LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380196601

Issued 04/12/99
Expires 10/12/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

WAYNE DRAGOSH
T8N R7E SEC 19
LOT 5
16305 S 38 ST-ROCA

Permittee

WAYNE DRAGOSH
16305 S 38 ST
ROCA NE 68430

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009075

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 16305 So 38 (no rural route) City ROCA NE, Zip 68430

Legal Description 8 7 19 +8, 7E 5
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 WAYNE DRAGOSH Signature Wayne Dragosh

Address 16305 So 38 City/State/Zip ROCA NE 68430

☒ Check if owner designed system Home Phone 421-6504 Work Phone _____

C. Contractor

Name Same Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Same 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.

(water softner usage)

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 4/12/99 Date frwd 4/12/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/12/99 Date frwd 4/12/99 ACTION ☒ Approved ☐ Disapproved Signature _____

* Verify System is out of flood plain.

Installation Final Written Approval

By John Thurston

Date 4/23/99

Business Office Use Only

Date Rec'd 04/12/99

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 2227

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

* Jim did not want Lake-Mys shoreground over Thayer etc in Kennicke Sewer project note on design

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

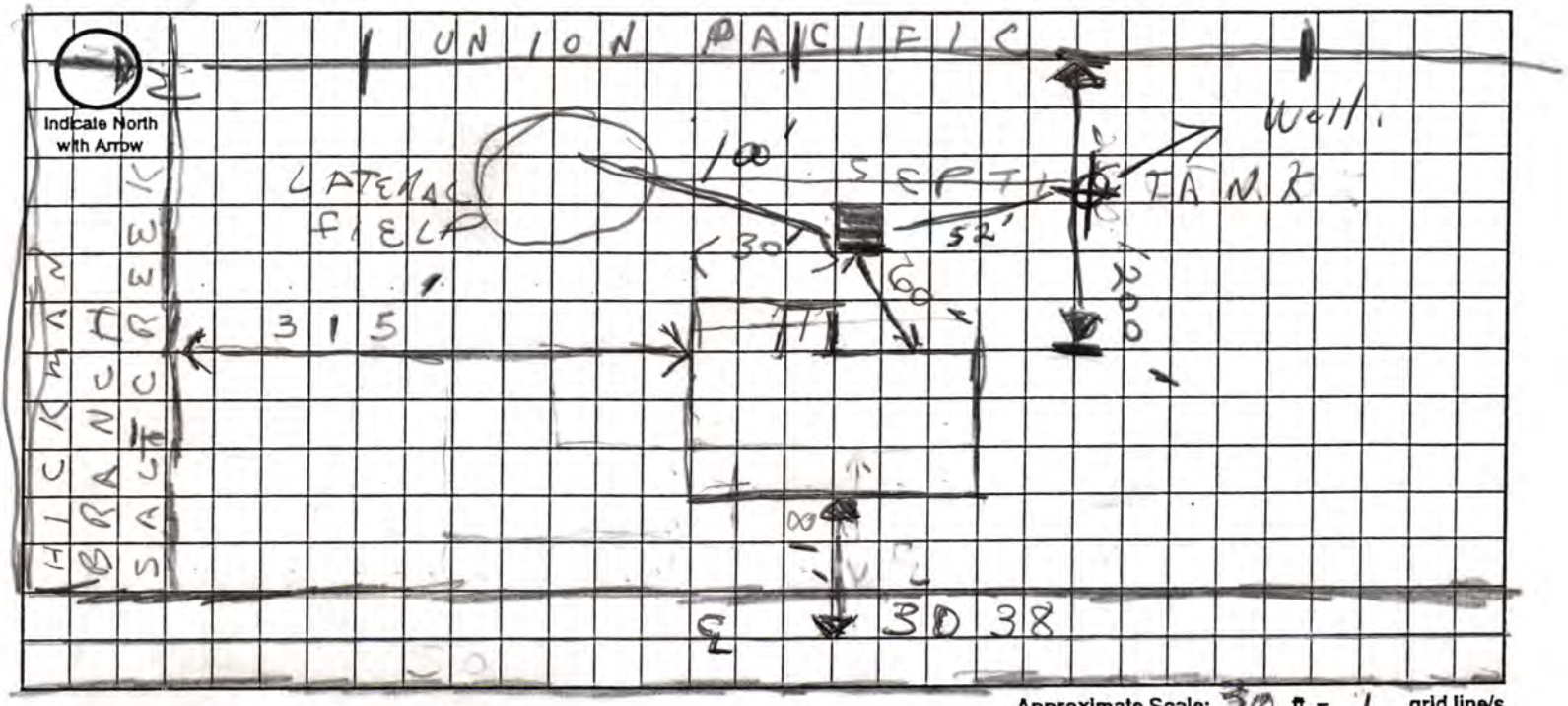
C

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16305 SO 38 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 13 (min. per inch) Soil Type: KENNEBEC SILT LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 543 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100' ft.? Number of Trenches 2 Trench Width ~~2'~~ 3'

