Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380257001

Issued 11/18/02
Expires 05/18/03
Revenue Code 3157

Establishment

POE DEVELOPMENT CO
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 1
16001 HICKMAN RIDGE RD-ROCA

FEES: $200.00

Permittee

POE DEVELOPMENT CO
8701 ROCA RD
ROCA NE 68430

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003121

NEW
OCTOBER PERMIT **A**

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

Permit Number: 0238025 7001

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 16001 Hackman Ridge Rd. (no rural route) City Roca NE, Zip 68430

Legal Description 22 8N 7E Hackman Ridge 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 Poe Signature [signature]

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

☐ Check if owner designed system Home Phone 792-2166 Work Phone 430-6911

C. Contractor

Name Poe Dew Company Name Poe Development Co

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

☐ Check if contractor designed system Work Phone 430-6911

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 11/18/02 Date frwd 12/4/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-4-02 Date frwd 12-4-02 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 12/04/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

8/5/03 Moved lagoon J.C.H.
6/27/03 Lagoon only J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 5, 2003

Business Office Use Only

Date Rec'd 11/18/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 7049

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 16001 Hickman Ridge Rd (no rural route) City Roca NE, Zip Ne. 68430

Owner Roe Addresss 8701 Roca Rd

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

Date of Tests 11/14 to 11/15 Weather: Precipitation None Temperature 50°

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				
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	24	11/14	8Am	11/14		11/15	8Am	18	11/15	11:30Am	30	1/2	
2	24	↓	↓	↓		↓	↓	18	↓	↓	30	5/8	
3	20							17			30	1/2	
4	20							17			30	1/4	
5	22							18			30	3/8	
6	22	↓	↓	↓		↓	↓	18	↓	↓	30	1/4	

Person Conducting Percolation Tests

Name: Mike Roe

Phone: 430-6911

Address 8701 Roca Rd
Roca, Ne. 68430

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Won't pass

Signature of Reviewing Official Jerrold C. Hood Date November 18, 2002

FORM 23-101 10-96

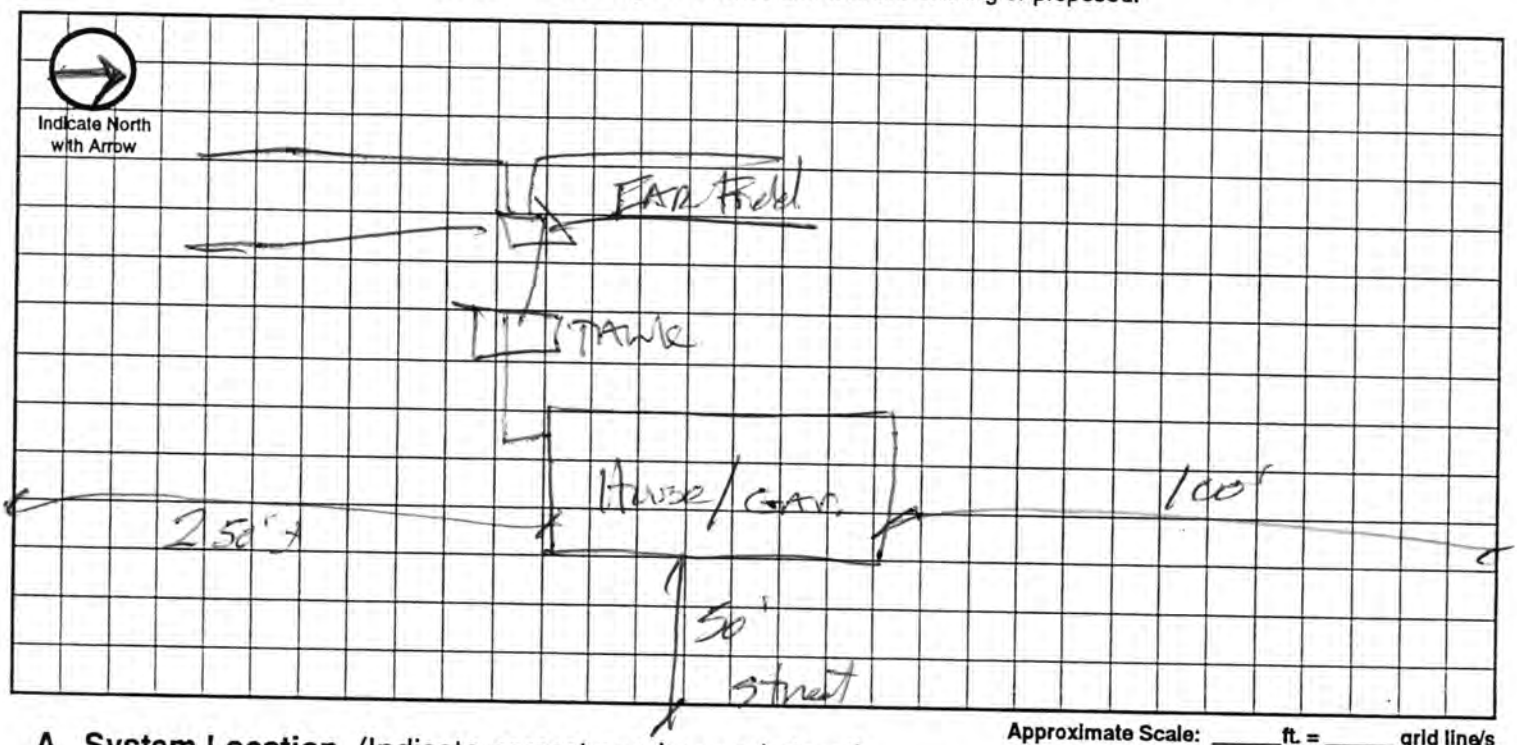
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C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16001 Hickmans Ridge Rd. 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: CLAY Land Slope: 5 %

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 1500 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 RE Development Co Date 11/18/02

Installer _____ Date _____

FORM 23-102 10-96

JUL 0 1 2003

G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

06/28/03

To Jerry Hood,
This is the as built drawing for 16001 Hickman Ridge Road Lagoon system for Poe Development.

