LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380169801

Issued 12/11/97
Expires 06/11/98
Revenue Code 3157

Establishment

TERRY KECK
T9N R6E SEC 17 QTR NE
HITCHING POST HILLS BLK 1 LOT 5
5800 RODEO CIRCLE

FEES: $150.00

Permittee

TERRY KECK
1710 SW 8 ST
LINCOLN NE 68522-1607

TOTAL $150.00

5564

Gregg M Wright MO

Issued By ~~M. Jane Ford~~
Health Director

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: 973 801 698

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 5800 Rodeo Circle (no rural route) City Lincoln NE, Zip 68523

Legal Description NE 1/4 (1/4) 17 (Section) 9N (Township) 6E (Range) Hitching Post Hills (Subdivision) 3rd (Addition) 1 (Block) 5 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Terry & Victoria Keck Signature Terry Keck

Address 1710 SW 8th St City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone (402) 425-1710 Work Phone (402) 784-2381

C. Contractor

Name Breck Collingsworth Company Name Cameron Homes

Address 6201 S 57th St #G City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone (402) 421-3003

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 4 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 12-11-97 Date frwd 12/12/97 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12.12.97 Date frwd 12.12.97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-12-97 Date frwd 12-12-97 ACTION ☒ Approved ☐ Disapproved Signature _____

5/26/98 J.C.H. 5/27/98 J.C.H. Need drawing.

Installation Final Written Approval

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

Date MAY 28, 1998

Business Office Use Only

Date Rec'd 12/11/97

Amt Paid #150.00

Rec'd By _____ Cash/Check No. 17734

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

B

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

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 5800 Rodeo Circle (no rural route) City Lincoln NE. Zip 68523

Owner Terry & Victoria Keck Address 1710 SW 8th St. Lincoln, NE. 68522

Soil Type (SCS): Clay Loam Percolation Rate: ____ min/inch

Date of Tests 11-17-97 to 11-18-97 Weather: Precipitation 0 Temperature 40 52

Holes 1, 3, & 6 Had Water

Percolation Test Data Table Rodeo Dr & Rodeo Cir.

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	36	11-17	6 PM	11-18	5PM	11-18	5:30P	6	11-18	530 P	30	0	
2	36	11-17	6 PM	11-18	5 PM	11-18	530P	6	11-18	530P	30	1/8	
3	36	11-17	6PM	11-18	5PM	11-18	530P	6	11-18	530P	30	1/8	
4	36	11-17	6PM	11-18	5PM	11-18	530P	6	11-18	530P	30	1/8	
5	36	11-17	6PM	11-18	5PM	11-18	530P	6	11-18	530P	30	0	
6	36	11-17	6PM	11-18	5PM	11-18	530P	6	11-18	530P	30	0	

Sum of Percolation Rates: ____

Average of Rates: ____

Rate Used for Calculation: ____

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-6638

Address 2700 Dan Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks PERC TEST DID NOT PASS - LAGOON IS PLANNED.

