LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 99380194401

Issued 03/19/99
Expires 09/19/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

JOHN S REZAC
T9N R6E SEC 31
4901 W ROKEBY RD

TOTAL $150.00

Permittee

JOHN S REZAC
4901 W ROKEBY RD
LINCOLN NE 68523

Issued By Health Director
Lincoln-Lancaster County Health Department

008995

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 4901 W Rokeby (no rural route) City Lincoln NE, Zip 68523

Legal Description 31 T9N R6E 3 15 I.T.
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 John Rezac Signature X John S Rezac

Address 4901 Rokeby City/State/Zip Lincoln, NE 68523

☐ Check if owner designed system Home Phone 797-3975 Work Phone _____

C. Contractor

Name Greg Bowmens Company Name Bowmens Plumbing

Address 5901 Fletcher City/State/Zip Lincoln, NE 68521

☒ Check if contractor designed system Work Phone 466-1944

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 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 3-18-99 Date frwd 2/3/00 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/3/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2/3/00 Date frwd 2/3/00 ACTION ☒ Approved ☐ Disapproved Signature _____

NOT IN FLOOD PLAIN. J.C.H.

3/31/99 Need drawing & fence ups, need bigger tank. 12/1/99 Need Drawing. J.C.H. 10/15/99 fence ups, need bigger tank.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 03/18/99

Amt Paid 150 ⁰⁰

Rec'd By LS Cash/Check No. 38964

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4901 W ROKEBY RD (no rural route) City LINCOLN NE, Zip 68523

Owner John Rezac Address

Soil Type (SCS): Clay loam Percolation Rate: min./inch

Date of Tests 10-10-98 to 10-11-98 Weather: Precipitation 0 Temperature 65

Holes 1-4 +6 Had water

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	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	0	0
2	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	0	0
3	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	0	0
4	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	0	0
5	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	1/8	240
6	36	10-10	645	10-11	1030	10-11	1030	6	10-11	1100	30	0	0

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2700 Dan Ave.

Sum of Percolation Rates: 240+

Average of Rates:

Rate Used for Calculation: 240+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR ABSORPTION SYSTEM. A LAGOON WILL BE CONSTRUCTED.

Signature of Reviewing Official [signature] Date 3-18-99

FORM 25-101 10-96

TOTAL P.02

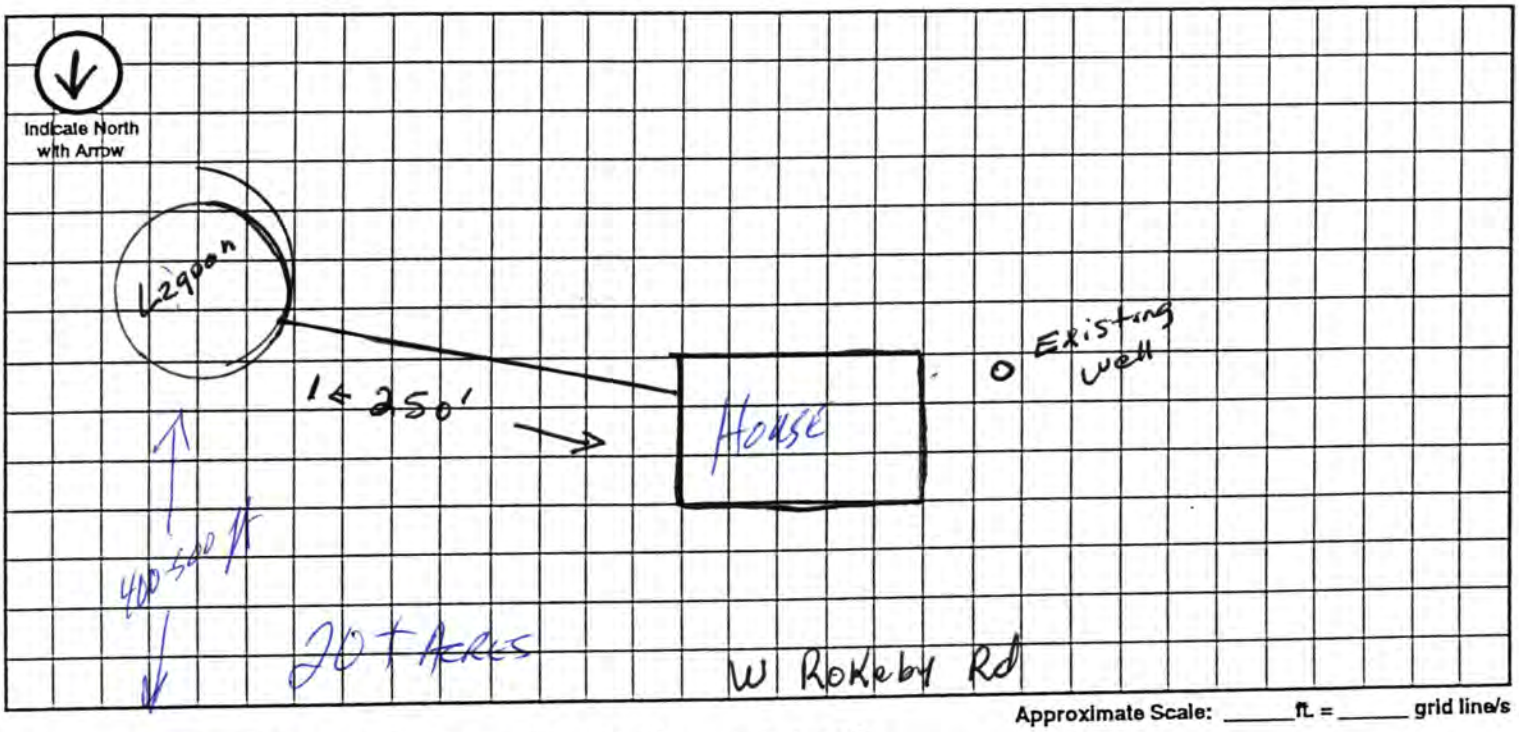
Lincoln-Lancaster County Health Department
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C

