LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380176401

Issued 05/26/98
Expires 11/26/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
ROBERT E BLACK
T12N R7E SEC 20 QTR NW
E 1/2 OR NW QTR
4909 ROCK CREEK RD--CERESCO

TOTAL $150.00

Permittee
ROBERT E BLACK
4909 ROCK CREEK RD
CERESCO NE 68017

Issued By Health Director
Lincoln-Lancaster County Health Department

007391

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:

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 4909 Rock Creek Rd (no rural route) City Ceresco NE, Zip 68017

Legal Description E½ NW¼ 20 12N 7E 80 Acres
~~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 Robert E Black Signature Robert E Black

Address 4909 Rock Creek Rd City/State/Zip Ceresco NE

☐ Check if owner designed system Home Phone _____ Work Phone 402 7857285

C. Contractor

Name Buresh Plumbing Company Name Buresh Plumbing

Address Valparaiso City/State/Zip NE 68065

☒ Check if contractor designed system Work Phone 402-784-6101

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 2 Is there a Whirlpool Bathtub YES NO X

☐ 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 5/22/98 Date frwd 5/22/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29/98 Date frwd 5/29/98 ACTION ☒ Approved ☐ Disapproved Signature _____
Installed on high ground - rm

3. **City or County Engineer** Date rec'd 05/22/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood *
* Provided System is constructed out of the Flood-Plain 6-30-98 rm, need drain

Installation Final Written Approval

By Ron Mangelsen

Date July 6, 1998

Business Office Use Only

Date Rec'd 05/22/98

Amt Paid 150 ck

Rec'd By LS ~~Cash~~/Check No. 2680

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4909 Rock Creek Rd (no rural route) City Ceresco NE, Zip 68017

Owner Robert Black Addresss

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM. Percolation Rate: 14 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)
1	36"	5/17	4:00 pm	5/17	9:00 pm	5/18	7:30	16"	5/18	8:00	30 min	17 3/4"	1 3/4 17 MIN/IN
2	36"	5/17	4:00 pm	5/17	9:00 pm	5/18	7:30	17"	5/18	8:00	30 min	19"	2 15 MIN/IN
3	36"	5/17	4:00 pm	5/17	9:00 pm	5/18	7:30	18"	5/18	8:00	30 min	20 3/4"	2 3/4 13 MIN/IN
4	36"	5/17	4:00 pm	5/17	9:00 pm	5/18	7:30	14"	5/18	8:00	30 min	16 1/2"	2 1/2 12 MIN/IN

Person Conducting Percolation Tests

Name: Diane Black
Phone: 785-7285
Address 4909 Rock Creek Rd
Ceresco, Ne 68017

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 14.25

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 22, 1998

FORM 23-101 10-96

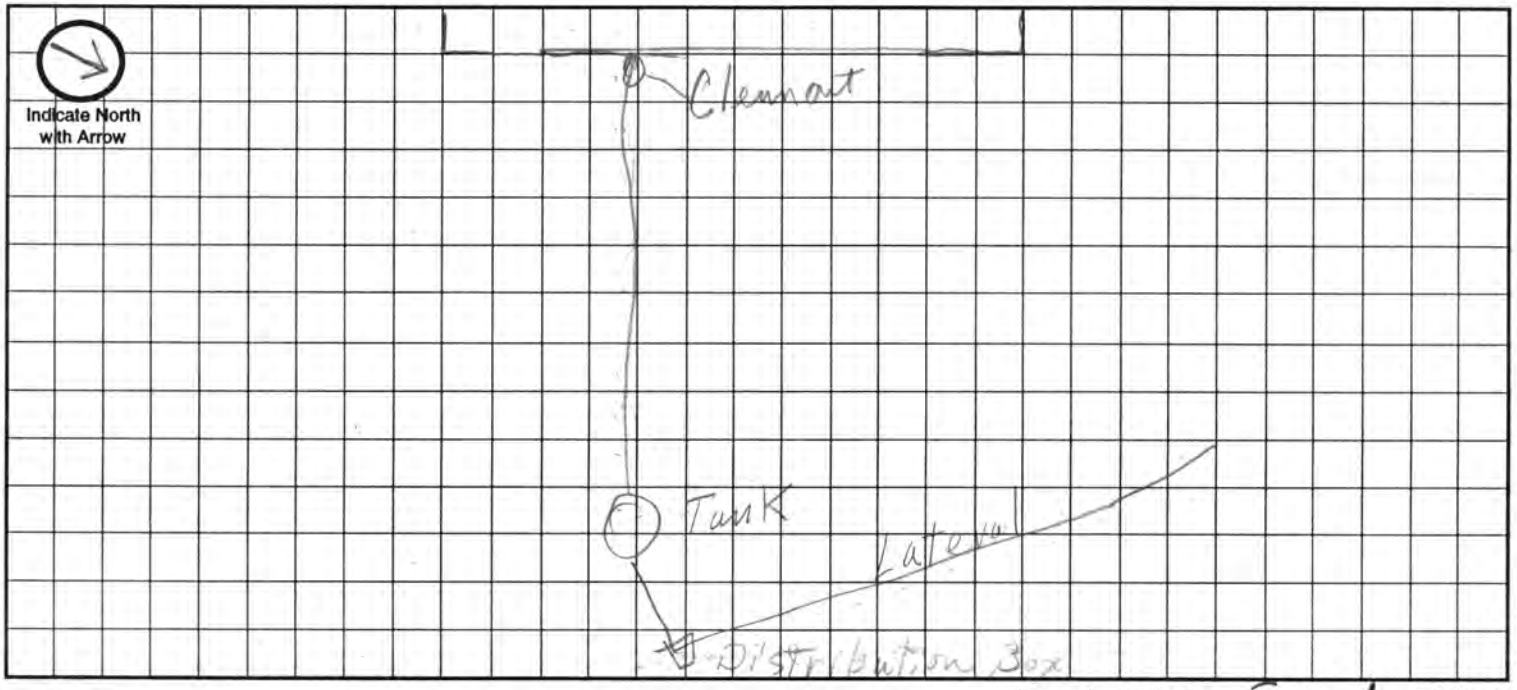
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 5 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4909 Rock Creek Rd City Ceresco NE, Zip 68017

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: Sharpsburg Land Slope: 1-2 %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 371 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: One Number of Distribution Laterals per Bed One

Total Length of Laterals 93 ft. Number of Trenches One 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 Robert E. Bleasby Date 5-20-98

Installer James R. Burestu Date 5-20-98

FORM 23-102 10-96

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

JUL 2 1998

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 4909 Rock Creek Rd (no rural route) City Ceresco NE, Zip 68017

A. Building Sewer

1. Material: Sch. 40 plas
   Diameter: 4 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: very 75'
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: precast concrete
   Number of compartments: one Baffle
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 24" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

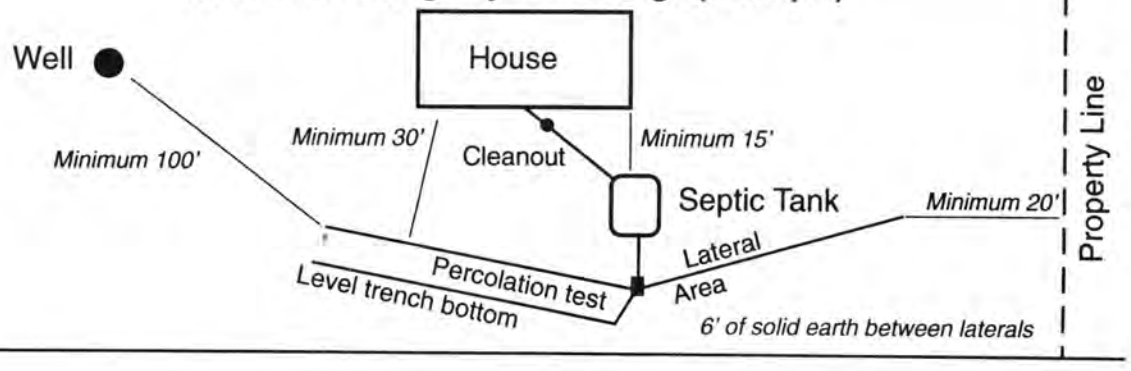
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 48"
   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 4' ft.
   Slope 7" in/100 ft.
   Average depth 36" in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

