LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380181501

SEWAGE INSTALLATION
LAGOON

Issued 07/31/98
Expires 01/31/99
Revenue Code 3157

PAID

FEES: $150.00

TOTAL $150.00

Establishment

BARRY RADEBAUGH
T8N R7E SEC 4
WHITE ROCK ESTATES BLK 1 LOT 1
5400 WHITE ROCK LANE-ROCA

Permittee

BARRY RADEBAUGH
4544 BANCROFT AVE
APT 3
LINCOLN NE 68506-4272

Issued By Health Director
Lincoln-Lancaster County Health Department

007925

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: 98380815

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 5400 White Rock Lane (no rural route) City Roca NE, Zip NE 68430

Legal Description ___ 4 ~~Town~~ N 7E White Rock Estates 1 1
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 Barry Radebaugh Signature Barry Radebaugh

Address 4544 Bancroft #3 City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 488-8445 Work Phone 430-9188

C. Contractor

Name Barry Radebaugh Company Name Radebaugh Custom Carpentry

Address 4544 Bancroft #3 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 430-9188

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 7/31/98 Date frwd 7/31/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/31/98 Date frwd 7/31/98	**ACTION** ☒ Approved ☐ Disapproved Signature ___	
3. **City or County Engineer**	Date rec'd 7-31-98 Date frwd 7-31-98	**ACTION** ☒ Approved ☐ Disapproved Signature ___	

Installation Final Written Approval

By Paul D. Williams

Date 9-15-98

Business Office Use Only

Date Rec'd 7/31/98

Amt Paid $150.00

Rec'd By ___ Cash/Check No. 1627

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 - 8022
Phone: ~~471-7800~~ 441-8000

B

Test Location Whiterock Estates
Block 1 Lot 1

FILE NO. Jerry

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-3-94 to 6-4-94. Weather: Precip. 0 Temp. 70°.

Hole's - 1-2-3-4-5-6 had water in From Pre-test

OWNER: Kubr Const.

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
2	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
3	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	6"	30m	0"	
4	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	6"	30m	0"	
5	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
6	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	

Mike Rowland
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address 2700 Dawn Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

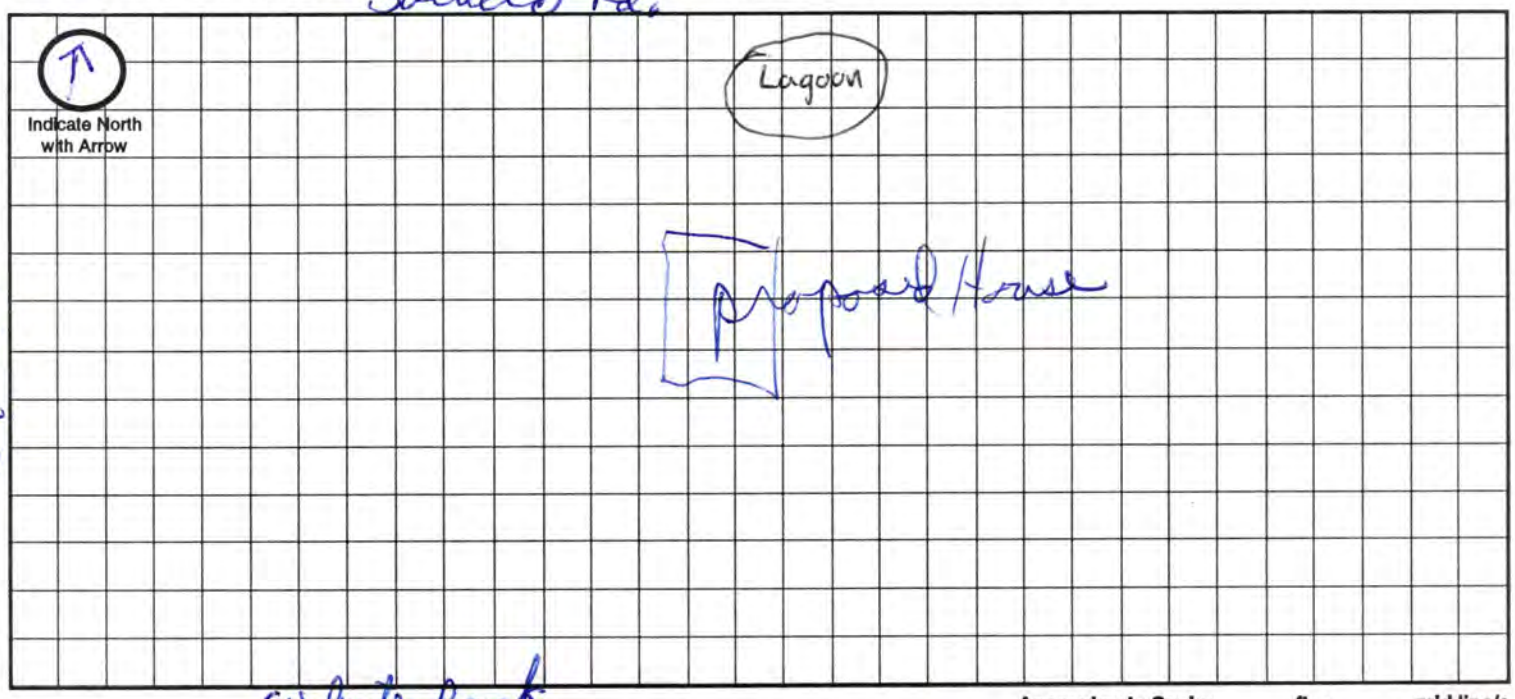
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98801815

