LLCHD HS000216

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

SCANNED **A**

Permit Number HS000216

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 20401 N. 80th (no rural route) City Ceresco, NE Zip 68017

Legal Description 15 12 7 Lakewood Hills 5

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name DOE Development Signature _____

Address 8701 Roca Rd. City/State/Zip Roca 68430

☐ Check if owner designed system Home Phone 430-6911 Work Phone 430-6911

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 191 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 4/30/09
Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-1-09 Amount Paid 315 cc
Received By _____ Cash/Check No. 3523

White - Health Department Yellow - Engineer Pink - Building & Safety

5-4-2009 13:37:40 Form A Updated: 5-07

LLCHD HS000216

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Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Comments
Date rec'd 5-1-09
Date frwd 5-1-09
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments System to be outside 100 yr. Flood Plain
Date rec'd 5-1-09
Date frwd 5-1-09
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

5-4-2009 13:37:42

Form A Updated: 5-07

LLCHD HS000216

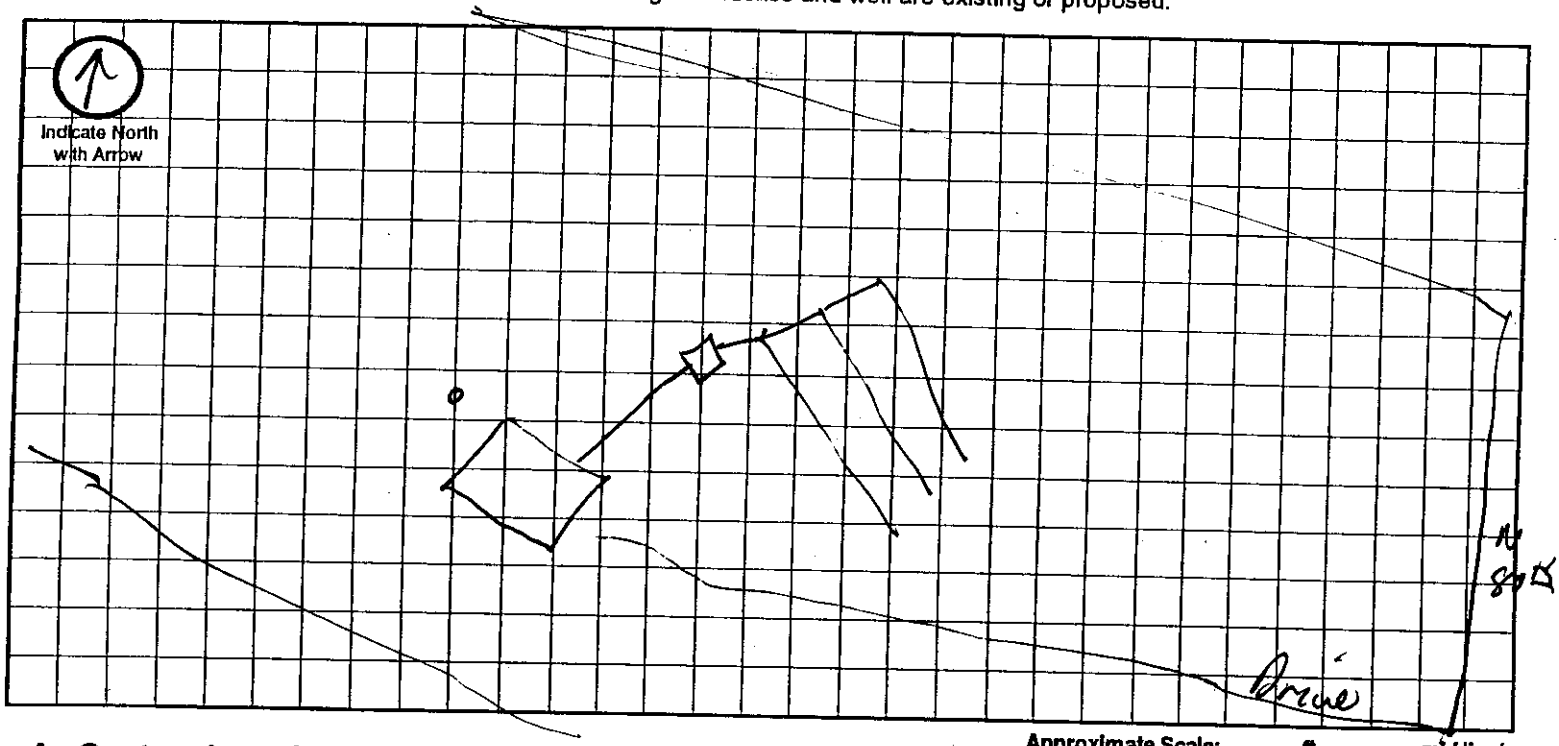
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) N 80 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 50 (min. per Inch) Soil Type: SHO Land Slope: _____ %

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

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

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

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

Total Length of Laterals 280 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 _____

Installer Brad Smith Date 4/30/09

FORM 23-102 10-96
5-4-2009 13:37:43

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

Lakewood Hills
LOT 5
N80 & Agnew Rd

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address N80 (no rural route) City Ceresco NE, Zip 68017

