LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380094301

Issued 01/05/93
Expires 07/05/93
Revenue Code 18754

Establishment
LARRY SEMIN
T9N R8E SEC 13
HIDDEN VALLEY ACRES BLK 2 LOT 6
10901 ROCKY RIDGE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
LARRY SEMIN
5901 ROBIN CT
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

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

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: January 7, 1992

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 8E ; Section 13 ;
   Block 2 : Lot 6 : Addition ~~MEADOW PHASE II~~ HIDDEN VALLEY ACRES ~~P.U.D.~~ 1ST ADDITION
   Street Address 10901 ROCKY RIDGE ROAD

2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 3 . Describe SINGLE FAMILY RESIDENCE

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST~~ INDICATES EXPERIMENTAL

Larry Semin
Signature of Applicant (Owner or Lessee)

5901 ROBIN COURT
LINCOLN NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/4/92 . Date Frwd. 1/4/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/4/92 . Date Frwd. 1/4/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spa

3. City or County Engineer: Date Rec'd. 1-4-92 . Date Frwd. 1-4-92 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D. Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/30/93 by: L.C.H. sewer & tank only.
Date: 5/6/93 by: L.C.H.
Date: / / by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 5/12/93 By: Jerrold C. Hood

* EXPERIMENTAL SYSTEM PROVISIONAL APPROVAL

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

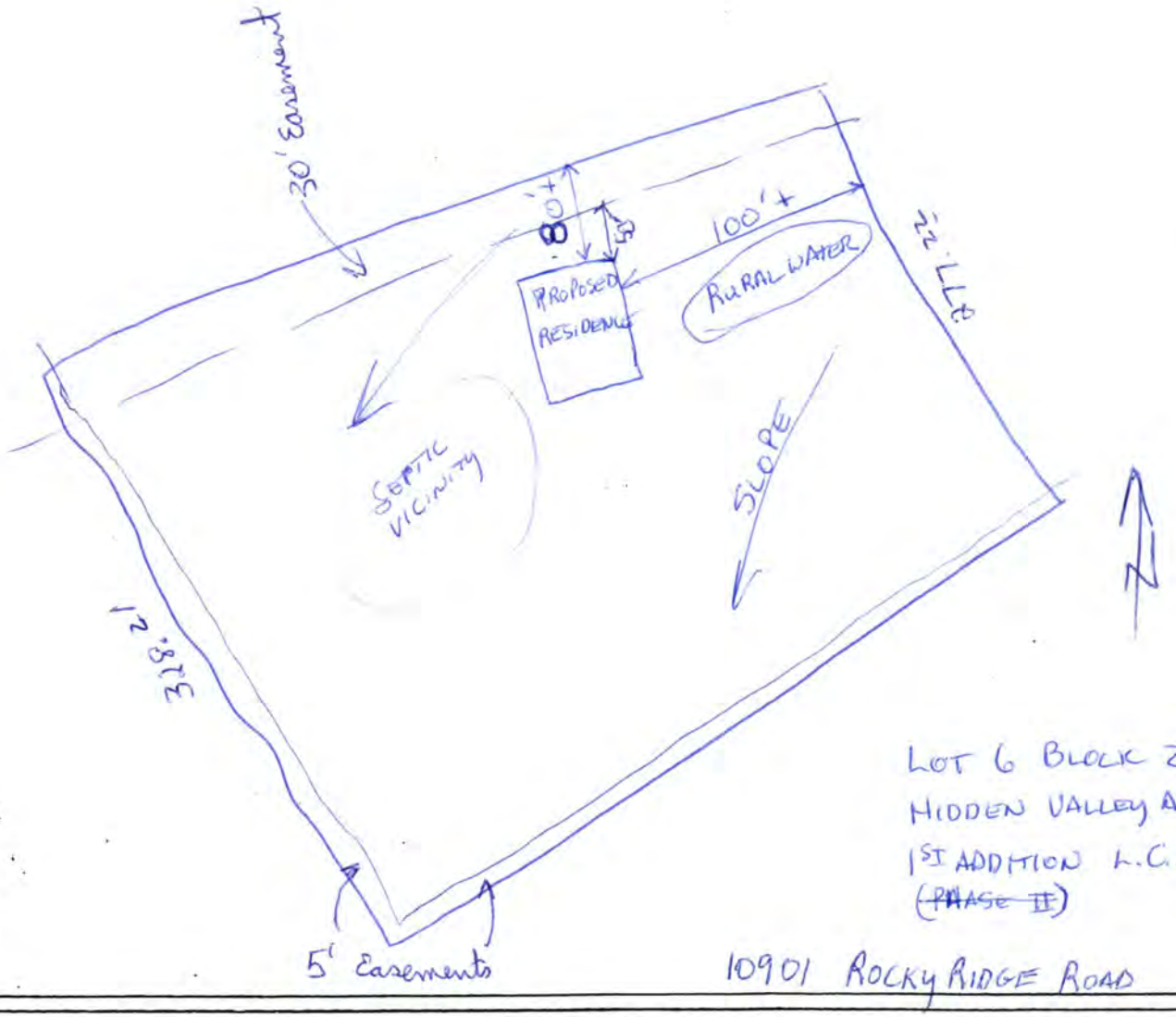
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



LOT 6 BLOCK 2
HIDDEN VALLEY ACRES
1ST ADDITION L.C.N.
(~~PHASE II~~)

10901 ROCKY RIDGE ROAD

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

RECEIVED MAY 1 2 1993

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

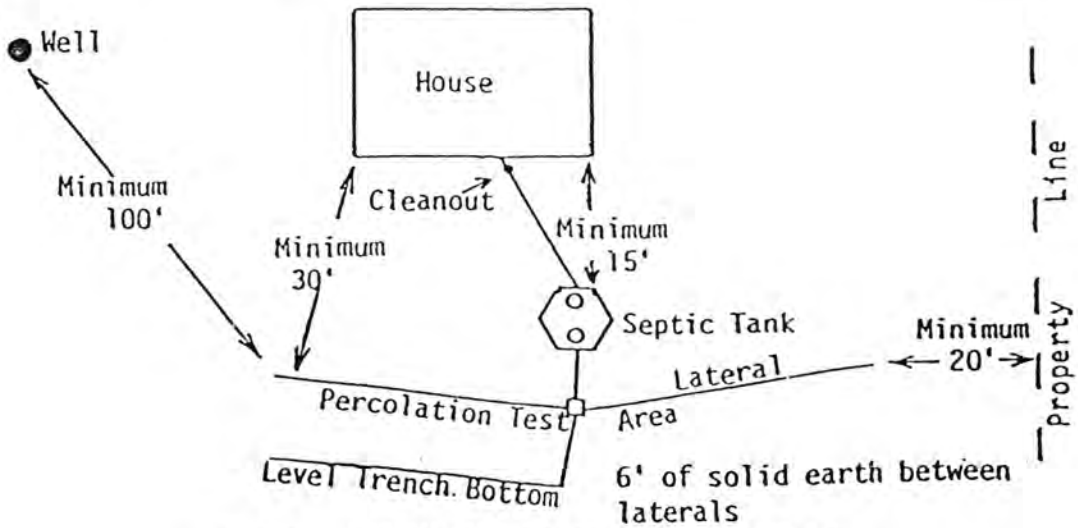
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material # 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 80 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 6-8" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe 200' each 200' Experimental
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth 38 in.
4. Filter Material: Road Gravel 220 Tons
Depth of Material 30" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

5-6-93

Larry Schwarck

