# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006650

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380300001

Issued 04/14/05
Expires 04/14/06
Revenue Code 3157

Establishment:
KEVIN & KATHY DEAVER
T8N R7E SEC 16 QTR SE
PRESERVE @ CROSS CRK BLK 3 LOT 3
6601 WILDFLOWER LN-ROCA

FEES: $200.00

Permittee:
KEVIN & KATHY DEAVER
7431 CARDWELL CIR
LINCOLN NE 68523-9004

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

APR 14 2005

**A**

Permit Number: 05380300001

# 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 6601 ~~Hillcrest~~ Flower Lane City Roca NE NE, Zip 68430
PRAIRIE (no rural route)

Legal Description SE SE 16 8N 7E The Preserve at Cross Creek 3 3
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 Kevin & Kathy Deaver Signature Kevin L. Deaver Kathy J. Deaver

Address 7431 Cardwell Cir. City/State/Zip Lincoln, NE

☐ Check if owner designed system Home Phone 328-9169 Work Phone –

### C. Contractor

Name Regal Building Systems Company Name Gagner Construction (Lagoon ~~Septic~~ Sys.)

Address 1901 SW 5th City/State/Zip Lincoln, NE

☐ Check if contractor designed system Work Phone 435-3550

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

Designer Name Gagner Construct. 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 4/14/05 Date frwd 4/15/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/21/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

~~Lagoon must be one foot above flood level. J.C.W.~~

### Installation Final Written Approval

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

Date SEPTEMBER 26, 2005

9/05 Lawn & Tank only. J.C.W. 9/21/05 J.E.H.

***Business Office Use Only***
Date Rec'd 4/14/05
Amt Paid 200.00
Rec'd By CW Cash/Check No. 5186

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

RECEIVED

SEP 0 9 2005

B

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

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

Legal Address
Lot 3 Block 3 The Preserve at Cross Creek.

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address 6601 Prairieflower (no rural route) City HICKMAN NE, Zip 68372

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: 38.6 (min/inch)

Date of Tests 9/3 to 9/4 Weather: Precipitation 0 Temperature 85

## 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 | 9/3 | 9:00 | 9/4 | 9:30 | 9/4 | 9:30 | 6 | 9/4 | 10:00 | 30 | 3/4 | 40 |
| 2 | " | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 |
| 3 | " | " | " | " | " | " | " | " | " | " | " | 7/8 | 34 |
| 4 | " | " | " | " | " | " | " | " | " | " | " | 3/4 | 40 |
| 5 | " | " | " | " | " | " | " | " | " | " | " | 1 | 30 |
| 6 | " | " | " | " | " | " | " | " | " | " | " | 3/4 | 40 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 232
Average of Rates: 38.6
Rate Used for Calculation: _____

**Person Conducting Percolation Tests**

Name: Melvin F Gagner.
Phone: 432-5698
Address 4810 "W" Claire Ave
Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