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)

X Address (no rural route) 5400 White Rock Lane City Roca NE, Zip NE 68430

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 Radebaugh Custom Carpentry Date 7-23-98

Installer Larry Schwarck Date 7-22-98

FORM 23-102 10-96

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

D

Permit Number: 98380 1815

Sewage Disposal System

As Built Plans & Specifications

Date 4-6-99

System Location (Indicate correct number and street)

Address 5400 White Rock Lane (no rural route) City ~~Lincoln~~ Roca NE, Zip 68430

A. Building Sewer

1. Material: PVC
   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: 4
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

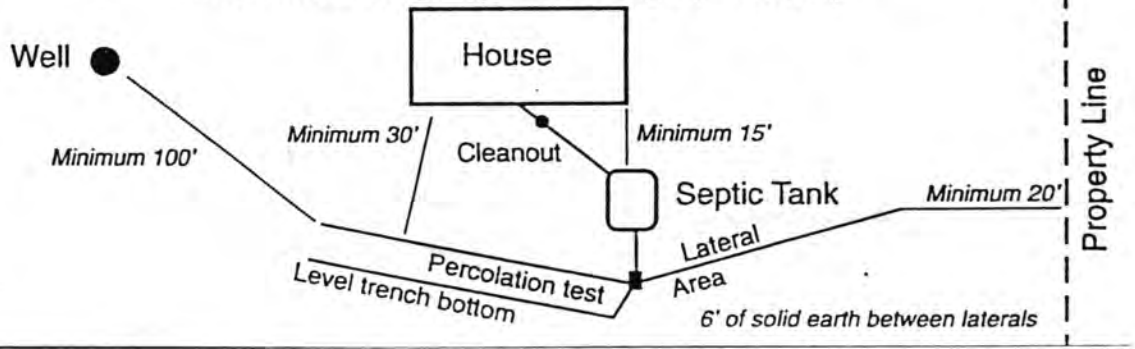
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

