Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002988

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380269401

Issued 08/08/03
Expires 02/08/04
Revenue Code 3157

Establishment CANYON HOMES
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 3 LOT 1
7033 NATNEY ST-ROCA

FEES: $200.00

Permittee CANYON HOMES
BOX 6698
LINCOLN NE 68506

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

A

Permit Number: 033802694O1

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 7033 Nathey St. (no rural route) City ROCA NE, Zip Ne 68430

Legal Description Hickman Ridge Estates Amended Plat Block 3 Lot 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 22 8N 7E Latitude

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

B. Owner

Name Canyon Homes Signature Bambi L. Gleason

Address P.O. Box 16698 City/State/Zip Lincoln, Ne 68506

☐ Check if owner designed system Home Phone (402) 486-4663 Work Phone

C. Contractor

Name ~~Ted Gleason~~ Brad Southwick Company Name Southwick Sewer

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

☒ Check if contractor designed system Work Phone 475-2463

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

Designer Name SAME AS CONTRACTOR 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 8/8/03 Date frwd 8/20/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/20/03 Date frwd 8/20/03 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8/20/03 Date frwd 8/20/03 **ACTION** ☒ Approved ☐ Disapproved Signature

1/16 of Acre ~~Lot, Block, Addition, Subdivision~~ Meandering Creek

Installation Final Written Approval

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

Date APRIL 19, 2004

Business Office Use Only

Date Rec'd 08/08/03

Amt Paid 200.00

Rec'd By Lo ~~Cash~~/Check No. 3253

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

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

B

Permit Number: 033802694

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) Roca 68430

Address 7033 Natney Street (no rural route) City ~~Hickman~~ NE, Zip ~~68372~~

Owner Canyon Homes Address P.O. Box 6698 Lincoln Ne 68506

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

Date of Tests 6-16 to 6-17 Weather: Precipitation — Temperature 70s

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	6/16	5:45	6/17	7:00	6/17	7:30	9 3/4	6/17	8:30	60	1 1/4	48
2	|		PM		7M		AM	11				3/8	160
3	|							13 7/8				3 1/8	19.2
4	|							8 7/8				1/4	240
5	|							7 1/4				—	∞
6	|							8				3/8	160
7	↓							9 7/8				3/4	80

Sum of Percolation Rates: 707.2
Average of Rates: 117.8
Rate Used for Calculation: _____

Water in all holes after presaturation period.

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 S. 32nd st. Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-98

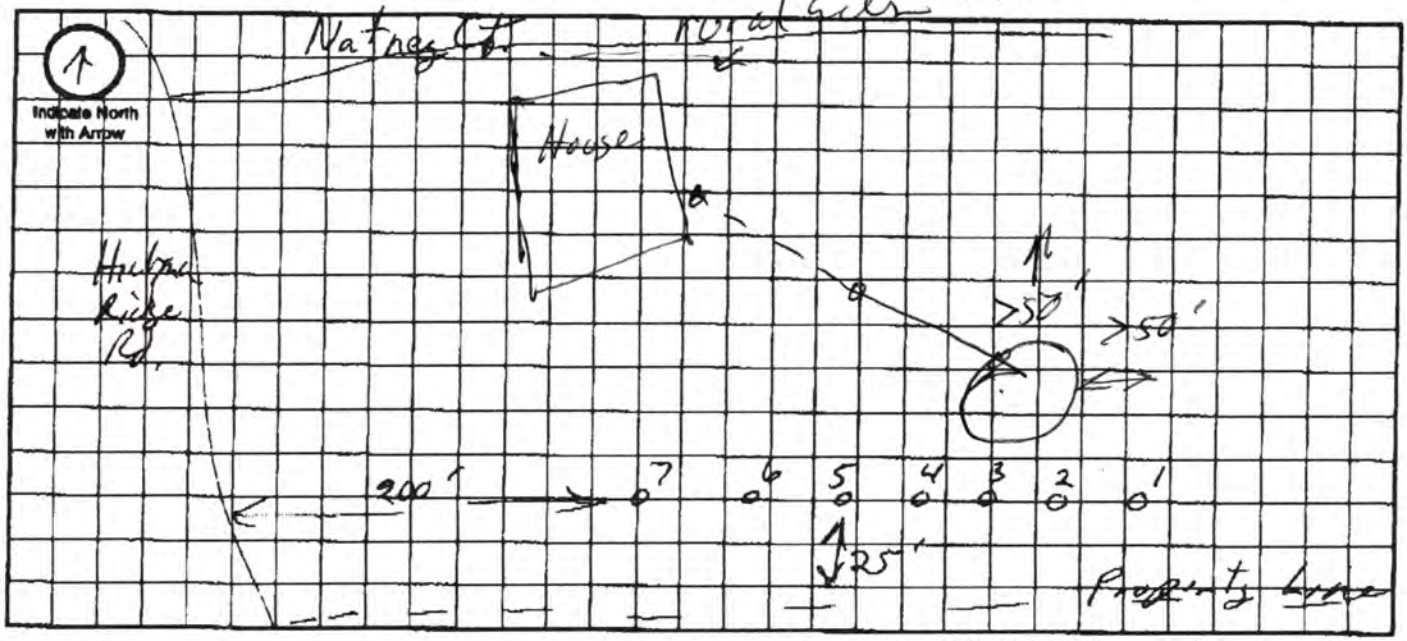
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802694

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) 7033 Natney Street 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 _____ (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 Jack Gleason (Canyon Homes) Date 6-23-03

Installer [signature] Date 8-19-03

FORM 23-102 10-96

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

Fax to Ted Gleason
792-2107

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-18-04

lagoon - Canyon Homes

System Location (Indicate correct number and street)

Address 7033 Nathey CT (no rural route) City ~~Hickman~~ Roca NE, Zip 68~~23~~ 430

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: 30 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank~~ Sewage lagoon: 225 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line Rural ft.
   stream _____ ft.
   pressure line 35 ft.
   property line > 50 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

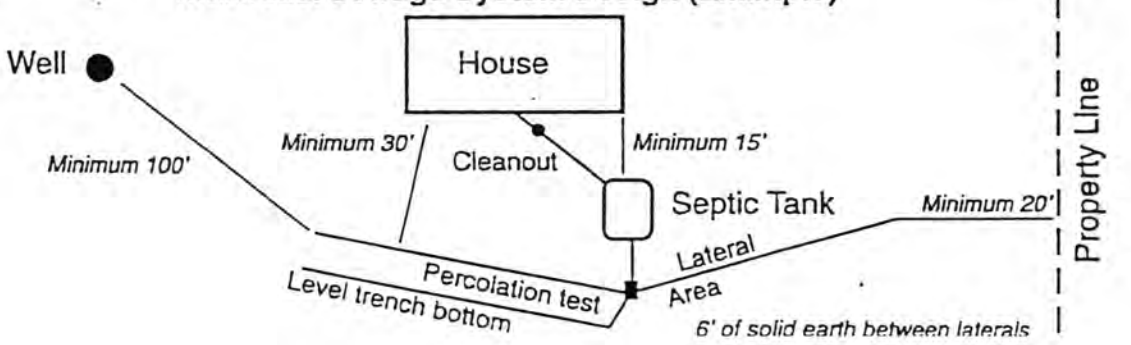
(Provide as-built drawings on back of this form)

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

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

