Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 0038022570

Issued 10/26/00
Expires 04/26/01
Revenue Code 315.

Establishment

REZAC CONSTRUCTION
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 2 LOT 3
NA

FEES: $200.00

Permitee

REZAC CONSTRUCTION
140 N 1 ST
LINCOLN NE 68508-2301

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013856

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

10/25/00
FILING FEE: $ 200 cc ck # 4625

FILE NO. 003802257

DATE: 10/25/00

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. 9N ; Range 5E ; Section 2 ;
   Block 2 : Lot 3 : Addition Ridge Park 1st
   Street Address

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐ plus whirlpool

4. Distance to public sewer: NONE . ft.

M Rezac
Signature of Applicant (Owner or Lessee)

140 North 1st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/25/00. Date Frwd. 10/25/00. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/25. Date Frwd. . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. . Date Frwd. . ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits: Installation was inspected although date is unknown
Date: by: DS
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/9/02 By: Doug Smith

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

FORM 23-43

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

B

Permit Number: 00302257

Lot 3 Blk 2
Ridge Park 1st Add.

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6 Pheasant Ridge Rd. (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

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

Date of Tests 9-9 to 9-10-99 Weather: Precipitation _____ Temperature _____

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	30	9-9	10:15	9-10	7:10	9-10	10:40	18	9-10	11:10	30	1	
2								9 1/2				3/4	
3								15 1/2				2	
4								10 1/4				1/2	
5								12				1/2	
6								14 1/2				1/2	

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489-7294
Address: 8200 old cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

Muggy C

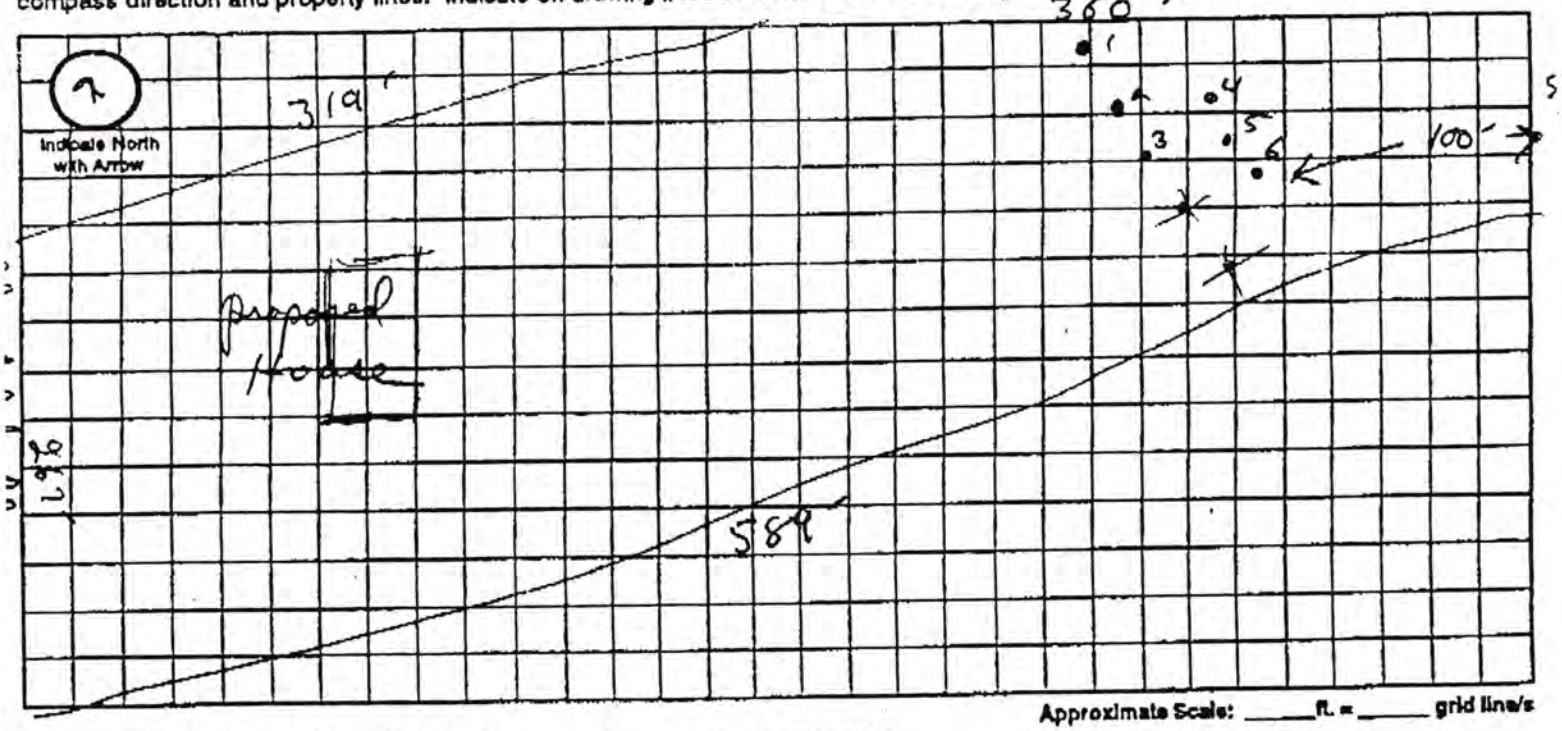
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 003802257

