Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003272

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380275601

Issued 12/22/03
Expires 06/22/04
Revenue Code 3157

Establishment BRUCE CALLIES
T9N R7E SEC 36 QTR NW
NE 1/4 OF NW 1/4 LOT 12
10205 ROKEBY RD

FEES: $200.00

Permittee BRUCE CALLIES
10205 ROKEBY RD
LINCOLN NE 68526

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03802756-01

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 10205 ROKEBY RD City LINCOLN NE, Zip 68526
(no rural route)

Legal Description Lot 12 located NE Corner of the NW 1/4 Section 36 township 9 Range 7 EXT 6PM
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 BRUCE CALLIES Signature Bruce Callies Courtesy of Harris - Barcode

Address 10205 ROKEBY RD City/State/Zip LINCOLN NE 68526

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name HARPER WELL / PLUMBING Company Name HARPER WELL / PLUMBING

Address P.O BOX 15 City/State/Zip ADAMS NE 68301

☑ Check if contractor designed system Work Phone 402 934-2204

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 12/22/03 ACTION ☑ Approved ☐ Disapproved
   Date frwd _____ Signature Doug Anderson
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/22/03 ACTION ☑ Approved ☐ Disapproved
   Date frwd 12/22/03 Signature _____
3. **City or County Engineer** Date rec'd 12/22/03 ACTION ☑ Approved ☐ Disapproved
   Date frwd 12/22/03 Signature Chase Baker

5/26/04 Need drawing I.C.A

Installation Final Written Approval

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

Date SEPTEMBER 17, 2004

Business Office Use Only
Date Rec'd 12/22/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 3955

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 033802756

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10205 Rokeby RD (no rural route) City Lincoln NE, Zip 68526

Owner Bruce Collins Addresss ~

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: HARPER-WELL

Phone: 988 2055

Address P.O Box 15

Adams NE 68301

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Approved for Lagoon – may change to septic pending perc. results

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

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 10455 Rokeby Rd. (no rural route) City Lincoln NE, Zip 68526

Owner Calles Addresss 10455 Rokeby Rd

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

Date of Tests 12-1 to 12-3-03 Weather: Precipitation — Temperature 30-40

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	12/1	4:00	12/3	10:00	12/3	12:55	27 3/8	12/3	1:25	30	5/8	48
2			PM		AM		P	26 3/4		P		5/8	48
3								24 3/4				3/4	40
4								26 1/8				5/8	48
5								19 7/8				1/2	60
6								23 1/2				5/8	48
7	↓							27 1/4				3/4	40

Sum of Percolation Rates: 332
Average of Rates: 48
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462/430-7606
Address: 17201 So 72nd
Hickman, NE 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