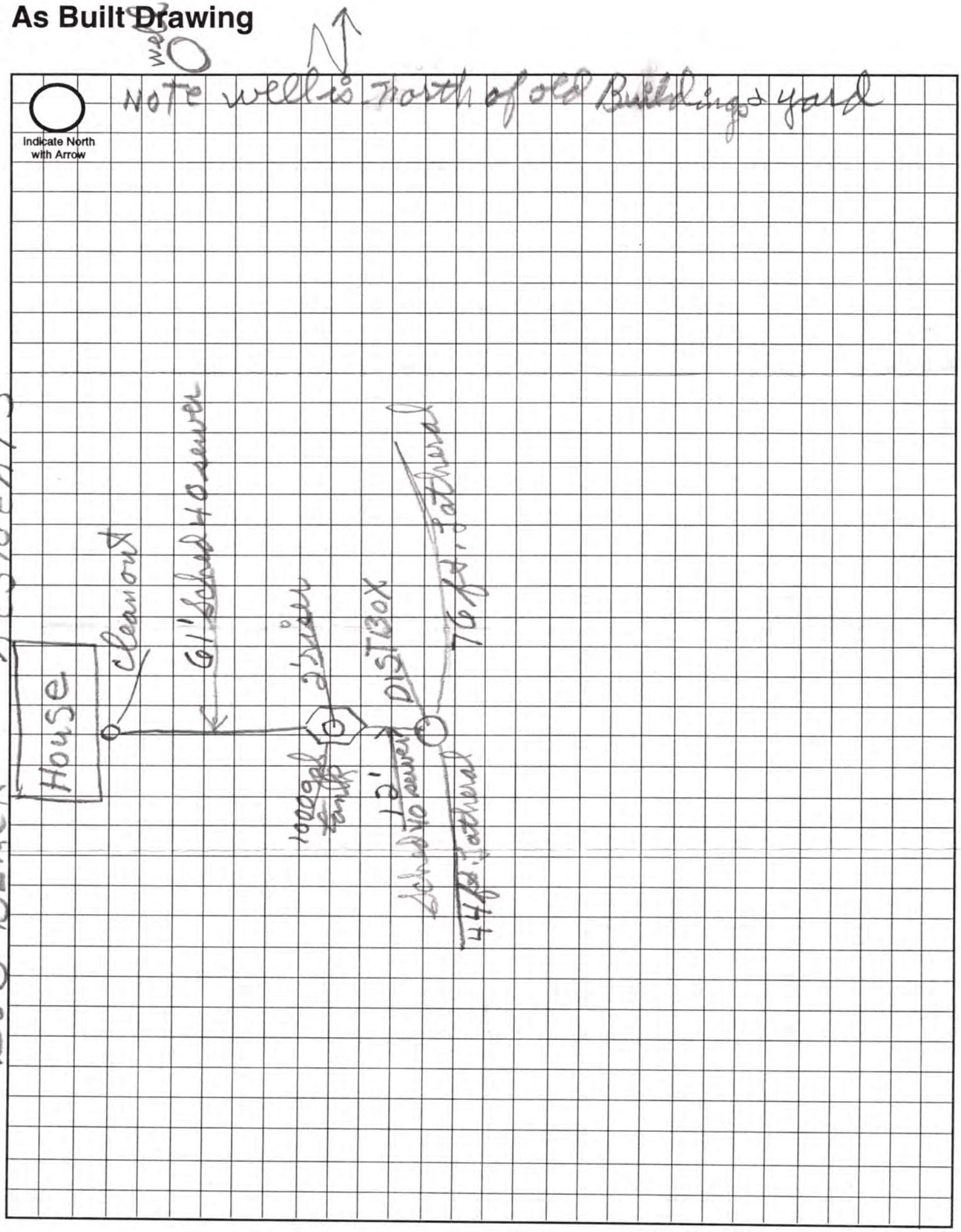
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

— SHEET NUMBER 9

