Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003121

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380272301

Issued 09/30/03
Expires 03/30/04
Revenue Code 3157

Establishment

MIKE POE
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 12
7000 LEISURE LAKE-ROCA

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: 03380272301

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 16801 So. 72nd St., Roca NE (Septic)
T8N; R7E; Sec 22; Blk 1; Lot 12
Hickman Ridge Estates

A. Sy **d street)**

Address _____ Roca NE, Zip Ne. 68430
(no rural route)

Legal Description 22 8N 7E Hickman Ridge Estates 1 12
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 Lee Signature _____

Address 6701 Roca Rd City/State/Zip Roca, Ne 68430

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name G & A. Backhoe Service Company Name Landon Lake

Address RR1 City/State/Zip Dorchester, Ne

☒ 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 9/30/03 Date frwd 10/10/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/10/03 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/10/2003 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

11/22/04 one lateral, need drawing. J. Ell

Installation Final Written Approval

By Jerrold C. Wood R.E.H.S.
Date MAY 27, 2004

Business Office Use Only
Date Rec'd 09/30/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 7794

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

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B

Permit Number: 033802723

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

LOT 12 BK 1 Ridge Estates

System Location (Indicate correct number and street) HICKMAN ACRES

Address _____ City. Raca NE, Zip _____

Owner _____ (no rural route) Address 5741 Raca Rd Raca NE

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

Date of Tests 7/24/02 to 7/25/02 Weather: Precipitation -0- Temperature 98°

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	27	7/24	8 AM	7/25	8AM	7/25	8 AM	6	7/25	12 AM	30	1 5/8	28 MIN/IN
2	28	7/24	8AM	7/25	8AM	7/25	8 AM	6	7/25	12 PM	30	1	30 MIN/IN
3	27	7/24	8 AM	7/25	8 AM	7/25	8AM	6	7/25	12 PM	30	5/8	48 MIN/IN
4	26	7/24	8 AM	7/25	8AM	7/25	8AM	6	7/25	12 PM	30	1	30 MIN/IN
5	29	7/24	8AM	7/25	8AM	7/25	8AM	6	7/25	12 PM	30	1 1/4	24 MIN/IN
6	27	7/24	8AM	7/25	8AM	7/25	8AM	6	7/25	12 PM	30	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: ~~[illegible]~~ KRAESE

Phone: 560 6208

Address 7324 RACHARD

LNK NE 68507

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 48 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-99

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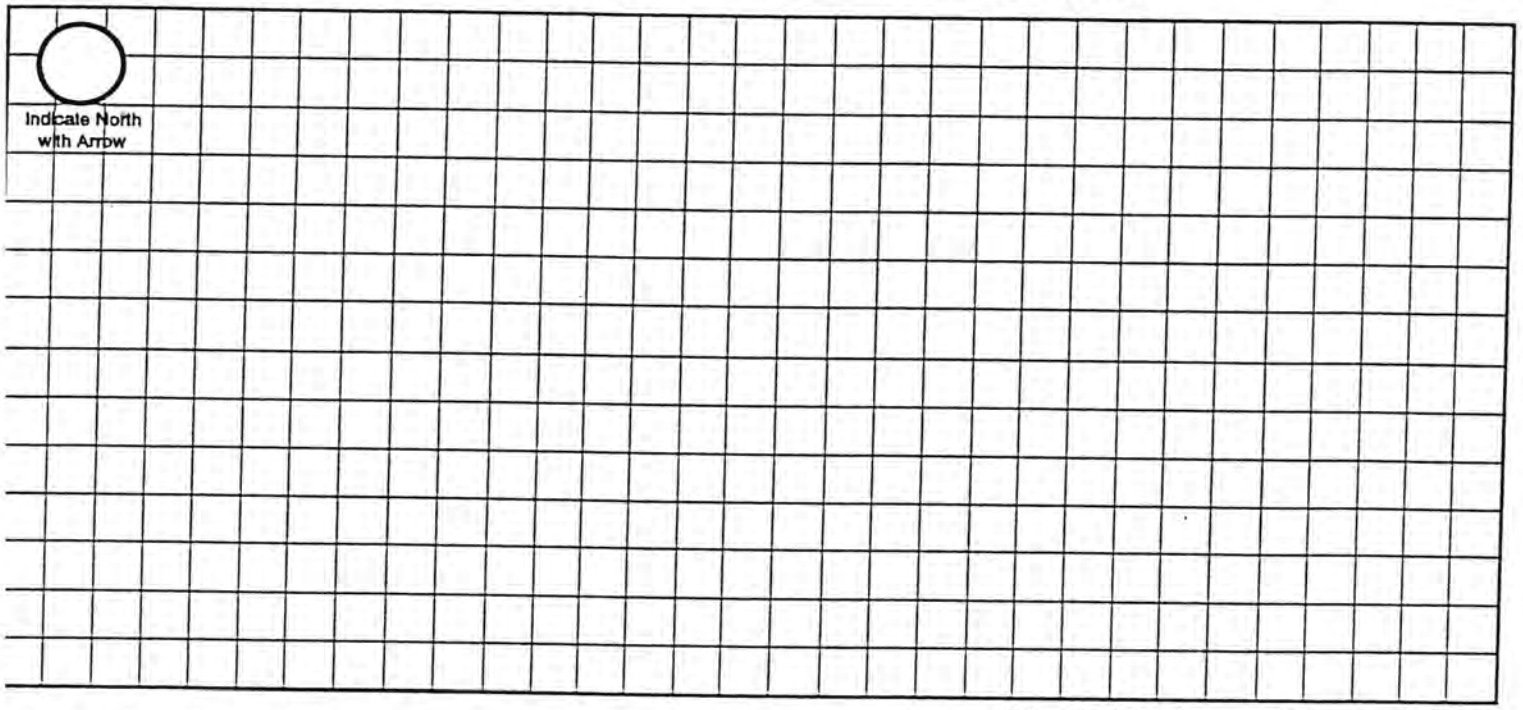
C

Permit Number: 033802723

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) _____ 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 1000 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 _____ Date _____

Installer Gordon Lukes Date 10-1-2003

RM 23-102 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

05/22/04

To Jerry Hood,
This is the as built drawing for a Septic System @ 16801 South 72nd Street for Poe Development. 1500 Gallon tank with risers to grade & 1750 Sq Ft of Infiltrator H10 lateral with 4 drop boxes.