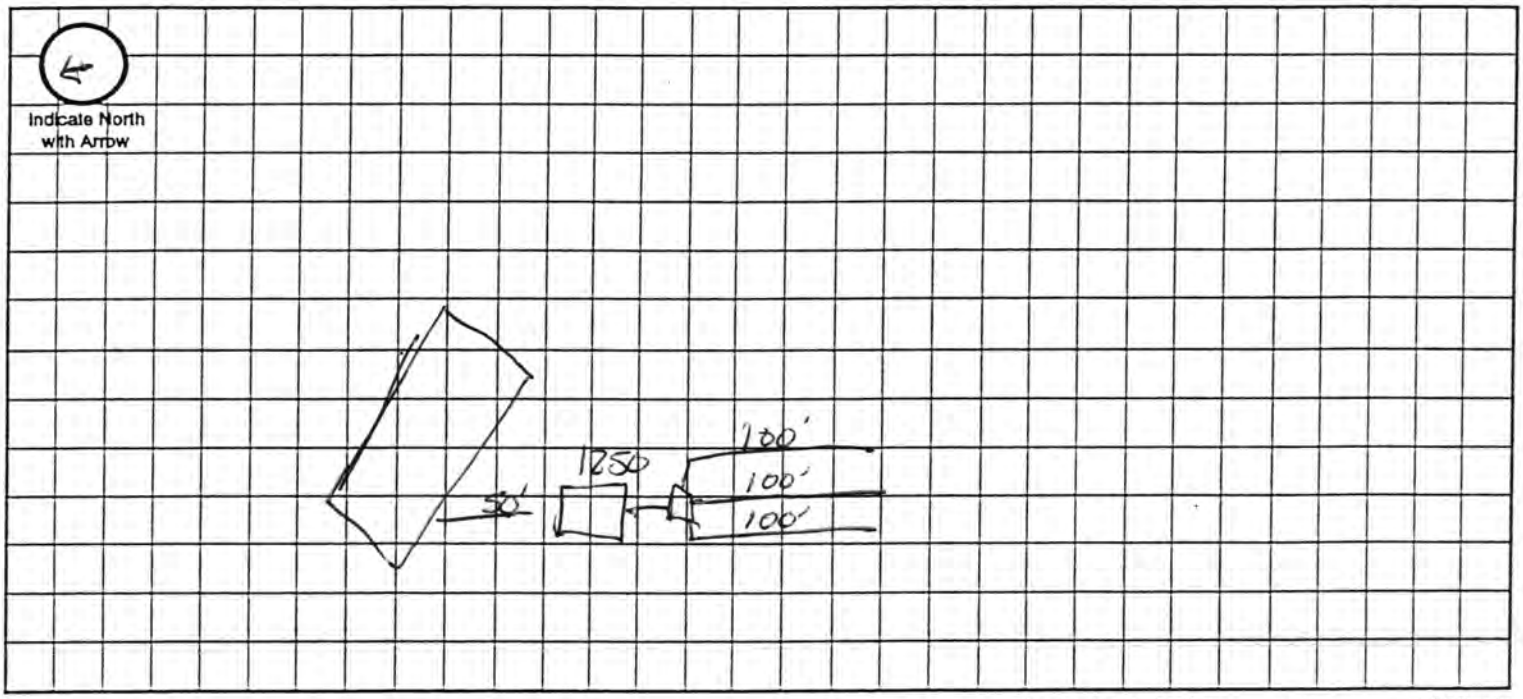
C

Permit Number: 03807756

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) 10205 Rokeby RD City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☑ Other lagoon must be sealed so no more than 1/8" seepage per day

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 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed [illegible]

Total Length of Laterals 100' ft. Number of Trenches 2 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

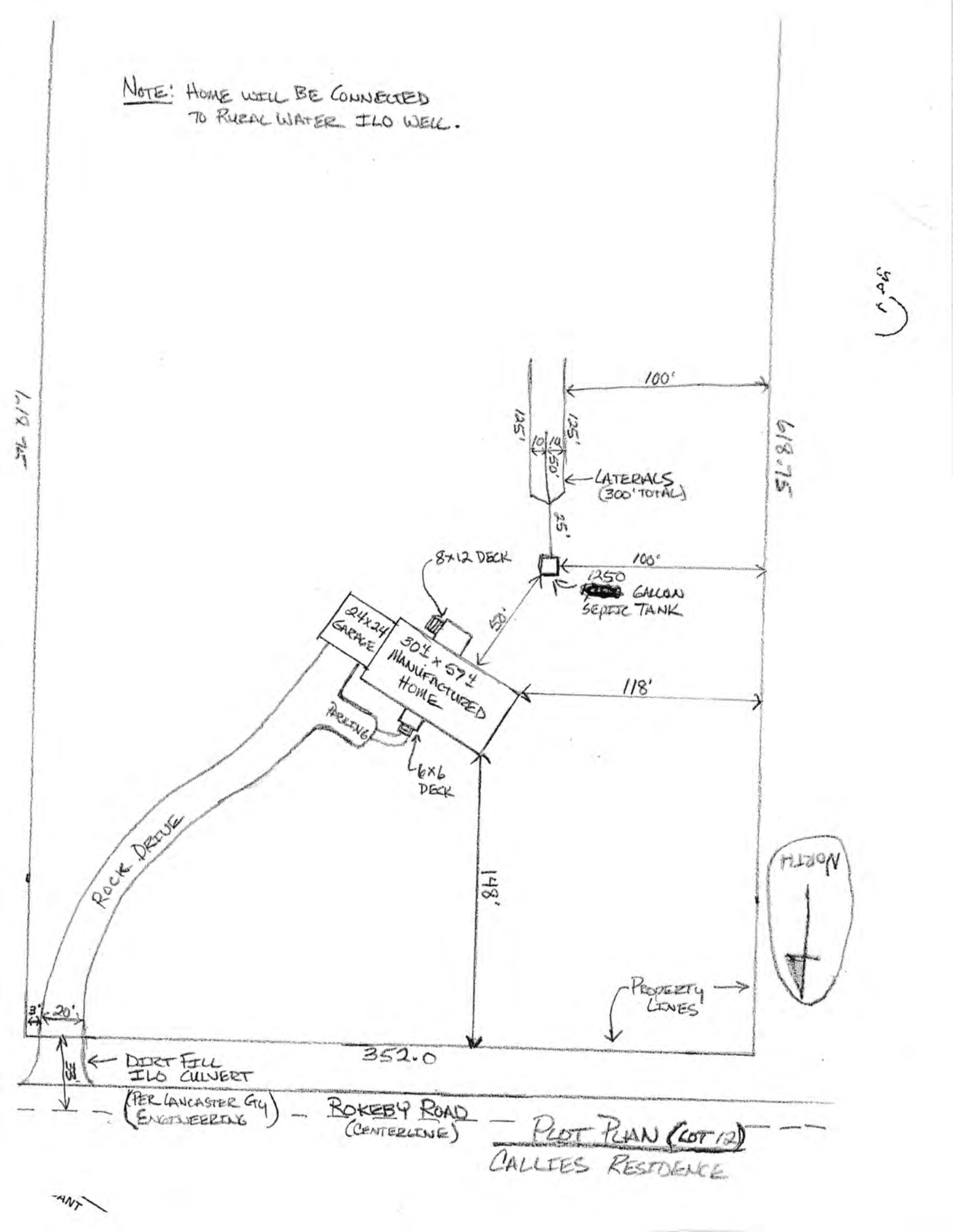
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor [signature] Date 12/19/03

Installer Hagen Well Drilling Date 12/19/03

FORM 23-102 10-96


NOTE: HOME WILL BE CONNECTED TO RURAL WATER ILO WELL.
100'
135'
135'
10'
10'
50'
LATERALS (300' TOTAL)
25'
618.75'
8x12 DECK
100'
1250 GALLON SEPTIC TANK
50'
24x24 GARAGE
30' x 57' MANUFACTURED HOME
118'
PARKING
6x6 DECK
ROCK DRIVE
148'
NORTH
PROPERTY LINES
3'
20'
352.0
DIRT FILL ILO CULVERT
(PER LANCASTER EY ENGINEERING)
ROKEBY ROAD (CENTERLINE)
PLOT PLAN (LOT 12)
CALLIES RESIDENCE

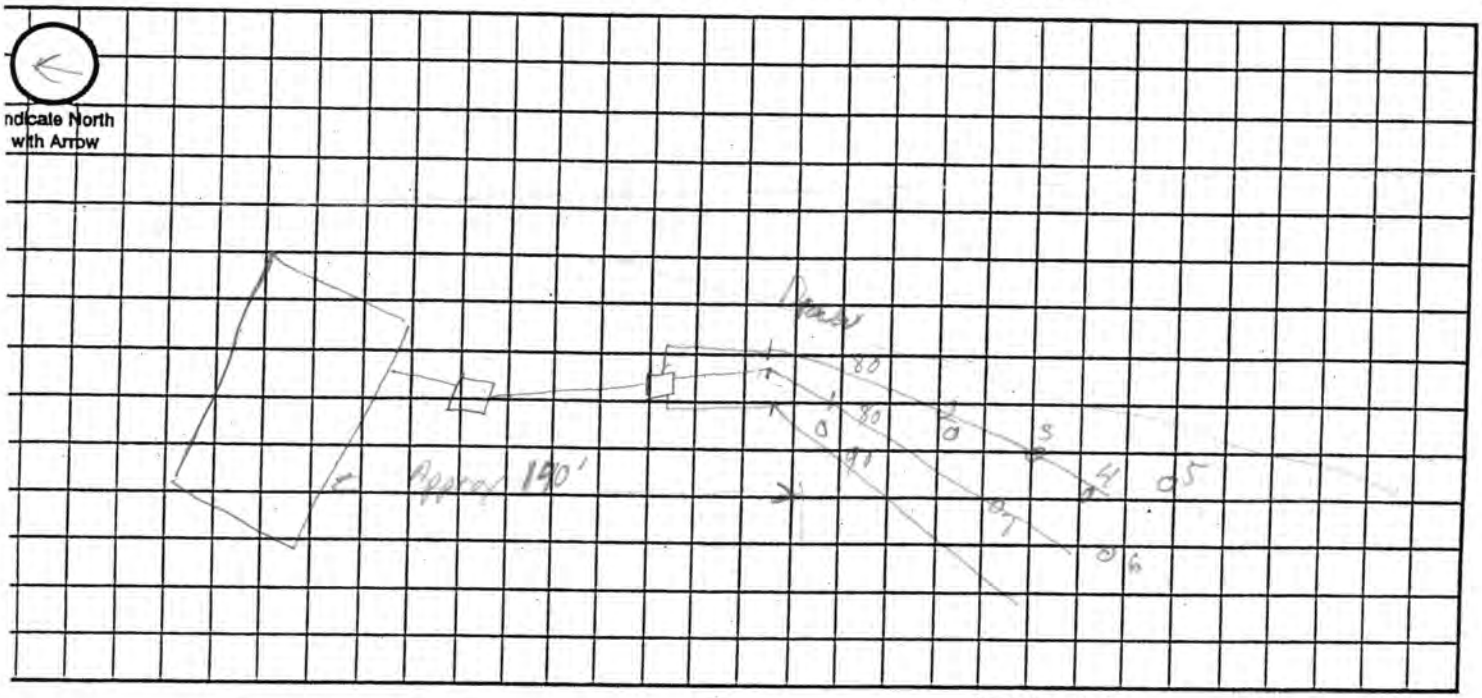
Lincoln-Lancaster County Health Department
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) 10455 Robert RJ. City Lincoln NE, Zip 68526

. Proposed Septic Tank/s

nk Material: ☒ Concrete ☒ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information) 3 Bdrm Home

rcolation Rate 50 (min. per inch) Soil Type: SHC Land Slope: _____ %

pe of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: 990 sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Style Gravelless

pacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 248 ft. Number of Trenches 3 or 4 Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

Required Signatures

ie Building Contractor _____ Date _____

aller Brad Gordon Date 12-4-03

23-102 10-96