

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514
(402) 441-8000

009545

Permit # 06380324101

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued: 09/05/06
Expires: 09/05/07
Revenue Code: 3157

Establishment:
EVERETT LARSON
T8N R7E SEC 19
WHITETAIL RIDGE LOT 13
16411 RHEEL PL-ROCA

FEES: $275.00

TOTAL: $275.00

Permittee:
EVERETT LARSON
3830 VERMAAS PL
LINCOLN NE 68502-4449

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: 06380324101

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 16411 RHEEL PLACE (no rural route) City ROCA NE, Zip 68430

Legal Description: 1/4 1/4 Section 19 Township 8N Range 7E Subdivision WHITETAIL RIDGE Addition Block 13 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name EVERETT LARSON Signature _____

Address 3830 VERMAAS PL. City/State/Zip LINCOLN, NE 68502

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name KEVIN TROYER Company Name Z/AB / TROYER CONSTRUCTION INC.

Address 9055 TURNBERRY CR. City/State/Zip LINCOLN, NE 68526

☐ Check if contractor designed system Work Phone 402 430 7429

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

Designer Name Vogt EXCAVATING Firm DAVE Vogt Work Phone 402 560 4267

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 9/5/06 Date frwd 9/5/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/5/06 Date frwd 9/5/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-5-06 Date frwd 9-5-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Ploog

Installation Final Written Approval

By _____

Date 11/28/06

Business Office Use Only

Date Rec'd 09/05/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 7314

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

B

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Permit Number: 06380324 1

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

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

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: 52 min./inch

Date of Tests 8-30 to 8-31 Weather: Precipitation Sunny Temperature 68°

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	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	½	60
2	30	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	½	60
3	30	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	⅝	48
4	30	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	⅝	48
5	30	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	⅝	48
6	30	8-30	6 30	8-31	6:30	8-31	6:30	6	8-31	7	30	⅝	48

Sum of Percolation Rates: 312
Average of Rates: 52
Rate Used for Calculation: 52

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402-560-4267
Address: P.O. Box 22753
Lincoln, NE 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date SEPTEMBER 5, 2006

FORM 23-101 10-96

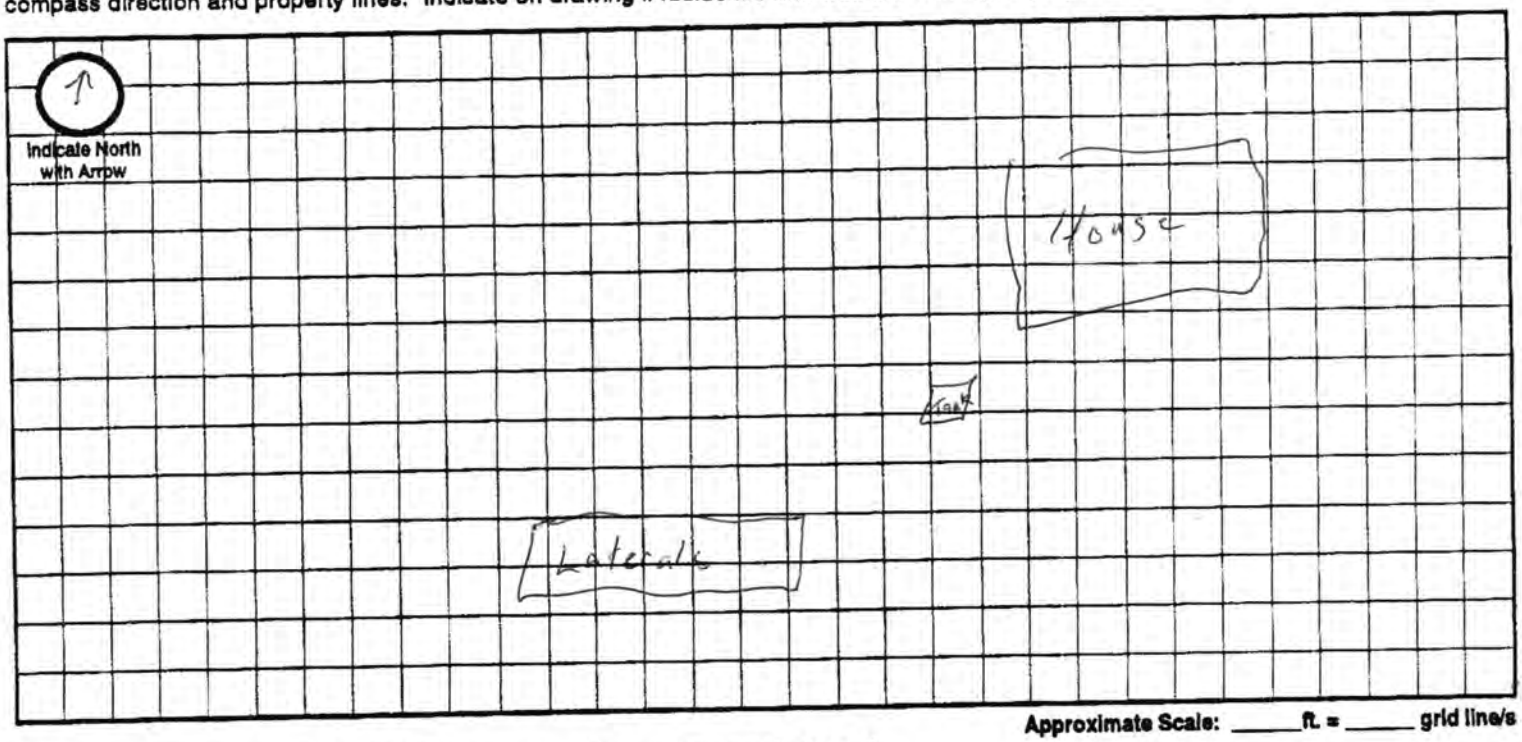
C

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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) _____ 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 52 (min. per inch) Soil Type: _____ Land Slope: 6 %

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

Total Square Feet of Field Required: 1750 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~1750~~ 440 ft. Number of Trenches 5 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 9-1-06

Installer _____ Date 9-1-06

FORM 23-102 10-96