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 ☒	☒
N/A Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor EXISTING HOUSE Date _____

Installer _____ Date _____

Lincoln-Lancaster Cour
Environmental Health Div
3140 "N" Street • Lincoln, I
Phone: 402-441-8022

WAYNE DRAGOSH
JERRY PLEASE
CALL ME AT
580-6725 IF
THIS DOES NOT
LOOK RIGHT
THANKS
WAYNE

D

Permit Number:

Date 4-22-99

System Location (Indicate c

Address 16305 SO
(no rural route)

NE, Zip 68430

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: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No Centered in Tank
4. Manholes: ~~Over inlet~~, diameter 24" in.
   ~~Over outlet~~, diameter _____ in.
   Riser: ☐ above ☒ below grade 6" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 52' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 200 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 2
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 60' ft.

D. Absorption Field

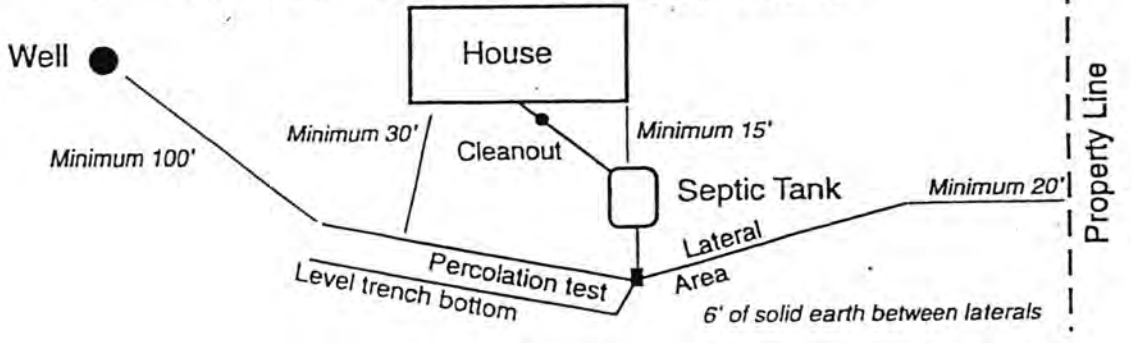
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Schedule 40
2. Lateral lines: Number 2
   Length of each line: 90 ft. 90 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2" in/100 ft.
   Average depth 24" in
4. Filter material: PEA GRAVEL
   Depth of material 24" in.
5. Distances to: Well or suction line 109' ft.
   Stream 225 ft.
   Pressure line N.A. ft.
   Property line 24' ft.

