LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
Lincoln, NE 68510-1514
NON TRANSFERABLE

PERMIT

Permit No. 97380153301

SEWAGE INSTALLATION

Issued 01/29/97
Expires 07/29/97
Revenue Code 18754

Establishment

JEFF ROYER
T9N R7E SEC 20
COUNTRY ACRES SOUTH BLK 1 LOT 2 1st Addition
5400 BRIDLE LANE

FEES: $150.00

Permittee

JEFF ROYER
7617 GRAND OAKS CIR
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

3105

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: 9738015330 1

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 5400 Bridle Ln. (no rural route) City Lincoln NE, Zip 68516

Legal Description Southeast 1/4 20 9N 7E Country Acres South 1st 1 2
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 Jeff + Ruthann Royce Signature outside

Address 7617 Grand Oaks Ln. City/State/Zip Lincoln, Ne, 68516

☐ Check if owner designed system Home Phone 488-8182 Work Phone _____

C. Contractor

Name Patrician Builders — Jon Carlson Company Name _____

Address 421 S. 9th St. Ste 105 City/State/Zip Lincoln, Ne 68508

☐ Check if contractor designed system Work Phone 435-3758

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 1-22-97 Date frwd 1/23/97	ACTION ☒ Approved ☐ Disapproved Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 1-23-97 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 1-23-97 Date frwd 1-23-97	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Paul Wojtaszek

Date 8-7-97

X Experimental Wetlands

Business Office Use Only 3144

Date Rec'd 1/22/97

Amt Paid 150 cc

Rec'd By _____ Cash/Check No. 2766

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

5400 Dudley

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

Rotham Roger
56th + Bundle Lan. Lot #2

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 10-8-96 to 10-9-96. Weather: Precip. 0 Temp. 65

Holes #1 + 4 Had water from Pre Sat- Period

OWNER: _____

Address: _____

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./Da/)	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	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	6	30min	0	
2	36	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	5 7/8	30min	1/8	
3	34	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	5 7/8	30min	1/8	
4	36	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	6	30min	0	
5	36	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	5 7/8	30min	1/8	
6	36	10-8	5:45P	10-9	650P	10-9	650P	6"	720P	6	30min	0	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Brian Shafer
Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(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): _____

Date: _____

Signature of Reviewing Officia

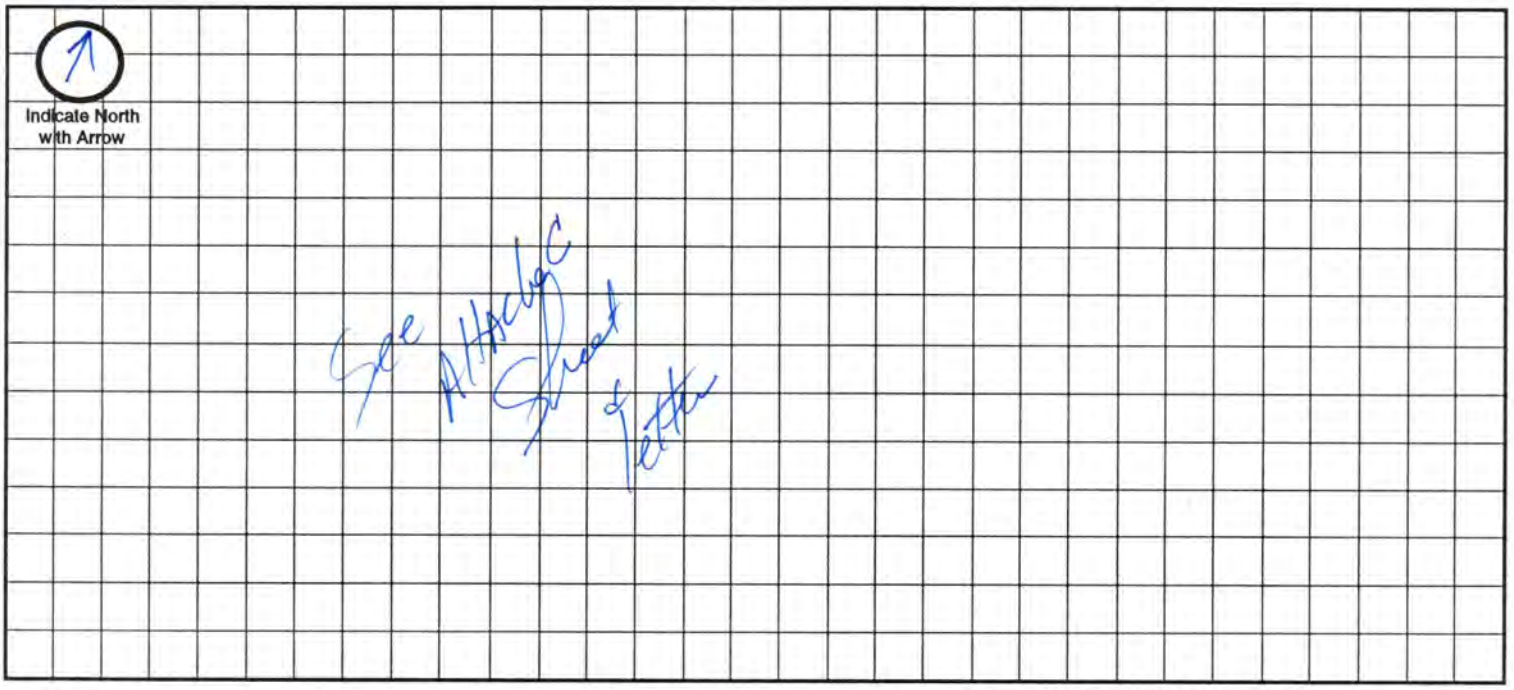
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ 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 _____ (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 _____ Date 1-22-97