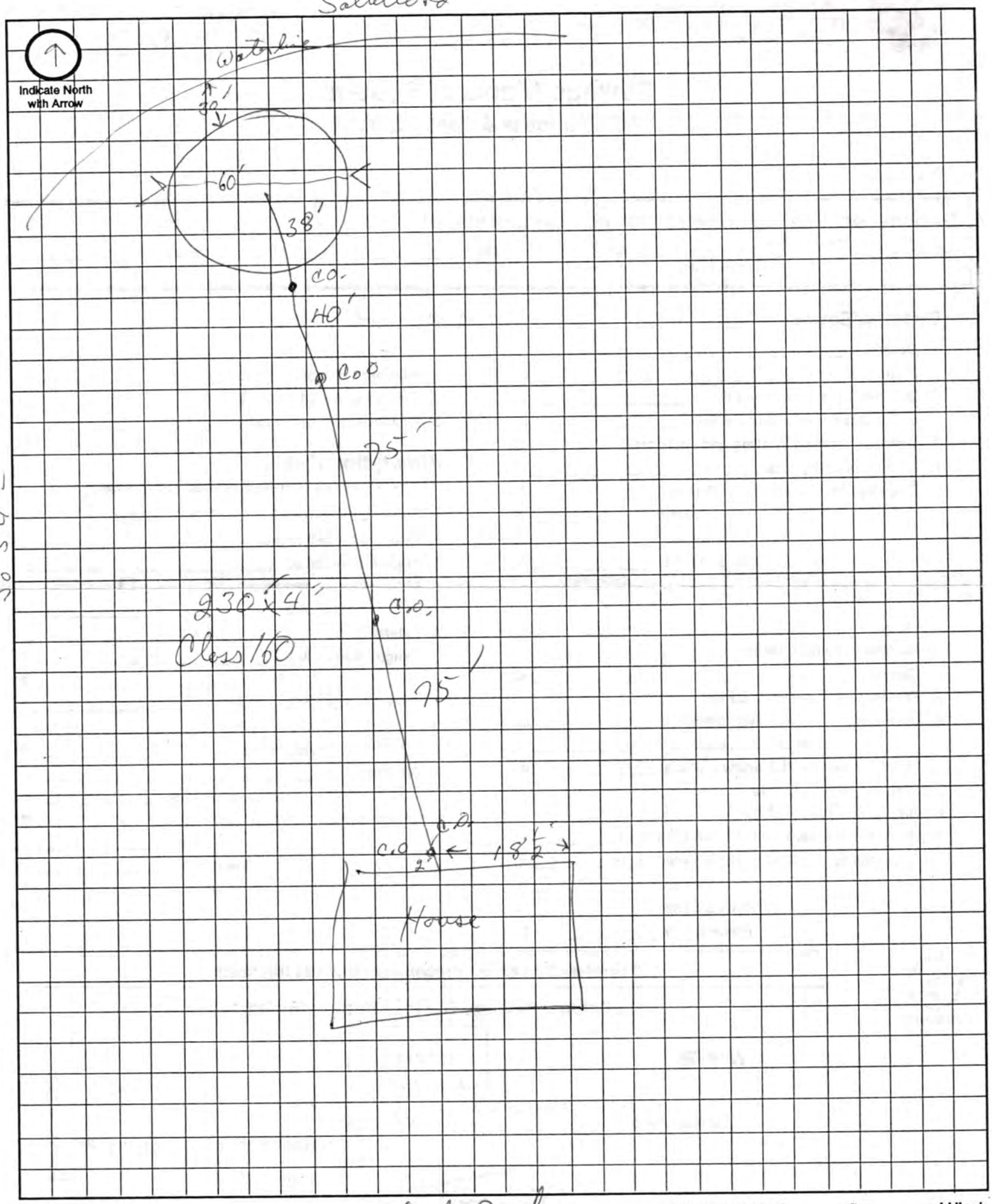


FORM 23-103 10-96

As Built Drawing by Larry Schwark

9-5-98

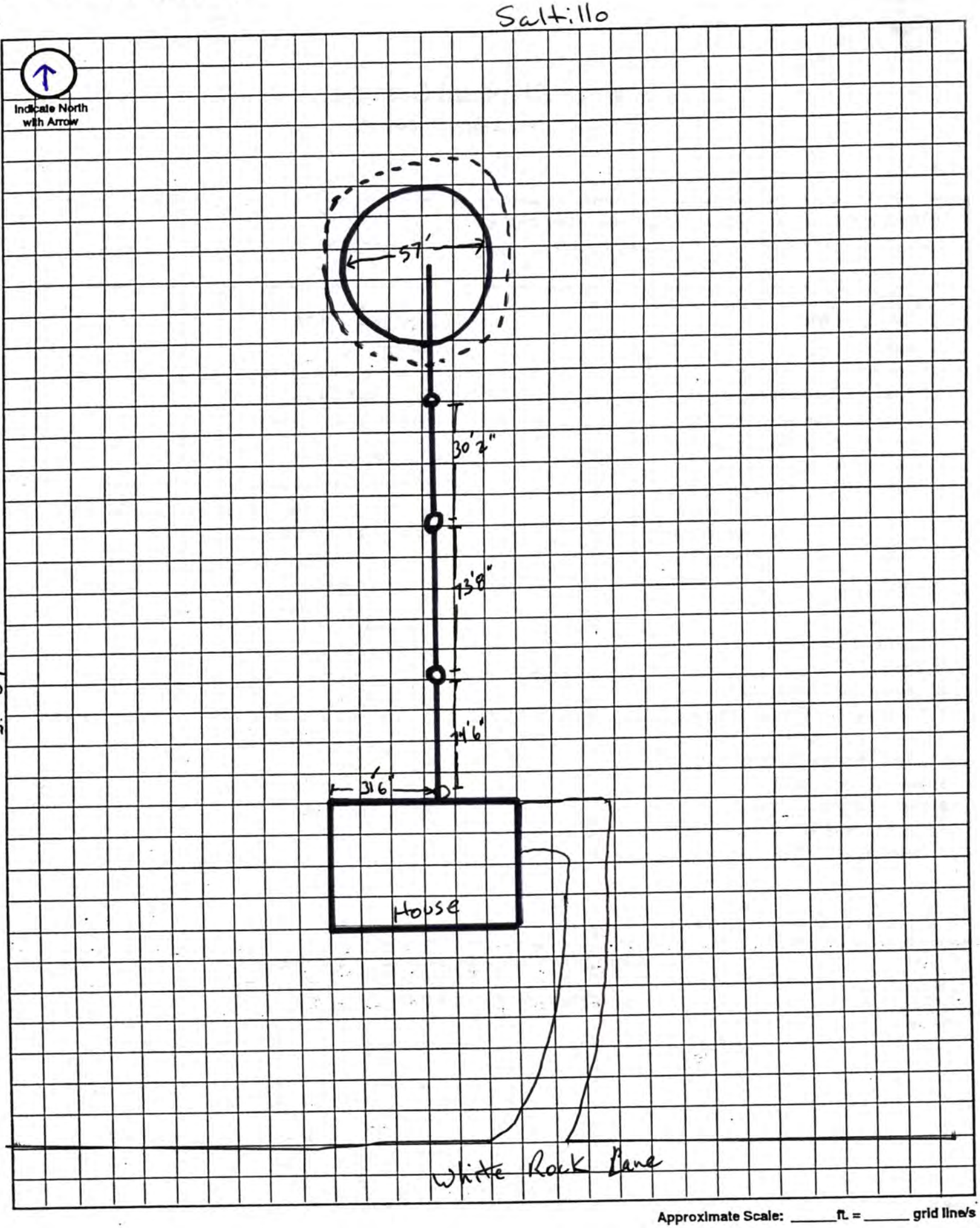
Saltillo Rd



White Rock

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

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380181501

SEWAGE INSTALLATION
LAGOON

Issued 07/31/98
Expires 01/31/99
Revenue Code 3157

PAID

FEES: $150.00

TOTAL $150.00

Establishment

BARRY RADEBAUGH
T8N R7E SEC 4
WHITE ROCK ESTATES BLK 1 LOT 1
5400 WHITE ROCK LANE-ROCA

Permittee

BARRY RADEBAUGH
4544 BANCROFT AVE
APT 3
LINCOLN NE 68506-4272

Issued By Health Director
Lincoln-Lancaster County Health Department

007925

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: 98380815

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 5400 White Rock Lane (no rural route) City Roca NE, Zip NE 68430

