Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 02380256001

Issued 10/22/02
Expires 04/22/03

Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment
BUILT BY DESIGN LLC
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 10
6901 NATNEY CT-ROCA

Permittee
BUILT BY DESIGN LLC
28400 S 176 ST
ADAMS NE 68301

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003020

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

A

Permit Number: 023802560 HF

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 6901 Watney Court (no rural route) City Roca, Ne. NE, Zip 68430

Legal Description LCR 4935 — 1/4 — 1/4 — 22 Section — 8N Township — 7E Range — Hickman Ridge Estates Subdivision — Addition — 1 Block — 10 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 + Lisa Chrypa Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Harry Heetderks NCR 54270 Company Name Built by Design LLC

Address 25400 S. 176th ACR 87033 City/State/Zip Adams, Ne. 68301

☐ Check if contractor designed system Work Phone 402-429-8612

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

Designer Name Harry Heetderks Firm _____ Work Phone 402-429-8612

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 10/22/02 Date frwd 10/22/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10-22-02 Date frwd 10-22-02	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 10-23-02 Date frwd 10-23-02	ACTION ☐ Approved ☐ Disapproved Signature	

Installation Final Written Approval

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

Date MARCH 27, 2003

Business Office Use Only

Date Rec'd 10/22/02

Amt Paid 200.00

Rec'd By aw Cash/Check No. 2806

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

Jerry Hood 441-8029
fax 441 6206

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Chamber
3' wide = 4' wide
100' = 400 sf

PLEASE PRINT OR TYPE

Hickman Ridge Estates Lot 10

System Location (Indicate correct number and street)

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

Owner _____ Address _____

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

Date of Tests 9/24/02 to 9/25/02 Weather: Precipitation 0 Temperature 75

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	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	30	1½	20
2	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	30	1	30
3	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	30	5	6.
4	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	30	1½	20.
5	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	30	1	30.
6	36	9/24	5:00	9/25	9:00	9/25	9:00	6	9/25	1:00	90	½	60.

Person Conducting Percolation Tests

Name: Tom Gist Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: 30 min/in

Average of Rates: 825 sq ft.

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks DROP HOLE #3 TOO FAST TO BE ACCURATE.

Signature of Reviewing Official Jerrold C. Hood Date 3/26/03

FORM 23-101 10-86

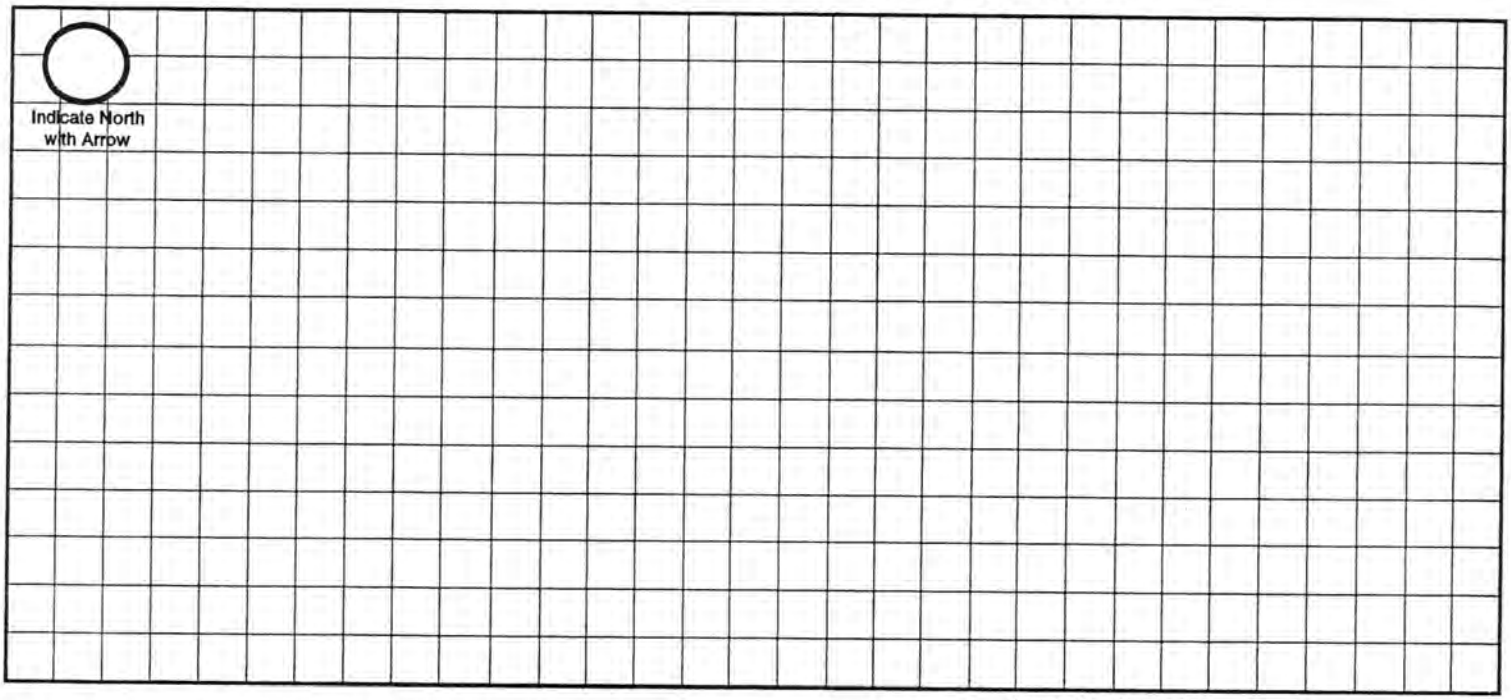
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C