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

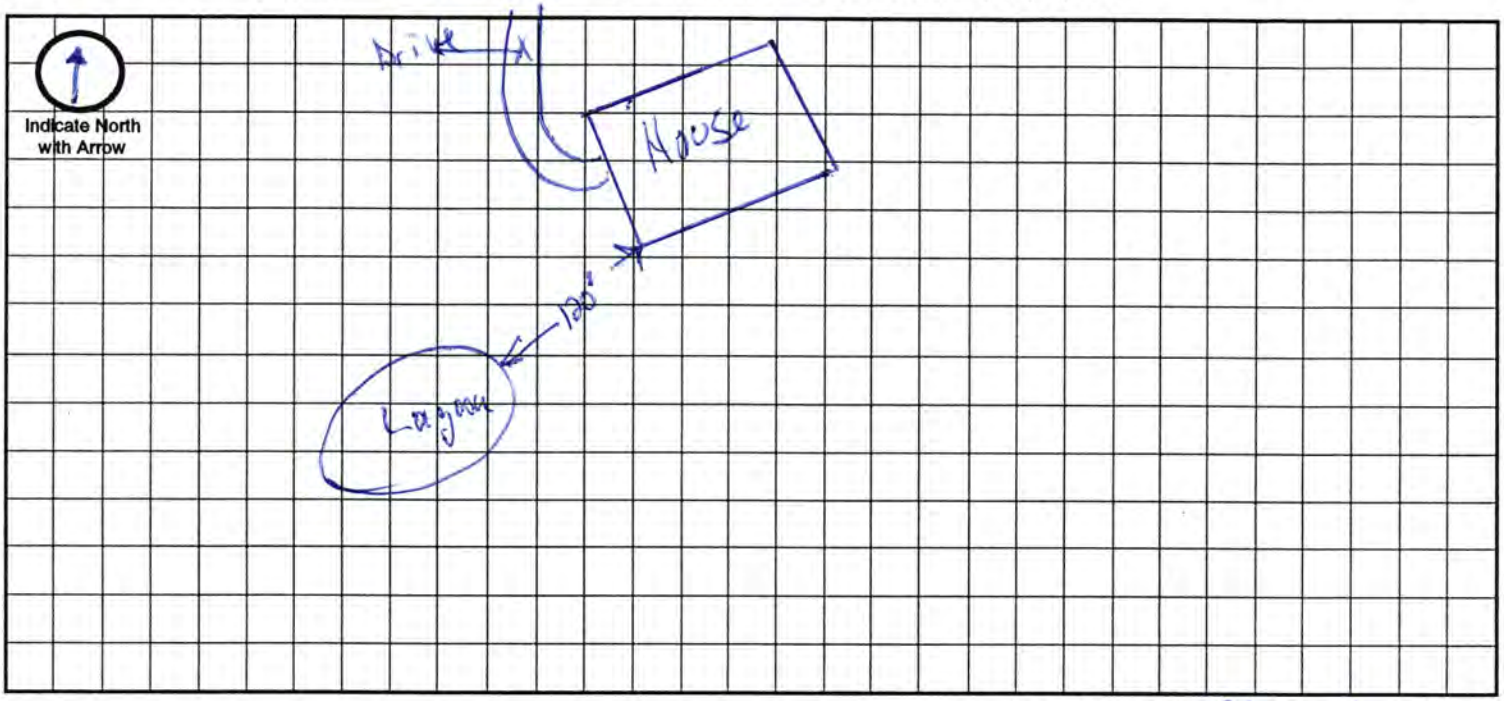
APR 1 6 2005

**C**

Permit Number: 053803000

# 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:** 20 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 6601 Wildflower Lane 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 Regal Building Systems Date 04-10-05

Installer Gagon Construction Date 04-10-05

FORM 23-102 10-96

SEP 0 9 2005

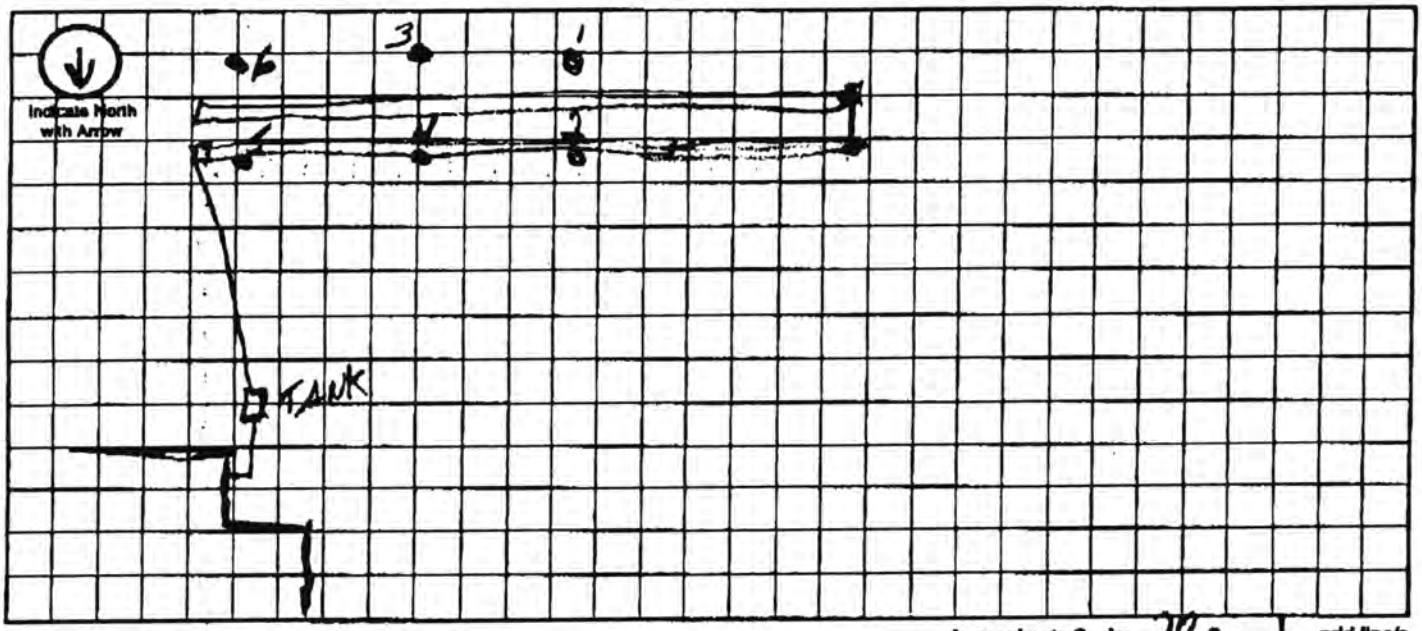
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number:

# 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: 20 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 6601 Prairieflower City HICKMAN NE, Zip 68372

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 38.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

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

Total Length of Laterals 275 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 Melvin F Bogner Date 9/6/05

FORM 23-102 [illegible]

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

D

Permit Number: 05380300O

# Sewage Disposal System

## As Built Plans & Specifications

Date _____

**System Location (Indicate correct number and street)**

Address _____ City _____ NE, Zip _____
(no rural route)

### A. Building Sewer

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

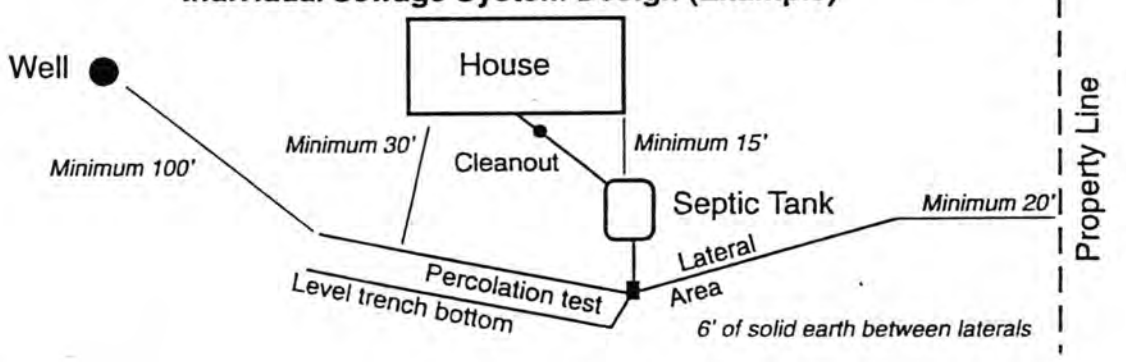
*(Provide as-built drawings on back of this form)*

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.