Installer _____ Date _____

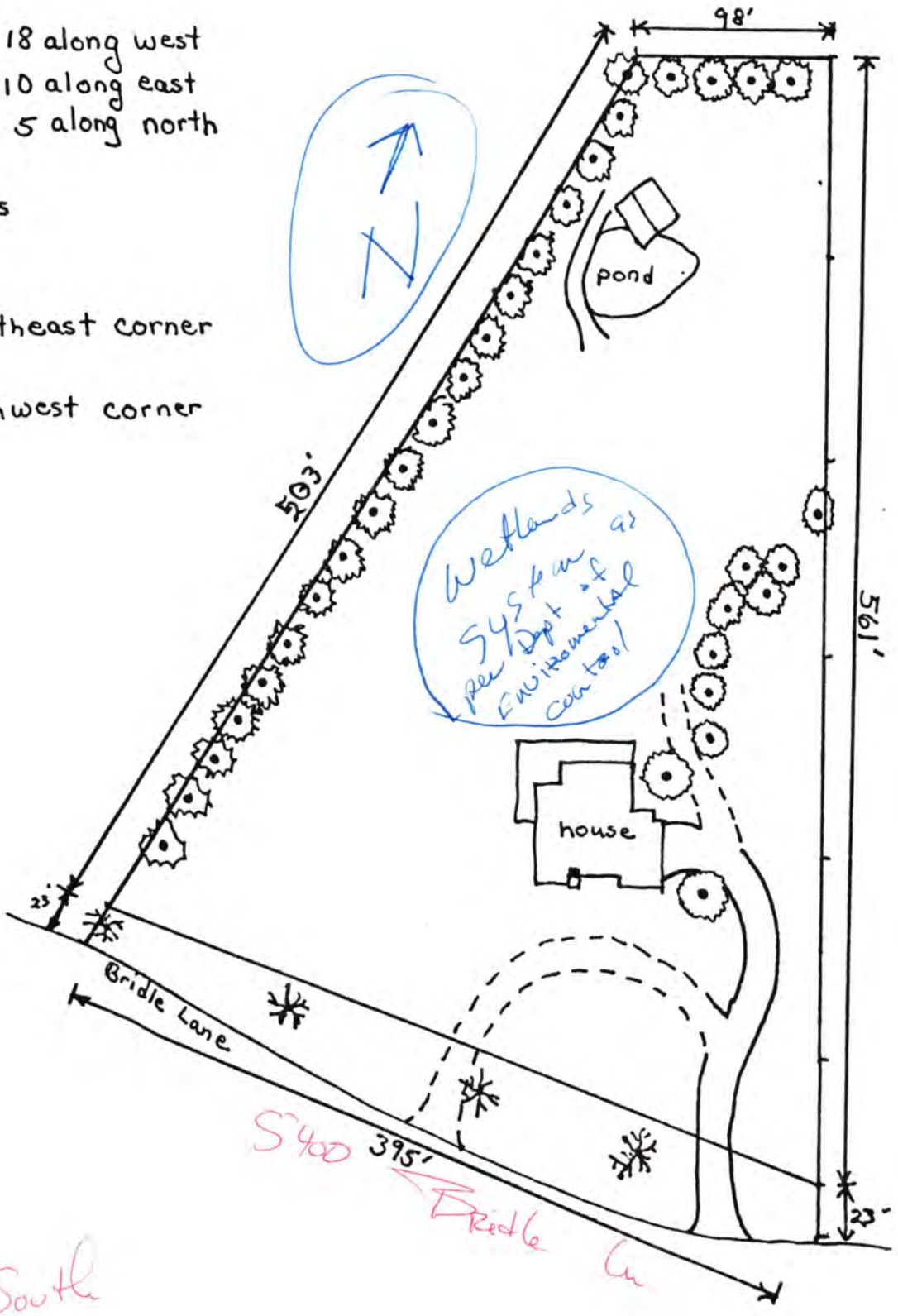
FORM 23-102 10-96

15' pines — 18 along west, 10 along east, 5 along north

12' hardwoods

high point is northeast corner

low point is southwest corner



Country Acres South 1st Addition

Southeast 1/4 Sec. 20

Township 9 Rg. 7

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 5400 Bridle Ln (no rural route) City Lincoln NE, Zip 68516

Owner Jeff & Ruthann Rapp Addresss 7617 Grand Oaks Cir. Lincoln, 68516

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
					See Attachment								

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

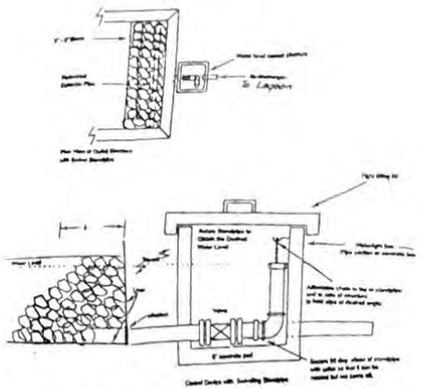
Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

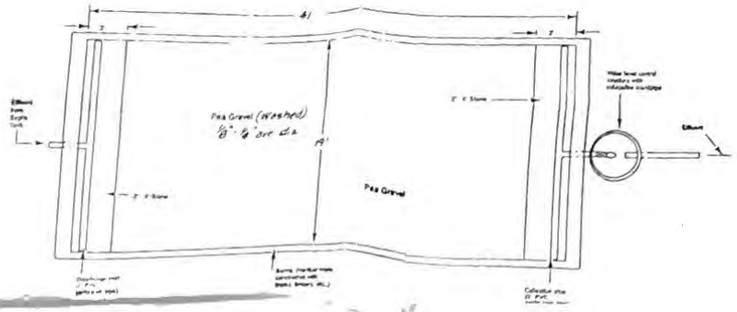
FORM 23-101 10-96

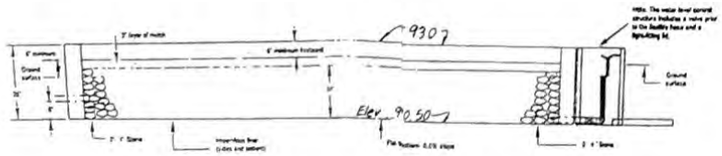


WATER LEVEL CONTROL BOX

GENERAL NOTES

1. Septic tank to be 1500 gallon(Compartmented) and shall have an effluent filter-ZABEL Model A100, ORENCO Model F1200 or equal.
2. Constructed Wetland cell is to be surrounded with an earthen berm or retaining wall of concrete blocks, landscape timbers, or pressure treated wood to prevent surface runoff from entering the system.