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: _____ 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 60 (min. per inch) Soil Type: MAYBERRY CLAY LOAM 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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches _____ 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 ☐	☐

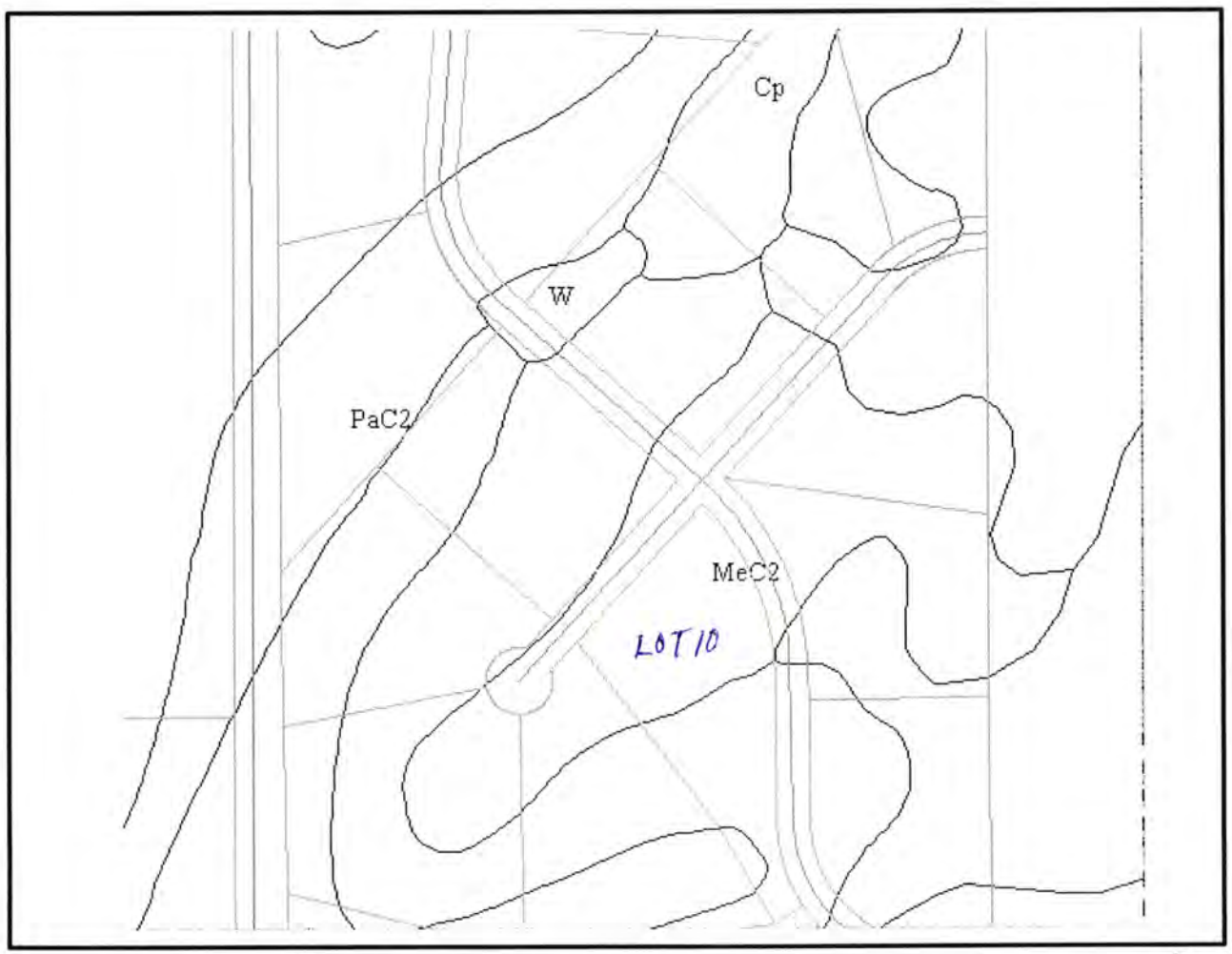
E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

ESRI ArcExplorer 2.0

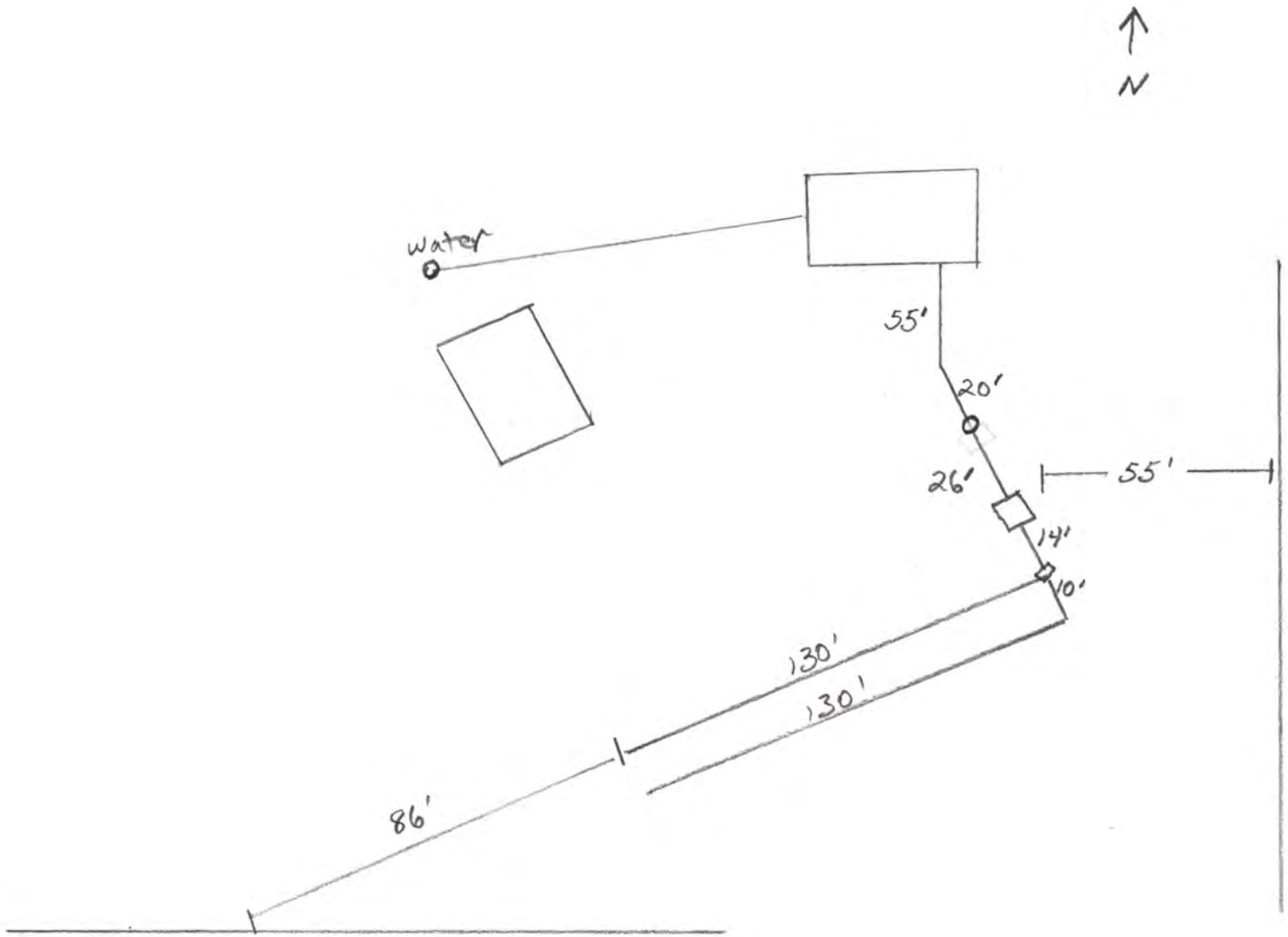
6901 Natney Court



streets
Parcels
flood1
soils (MUSYM)

N

Wednesday, Mar 26 2003


N
water
55'
20'
26'
55'
14'
10'
130'
130'
86'