Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006387

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380297401

Issued 03/08/05
Expires 09/08/05
Revenue Code 3157

Establishment:
RON & CONNIE PETERS
T8N R7E SEC 16
PRESERVE @ CROSS CRK BLK # LOT 1
~~6101 WILDFLOWER LN-ROCA~~
15605 So. 63RD St. Roca NE

FEES: $200.00

Permittee:
RON & CONNIE PETERS
6101 WILDFLOWER LN
ROCA NE 68430

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

MAR 0 8 2005

A

Permit Number: 05360297101

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 ~~6101 Wildflower Lane~~ (15605 S. 63rd) (no rural route) City Roca NE, Zip

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

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Ron & Connie Peters Signature

Address 6101 Wildflower Lane City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Regal Building Sys. Company Name Dan A. Klein

Address 1901 SW 5th City/State/Zip Lincoln, NE 68522

☐ Check if contractor designed system Work Phone 435-3550

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

Designer Name Melvin Gagner Firm Gagner Const. Work Phone 432-5698

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 3/8/05 Date frwd 3/9/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-9-05 Date frwd 3-9-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/9/05 Date frwd 3/9/05 ACTION ☒ Approved ☐ Disapproved Signature

8/1/05 Need drawing. J.C.H.

Installation Final Written Approval

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

Date AUGUST 9, 2005

Business Office Use Only

Date Rec'd 03/08/05

Amt Paid 200.00

Rec'd By Cash/Check No. 8181

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

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B

Permit Number:

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Environmental Health Division
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Phone: 402-441-8022

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Regal Building Sys.
Dan Klein. 435-3550

PLEASE PRINT OR TYPE

Regal

System Location (indicate correct number and street)

Address 15605 S 63rd (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

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

Date of Tests 6/15/05 to 6/16/05 Weather: Precipitation TRACE Temperature 90

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	30	6-15	6:30	6-16	5:30	6-16	5:30	6	6-16	6:00	30	5/8	48
2	29	"	"	"	"	"	"	"	"	"	"	3/4	40
3	31	"	"	"	"	"	"	"	"	"	"	3/4	40
4	30	"	"	"	"	"	"	"	"	"	"	3/4	40
5	30	"	"	"	"	"	"	"	"	"	"	5/8	48
6	28	"	"	"	"	"	"	"	"	"	"	3/4	40
		"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 304
Average of Rates: 50.6
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 432-5698
Address 4810 W Claire Ave NE
68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

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C

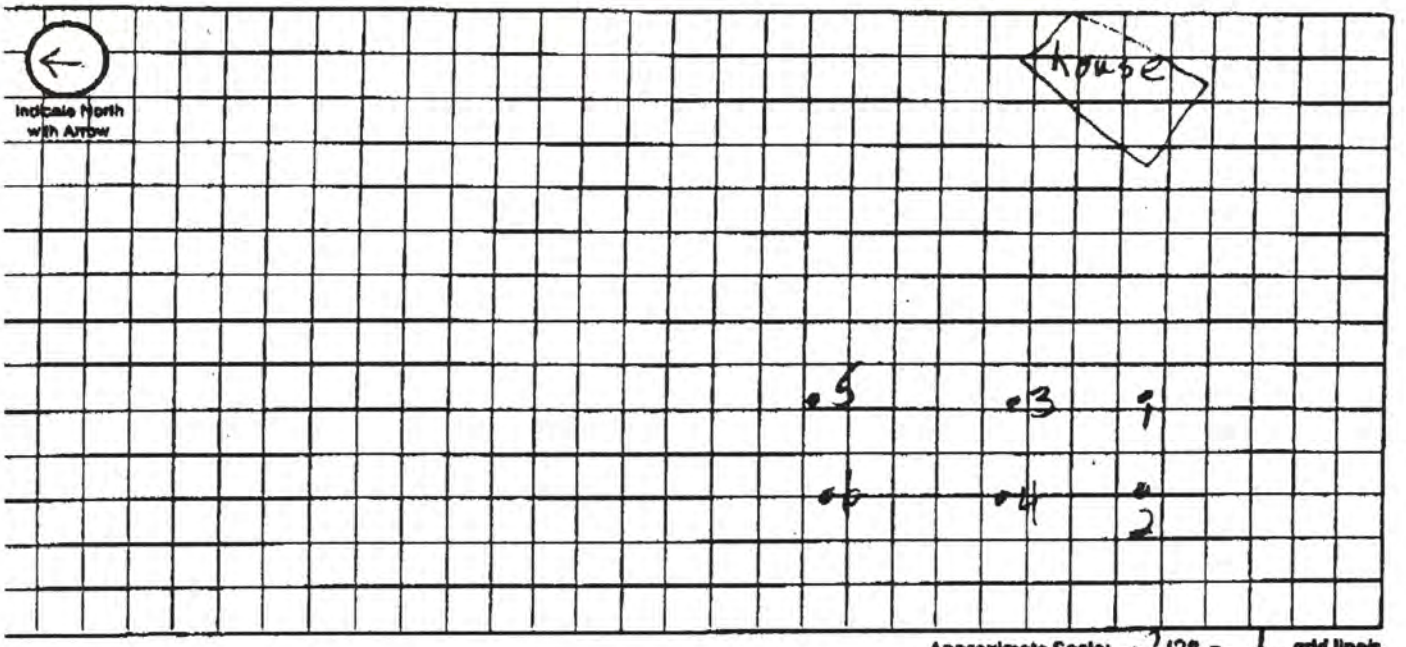
Permit Number:

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

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: 2 12ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15625 S 63rd City NE, Zip

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 50.6 (min. per inch) Soil Type: Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1250 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 07-2005

Installer Date

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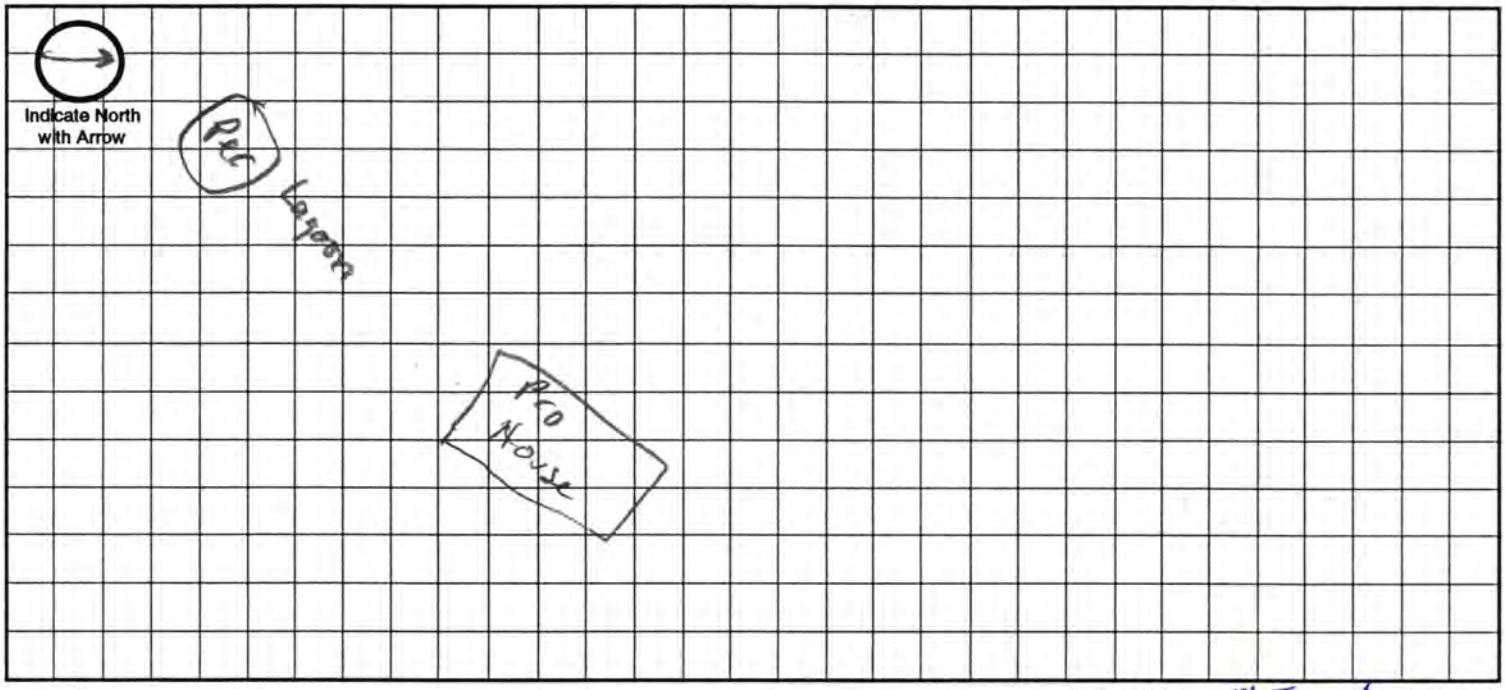
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: 05380297 4

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 _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other N/A.

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

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 Sys. Dan Klein Date 03-07-05

Installer Melvin F. Gaffner Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 2 AUG 05

System Location (indicate correct number and street)
Address 15605 S 63rd (no rural route) City HICKMAN NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 45 in.
3. Distance between dwelling and septic tank: 59 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line 75 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 _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line 75 ft.

C. Distribution Box

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

D. Absorption Field

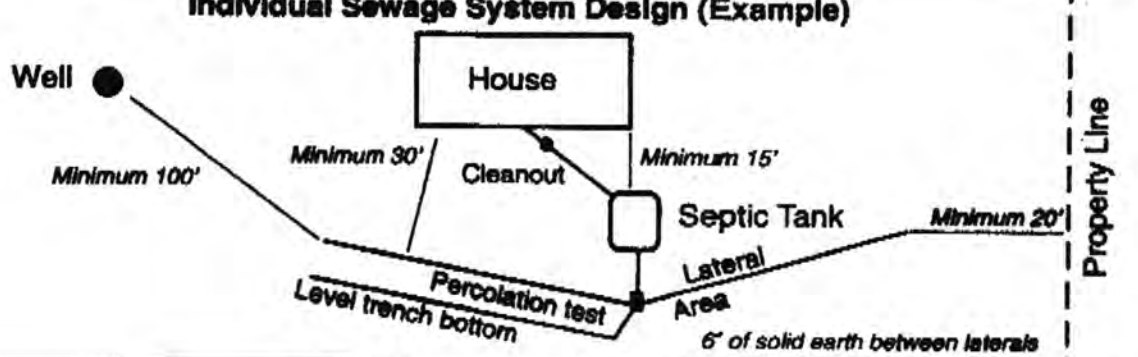
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 130 ft. 126 ft.
   74 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 50 ft.

Indicate North with Arrow

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

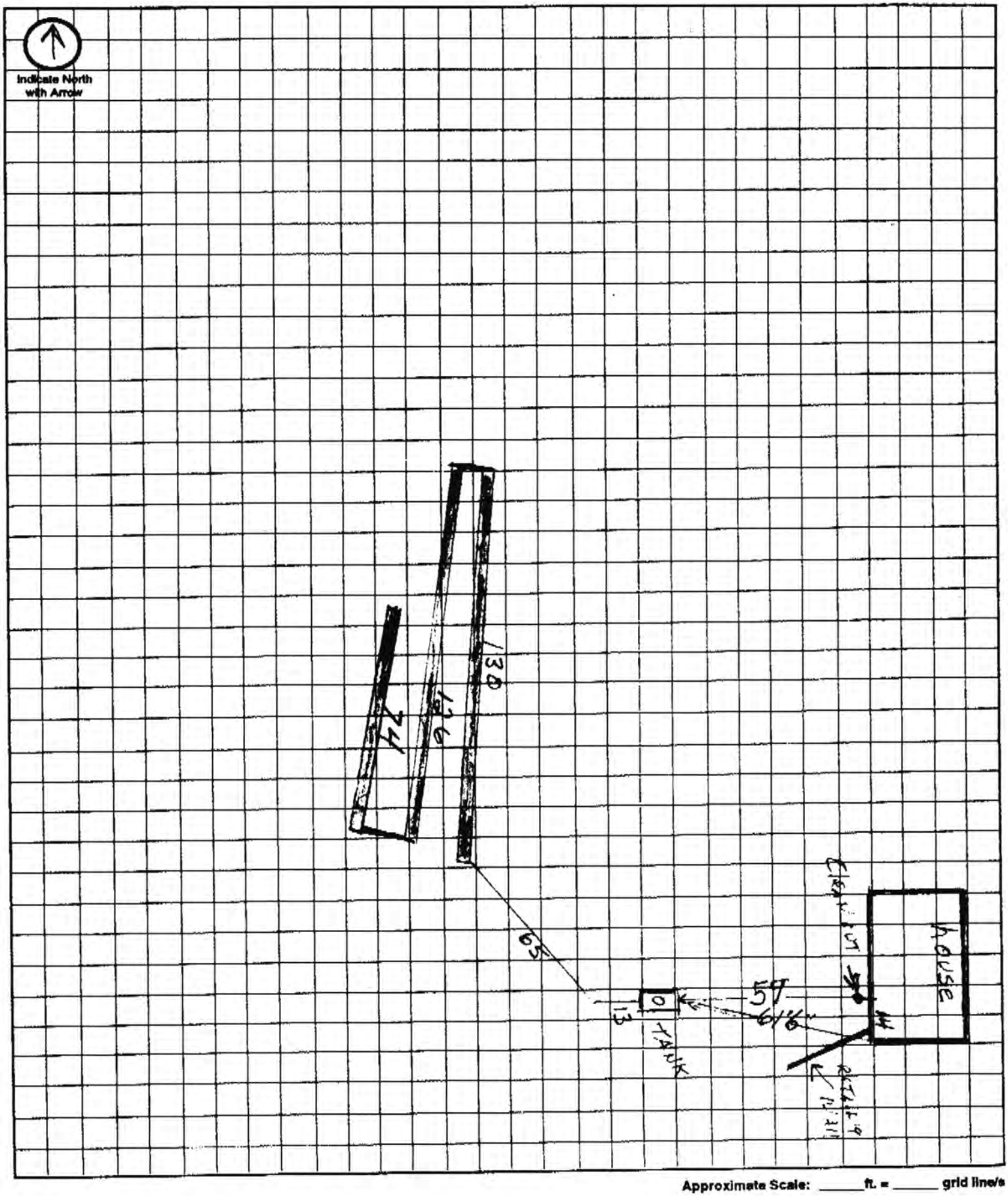
Individual Sewage System Design (Example)



FORM 23-103 10-98

08/02/2005 21:56 14027977475 GAGNER PAGE 02

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s