Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006120

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON-CONDITIONAL APPROVAL IF LAGOON
AND SEPTIC CONSTRUCTED ABOVE FLOOD PLAIN

Permit # 05380294801

Issued 12/30/04
Expires 06/30/05
Revenue Code 3157

Establishment

VANTAGE POINTE HOMES
T8N R7E SEC 16
PRESERVE @CROSS CRK BLK 5 LOT 2

FEES: $200.00

Permittee

VANTAGE POINTE HOMES
1000 W ROKEBY RD
ROKEBY NE 68522

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

DEC 2 8 2004

A

Permit Number: 05380294801

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 _____ (no rural route) City Roca NE, Zip 68430

Legal Description SE of SE 16 8N 7E The Preserve at Crossck 1st 5 2
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 Vantage Pointe Homes Signature _____

Address 1000 W. Rokeby Rd. City/State/Zip Lincoln, Ne 68523

☐ Check if owner designed system Home Phone _____ Work Phone 423-8821

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd St. City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 3 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 12-30-04 Date frwd 12-30-04 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-30-04 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. ~~City~~ or County Engineer Date rec'd _____ Date frwd 12/30/04 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Approved Provided All Construction Of Lagoon & Septic Tank Is Constructed Above The Flood Plain

Installation Final Written Approval

By _____

Date 12/7/06

5/4/05 ALL IN BUT DROP BOXES

Business Office Use Only
Date Rec'd 12/28/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1063

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

12/7/06 - System Covered, - no way to verify, but operational

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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City Roca NE, Zip 68430

Owner _____ Addresss _____

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

Date of Tests 3/22 to 3/23/05 Weather: Precipitation — Temperature 30-40

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	28	3/22	7:00	3/23	7:30	3/23	9:30	23½	3/23	10:00	30	½	60
2	32		A	~~22~~	A		A	27⅞		A		½	60
3	32							25				½	60
4	32							26¼				⅝	48
5	32							30⅜				⅝	48
6	36							31½				⅝	48
7	28							24				½	60

Sum of Percolation Rates: 384

Average of Rates: 55

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southard

Phone: 430-7606

Address 17201 So 72nd

Hickman, Ne 68372

4 Bdrm - No Whirlpool
1250 w/350 H40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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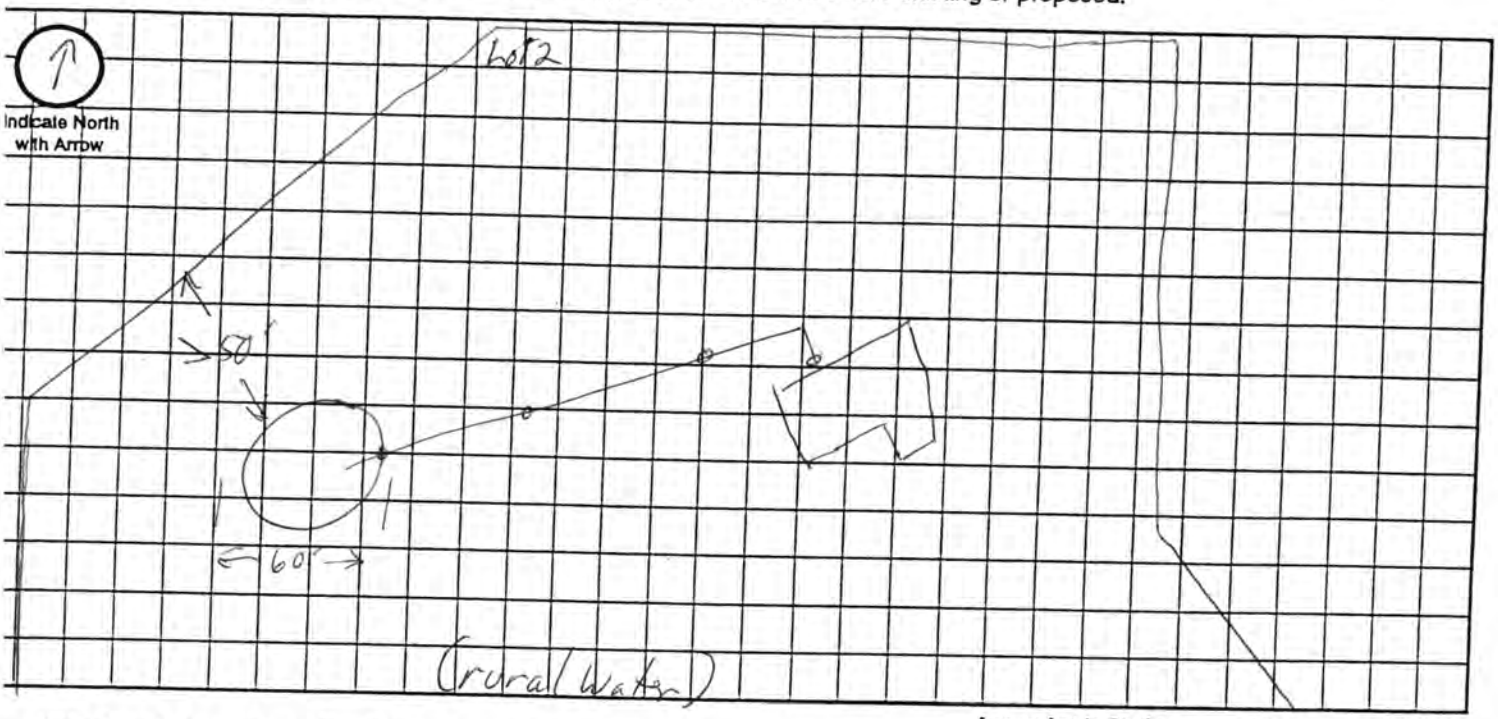
DEC 2 8 2004

C

Permit Number: 053802948

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ddress (no rural route) _____ City Roca NE, Zip 68430

. Proposed Septic Tank/s

ank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

tal Square Feet of Field Required: _____ sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
goon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Senthusich Date 12-24-04

23-102 10-96



5.68th St Roca Rd