Legal Description ___ 4 ~~Town~~ N 7E White Rock Estates 1 1
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 Barry Radebaugh Signature Barry Radebaugh

Address 4544 Bancroft #3 City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 488-8445 Work Phone 430-9188

C. Contractor

Name Barry Radebaugh Company Name Radebaugh Custom Carpentry

Address 4544 Bancroft #3 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 430-9188

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 7/31/98 Date frwd 7/31/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/31/98 Date frwd 7/31/98	**ACTION** ☒ Approved ☐ Disapproved Signature ___	
3. **City or County Engineer**	Date rec'd 7-31-98 Date frwd 7-31-98	**ACTION** ☒ Approved ☐ Disapproved Signature ___	

Installation Final Written Approval

By Paul D. Williams

Date 9-15-98

Business Office Use Only

Date Rec'd 7/31/98

Amt Paid $150.00

Rec'd By ___ Cash/Check No. 1627

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 - 8022
Phone: ~~471-7800~~ 441-8000

B

Test Location Whiterock Estates
Block 1 Lot 1

FILE NO. Jerry

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-3-94 to 6-4-94. Weather: Precip. 0 Temp. 70°.

Hole's - 1-2-3-4-5-6 had water in From Pre-test

OWNER: Kubr Const.

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
2	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
3	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	6"	30m	0"	
4	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	6"	30m	0"	
5	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	
6	36"	6-3	4:30 pm	6-4	12:30 pm	6-4	12:30 pm	6"	1:00 pm	5 7/8"	30m	1/8"	

Mike Rowland
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address 2700 Dawn Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

