Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002125

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380261701

Issued 04/11/03
Expires 10/11/03
Revenue Code 3157

Establishment MIKE POE
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 6
6900 NATNEY CT-HICKMAN

FEES: $200.00

Permittee MIKE POE
8701 ROCA RD
ROCA NE 68430

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380261701

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 6900 Nathan ct. (no rural route) City Hickman NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 22 Section 8N Township 7E Range Hickman Ridge Estates Subdivision _____ Addition 1 Block 6 Lot

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 ROAD, ROCA NE City/State/Zip _____

☐ Check if owner designed system Home Phone 792-2216 Work Phone 430-6911

C. Contractor

Name ~~POE~~ Company Name ~~[illegible]~~ G & A Backhoe Eagle, NE

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 4/11/03 Date frwd 4/15/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4/16/03 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 4-16-03 Date frwd 4-16-03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

11/12/03 Sewer, tanks, lateral f.c.H.

Installation Final Written Approval

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

Date NOVEMBER 14, 2003

Business Office Use Only

Date Rec'd 4/11/03
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1148

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: 033802617

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 69000 NATHEY ct. (no rural route) City HICKMAN NE, Zip

Owner POE Address 8701 Roca Rd, Roca NE 68430

Soil Type (SCS): MAYBERRY SILTY CLAY LOAM Percolation Rate: min./inch

Date of Tests 4/9 to 4/10/03 Weather: Precipitation 0 Temperature 60-70

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	32	4/9/03	8 AM	4/9/03	12	4/10/03	8 AM	8"	4/10/03	3:30	30 MIN.	.5	20 MIN/IN
2	32	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	2.5	12 MIN/IN
3	34											1	30 MIN/IN
4	30											.5	60 MIN/IN
5	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	.5	60 MIN/IN
6	34	4/9/03	8 AM	4/9/03	12	4/10/03	8 AM	8"±	4/10/03	3:30	30 MIN.	.5	60 MIN/IN

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: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: APRIL 11, 2003

FORM 23-101 10-96

APR 15 2003

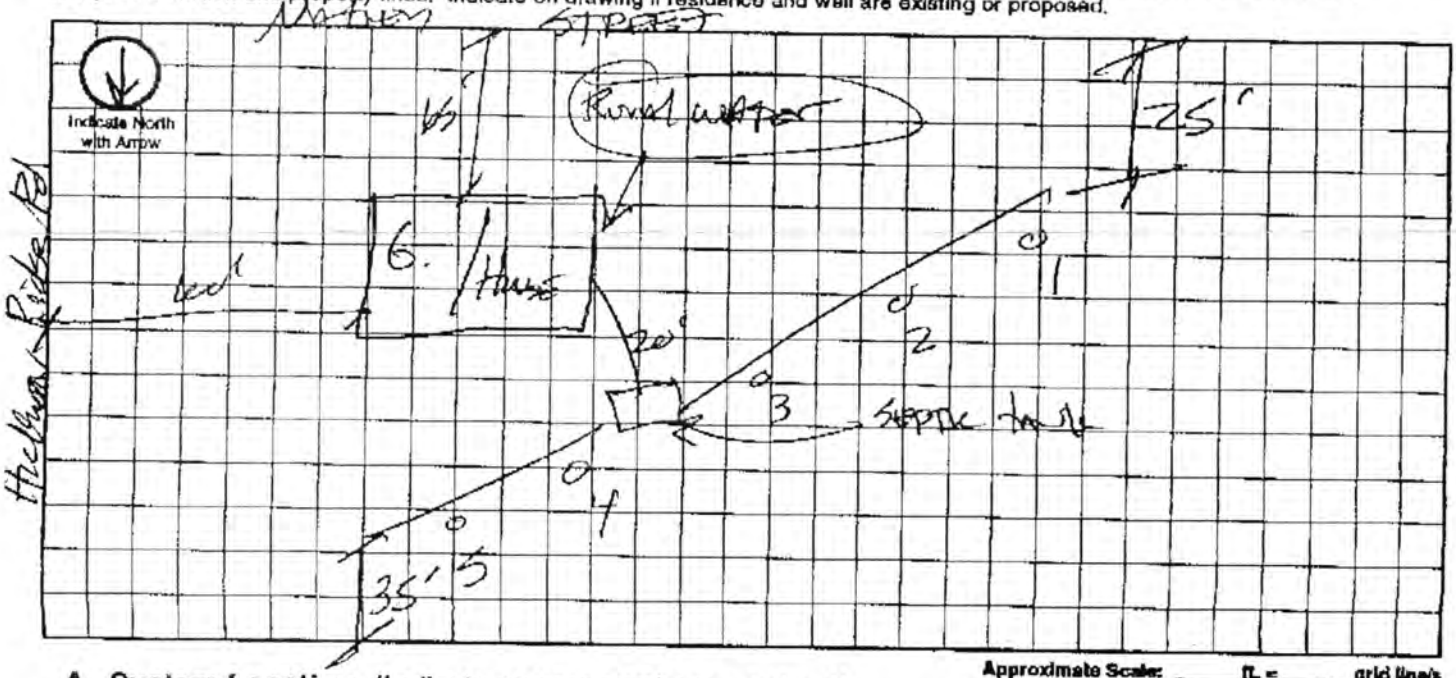
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: 033802617

