 133RD STREET, OMAHA, NE 68137 (402) 330-2751



I plan to make this a 1250 gal tank and 175' of lateral.

Pete

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

RECEIVED
OCT 24 2003

A

Permit Number: 03380273601

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 5051 Silver Springs Ct. (no rural route) City ROCA NE, Zip 68430

Legal Description South East 1/4 1/4 Section 18 Township 8N Range 7E Subdivision Quarry 2nd Addition outlot A 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 PAUL EISENBARTH JR. Signature Paul Eisenbarth Jr.

Address 5025 Greenwood st. City/State/Zip Lincoln Nebr. 68504

☐ Check if owner designed system Home Phone 464-3663 Work Phone cell 450-6668

C. Contractor

Name Lenard Harper Company Name Harper Plumbing

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 782-8715

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

Designer Name Harper Plumbing Firm _____ Work Phone 782-8715

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 2 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 10/24/03 Date frwd 10/27/03 ACTION ☒ Approved ☐ Disapproved Signature Gerald E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/24/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/27/03 Date frwd 10/27/03 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10/6/04

Business Office Use Only

Date Rec'd 10/27/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 7388

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Tests conducted by Leonard Harper and Pete.
Witnessed by Doug Smith and John Chess.

10/23/03 10 AM
met with Harpers Plumbing and Doug Smith on site for our Perc. Test.

met with Doug Smith and John chess at 1:30 for a final decission about the system due to the fast flow rate in one particular hole.

I made the final 30 minute readings and recorded below. At 2:15 filled all holes to side wall markers. Final measurement was made at 2:45 PM

Hole #1	Dropped	2 3/4" in 30 min	11
" #2	"	3 3/4" in 30 min	8
" #3	"	2 1/2" in 30 min	12
" #4	"	1 3/4" in 30 min	17
" #5	"	2 3/4" in 30 min	11
" #6	"	2 3/4" in 30 min	11

12

2 bd. with Whirlpool
420 sq. ft.

To the Nebr. Dept. of Health. 10/23/03 7PM

Per your request my wife Debra Ann and myself Paul Jr. agree to accept the installation and use of a Lagoon sewage system on our property only in the event that our septic sewage system should fail, and any or all alternate sites and systems should not pass the same test of perculation to relocate in an alternate location.

Paul J. Eisenbarth Jr.
Debra A Eisenbarth

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

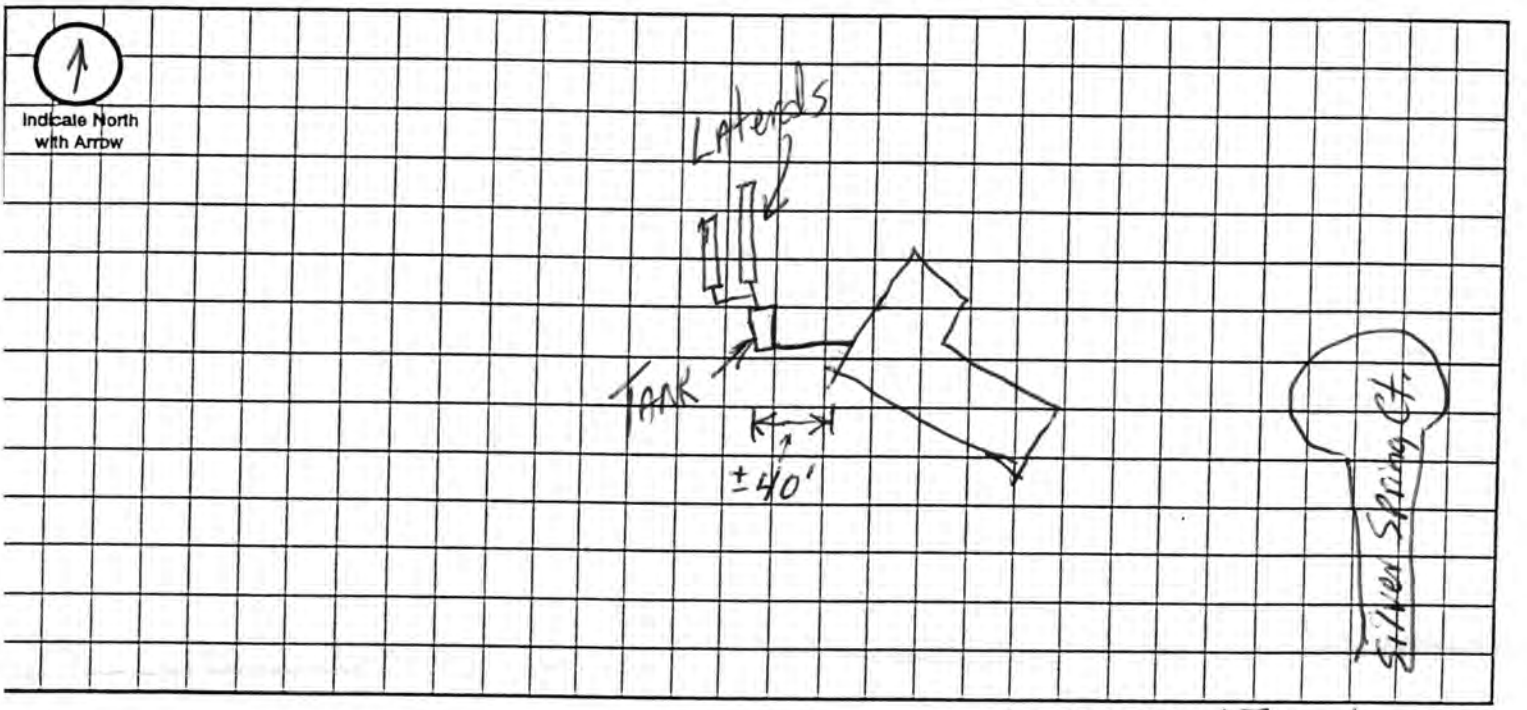
C

Permit Number: 033802736

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5051 Silver Springs Ct. 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 12 (min. per inch) Soil Type: OLD FILL Land Slope: _____ %

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

Total Square Feet of Field Required: 420 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 Paul Eisenbarth Jr. Date 10/24/03

Installer Jason Hagen Hagen Well & Pump Inc Date 10/24/03

RM 23-102 10-96