Owner Mike Poe Addresss

Soil Type (SCS): 5h0 Percolation Rate: min./inch

Date of Tests 4/22 to 4/23 Weather: Precipitation — Temperature 60

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	4/22	9:00	4/23	9:00	4/23	10:40	32	4/23	11:10	30	3/4	40
2			AM		AM		AM	30 5/8		AM		1/2	60
3								30 5/8				5/8	48
4								30 1/8				5/8	48
5								32 1/4				5/8	48
6								26 3/4				3/4	40
7	↓							29 7/8				3/4	40

Sum of Percolation Rates: 324
Average of Rates: 47
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick ddd8/1178
Phone: 430-7606
Address P.O. Box 191 Hickman Ne
105 Locust St 68372

DO NOT WRITE BELOW THIS LINE

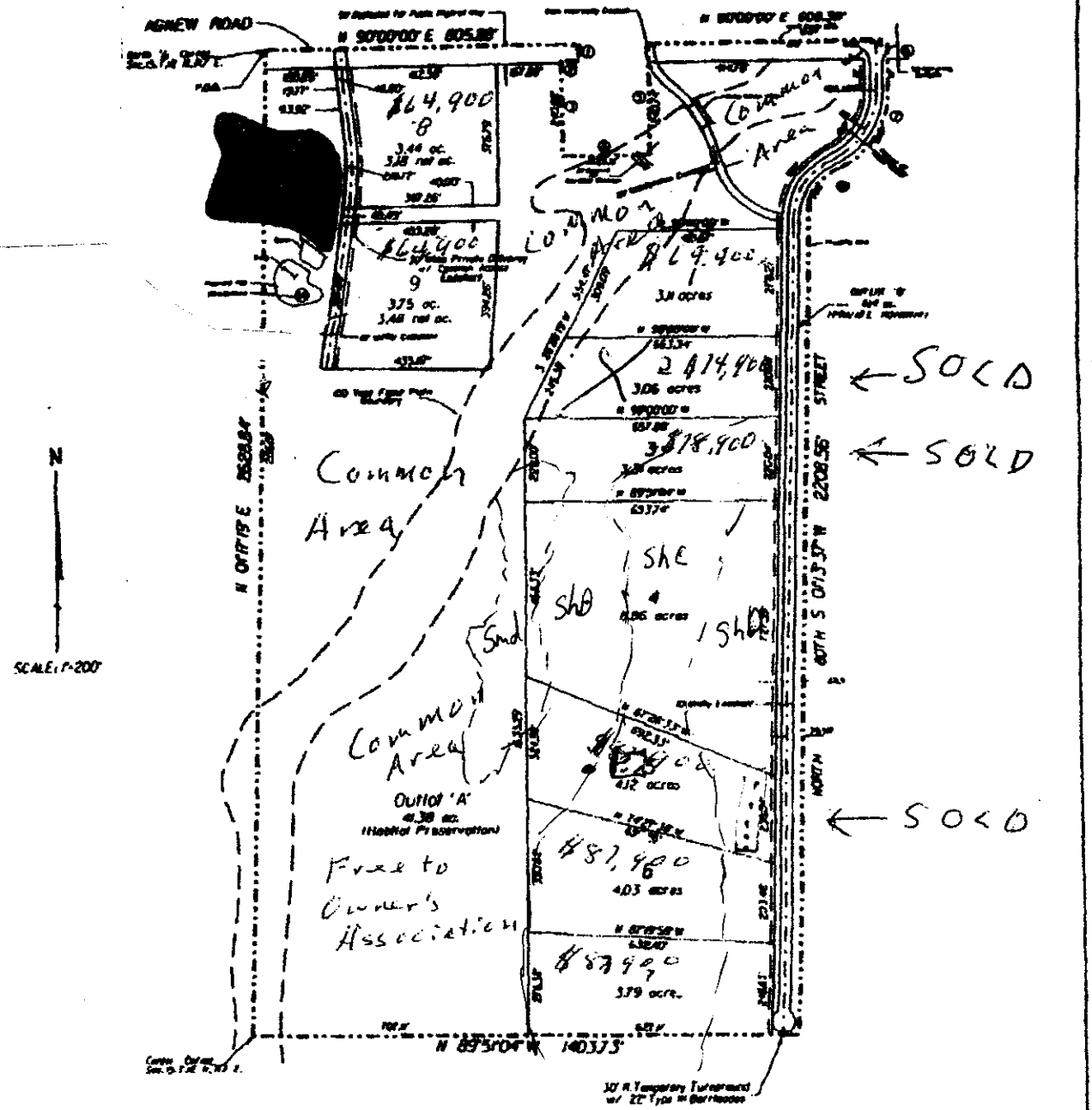
Reviewing Action

Remarks

Signature of Reviewing Official Date

LAKEWOOD HILLS

A FINAL PLAT BASED ON LAKEWOOD HILLS PRELIMINARY PLAT #02006



The Common Area covers 41.3 acres, half of the total Lakewood Hills area, and will be deeded gratis to the Landowners' Association, along with the shop, which includes:

