Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 99380203901

Issued 07/15/99
Expires 01/15/00
Revenue Code 3157

FEES: $150.00

Establishment
DENNIS D EUCKER
T9N R7E SEC 35 QTR SE
LOT 15
9600 SALTILLO RD-ROCA

TOTAL: $150.00

Permitee
DENNIS D EUCKER
9602 SALTILLO RD
LINCOLN NE 68430

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010764

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

A

Permit Number: 993802039

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 9600 SALTILLO RD (no rural route) City ROCA NE, Zip 68430

Legal Description SE 35 T9N R7E 15
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 DENNIS EUCKER Signature Dennis D. Eucker

Address 9602 SALTILLO RD City/State/Zip ROCA NE 68430

☒ Check if owner designed system Home Phone 423-4718 Work Phone cell 560-1665

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 7/14/99
   Date frwd 7/21/99
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 7/21/99
   Date frwd 7/21/99
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

* Check for flood plain 10-29-99 rm need to build N 1/2 like

3. **City or County Engineer**
   Date rec'd 07/21/99
   Date frwd _____
   ACTION ☐ Approved ☐ Disapproved
   Signature _____

* Lagoon Berm & Appurtances Will Be Elevated And Protected From Adjacent Watercourses.

Installation Final Written Approval

8-21-00 rm final insp

By Ron Mayhew

Date 8-22-00

Business Office Use Only

Date Rec'd 07/14/99
Amt Paid 150 cc
Rec'd By _____ Cash/Check No. 1421

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

Dennis Eucker

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

B

Permit Number: 9938802039

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

96th Saltillo

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 4-29 to 4-30-99 Weather: Precipitation _____ Temperature 72°

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	32	4-29	3:15	4-30	8:05	4-30	8:05	10	4-30	8:35	30	0	
2								14 1/4				0	
3								14				0	
4								10 1/2				0	
5								13 5/8				1/4	
6								10 1/2				0	

Person Conducting Percolation Tests

Name: Larry Schubert

Phone: 489/7294

Address 8200 old Cheney Rd.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 0

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON WILL BE CONSTRUCTED

Signature of Reviewing Official _____ Date 7-20-99

FORM 23-101 10-96

See Revised Map

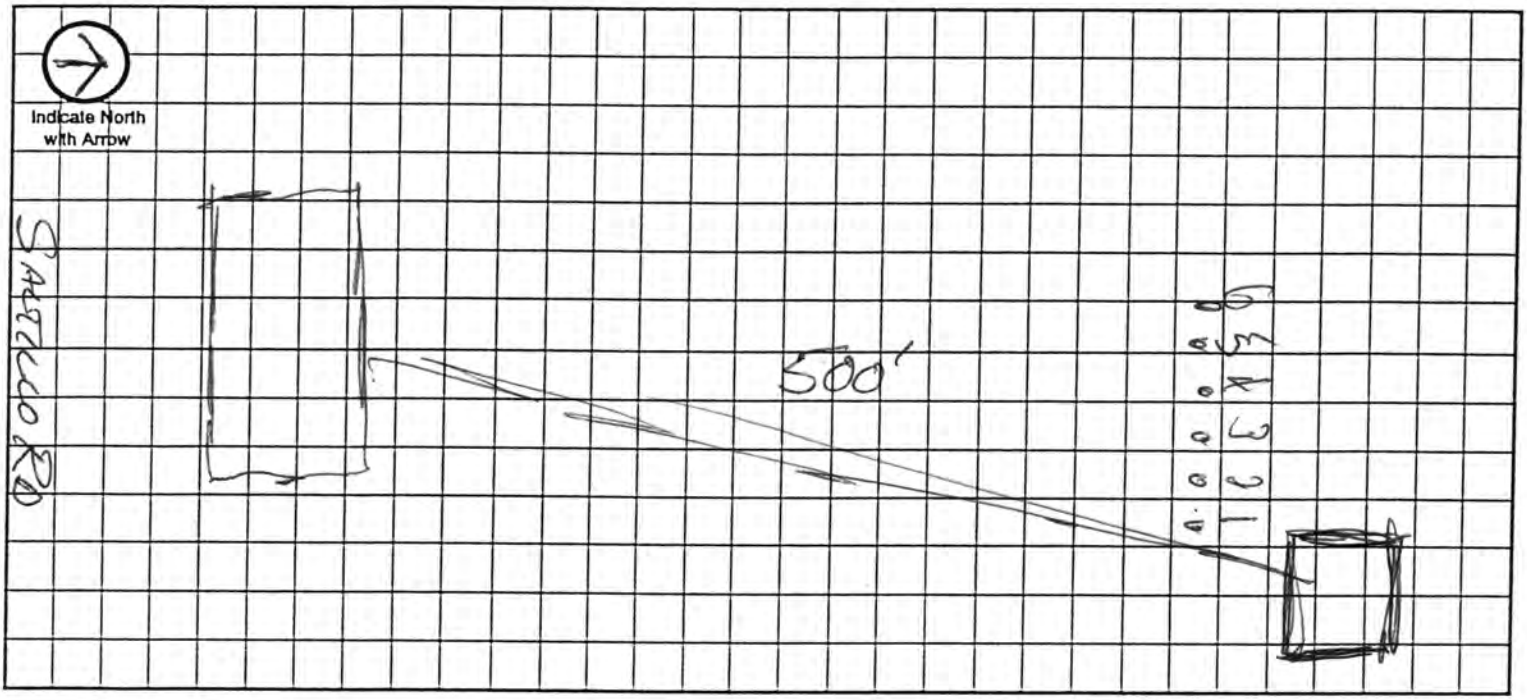
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938020391

