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

AUG 31 1999

Permit Number: 993802078

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 8000 Roca Road (no rural route) City Roca NE, Zip 68430

Legal Description E 1/2 of SE Qtr 15 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 Willard C. Beck, Jr. Signature Willard C Beck Jr

Address 4625 Eagle Ridge Road City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 423-5889 Work Phone 432-1379

C. Contractor

Name Dirt Works Plus Inc Company Name Steve Kruse

Address 2800 NW 70th City/State/Zip Raymond NE 68428

☑ Check if contractor designed system Work Phone 560 1208

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 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 8/31/99 Date frwd 9/1/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-1-99 Date frwd 9-1-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 09/01/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

9/23/99 Need fence, signs etc, U.C.H.

Installation Final Written Approval

By _____ Fence project -

Date 6/16/00

Business Office Use Only

Date Rec'd 09/01/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 1946

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

AUG 1 2 1999

B

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

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Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8000 Rosa Rd. (no rural route) City _____ NE, Zip _____

Owner Bill Beck Addresss _____

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

Date of Tests 8-9 to 8-10-99 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	32	8-9	4:45	8-10	7:45	8-9	7:45	15 1/2	8-10	8:15	30	0	
2								11				1/4	
3								14 1/4				0	
4								14 3/4				0	
5								11 3/4				1/4	
6								11 1/4				1/8	
7								10 1/4				1/8	
8								12 1/4				1/4	

Person Conducting Percolation Tests

Name: Larry Schewark

Phone: 489-7294

Address: 8200 old cheney

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

AUG 31 1999

C

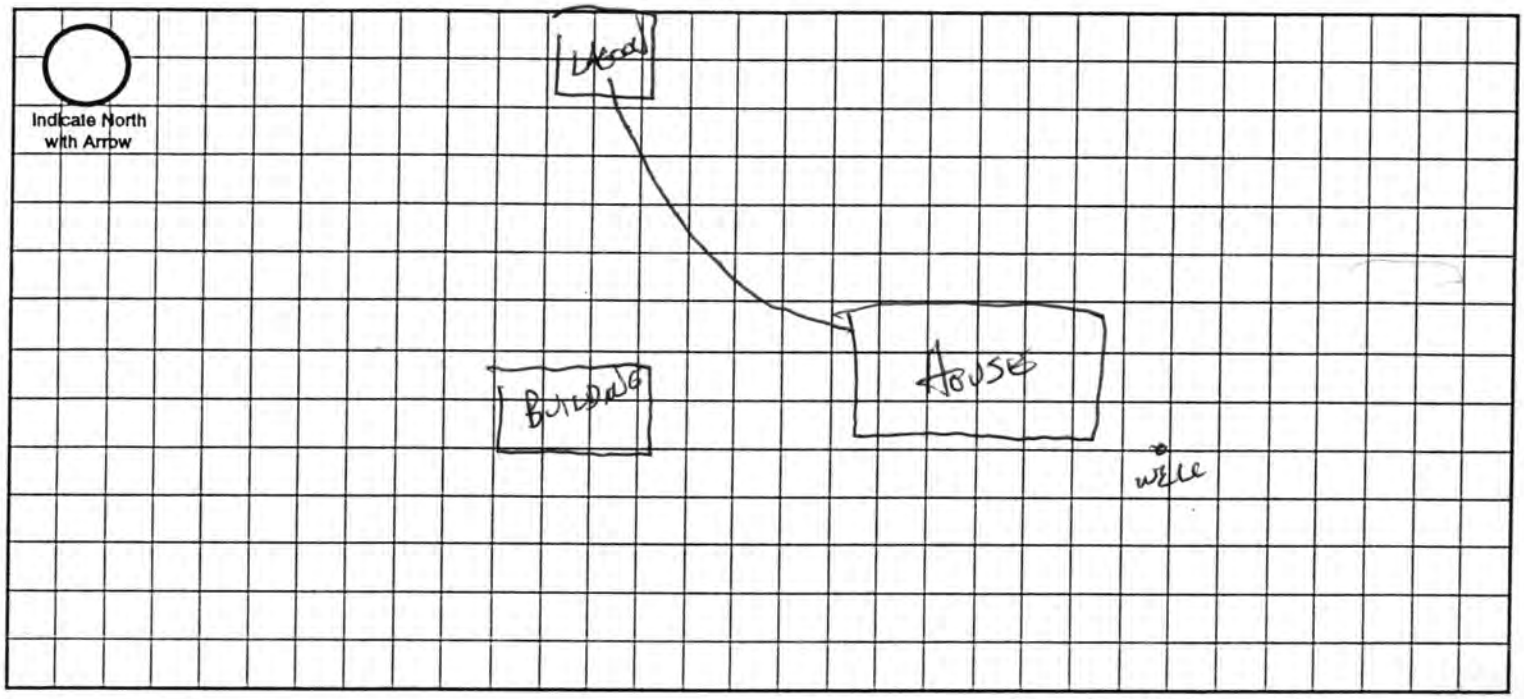
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 9938020 78

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) 8000 Roca 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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: _____

Capacity of Septic Tank _____ 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 Tall Bank Homes Date 8/16/99

Installer _____ Date 5-28-99

FORM 23-102 10-96

Bill Beck

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

Lagoon

D

Permit Number: 9938 02078

Sewage Disposal System

As Built Plans & Specifications

Date 9-23-99

System Location (Indicate correct number and street)

Address 8000 Roca Rd. (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 8
5. Distances to: well or suction line 250+ ft.
   stream N.A. ft.
   pressure line 50 ft.
   property line 200+ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