Signature of Reviewing Official ____ Date ____

FORM 23 (01 10 96

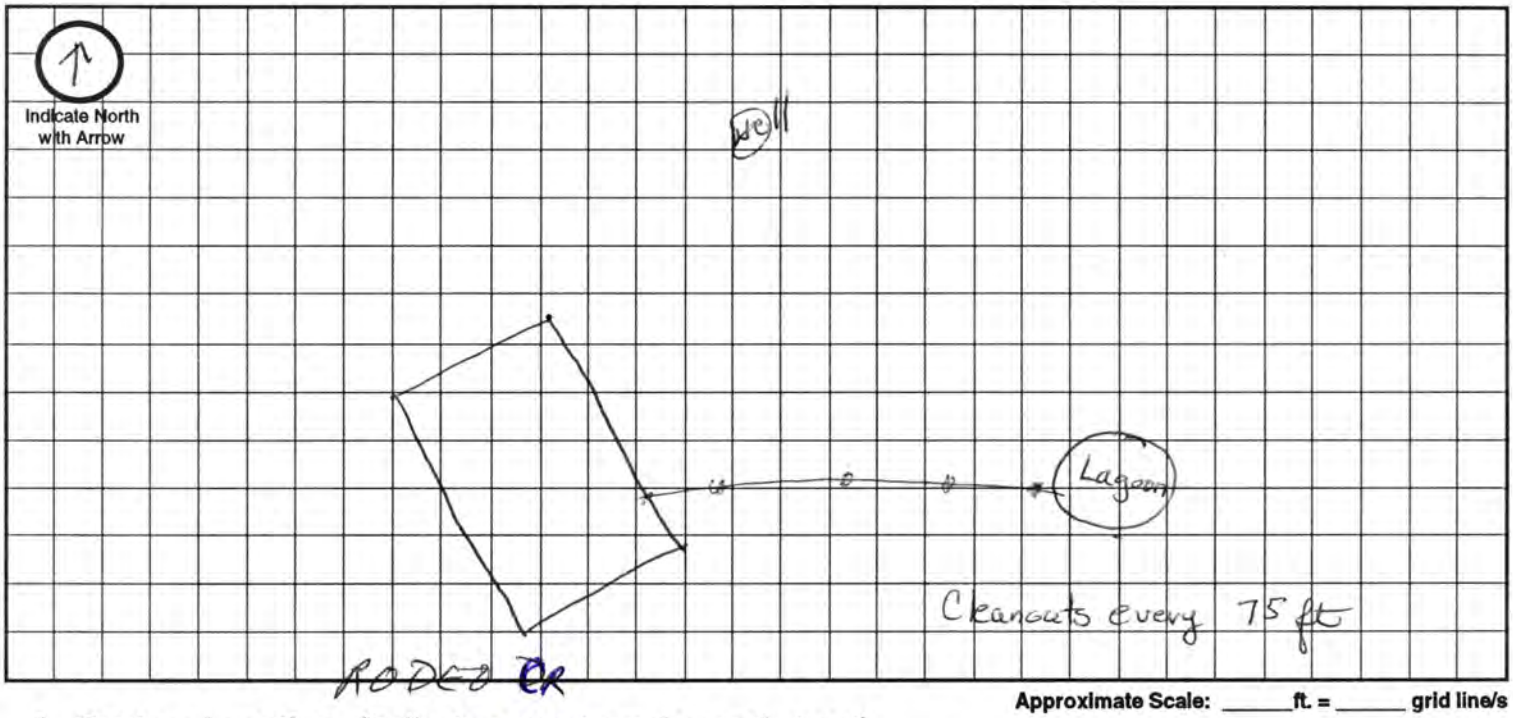
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5800 Rodeo Circle City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s N/A