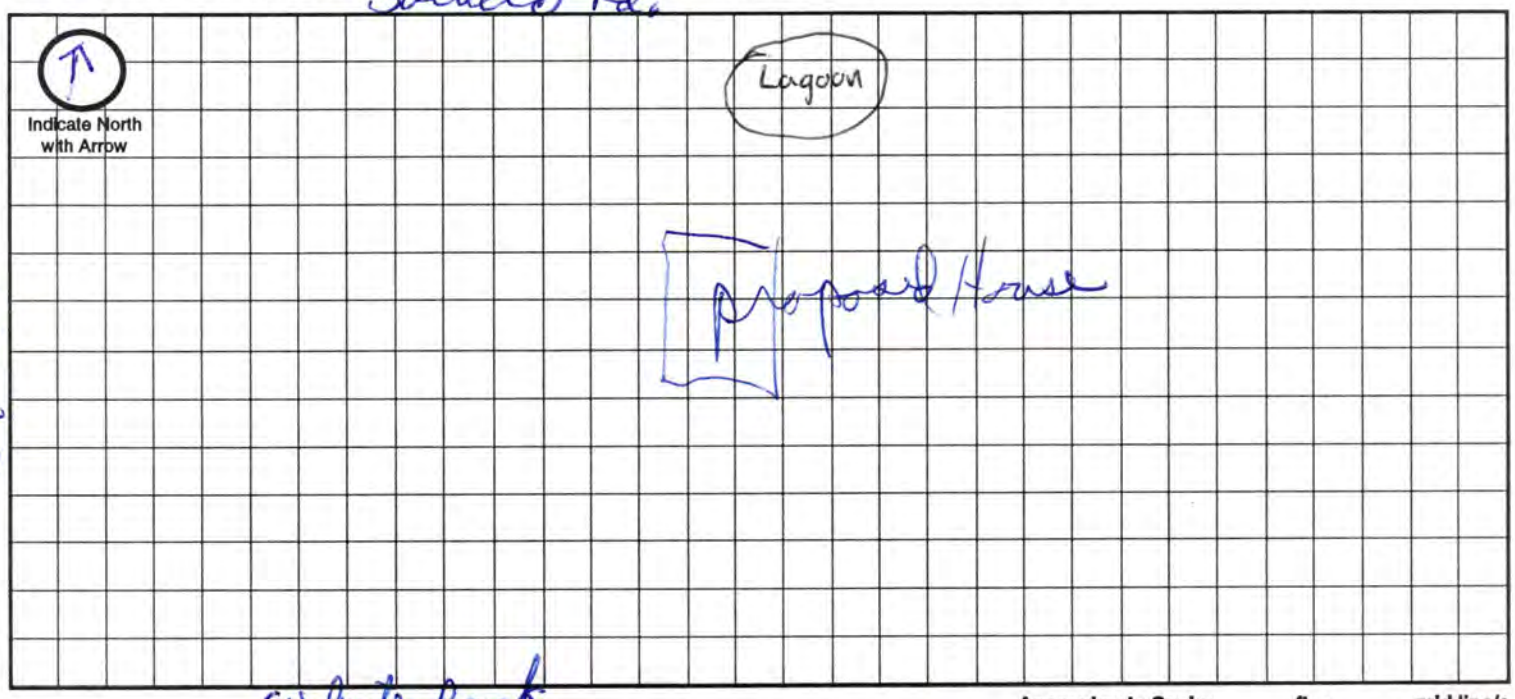
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98801815

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)

X Address (no rural route) 5400 White Rock Lane City Roca NE, Zip NE 68430

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 Radebaugh Custom Carpentry Date 7-23-98

Installer Larry Schwarck Date 7-22-98

FORM 23-102 10-96

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

D

Permit Number: 98380 1815

Sewage Disposal System

As Built Plans & Specifications

Date 4-6-99

System Location (Indicate correct number and street)

Address 5400 White Rock Lane (no rural route) City ~~Lincoln~~ Roca NE, Zip 68430

A. Building Sewer

1. Material: PVC
   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: 4
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

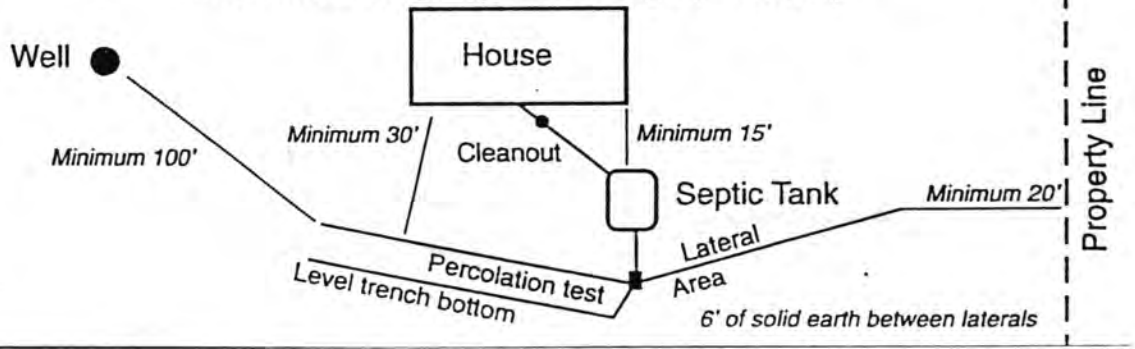
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

