LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 97380165201

Issued 09/05/97
Expires 03/05/98
Revenue Code 18754

Establishment
KEN FLOWERDAY
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 2 LOT 5
10941 ROCKY RIDGE ROAD

FEES: $150.00

Permittee
KEN FLOWERDAY
1616 B ST
LINCOLN NE 68502

TOTAL $150.00

Issued By M. Jane Ford
Health Director

5216

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: 973801652

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 10941 ROCKY RIDGE ROAD (no rural route) City LINCOLN NE, Zip 68526

Legal Description 13 9N 7E HIDDEN VALLEY ACRES 1ST 2 5
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 KEN & LINDA FLOWERDAY Signature Ken & Flowerday Linda Flowerday

Address 1616 B STREET City/State/Zip LINCOLN, NE, 68502

☐ Check if owner designed system Home Phone 435-6640 Work Phone _____

C. Contractor

Name LARRY SEMIN Company Name SEMIN CONSTRUCTION INC.

Address 6411 CANNONDALE CT. City/State/Zip LINCOLN, NE. 68516

☐ Check if contractor designed system Work Phone 432-1944

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

Designer Name LARRY SCHWARCK Firm SCHWARCK TRENCING Work Phone 489-7294

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 9/4/97 Date frwd 9/5/97 ACTION ☒ Approved ☐ Disapproved Signature Harold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-5-97 Date frwd 9-5-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Paul C. Mueller

10-21-98 Need 'D' Sheet

Installation Final Written Approval

By Paul Wegmann

Date 10-28-98

Business Office Use Only

Date Rec'd 09/04/97
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 6324

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: 973801652

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10941 Rocky Ridge Rd (no rural route) City Lincoln NE, Zip 68526

Owner Ken Flowerday Addresss

Soil Type (SCS): Judson Percolation Rate: 49 min./inch

Date of Tests 10-11 to 10-12-98 Weather: Precipitation — Temperature 65°

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	10-11	3:30	10-12	8	10-12	10:00	21½	10-12	10:30	30	¾	
2	30							18½				½	
3	30							26				⅝	
4	30							22½				⅝	
5	30							16½				½	
6	20							22¼				¾	
7	30							17¼				½	

Person Conducting Percolation Tests

Name: Larry Schewark
Phone: 489-7294
Address 8200 old Cheney Rd.

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 49

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

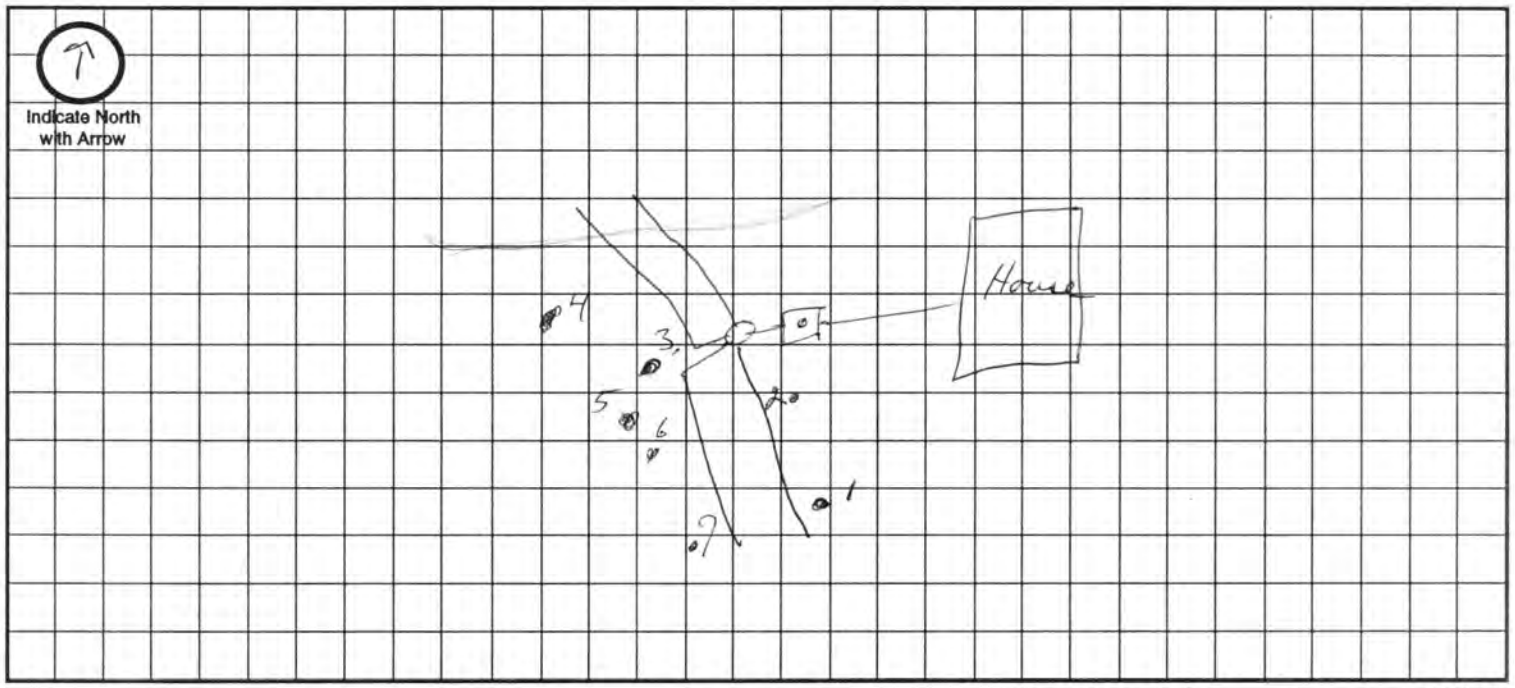
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 97380162

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) 10941 Rocky Ridge Rd. City Lincoln NE, Zip (26)

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 49 (min. per inch) Soil Type: Judson Land Slope: 0 %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 307 ft. Number of Trenches 4 Trench Width _____

4 3 bed

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 Ryan D. Hovendick Date _____

Installer Larry Schwanke Date 10-13-98

FORM 23-102 10-96

OCT 23 1998

D

Permit Number 97380 1652

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

Sewage Disposal System

As Built Plans & Specifications

Date 10-21-98

System Location (Indicate correct number and street)

Address 10941 Rocky Ridge Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 82' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 4" in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

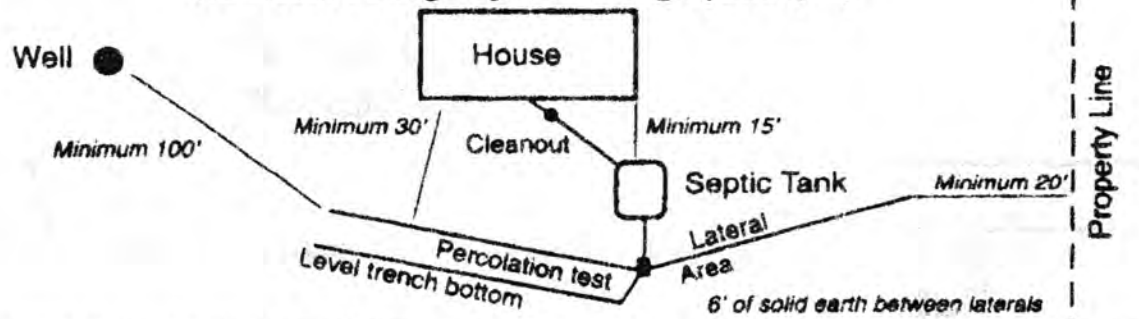
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: 312' total Number 5
   Length of each line: 80 ft. 95 ft.
   60 ft. 50 ft., 27 ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 34" - 24" in
4. Filter material: Road Gravel
   Depth of material 16" - 18" in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

NOV 25 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

10941 ROCKY RIDGE ROAD

Legal Description: Sec. 13 T. 9N R. 7E Block 2 Lot 5 Addition HIDDEN VALLEY ACRES 1ST ADD

Owner KEN FLOWERDAY Address 1616 "B" STREET, LINCOLN, NE 68502

LOG OF WELL	
Depth ft. --to--	Description
0- 50	YEL CLAY
50- 70	BLUE CLAY
70- 75	FINE GRAY SAND
75- 95	BLUE CLAY
95-100	VERY FINE GRAY SAND
100-110	MED CRS GRAY SAND
110-146	MED FINE TO MED TAN SS
146-155	LIGHT GRAY & YEL SHALE TRNG
	DARK BLUE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 146'
Date Completed 8/25/98

Casing: Length, Ft. 131'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15' Dia.In. 4"
Type PVC WOP & SLOTTED Slot Size .025

Drop Pipe: Length, Ft. 130' Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 113', Pumping 125'

Yield: 10 ggm, Measured ☒ ,Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

Date 24 NOVEMBER 1998

REMARKS _____

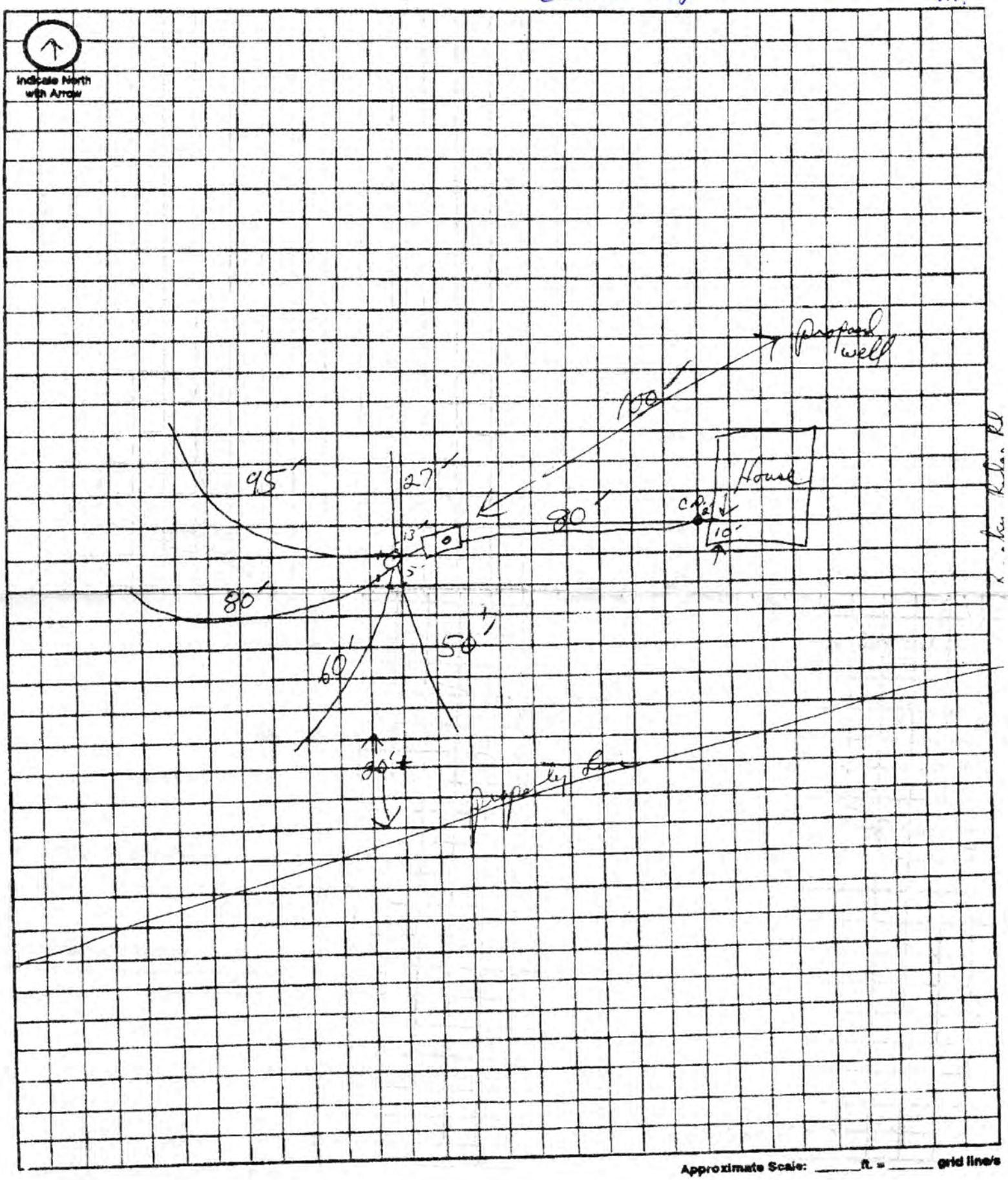
DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 22-4

As Built Drawing by Larry Schwarck

Laterals very shallow at ends P.P.



Approximate Scale: _____ ft. = _____ grid line/s