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

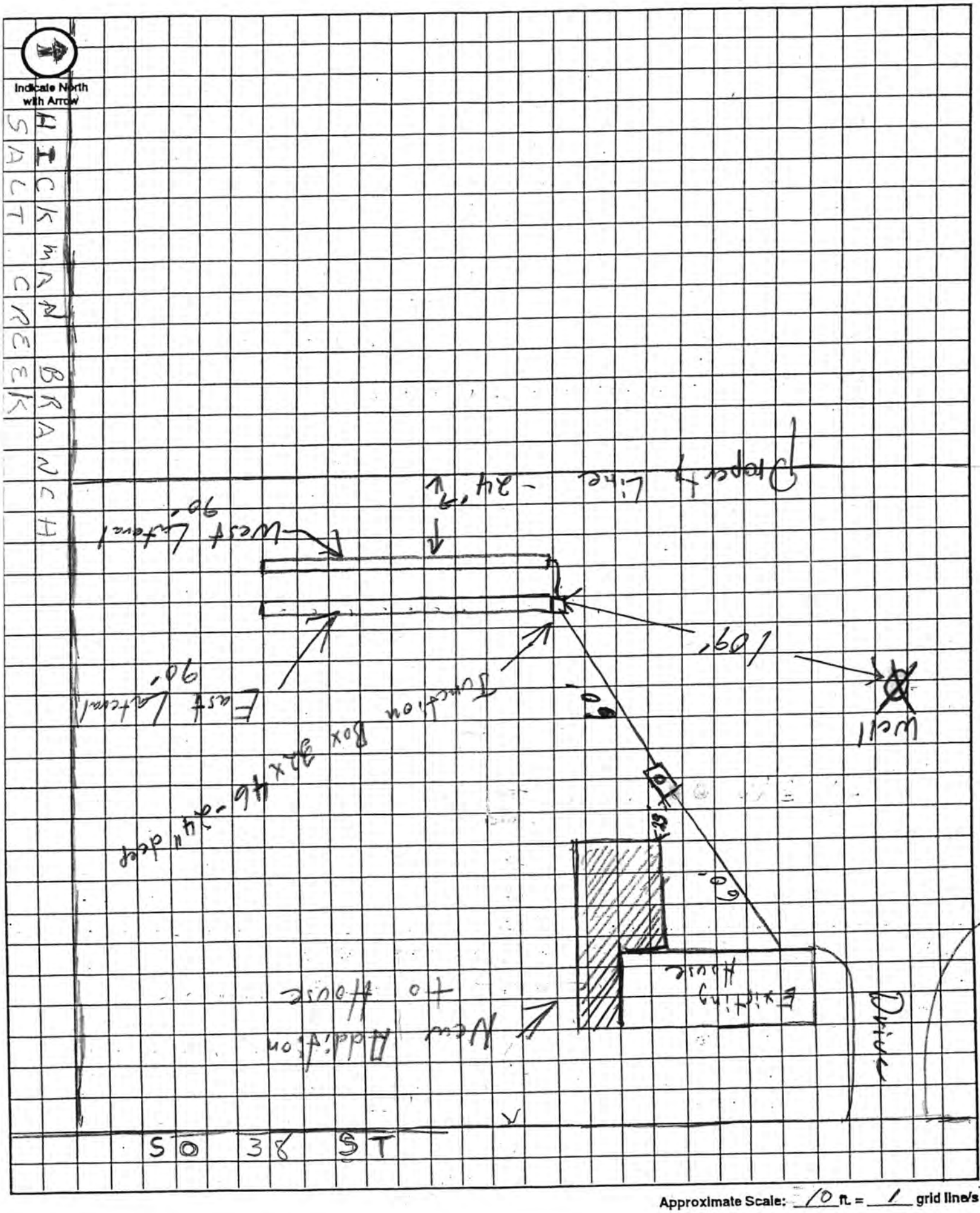
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

16305 S. 38th



16305 S. 38th

Called Dale Bigler about perc test: 4-9-99

12" water level for "perc" rate test

Soil Absorption Test Data Report

Percolation Test Data

Hole No.	Hole Depth (in.)	Saturation Period: Start Date Mo./Day	Saturation Period: Time	Saturation Period: End Date Mo./Day	Saturation Period: Time	Percolation Readings: Start Date Mo./Day	Percolation Readings: Time	Percolation Readings: Depth to Water (in.)	Percolation Readings: End Date Mo./Day	Percolation Readings: Time	Percolation Readings: Depth to Water (in.)	Results: Elapsed Time (min.)	Results: Water Level Drop in.	Results: Perc. Rates (min./in)
1	36	4-7-99	6:30 pm	4-8-99	5:30 pm	4-8-99	5:30 pm	24.25	4-8-99	6:00 pm	28	30	3.75	8
							6:00	23.75		6:30	27.5	30	3.75	8
							6:30	24.0		7:00	27.5	30	3.5	8.5
							7:00	24.0		7:30	27.5	30	3.5	8.5
							7:30	23.5		8:00	26.75	30	3.25	9.2
							8:00	23.0		8:30	26.0	30	3.0	10
							8:30	23.75		9:00	26.75	30	3.0	10
↓	↓	↓	↓	↓	↓	↓	9:00	23.0	↓	9:30	26.0	30	3.0	10
											Perc. Rate		10 min Per inch	
2	36	4-7-99	6:35 pm	4-8-99	5:35 pm	4-8-99	5:35 pm	23.75	4-8-99	6:05 pm	27.25	30	3.5	8.5
							6:05	24.5		6:35	29.0	30	3.5	8.5
							6:35	24.0		7:05	27.5	30	3.5	8.5
							7:05	23.5		7:35	26.75	30	3.25	9.2
							7:35	24.0		8:05	27.25	30	3.25	9.2
							8:05	24.25		8:35	27.25	30	3.0	10
							8:35	23.75		9:05	26.75	30	3.0	10
↓	↓	↓	↓	↓	↓	↓	9:05	23.0	↓	9:25	25.75	30	2.75	10.9
											Perc. Rate		10.9 min Per inch	

