Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002192

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380263401

Issued 05/07/03
Expires 11/07/03
Revenue Code 3157

Establishment:
MIKE POE
T9N R6E SEC 17
EQUESTRIAN ESTS-1ST BLK 3 LOT 1
2445 W STALLION RD

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: 03380263401

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 2445 W - STALLION (no rural route) City Lincoln NE, Zip _____

Legal Description _____ 17 9N 6E 1ST Add. EQUESTRIAN ESTATES 3, 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 _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Gordon Luke G & A. Backhoe Address 23195, 214 ST. Company Name G & A. Backhoe Service City/State/Zip Eagle NE -

☑ Check if contractor designed system Work Phone 450-2409, 781-2408

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 5/7/03 Date frwd 5/9/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 5-9-03 Date frwd 5-9-03	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 5-9-03 Date frwd 5-9-03	ACTION ☒ Approved ☐ Disapproved Signature	

11/11/03 Line tank, lateral D.F

Installation Final Written Approval

By Jerrold C. Hood, P.E. & L.S.

Date November 14, 2003

Business Office Use Only

Date Rec'd 05/07/03
Amt Paid 200.00
Rec'd By LC ~~Cash~~/Check No. 7257

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

change From LAGOON Permit

B

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

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 2445 West Stallion (no rural route) City Lincoln NE, Zip

Owner Poe Addresss 8701 Roca Road

Soil Type (SCS): Percolation Rate: 60 min./inch

Date of Tests 8/30 to 8/31 Weather: Precipitation 0 Temperature 90

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	8/30	8AM	8/31	8AM	8/31	8AM	24"	8/31	3½	30	1½	
2	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1½	
3	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1½	
4	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	
5	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/4	
6	30	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1	

Person Conducting Percolation Tests

Name: Mike Foley

Phone: 430-6911

Address: 8701 Roca Rd, Roca, NE 68430

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60 per Inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

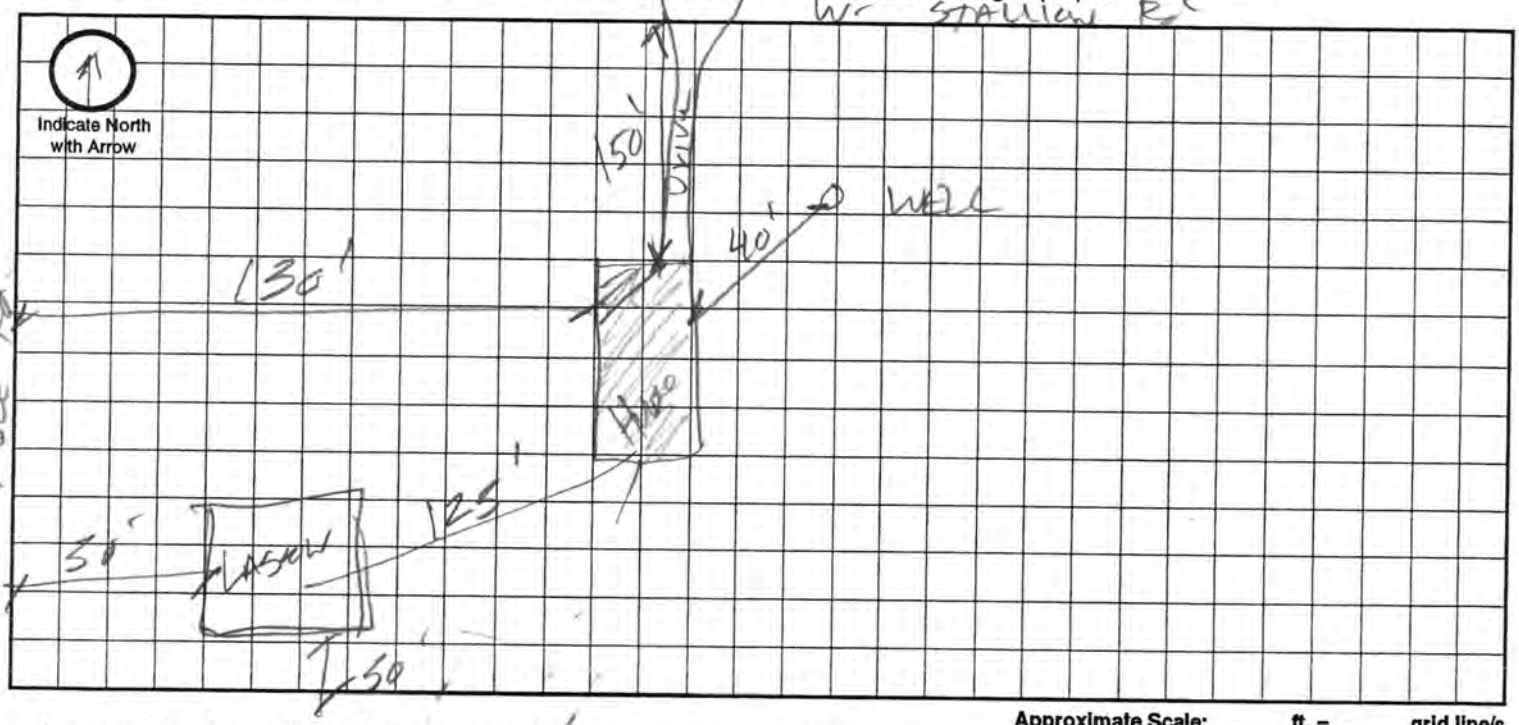
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802634

