Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009094

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380321901

Issued 07/14/06
Expires 07/14/07
Revenue Code 3157

Establishment: CRAIG RECH
T12N R7E SEC 18
LOT 29IT
3350 ROCK CREEK RD-DAVEY

FEES: $275.00

Permittee: CRAIG RECH
3300 ROCK CREEK RD
DAVEY NE 68336

TOTAL: $275.00

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: 06380321901

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 3350 ROCK CREEK RD (no rural route) City DAVEY NE, Zip 68336

Legal Description SW (1/4) 18 (Section) 12N (Township) 7E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) _____ (Lot) 2 I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name CRAIG REECH Signature _____

Address 3300 ROCK CREEK RD City/State/Zip DAVEY NE 68336

☐ Check if owner designed system Home Phone 432-6990 Work Phone _____

C. Contractor

Name ~~DOSE CONSTRUCTION~~ BRIAN DOSE Company Name DOSE CONSTRUCTION INC

Address 12301 NORTHRIDGE City/State/Zip DAVEY NE 68336

☐ Check if contractor designed system Work Phone 560-1250

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name HARRY MUHLBACK 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 7/14/06 Date frwd 7/14/06	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/14/06 Date frwd 7/14/06	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 7-14-06 Date frwd 7-14-06	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Doug Amon

Date 11/6/06

Business Office Use Only

Date Rec'd 7/14/06

Amt Paid #150.00

Rec'd By CW Cash/Check No. 5210

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: 063803219

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3350 Rock Creek Rd (no rural route) City Davey NE, Zip 68336

Owner Craig Hech Address 3300 Rock Creek Rd

Soil Type (SCS): Sharps Diag Percolation Rate: 50.6 min./inch

Date of Tests 6-3 to 6-4 Weather: Precipitation 0.y Temperature 94

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	18"	6/3	1:00PM	6/5	5:00PM	6/4	1PM	12"	6/4	4:00PM	30	1/2	60
2	18"	"	"	"	"	"	1:05	"	"	4:05	"	1/2	60
3	18"	"	"	"	"	"	1:10	"	"	4:20	"	3/4	48
4	18"	"	"	"	"	"	1:15	"	"	4:15	"	5/8	48
5	18"	"	"	"	"	"	1:20	"	"	4:20	"	5/8	48
6	18"	"	"	"	"	"	1:25	"	"	4:25	"	3/4	40

Sum of Percolation Rates: 304
Average of Rates: 50.6 → 60
Rate Used for Calculation: 41-50

Person Conducting Percolation Tests

Name: Harry Mullock
Phone: 785-738-15 — 430-7304
Address: 14305 N 56th St
Lincoln, Ne. 68514

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: 7/14/06

FORM 23-101 10-96

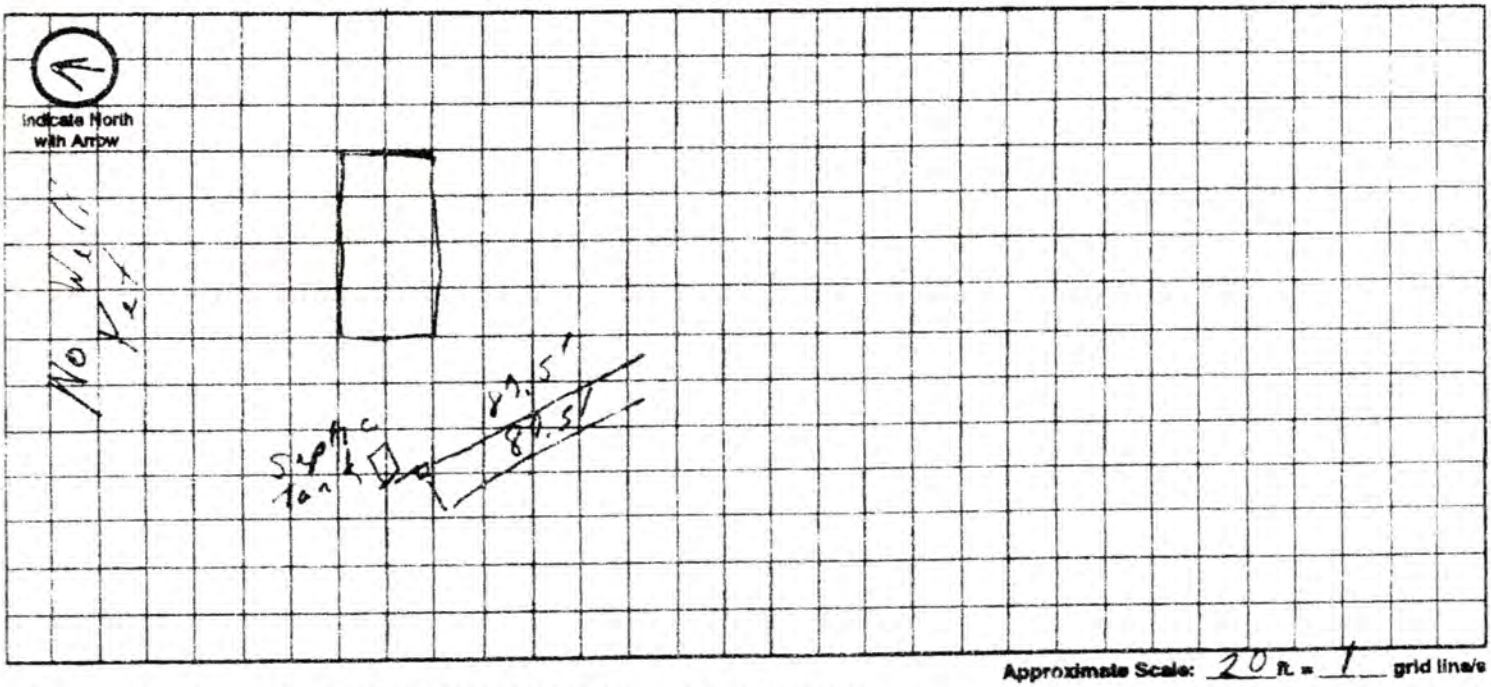
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C

Permit Number: 063803219

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3350 Rock Creek Rd City Davey NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 50.6 (min. per inch) Soil Type: Sharpsburg Land Slope: 1 to 4 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: ~~700~~ 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank ~~1000~~ 1250 gals Number of Absorption Beds: 2+ Number of Distribution Laterals per Bed 1

Total Length of Laterals ~~175~~ 262.5 ft. Number of Trenches 2+ Trench Width 4

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 ~~Dose~~ Dose Construction INC Date 6-7-06

Installer H.L. Muhlbach Construction Date 6-7-06

FORM 23-102 10-96