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) 6900 Nation ct. City _____ NE, Zip _____

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 Ross Dalrymple Date 4/10/03

Installer Gordon Hibbs Date 4-14-2003

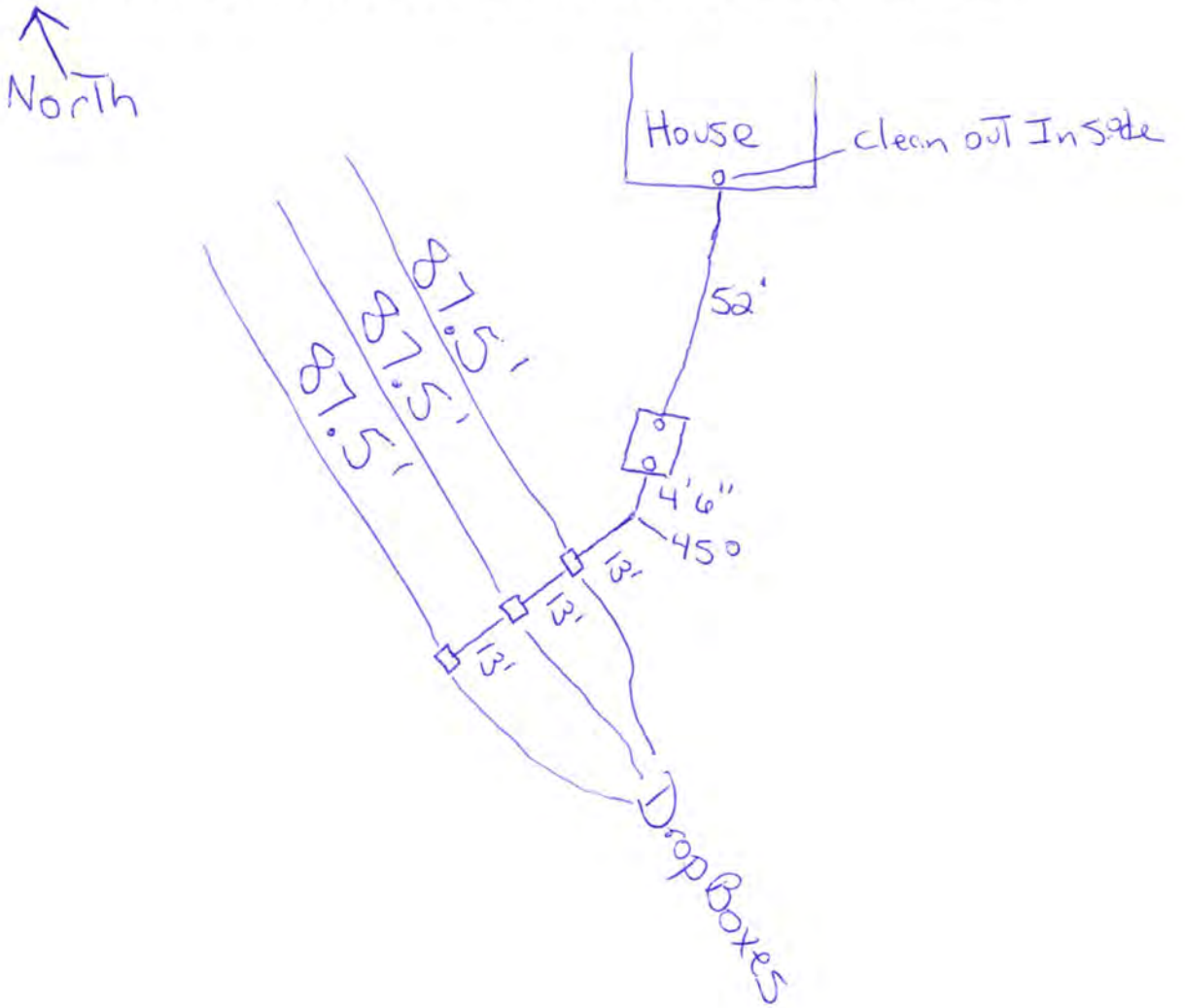
FORM 23-102 10-98

RECEIVED
NOV 14 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