Tornado shelter, greenhouse, recently rebuilt tractor, shredder, blade, tiller, many tools including air compressor, refrigerator, grinder, hand tools, mobile water tank, sprayers, and much more.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000216

System Type:	STANDARD
Situs:	99999 **NO SITUS** ST L
Legal Description:	T12N-R07E-S15-Lot 5
Owner:	

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00

Issued:	05/01/2009
Expires:	05/01/2010

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

POE DEVELOPMENT
8701 ROCA RD
ROCA NE 68430

LLCHD HS000216

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

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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

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Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature _____

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Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
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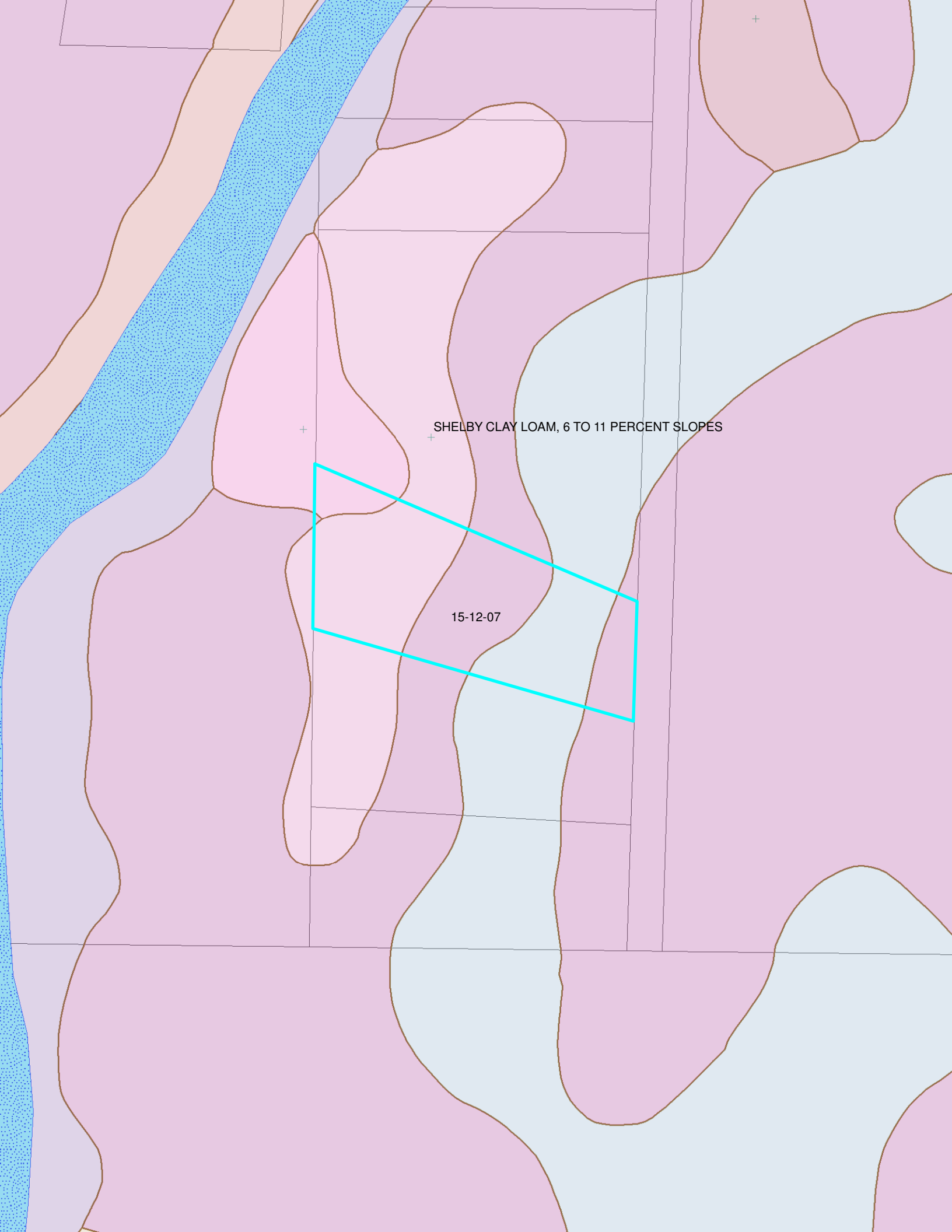
Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

4-30-2009 15:32:48

Form A Updated: 5-07


SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
15-12-07

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

SCANNED

A

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Comments
Date rec'd 5-1-09
Date frwd 5-1-09
ACTION ☑ Approved ☐ Disapproved
Signature

SCANNED

3. City or County Engineer
Comments System to be outside 100 yr. Flood Plain
Date rec'd 5-1-09
Date frwd 5-1-09
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

~~**Installation Final Written Approval**~~
By
Date 8/25/09

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

~~T12 R5 S15~~
T12 R7 S 15

20401 N. 80 Ceresco, Ne
Mike Poe Development

o well
o Ground water Heat
o Wells (no casing)

