Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006239

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380297001

Issued 03/02/05
Expires 09/02/05
Revenue Code 3157

Establishment:
DAVID & AMY CARNIE
T8N R7E SEC 16 QTR SE
PRESERVE@ CROSS CRK BLK 1 LOT 1
15301 S 65 ST-ROCA

FEES: $200.00

Permittee:
DAVID & AMY CARNIE
6515 S 32 ST
LINCOLN NE

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED
MAR 0 2 2005

A

Permit Number: 05360297001

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 15301 S. 165th St (no rural route) City Roca NE, Zip 68430

Legal Description SE 1/4 16 1/4 Section 8N Township 7E Range The Preserve at Cross Creek Subdivision 1 Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name David + Amy Carnie Signature _____

Address 6515 S. 32nd St City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-423-0061 Work Phone _____

C. Contractor

Name Sam Manzitta Company Name Manzitta Bros

Address 3341 Pioneers Blvd City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 4024832302

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting 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 3/2/05 Date frwd 3/2/05 **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 3-2-05 Date frwd 3-2-05 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plough

8/1/05 ~~Need drawing for~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 4, 2005

Business Office Use Only

Date Rec'd 03/02/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 5665

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Carrie

System Location (Indicate correct number and street)

Address 15301 S. 65th St (no rural route) City Roca NE, Zip 68430

Owner David Carrie Addresss 6515 S. 32nd St Lincoln, NE 68516

Soil Type (SCS): Wymore Percolation Rate: 60 min./inch

Date of Tests 7/30/05 to 7/31/05 Weather: Precipitation 0 Temperature 93°

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	43	7/30	11:30a	7/30	3:30p	7/31	11:30a	6	7/31	3:30p	30	1/4	30/0.25=120	F
2	41	"	"	"	"	"	"	"	"	"	"	3/8	30/0.38=79	F
3	38	"	"	"	"	"	"	"	"	"	"	11/16	30/0.69=43	
4	38	"	"	"	"	"	"	"	"	"	"	1 1/8	30/1.13=27	
5	39	"	"	"	"	"	"	"	"	"	"	1 5/8	30/1.63=18	
6	40	"	"	"	"	"	"	"	"	"	"	1 1/4	30/1.25=24	
7	42	"	"	"	"	"	"	"	"	"	"	1 1/2	30/1.50=20	
8	44	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50=60	

Person Conducting Percolation Tests

Name: Lloyd Jakoubek Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6609

Address 13800 NW 70th St

Raymond, NE 68428 P1197

Sum of Percolation Rates: 192

Average of Rates: 32

Rate Used for Calculation: 60 (20 mpi variance)