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) 4901 West RoKeby Rd City Lincoln NE, Zip 68523

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

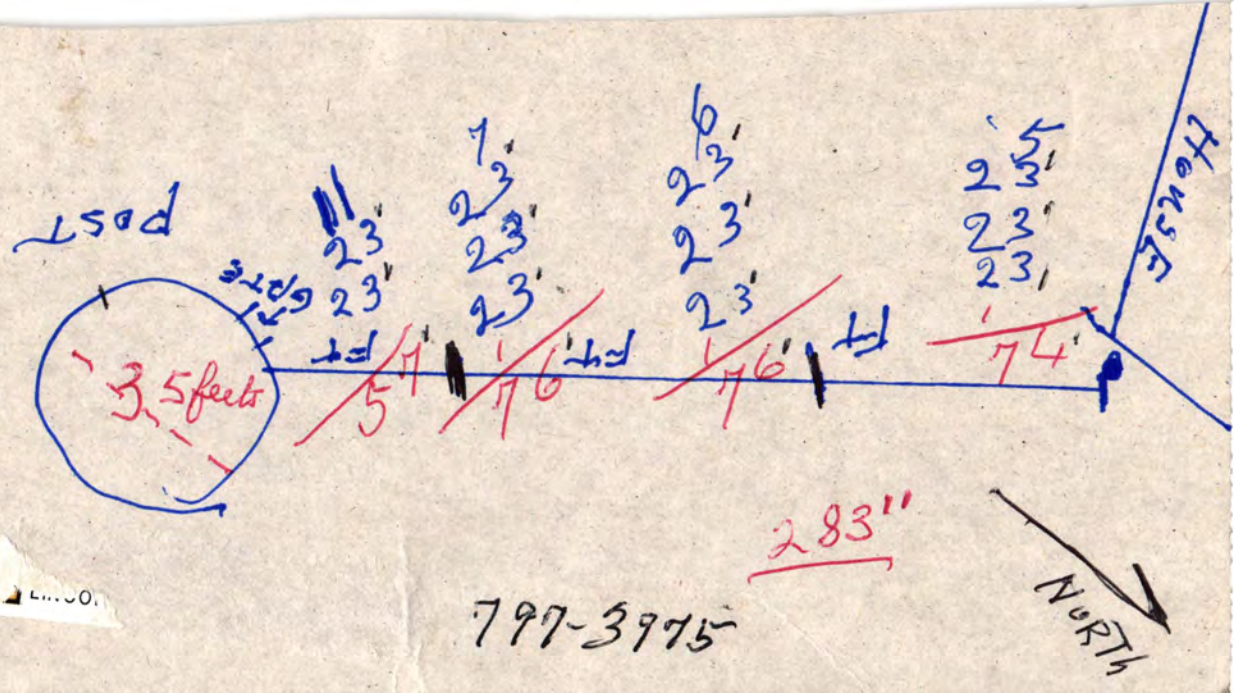
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor PRE FAB Date _____

Installer Greg Bowman Date 3-18-99

FORM 23-102 10-96


Post
23'
23'
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23'
23'
23'
23'
3.5feet
5'
6'
6'
4'
283"
NORTH
797-3975