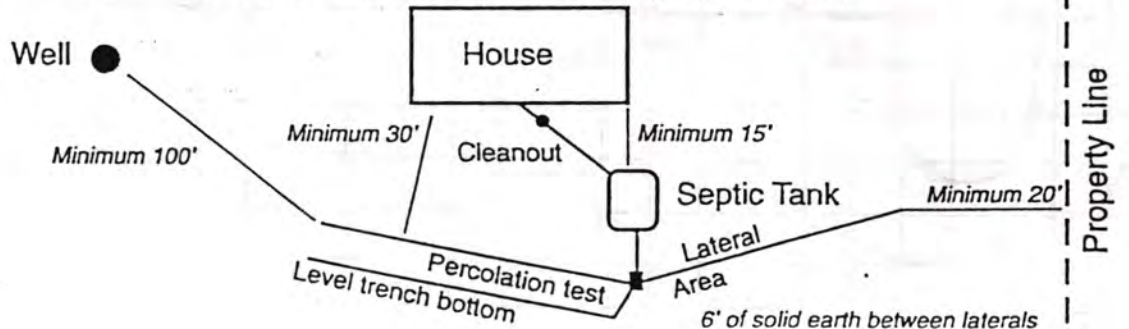
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380207801

Issued 09/02/99
Expires 03/02/00
Revenue Code 3157

FEES: $150.00

Establishment

WILLARD C BECK JR
T8N R7E SEC 15 QTR SE
E 1/2 OF SE 1/4
8000 ROCA RD-ROCA

Permitee

WILLARD C BECK JR
4625 EAGLE RIDGE RD
LINCOLN NE 68516

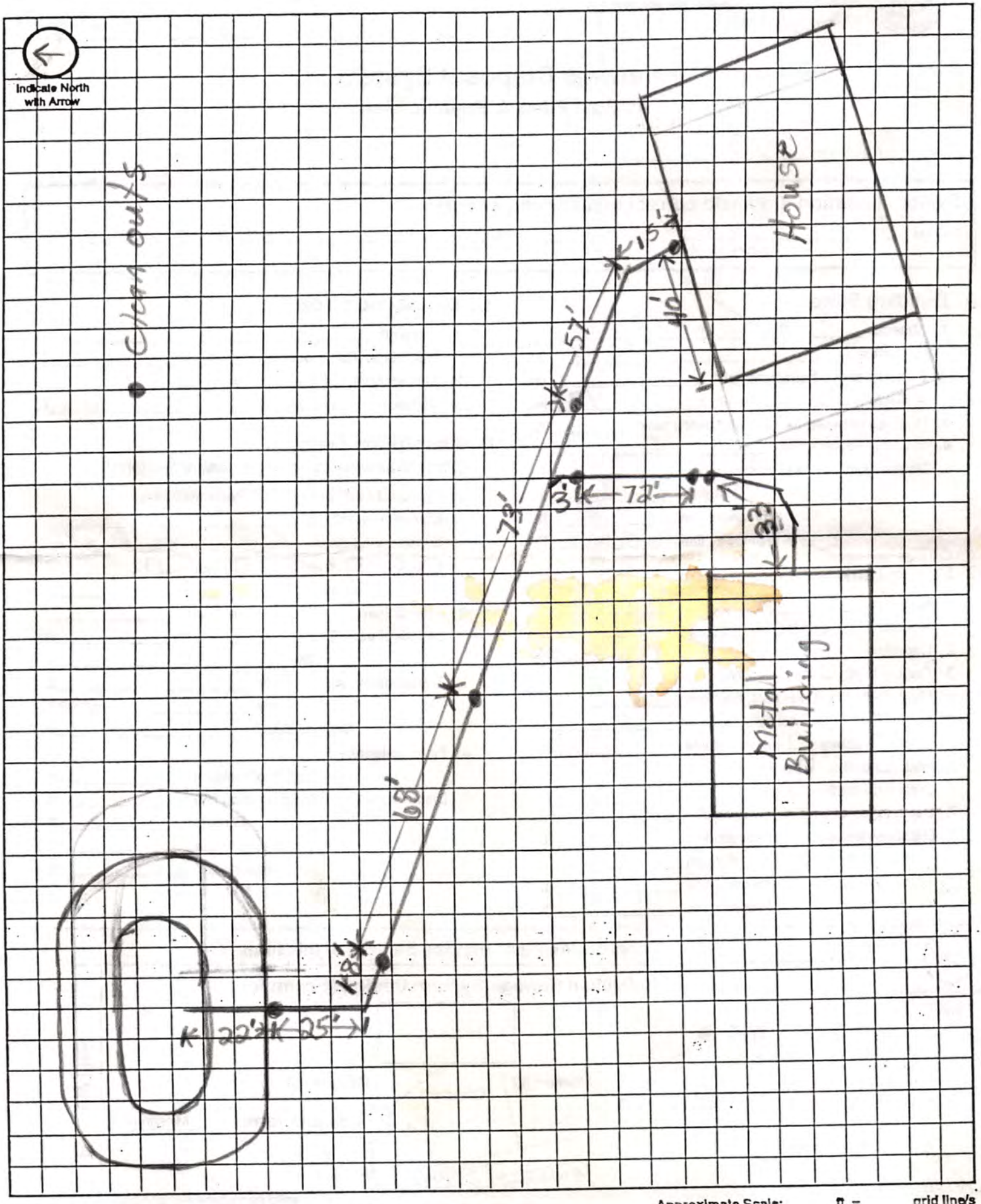
TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010908

As Built Drawing



Approximate Scale: ft. = grid line/s