AV. Rate For Site 9.7 min. Per Inch

Dale Bigler

Project:	
Location:	Roca Nebraska
Job No.:	

v:\pcapps\oes\dale\per.wk4

13 MIN/IN

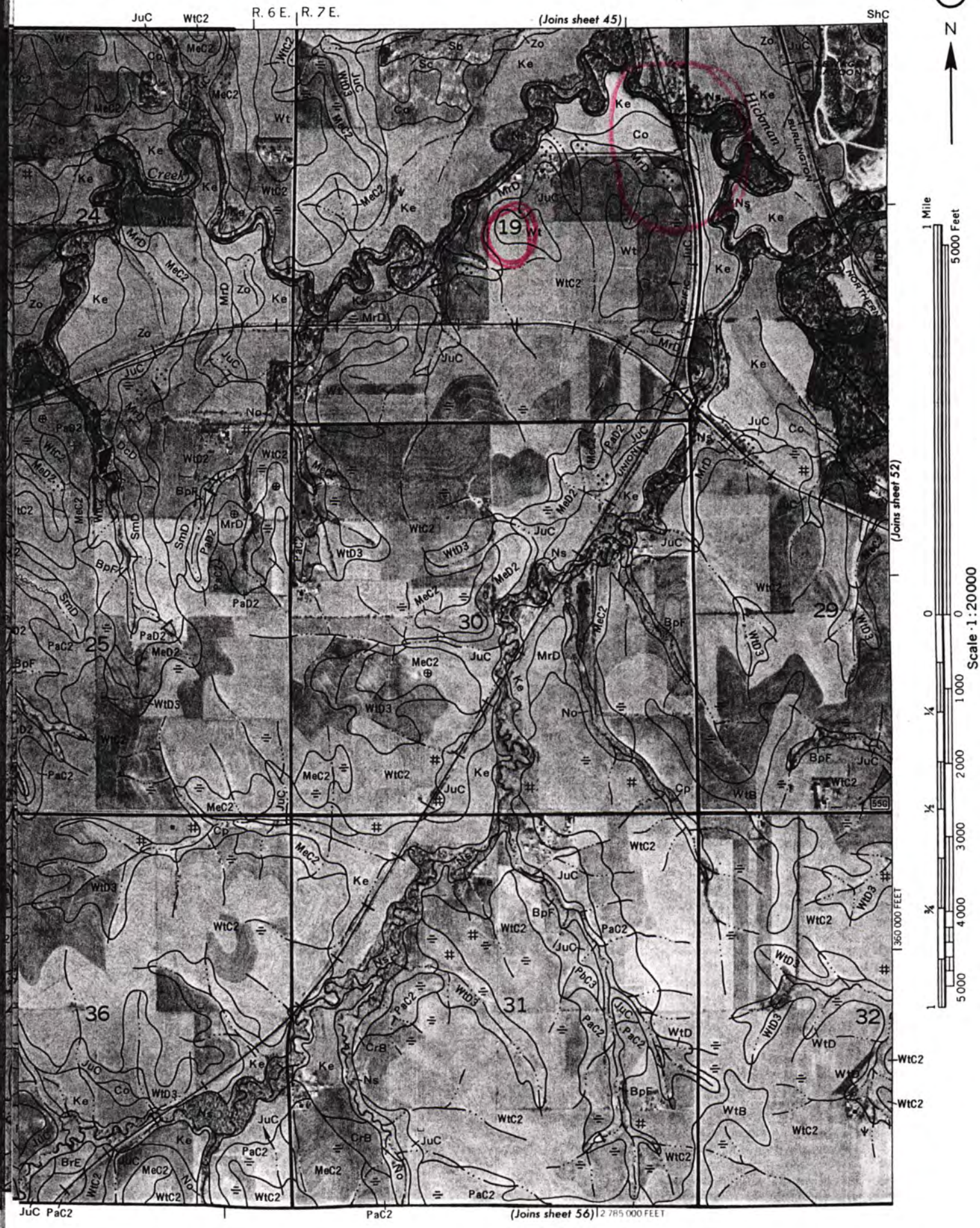
Soil Absorption Test Data Report

Percolation Test Data

		Saturation Period				Percolation Readings						Results		
Hole No.	Hole Depth (in.)	Start Date Mo./Day	Time	End Date Mo./Day	Time	Start Date Mo./Day	Time	Depth to Water (in.)	End Date Mo./Day	Time	Depth to Water (in.)	Elapsed Time (min.)	Water Level Drop in.	Perc. Rates (min./in)
3	36	4-7-99	6:45pm	4-8-99	5:40pm	4-8-99	5:40pm	24.0	4-8-99	6:10pm	28.0	30	4	7.5
							6:10	24.5		6:40	28.25	30	3.75	8
							6:40	23.5		7:10	27.25	30	3.75	8
							7:10	23.0		7:40	26.75	30	3.75	8
							7:40	24.0		8:10	27.5	30	3.5	8.5
							8:10	24.5		8:40	28.0	30	3.5	8.5
							8:40	24.0		9:10	27.25	30	3.25	9.2
							9:10	23.75		9:40	27.0	30	3.25	9.2
											Perc. Rate 9.2 min Per inch			
4	36	4-7-99	6:55pm	4-8-99	5:45pm	4-8-99	5:45pm	23.0	4-8-99	6:15pm	27.25	30	4.25	7.1
							6:15	23.25		6:45	27.25	30	4.0	7.5
							6:45	24.5		7:15	28.25	30	3.75	8
							7:15	23.75		7:45	27.5	30	3.75	8
							7:45	24.0		8:15	27.75	30	3.75	8
							8:15	24.25		8:45	27.75	30	3.5	8.5
							8:45	23.0		9:15	26.5	30	3.5	8.5
							9:15	24.0		9:45	27.5	30	3.5	8.5
											Perc. Rate 8.5 min Per inch			

Project:	
Location:	Roca Nebraska
Job No.:	

v:\pcapps\soils\data\per.wk4


51
N
R. 6 E.
R. 7 E.
(Joins sheet 45)
(Joins sheet 52)
(Joins sheet 56)
Creek
Hickman
BURLINGTON
NORTHERN
UNION PAC.
24
25
30
29
36
31
32
19
1 Mile
5000 Feet
Scale · 1:20000
360 000 FEET
2 785 000 FEET

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to req

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address RR 1 Box 1A

Twp 8N Range 7E Section 19 1/4 ___ 1/4 ___ Block ___ Lot A Addition ___

Directions to Property ROCA RD OFF 77 2 MILES RIGHT AT ELEVATOR 2 BLKS SO OF ELEVATOR TURN RIGHT CROSS TRACKS CAN SEE HOUSE

Location of Well WEST of ROAD Tap Location: Inside ☐ Outside ☐

Location of Sewage System 50' WEST OF GARAGE Year Installed 1967

	NAME	ADDRESS	PHONE
Present Owner:	RAY SCHWARTZ	ROCA NEBR	421-2217
Tenant/Buyer:	WAYNE DRAGOSH	1526 VANDORN LINCOLN NE	476-6847
Return to:	Wayne Dragosh	68502	

Signature of Applicant Wayne Dragosh Address 1526 VANDORN LINCOLN NE 68502 Date 5/27/93

HEALTH DEPARTMENT USE ONLY ✓ #931 NBC

Date Received 5/28/93 Received $150.00 Check ☑ Cash ☐ A

PRELIMINARY STATUS--By Jerrold C. Hook **DATE:** 6/2/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date ___/___/___ by ___
Bacteria	☐ ___ /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: FROST PROOF HYDRANT CLOSER THAN 10 FEET FROM WELL. NEED DRAWING OF PROXIMITY OF SEPTIC TANK AND LATERALS. Did not request V.O.C. test, but by error it took one. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

WATER CHEMISTRY

STATE LAB NO. 154818

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO.) 2 (DAY) 93 (YEAR) 11:52AM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAYMOND SCHWARTZ

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 19 TWNSHP 8 N RANGE 7 E

REPORTED '93 JUN -7 P5:53

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.2 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY RST
FOR ACCOUNTING USE ONLY

LWN 88

WATER CHEMISTRY

STATE LAB NO. 153-91251

SAMPLE IDENTIFICATION

SAMPLE LOCATION RAYMOND SCHWARTZ

NAME OF SAMPLER JERROLD HOOD

DATE/TIME OF COLLECTION 6/2/93 11:49 AM

LEGAL DESCRIPTION NE 19 8N 7E LANCASTER
QTR SEC TN RGE COUNTY

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

TO BE EXAMINED FOR:

NEBRASKA PESTICIDE SCAN

METHOD NUMBER: USEPA 507

DATE ANALYZED: 6/15/93
<MDL

REQUESTED BY

TEST(S) BY SJB
FOR ACCOUNTING USE ONLY
9.21

LWO 88

REPORTED '93 JUN 10 P2:19

RECEIVED '93 JUN -2 P2:22