Used holes 3 thru 8 to size system

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

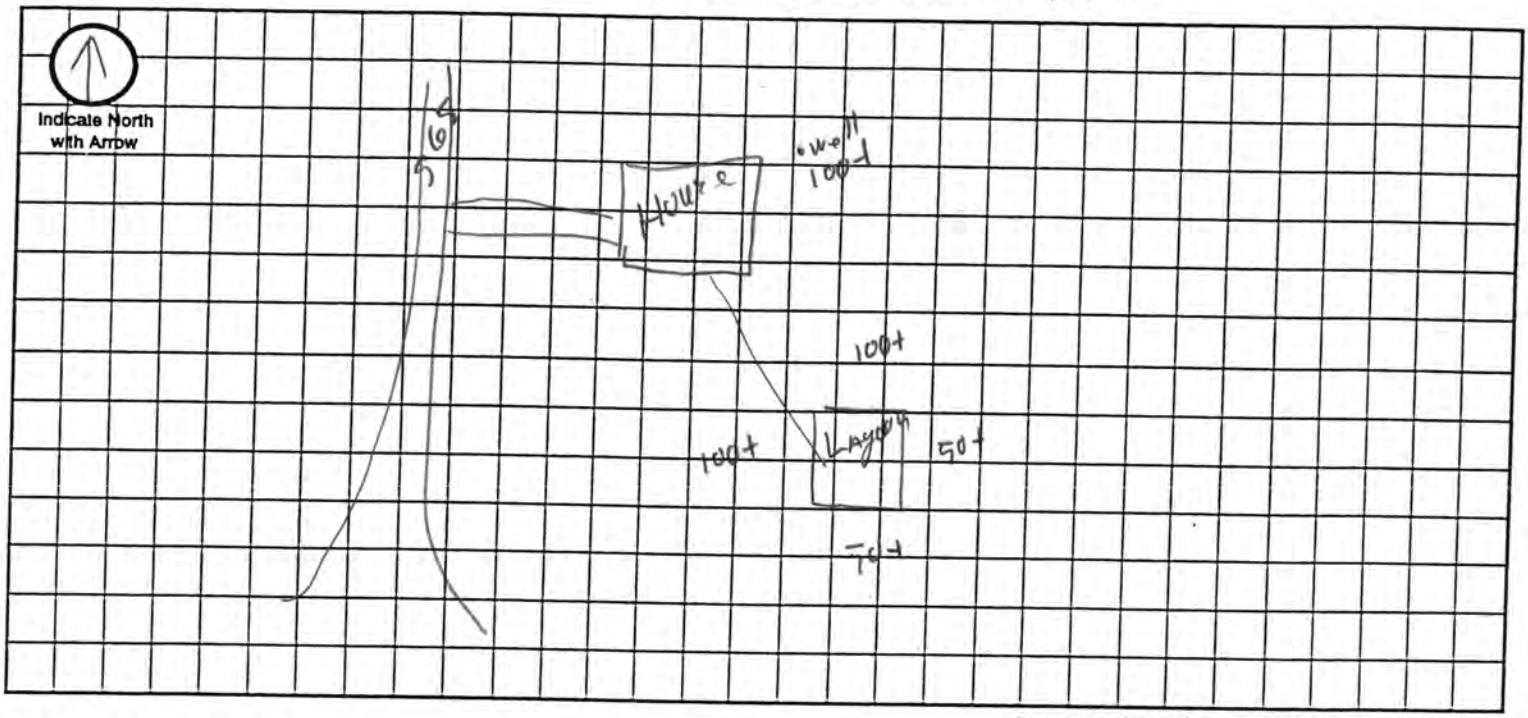
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053802970

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) 15301 S. 65th St 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 _____ Date 3-1-05

Installer _____ Date 3-1-05

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

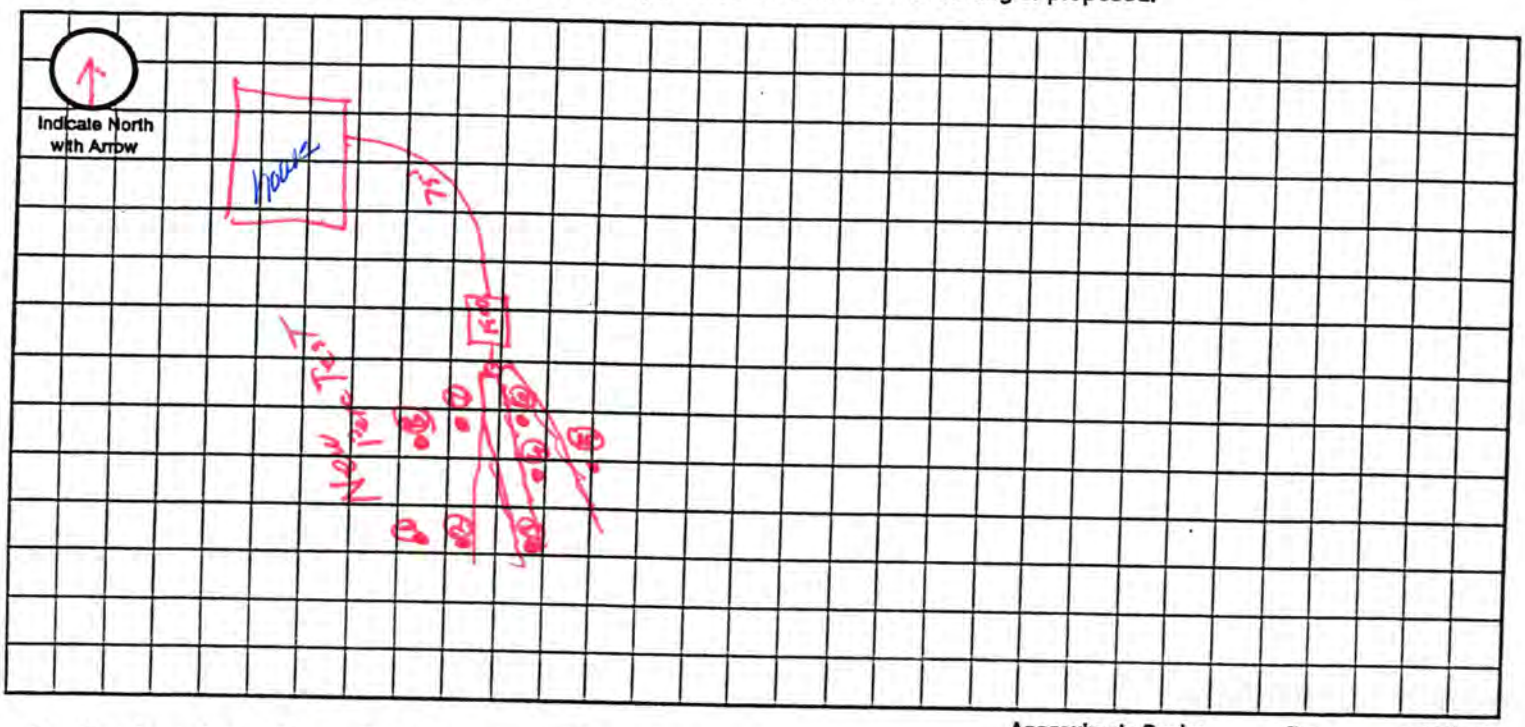
C

Permit Number:

Clinic

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) 15361 S. 165th St 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 60 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,460 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Standard

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 3 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 _____ Date 8/1/05

Installer _____ Date 8/1/05

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 8-1-05 Carrie

System Location (Indicate correct number and street)

Address 15301 S. 56th St (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 72 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 30' ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 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: 21 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: plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4 ft.

D. Absorption Field

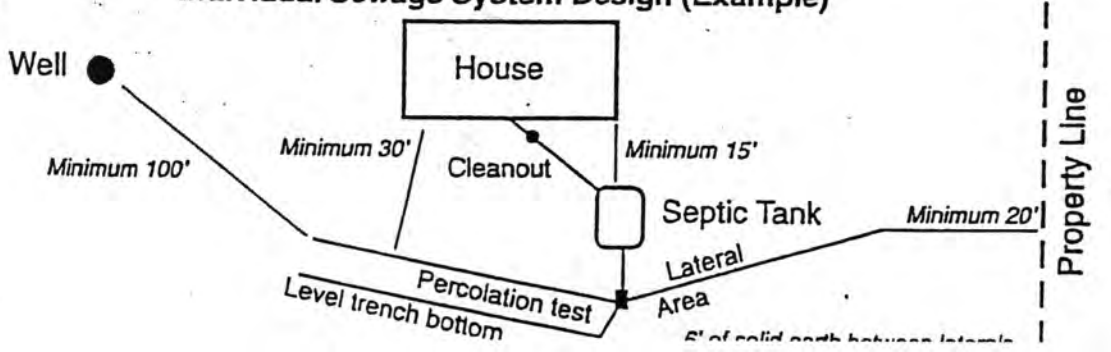
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide x 12" Tall
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 112 ft. 138 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 40 ft.
   Slope Flat in/100 ft.
   Average depth 36 in
4. Filter material: Dirt
   Depth of material 36 in.
5. Distances to: Well or suction line 30+ ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 50 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

AUG 0 4 2005