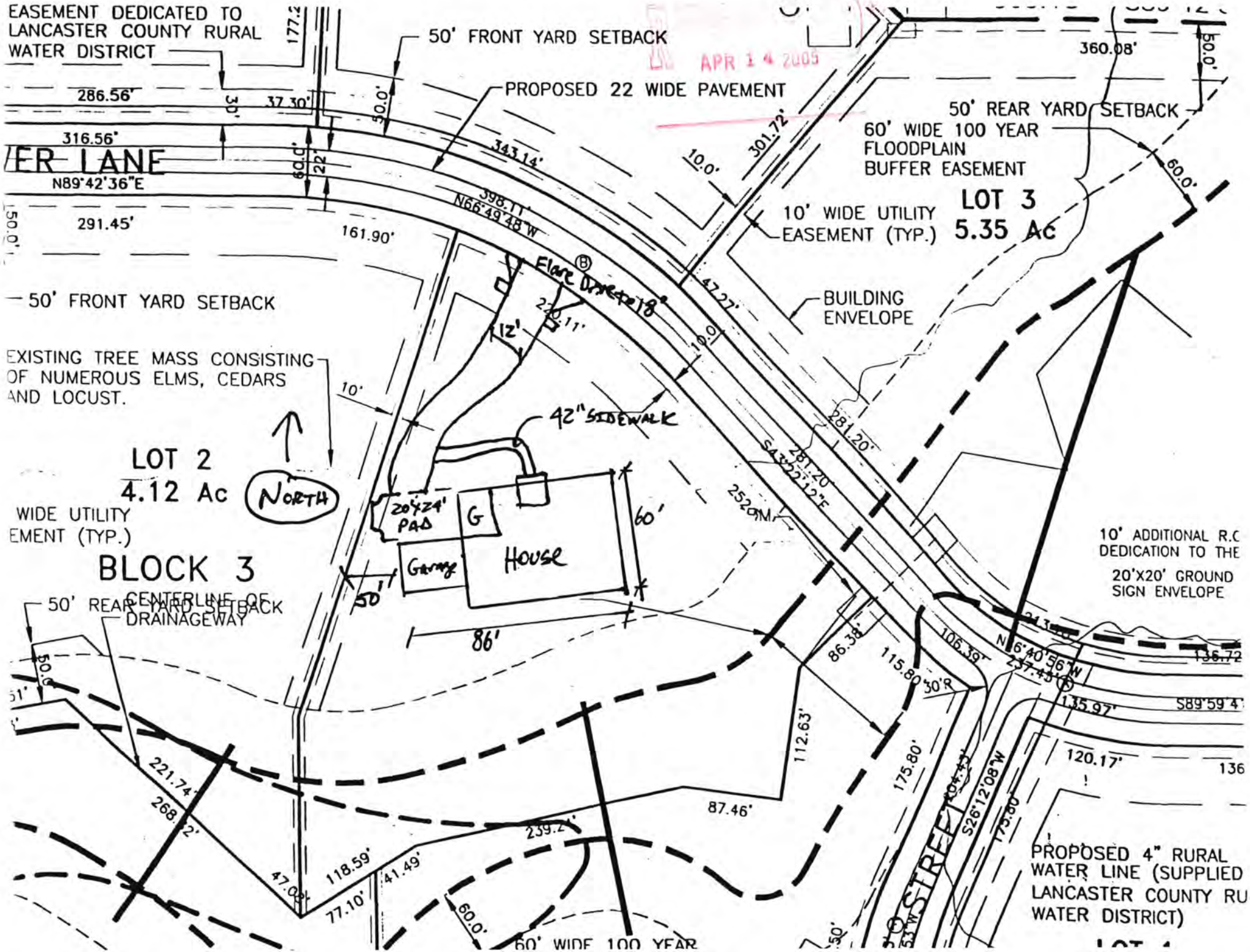
Indicate North with Arrow

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

**Individual Sewage System Design (Example)**

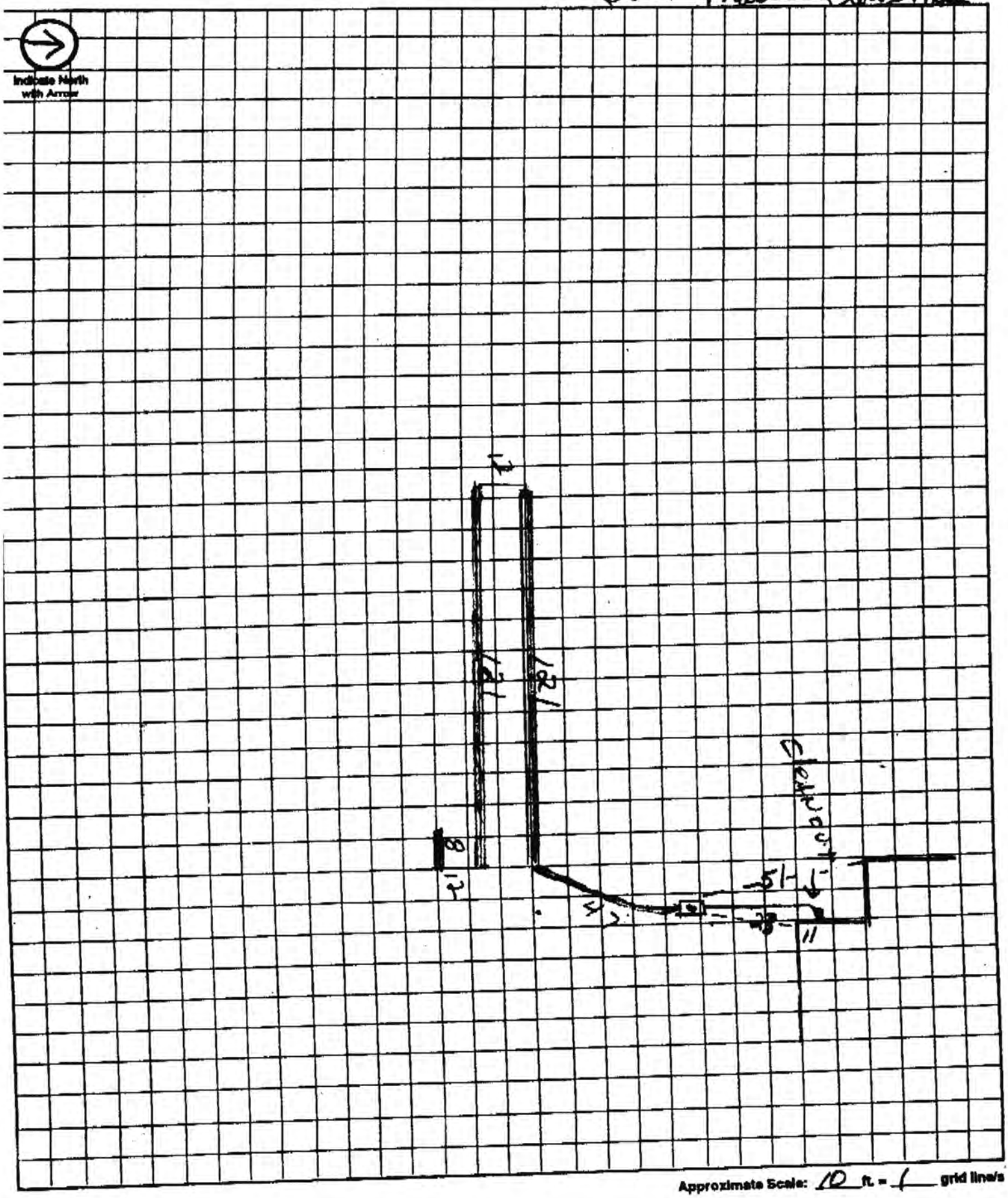



FORM 23-103 10-96


EASEMENT DEDICATED TO LANCASTER COUNTY RURAL WATER DISTRICT
50' FRONT YARD SETBACK
APR 1 4 2005
PROPOSED 22 WIDE PAVEMENT
50' REAR YARD SETBACK
60' WIDE 100 YEAR FLOODPLAIN BUFFER EASEMENT
10' WIDE UTILITY EASEMENT (TYP.)
LOT 3
5.35 Ac
BUILDING ENVELOPE
ER LANE
N89°42'36"E
286.56'
316.56'
343.14'
398.11'
N66°49'48"W
291.45'
161.90'
301.72'
360.08'
281.20'
S43°52'12"E
252.94'
50' FRONT YARD SETBACK
EXISTING TREE MASS CONSISTING OF NUMEROUS ELMS, CEDARS AND LOCUST.
42" SIDEWALK
LOT 2
4.12 Ac
NORTH
20'X24' PAD
G
Garage
House
60'
86'
50'
WIDE UTILITY EMENT (TYP.)
BLOCK 3
50' REAR YARD SETBACK
CENTERLINE OF DRAINAGEWAY
10' ADDITIONAL R.C DEDICATION TO THE
20'X20' GROUND SIGN ENVELOPE
N6°40'56"W
237.43'
S89°59'4
120.17'
136.72
135.97'
106.39'
86.38'
115.80'
112.63'
175.80'
87.46'
221.74'
268.92'
118.59'
77.10'
41.49'
239.2'
47.09'
S26°12'08"W
175.80'
PROPOSED 4" RURAL WATER LINE (SUPPLIED LANCASTER COUNTY RU WATER DISTRICT)