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) 9660 Saltillo Rd 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 Dan Kuhl Vantage Pointe Homes Date 7-14-99

Installer Dennis Eurek Date 7-13-99

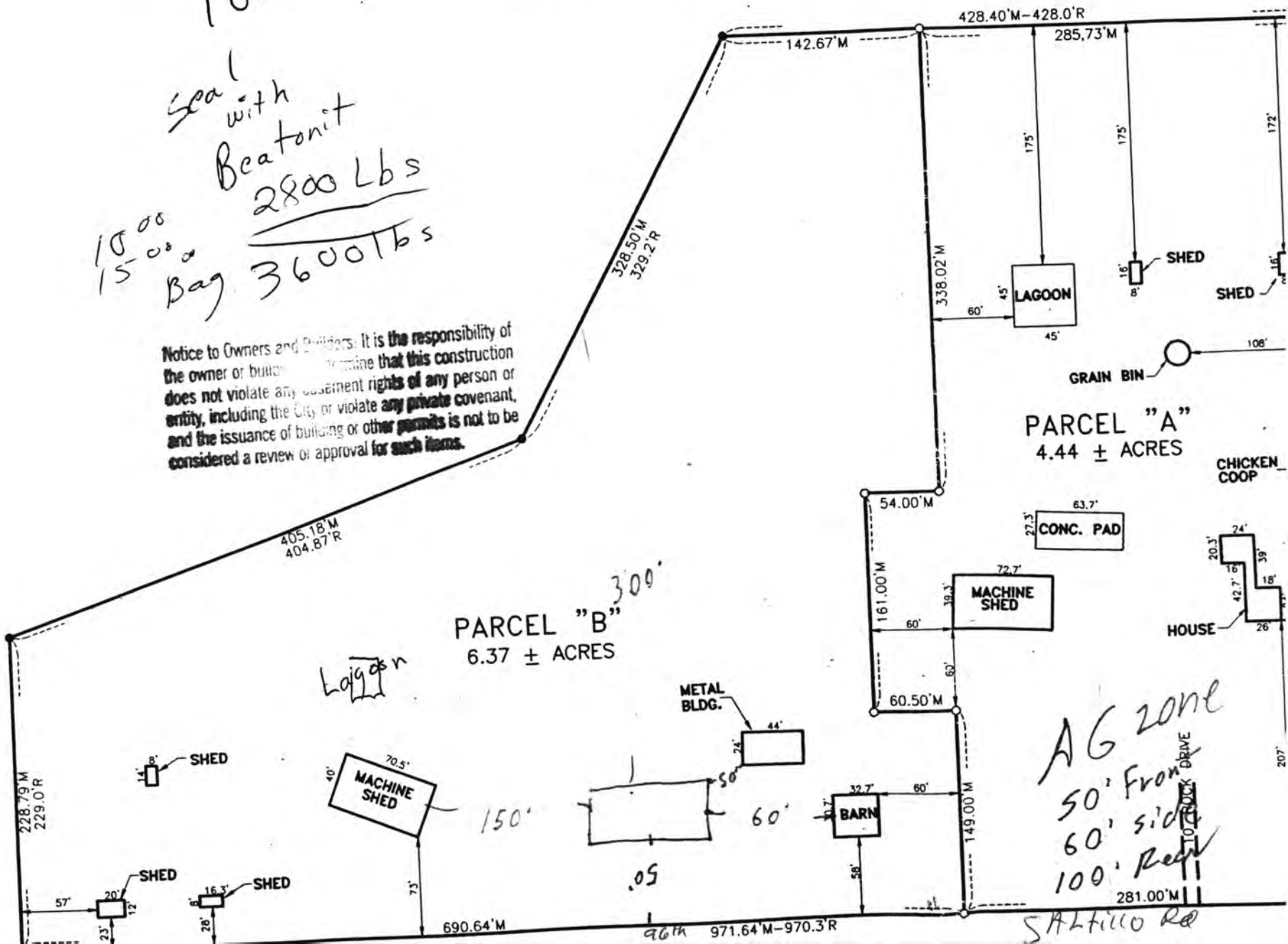
FORM 23-102 10-96

9938020390 1
9600 Saltillo Rd
Dennis Zucker

50' from machine shed
100' from house

Seal with Beatonit
2800 Lbs
1500
1500
Bag 3600 lbs

ADMINISTRATIVE SUBDIVISION
OF
LOTS 14 AND 15 IRREGULAR TRACTS
IN
The SE 1/4 of Section 35, T9N, R7E, of the 6th P.M.
LANCASTER COUNTY, NEBRASKA