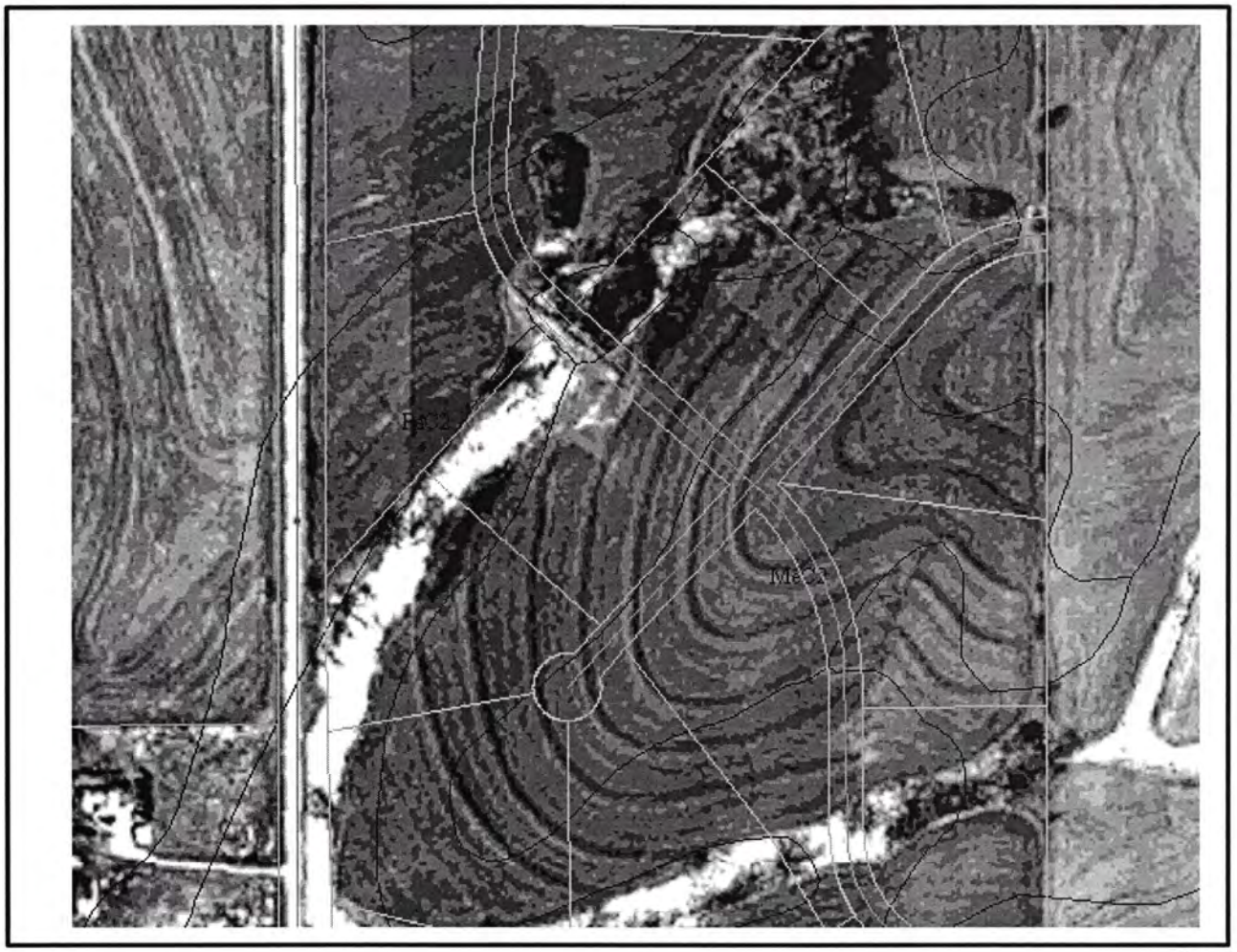
11/12/03

To Jerry Hood,
This is the as built drawing for the septic system @ 6900 Natney Court for Poe Development. 1500 gallon concrete septic tank with risers to grade. 1050 Square ft of Infiltrator standard H10 lateral & 3 drop boxes.



ESRI ArcExplorer 2.0

6900 Natney Court



streets
Parcels
soils (MUSYM)

N

Friday, Apr 11 2003