60' WIDE 100 YEAR

# As Built Drawing

Heckman, NE,
6601 Prairie Flower Lane



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 9/23/05

**System Location (Indicate correct number and street)**
Address 6601 Prairie flower lane City Hickman NE, Zip 68372
(no rural route)

### A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 23 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line 150 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 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 150 ft.

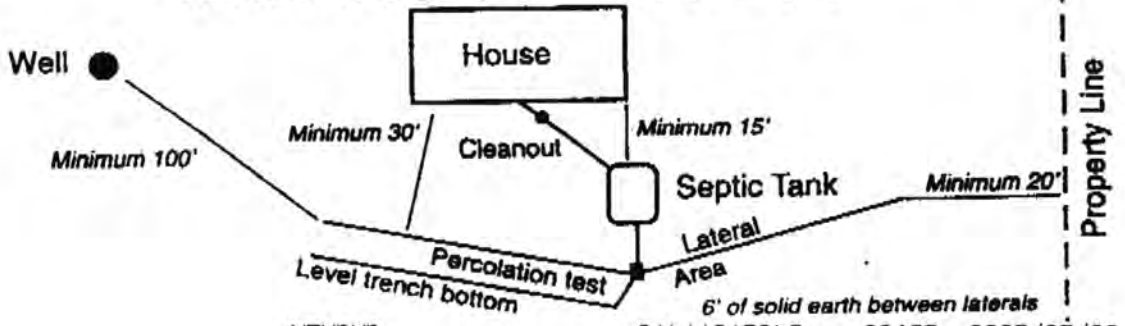
### C. Distribution Box
1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 47 To field ft.

### 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 INFILTRATORS
2. Lateral lines: Number _____
   Length of each line: 121 ft. 121 ft.
   35 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: NA
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 20 ft.

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

Indicate North with Arrow

**Individual Sewage System Design (Example)**




FORM 22-103 10-96

09/25/2005 21:00 14027977475 GAGNER PAGE 02