LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98380171401

SEWAGE INSTALLATION
LAGOON

Issued 01/16/98
Expires 07/16/98
Revenue Code 3157

Establishment
CLARK & JUDY WILCOX
T9N R7E SEC 13
HIDDEN VLY ACRES-1ST BLK 2 LOT 8
6521 ROCKY RIDGE RD

FEES: $150.00

TOTAL $150.00

Permittee
CLARK & JUDY WILCOX
7524 RINGNECK DR
LINCOLN NE 68506-3640

Issued By Gregg M Wright MO
~~M. Jane Ford~~
Health Director

5900

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98801714

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 6521 Rocky Ridge Rd (no rural route) City Lincoln NE, Zip 68526

Legal Description 1/4 1/4 Section 13 Township 9N Range 7E Subdivision Hidden Valley Acres Addition 1st Block 2 Lot 3

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Judy & Clark Wilcox Signature _____

Address 7524 Ringneck Dr City/State/Zip Lincoln, NE

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

C. Contractor

Name Dirk Robison Robison Construction Company Name Robison Construction

Address 1221 Evergreen Dr City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 402 488-5650

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name Brad Southwick Firm Southwick Sewer Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 1-16-98 Date frwd 1/22/98	ACTION ☒ Approved ☐ Disapproved Signature John E Hunt	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 1/23/98 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 1-23-98 Date frwd 1-23-98	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Paul Williams

Date 7-24-98

Business Office Use Only

Date Rec'd 01/16/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 16113

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: 98 3801714

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6521 Rocky Ridge Rd (no rural route) City Lincoln NE, Zip 6

Owner Judy + Clark Wilcox Addresss 7524 Ringneck Drive

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

Date of Tests _____ to _____ 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)
		Lagoon installed perc. tests shows											
		septic will work in which case											
		will submit part B for septic.											

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: N/A

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks UNABLE TO COMPLETE PERCOLATION TEST AT THIS TIME. A LAGOON WILL BE CONSTRUCTED IF SUITABLE SOILS CAN NOT BE LOCATED. RESUBMIT THIS FORM IF OTHER THAN LAGOON IS TO BE CONSTRUCTED

Signature of Reviewing Official _____ Date 1-16-98

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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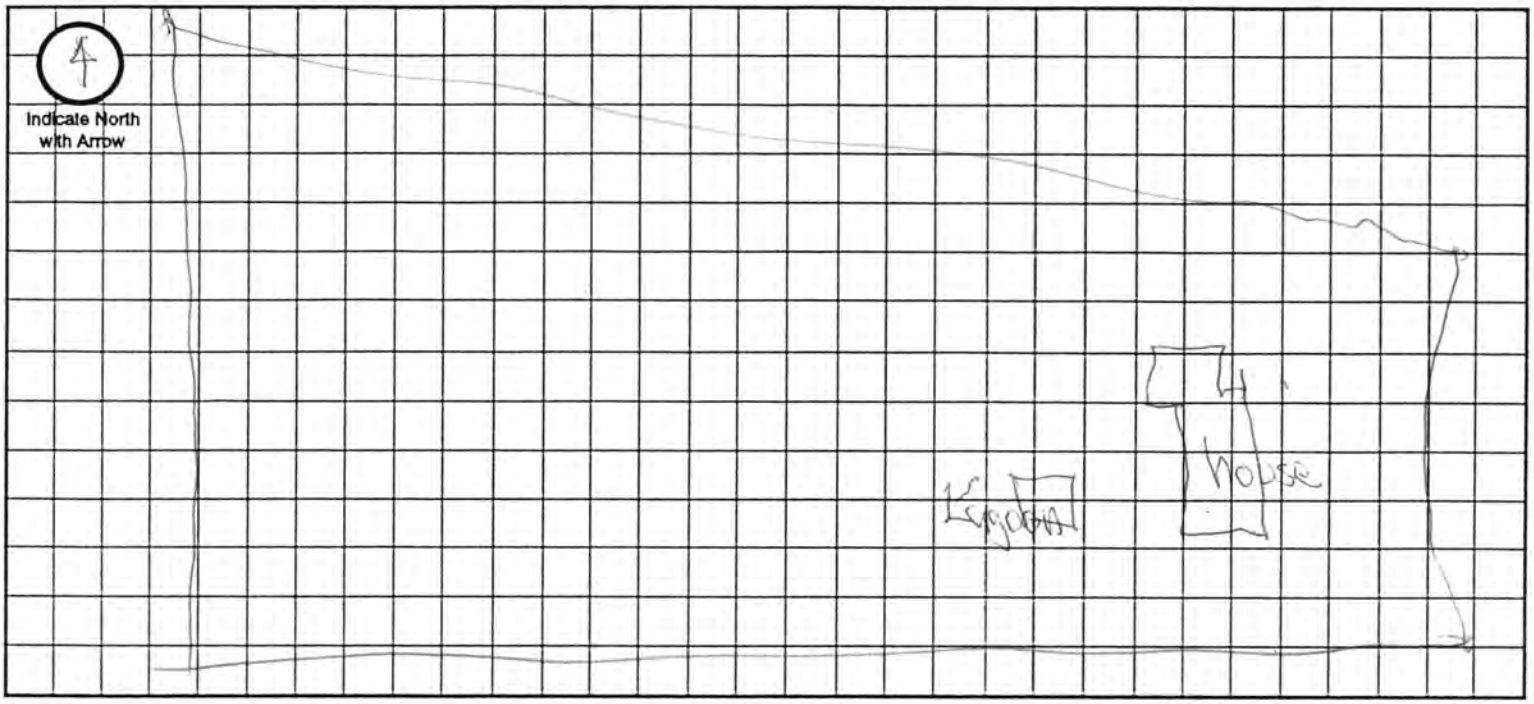
C