Notice to Owners and Builders: It is the responsibility of the owner or builder to determine that this construction does not violate any easement rights of any person or entity, including the City or violate any private covenant, and the issuance of building or other permits is not to be considered a review or approval for such items.

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Sch 40
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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: _____
   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

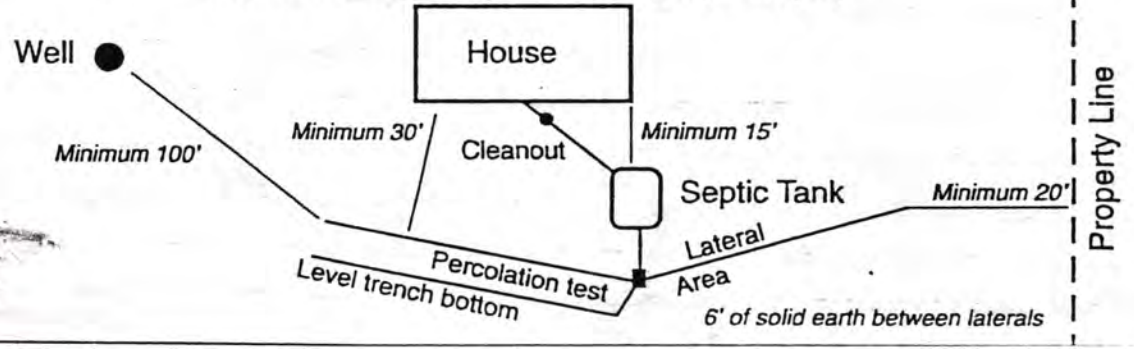
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