Lot 3 Blk 2
Ridge Park 1st Add.

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) Pleasant Ridge Rd. 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 60 (min. per inch) Soil Type: _____ Land Slope: 1% %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 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

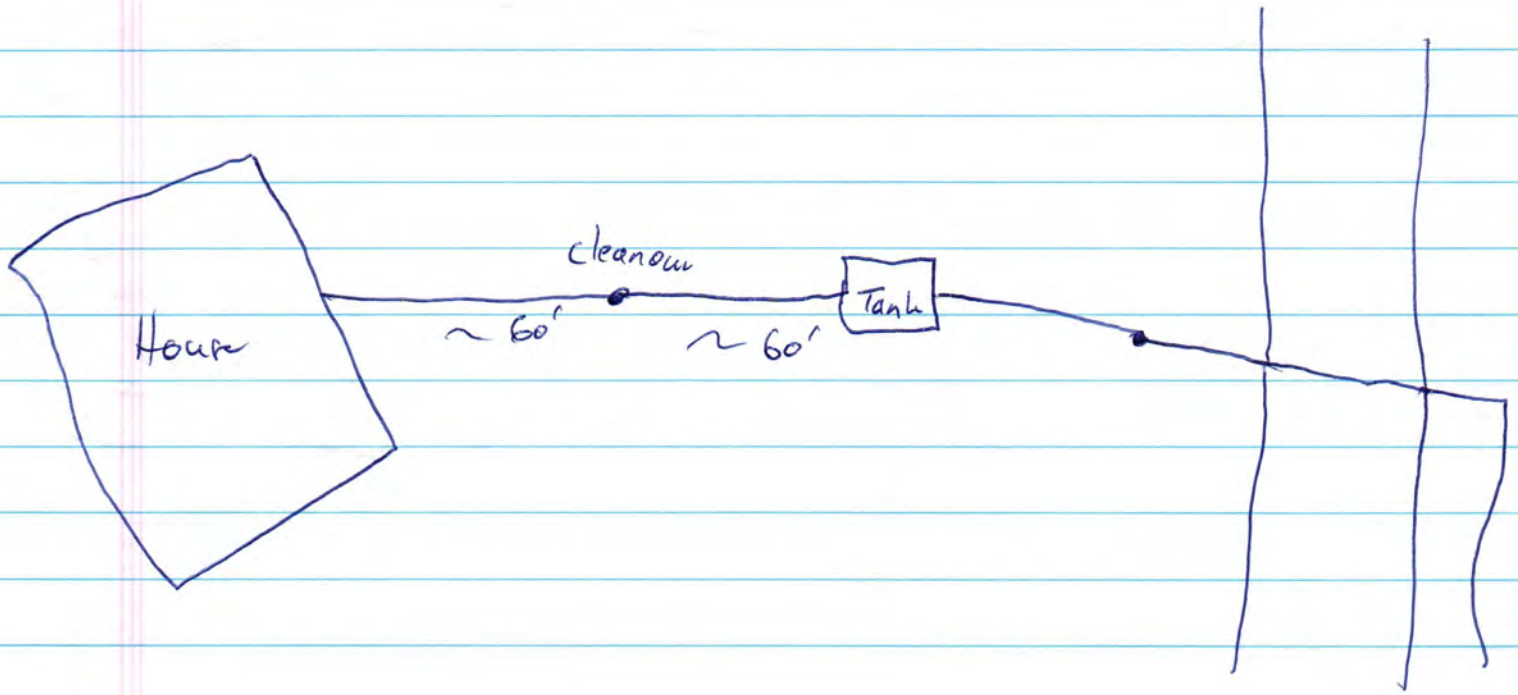
X Home Building Contractor _____ Date _____

Installer Larry Schwarsta Date 9-10-99

FORM 22-102 10-96

3200 Pheasant Ridge Rd.

North



Field notes by DS