Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380247201

Issued 05/20/02
Expires 11/20/02
Revenue Code 3157

Establishment
MIKE POE
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 2
16001 HICKMAN RIDGE RD-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee
MIKE POE
8701 ROCA RD
ROCA NE 68430

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002215

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

A

Permit Number: 023802472

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 1600 (no rural route) Hickman Rose Rd. City Hickman NE, Zip NE.

Legal Description Lot 2, BLK. 1, Hickman Rose Estates

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
		12	8N	7E			1	2

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Mike Poe Signature _____

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

☐ Check if owner designed system Home Phone 797-2206 Work Phone _____

C. Contractor

Name Range Constr. Company Name _____

Address _____ City/State/Zip _____

☑ Check if contractor designed system Work Phone _____

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 5/20/02 Date frwd 5/20/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/20/02 Date frwd 5/20/02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/20/02 Date frwd 5/20/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 23, 2002

Business Office Use Only

Date Rec'd 05/20/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 6703

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

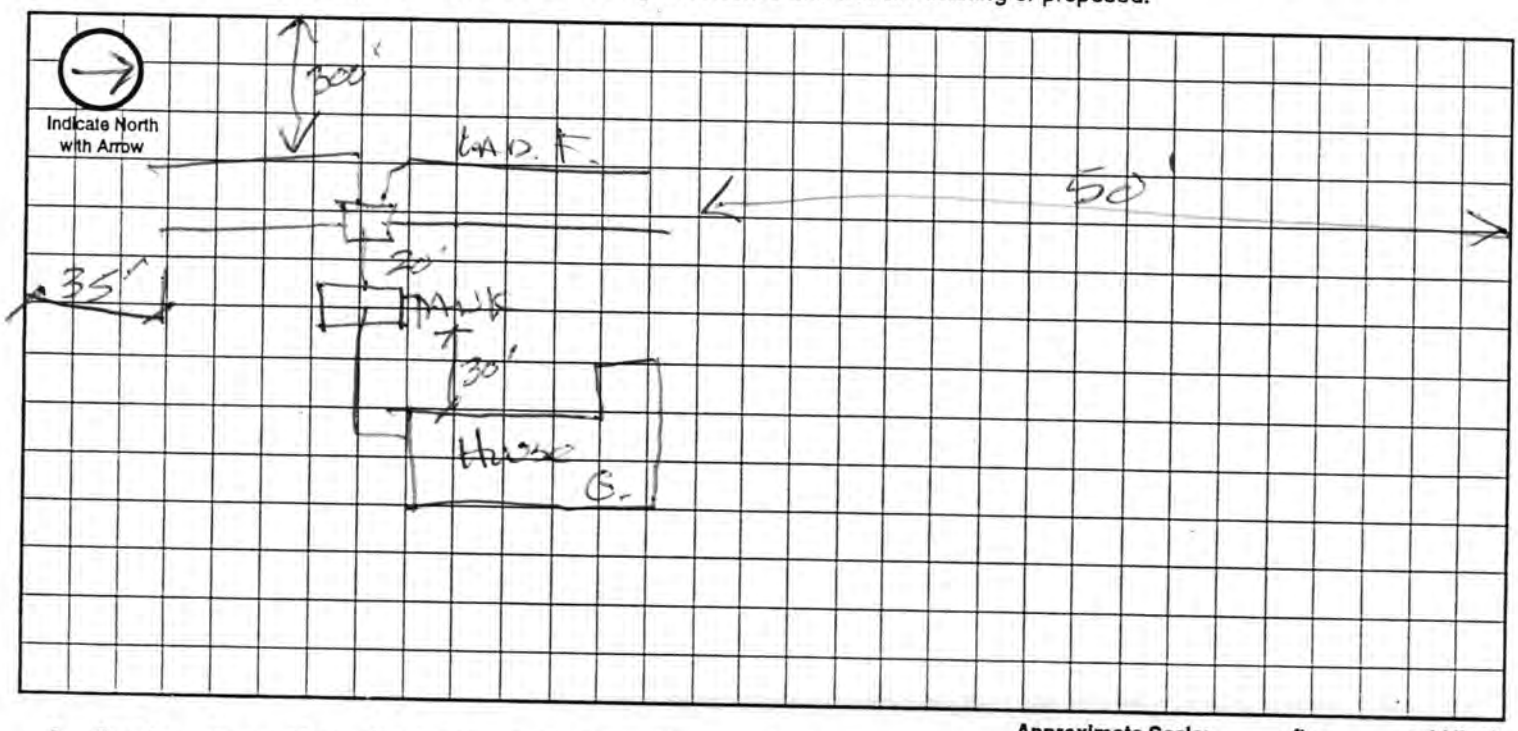
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C

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) 16101 Hickman Ridge City Lora 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: 1050 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~1050~~ 263 ft. Number of Trenches _____ 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 Poe Development Co. Date 11/18/02

Installer _____ Date _____

FORM 23-102 10-96

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 16101 Hallmark Ridge Rd (no rural route) City Roca NE, Zip Ne. 68430

Owner Poe Addresss 8701 Roca Rd

Soil Type (SCS): clay 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. 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	18	11/14				11/15	8Am	12	11/15	11:30	30	1"	
2	18	↓				11/15	8Am	12	11/15	11:30	30	3/4"	
3	18					11/15	8Am	12	11/15	11:30	30	1/2"	
4	19					11/15	8Am	12	11/15	11:30	30	1/2"	
5	19					11/15	8Am	12	11/15	11:30	30	3/8"	
6	24					11/15	8Am	12	11/15	11:30	30	3/8"	

Person Conducting Percolation Tests

Name: Mike Poe

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

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 16101 Hackman Ridge Rd. (no rural route) City Roca NE, Zip 68430

Owner Poe Addresss 8701 Roca Rd

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

Date of Tests 11/19 to 11/20 Weather: Precipitation None Temperature 40°

Redo Hole # 5 & 6 **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)
5	24	11/19	8 AM	11/20		11/20	8 AM	18	11/20	11:30	30	5/8	
6	24	11/19	8 AM	11/20		11/20	8 AM	18	11/20	11:30	30	1/2	

Person Conducting Percolation Tests

Name: Mike Poe
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 _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

12/20/02

To Jerry Hood,
This is the as built drawing for 16101 Hickman Ridge Road for Poe Development. 1250 Gallon tank & 1 x 137.5' & 1 x 131.25' Standard H10 Laterals