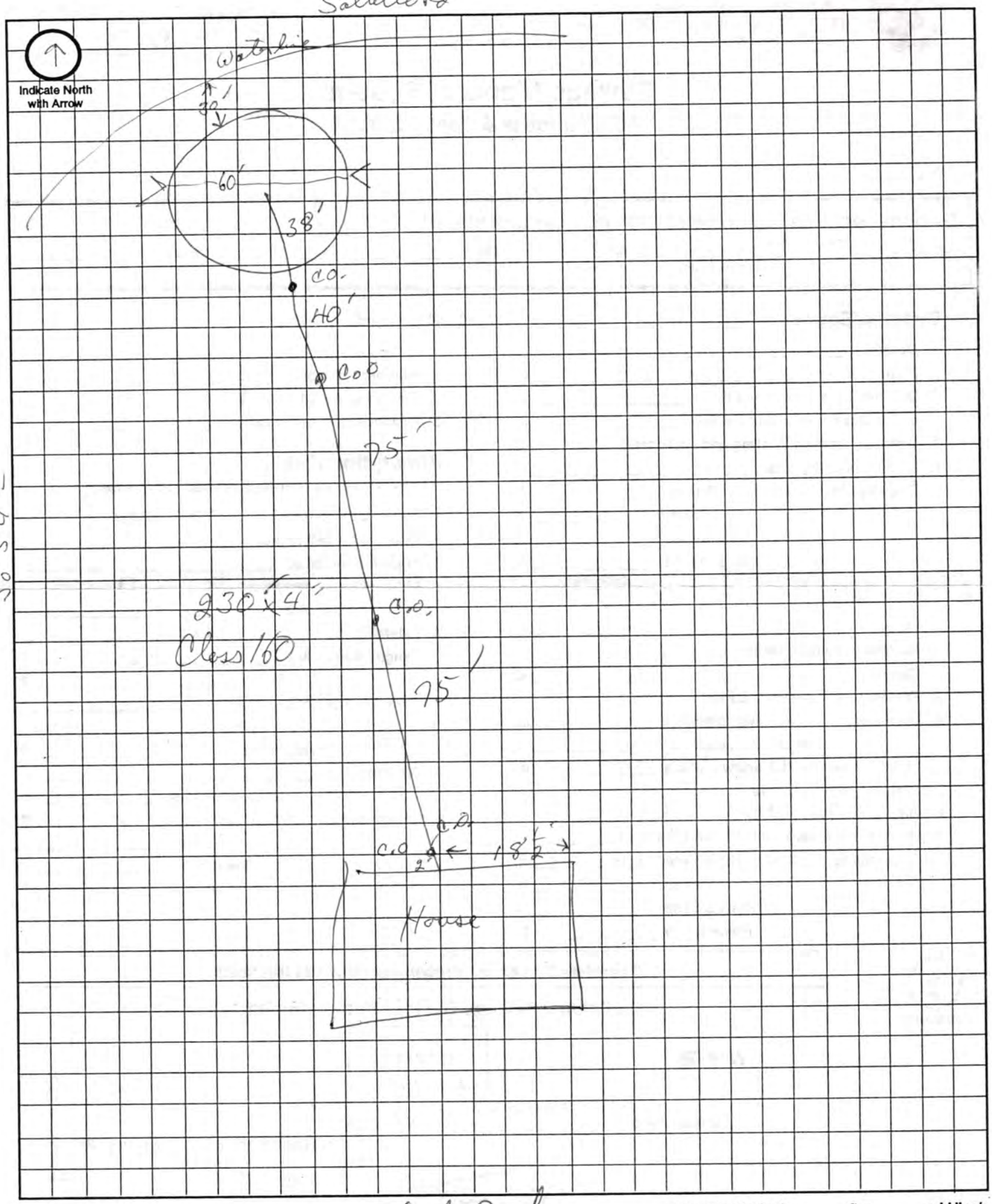


FORM 23-103 10-96

As Built Drawing by Larry Schwark

9-5-98

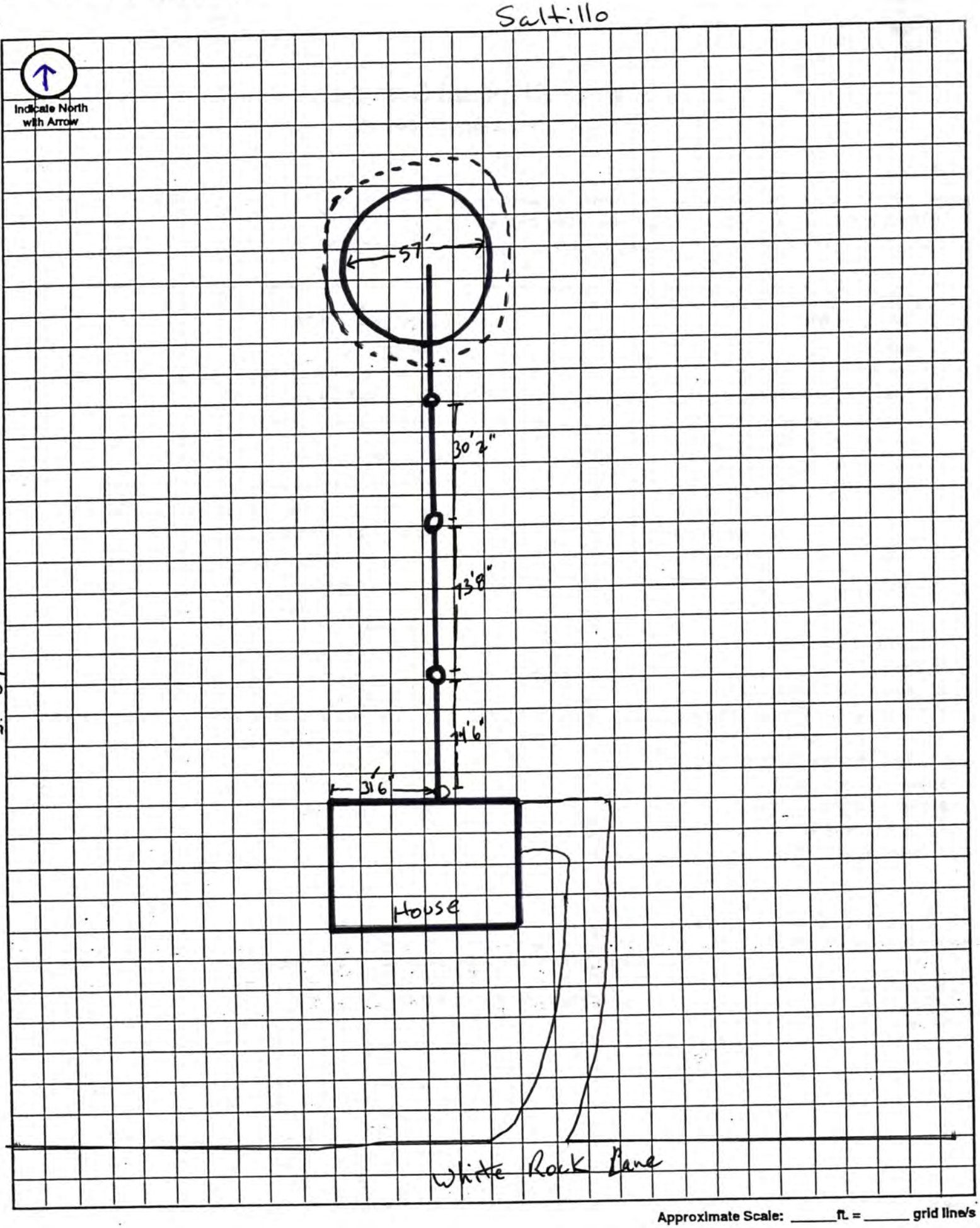
Saltillo Rd



White Rock

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

As Built Drawing



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