Permit Number: 98 3801714

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) 6521 Rocky Ridge Rd City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 ☒	☐

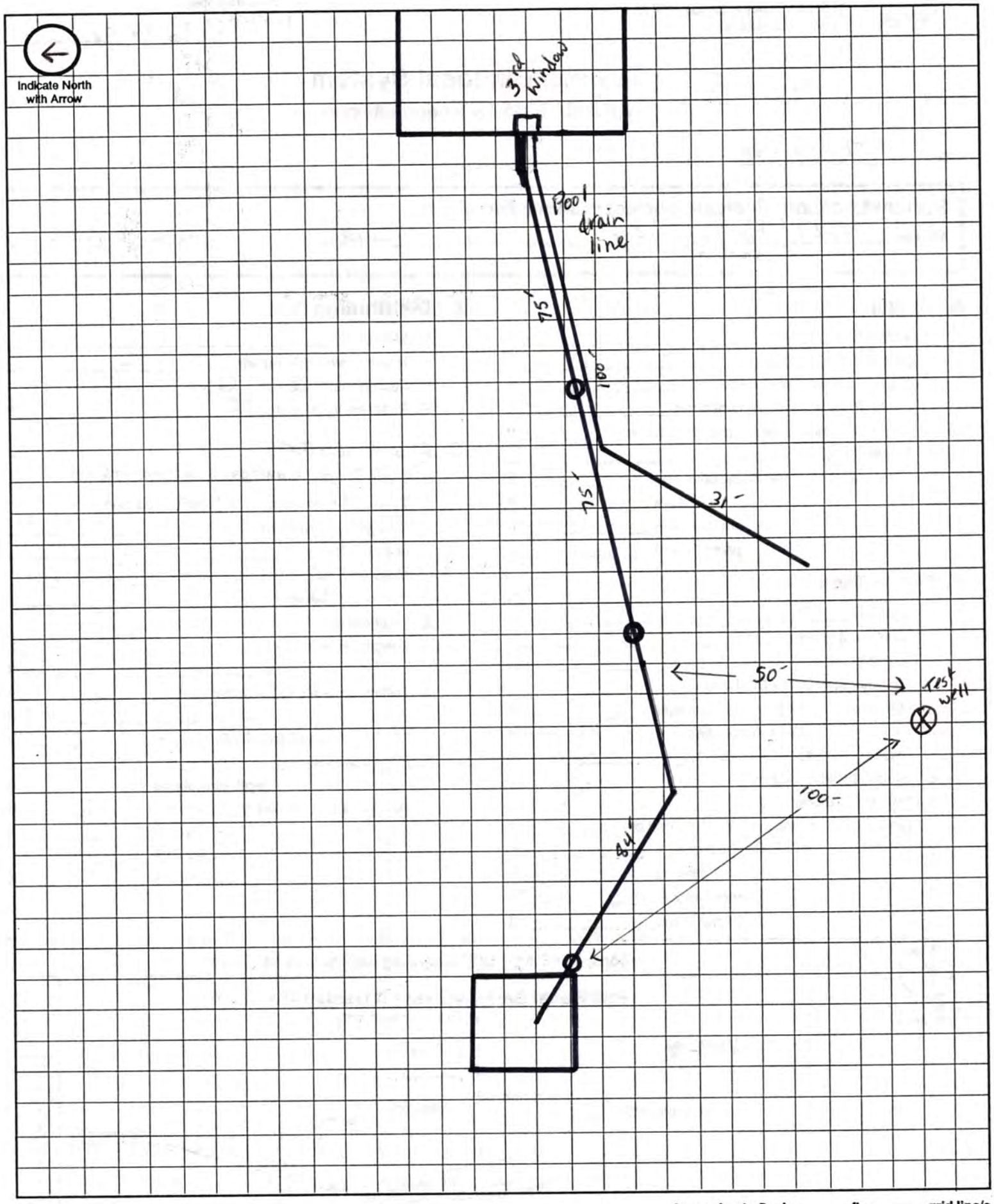
E. Required Signatures

Home Building Contractor _____ Date 1/16/98

Installer BRAD SOUTHWICK _____ Date _____

FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s