LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380104201

Issued 08/10/93
Expires 02/10/94
Revenue Code 18754

Establishment
MIKE POE
T8N R7E SEC 22
LEISURE LAKE ESTATES LOT 1
16700 S 72 STREET

FEES: $150.00

TOTAL $150.00

Permittee
MIKE POE
8701 ROCA RD
ROCA NE 68430

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

A

FILING FEE: $_____

FILE NO._____

DATE: 8-3-93

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 22 ; Block 1 : Lot 1 : Addition LOUISVILLE LAKE ESTATES First Add.
   Street Address 16700 So. 72 St.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: 2 miles ft.

SWITCH TO LAGOON 9/20/93

Mike G. Fe 437-6911
Signature of Applicant (Owner or Lessee)

8701 Rock Rd, Roca, NE. 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/4/93. Date Frwd. 8/5/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neal
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/5/93. Date Frwd. 8/5/93. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Spence
3. City or County Engineer: Date Rec'd. 8-6-93. Date Frwd. 8-6-93. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date:_____by:_____
Date:_____by:_____
Date:_____by:_____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____By:_____

FORM 23-43

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section 22.
Property Dimensions: 330 ft. x 600 ft. Area: 5± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-1 to 8-2-93. Weather: Precip. 0 Temp. 80.

OWNER: Poe Development Co

Address: 8701 Rock Rd, Rock, NE.

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	24"	8/1	1:00 PM	8/2	4:30 PM						30	3/4"	
2	↓										↓	1/2"	
3												1 1/2"	
4												5/8"	
5												1 1/2"	
6												3/4"	

Signature of Person Conducting Test

Address 8701 Rock Rd, Phone 792-2266

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: AUGUST 5, 1993

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: AUGUST 5, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 916 sq.ft.

Gerald C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

D

DATE: 9-3-97

FILE NO. _____

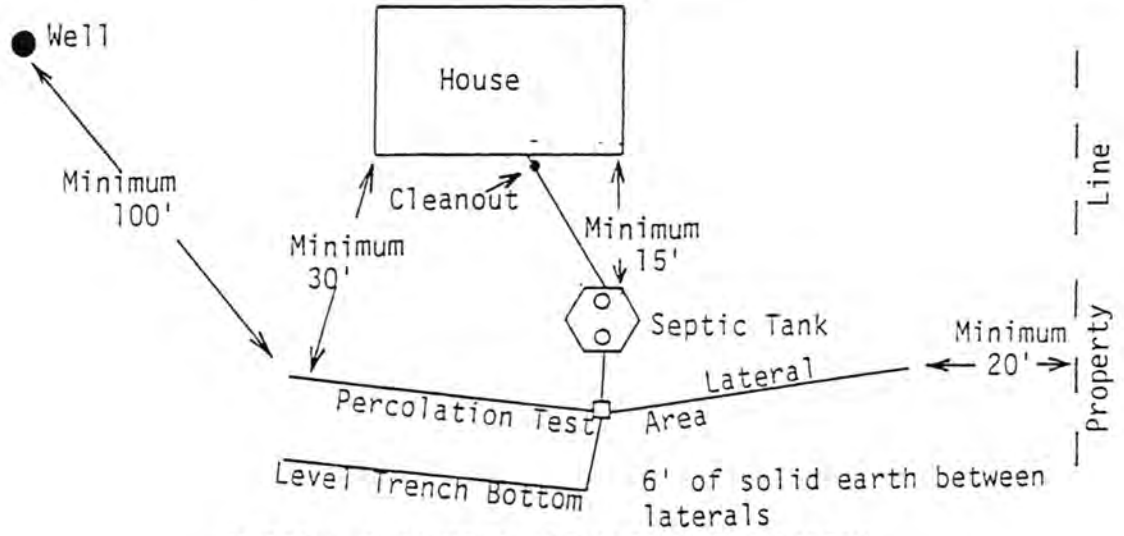
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Concrete; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line None ft.;
Stream None ft.; Pressure Line _____ ft.; Property Line 35 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☒ Grade 20 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line None ft.;
Stream None ft.; Pressure Line _____ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 80, _____, _____, _____, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 36" ft.;
Slope 1½ in/100 ft.; Average Depth 30 in.
4. Filter Material: Rock Gravel
Depth of Material 6" in.
5. Distances to:
Well or Suction Line None ft.;
Stream None ft.; Pressure Line None ft.; Property Line 35+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN