Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

JEFFREY ROHLEDER
T9N R6E SEC 31
IRREGULAR TRACT LOT 5
10600 SW 56 ST-DENTON

Permittee

JEFFREY ROHLEDER
341 W ORCUTT AVE
LINCOLN NE 68504

Permit # 01380239601

Issued 11/05/01
Expires 05/05/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000238

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

A

Permit Number: 013802396

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 10600 SW 56th St. (no rural route) City Denton NE, Zip 68339

Legal Description SEE ATTACHED

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
		31	9 North	6 East				5 T.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jeffrey Rohleder Signature Jeffrey Rohleder

Address 341 W Orcutt Ave City/State/Zip Lincoln NE 68504

☒ Check if owner designed system Home Phone 430-2108 Work Phone 325 9384

C. Contractor

Name _____ 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 _____ 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 11/5/01 Date frwd 11/5/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/5/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/5/01 Date frwd 11/5/01 ACTION ☒ Approved ☐ Disapproved Signature _____

11/21/01 NEED DRAWING. L.G.K.

Installation Final Written Approval

_____

_____

Business Office Use Only

Date Rec'd 11/05/01
Amt Paid 200.00
Rec'd By ns Cash/Check No. 7597

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. 013802-396

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North ; Range 6 East ; Section & ¼ Section 31 .
Property Dimensions: 578 ft. x 1733 ft. Area: 22.010 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 8-7 to 8-8 . Weather: Precip. 0 Temp. 85 .

OWNER: Jeffrey Rohleder

Address: 10600 SW 56th Denton

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	28 1/4	3 hrs	3 3/4"	30" = 5/8"
2	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	26"	3 hrs	6"	30" = 1"
3	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	26"	3 hrs	6"	30" = 1"
4	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	24 1/2"	3 hrs	7 1/2"	30" = 1 1/4"
5	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	27 1/2"	3 hrs	4 1/2"	30" = 3/4"
6	36"	8/7	1000	8/8	1000	8/8	1000	32"	100%	28 1/4"	3 hrs	3 3/4"	30" = 5/8"

Sum of Percolation Rates:
Average of Rates: 37 MIN/IN
Mean of Rates:

Jeffrey Rohleder
Signature of Person Conducting Test

Address 341 W Orcutt Ave Phone 402 325 9384 430 2108

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks:
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: NOVEMBER