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information) N/A

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 ☒	☒

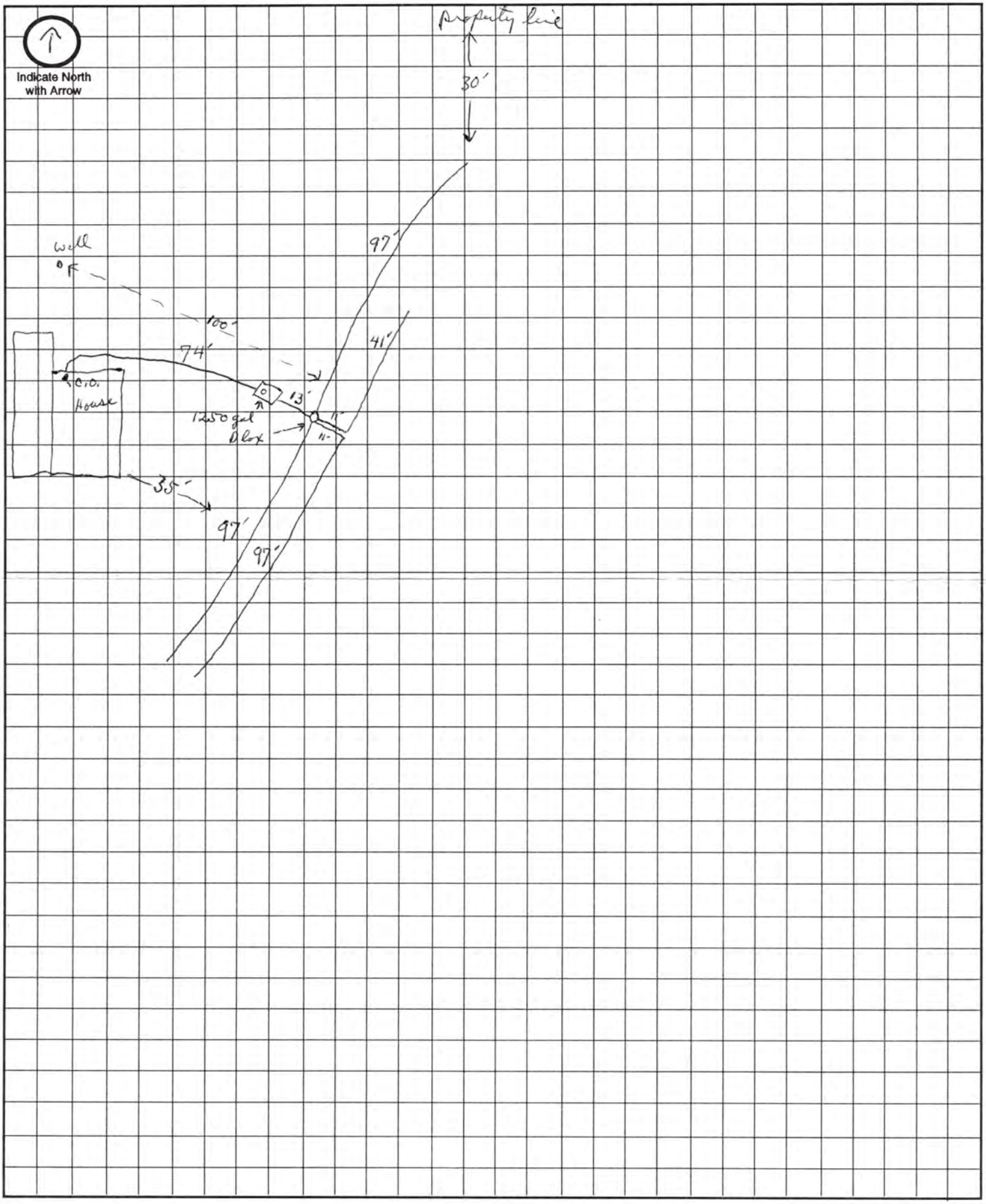
E. Required Signatures

Home Building Contractor Cameron Homes MB Date 12-11-97

Installer Wentz Plumbing Date _____

As Built Drawing by Larry Schwarck 5-26-98

5800 Rodeo Cr.



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

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

MAY 28 1998

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-26-98

System Location (Indicate correct number and street)

Address 5800 Rodeo Ct. (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 74' 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: Precast
   Number of compartments: _____
2. Capacity: 1250 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: 10" in.
8. Distances to: Well or suction line 85' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

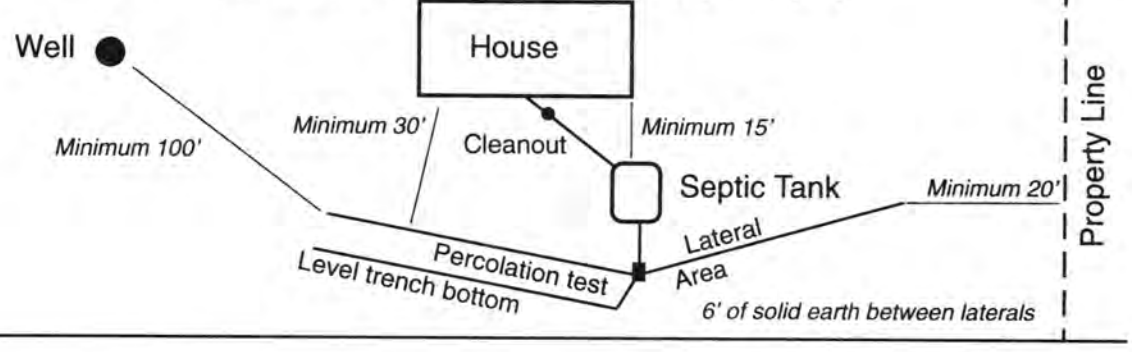
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16 Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 97 ft. 97 ft.
   97 ft. 41 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36"-48" in
4. Filter material: Road gravel
   Depth of material 16" in.
5. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 30 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96