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) 2445 W. STALLION City LINCOLN 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 POE DEVELOPMENT Co Date 5-7-03

Installer G. A. BACKHOE SERVICE Gordon Luke Date 5-7-03

FORM 23-102 10-96

Change From Lagoon

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

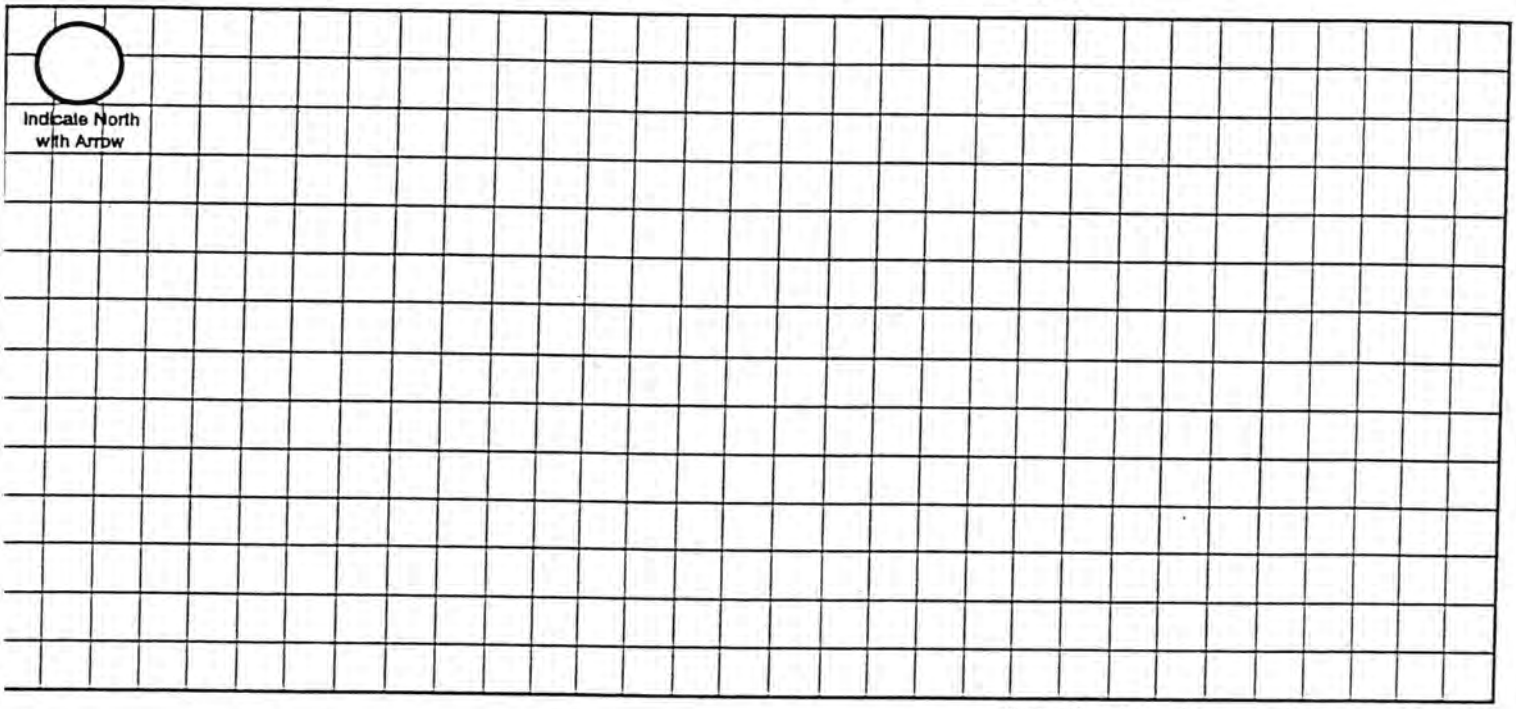
C

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) 2445 W. STALLION City LINCOLN 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: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Standard H10

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

Total Length of Laterals 437.5 ft. Number of Trenches 4 or 3 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. 432-6911 Date 11-6-03

Installer G & A. Backhoe Service Gordon Lutz Date 11-6-2003

RM 23-102 10-96

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

11/11/03

To Doug Smith,
This is the as built drawing for the septic system @ 2445 West Stallion Road for Poe Development. 1500 gallon concrete septic tank with risers to grade. 1750 Square ft of Infiltrator standard H10 lateral & 4 drop boxes.