3. Constructed Wetland shall have an impermeable liner of heavy duty (30-45 mil) synthetic membrane, such as polyvinyl chloride, polyethylene, or ethylene diene monomer rubber installed on the bottom and sidewalls of the cell.
4. Exterior slopes shall be 4H:1V.
5. Plantings should be done during spring or early summer
6. Typical wetland vegetation includes Cattails, Bulrushes, Canna Lilies, Elephant Ear, Arrowhead, and Water Iris, (Use plants w/ 6"-12" stalk)
7. Plantings shall be spaced on no less then a one foot grid pattern.
8. Polishing Pond shall be a minimum of 5' deep from floor to top of dike
   Minimum Water Depth - 2 feet
9. Provide 2 signs at the Polishing Pond indicating that it contains treated effluent
10. Plastic chambers as manufactured by "INFILTRATOR" may be used in lieu of 2" distribution and collection lines and 2'-4" stone. *(Equalizer 24 Chambers)*
11. The control box shall be insulated on all sides with 2" rigid foam insulation





NOT TO SCALE

Single Cell Constructed Wetlands



CONSTRUCTED WETLAND FOR
ROYER RESIDENCE. (Lot 2, Block 1
Country Acres South)
SE¼ SE¼, Section 20-9-7

Pollution Control Project

APPROVED

MAR 31 1997

