Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009646

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380325001

Issued 09/25/06
Expires 09/25/07
Revenue Code 3157

Establishment

DAN & MARGARET MORAVEC
T8N R7E SEC 16
PRESERVE@ CROSS CRK BLK 3 LOT 2
6505 PRAIRIE FLOWER LN-ROCA

FEES: $275.00

Permittee

DAN & MARGARET MORAVEC
7810 NORTHSHORE DR
LINCOLN NE 68516

TOTAL: $275.00

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

A

Permit Number: 06380325001

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 6505 Prairie Flower Ln (no rural route) City Roca NE, Zip 68430

Legal Description NW 1/4 SE 1/4 16 Section 8N Township 7E Range Preserve at Cross Creek Subdivision 3 Addition 2 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 Dan + Margaret Moravec Signature Margaret Moravec

Address 7810 Northshore Dr City/State/Zip Lincoln/NE/68516

☐ Check if owner designed system Home Phone 483 2691 Work Phone 484 4900

C. Contractor

Name Sam manzitto Company Name manzitto Bros

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

☐ Check if contractor designed system Work Phone 402-483-2302

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 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 9/25/06 Date frwd 9/26/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-26-06 Date frwd 9-26-06 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-26-06 Date frwd 9-26-06 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jonny Amber

Date 7/3/07

Business Office Use Only
Date Rec'd 9/25/06
Amt Paid $275.00
Rec'd By _____ Cash/Check No. 6256

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

B

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

Permit Number: 06303250

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

The Preserve at Cross Creek
Sam Manzitto

Block 3 Lot 2

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6505 Prairie Flower Ln (no rural route) City Roca NE, Zip 68430

Owner Margaret Morawec Addresss 7810 Northshore Dr Lincoln 68516

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

Date of Tests 12-28-04 to 12-29-04 Weather: Precipitation 0 Temperature 50°

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	34	12/28	1:00	12/28	5:00	12/29	11:30	6	12/29	3:30	30	1	30/1.00 = 30
2	39	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
3	28	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
4	29	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63 = 48
5	39	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
6	35	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60

Sum of Percolation Rates: 318
Average of Rates: 53
Rate Used for Calculation: 60 (20 mpi variance)

Person Conducting Percolation Tests

Name: Terri L. Jakubek, Raymond Contracting Inc
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St Raymond, NE 68428
#P1198 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date SEPTEMBER 25, 2006

FORM 23-101 10-96

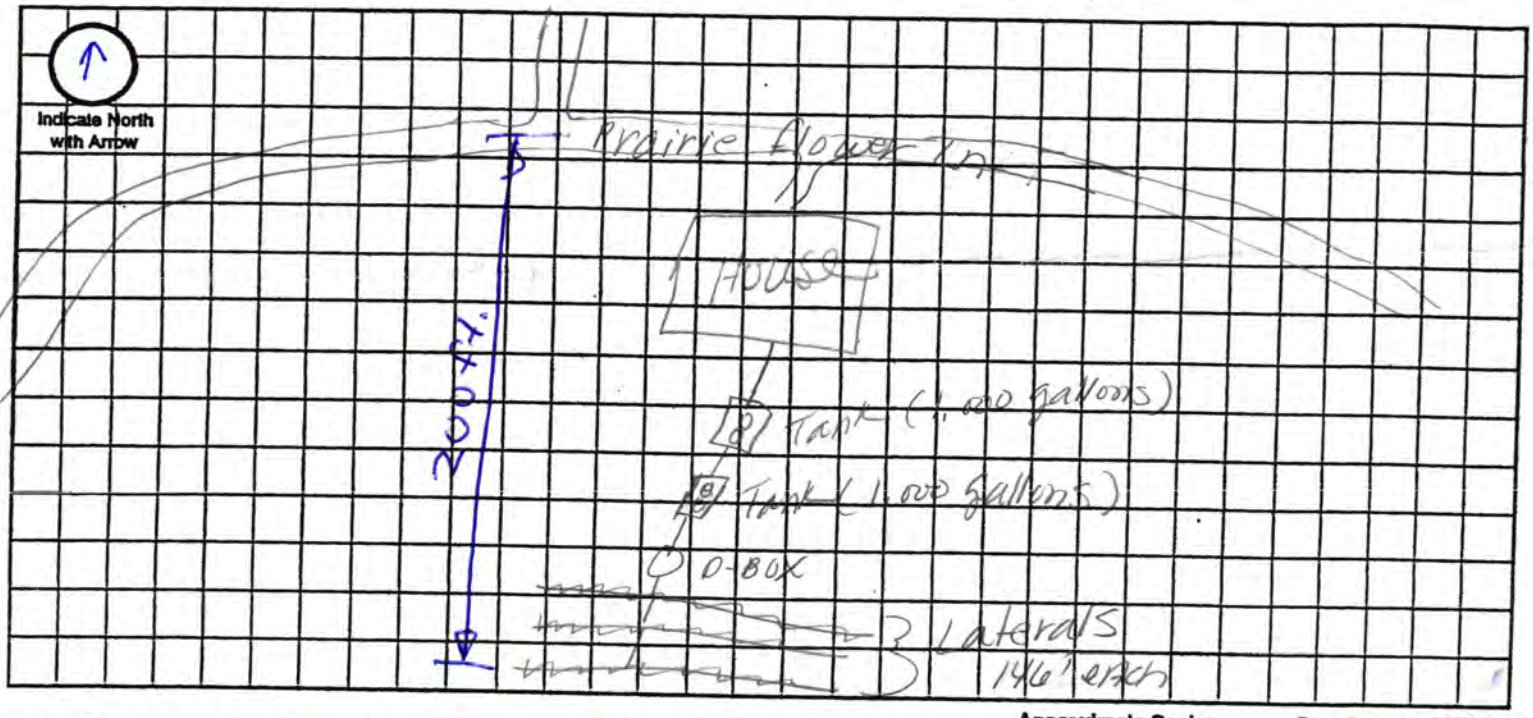
Lincoln-Lancaster County Health Department
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C

Permit Number: 063803250

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) 6505 Prairieflower Ln 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: 1,750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4

Capacity of Septic Tank 2,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 438 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 Scott Jr A Date 9-20-06

Installer Kevin L. Jakubek Date 9-11-06