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

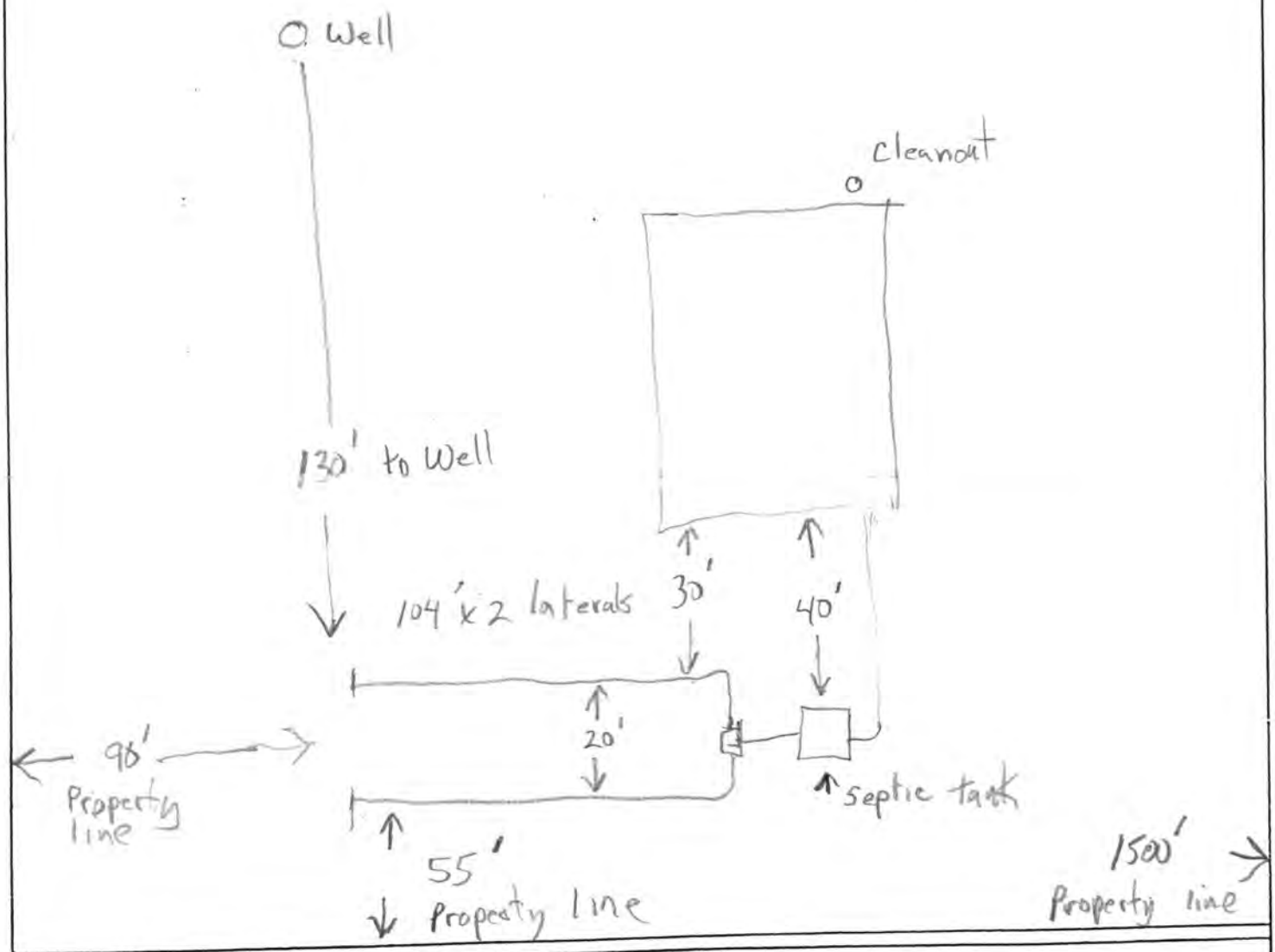
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 013802394

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 835 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: 0138023946

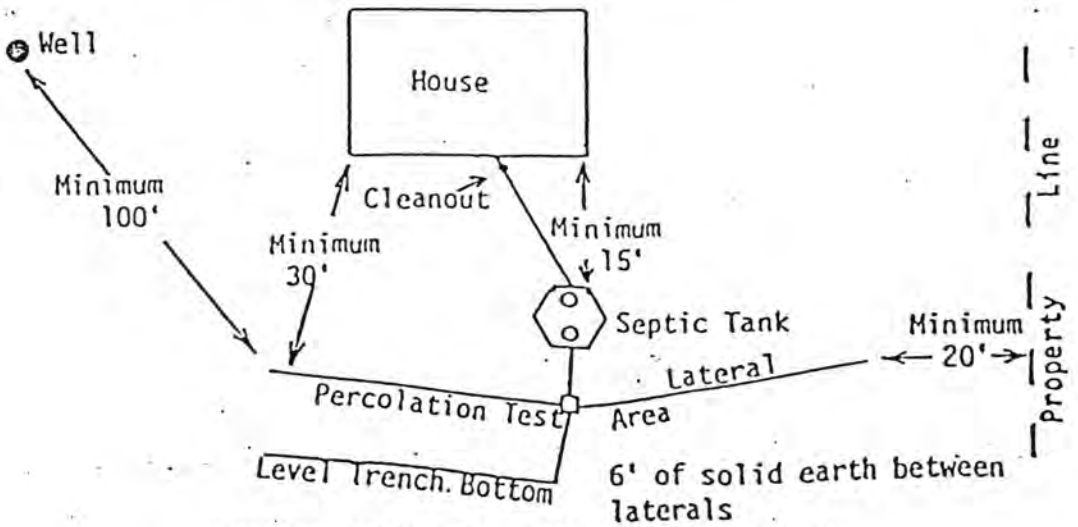
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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 _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Products)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished 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 ☐
(Company Precast Products)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN