FILE #2602

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MAY 23, 1988 — THIS LICENSE OR PERMIT EXPIRES

CARL DIETRICH, K & D ENGINEERING, 10501 PINE LAKE RD., LINCOLN, NE 68526-9342 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec NE¼ 24; 10501 Pine Lake Rd. — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

NOV 23 1987

FILE NO. 2602

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 11-18-87

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section NE¼ 24-[redacted];
Block ____; Lot ____; Addition ____
Street Address 10501 Pine Lake Road

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 1 Describe ____
Other Use ☒
Describe Golf Course & Club

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

4. Description of proposed alteration, extension or repair: REPAIR LATERAL
REPLACE OLD TANK WITH FIBERGLASS TANK

5. Work to be done by: Owner ☐; or Contractor ☒, CARL J. DIETRICH
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 1397
b. Labor	$ 1000
c. Other	$
TOTAL	$ 2,397

Carl J. Dietrich K&D Engr
Signature of Applicant (owner or lessee)

10501 PINE LAKE Rd 68526-9342
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: ____ by: ____

* C W/O I

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. 2602

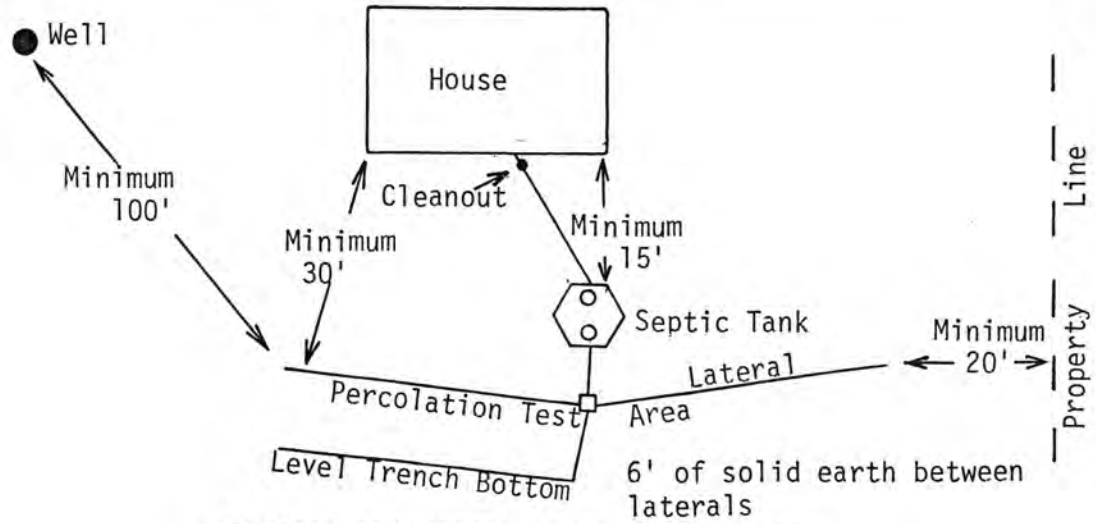
SPECIFICATIONS AS BUILT

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

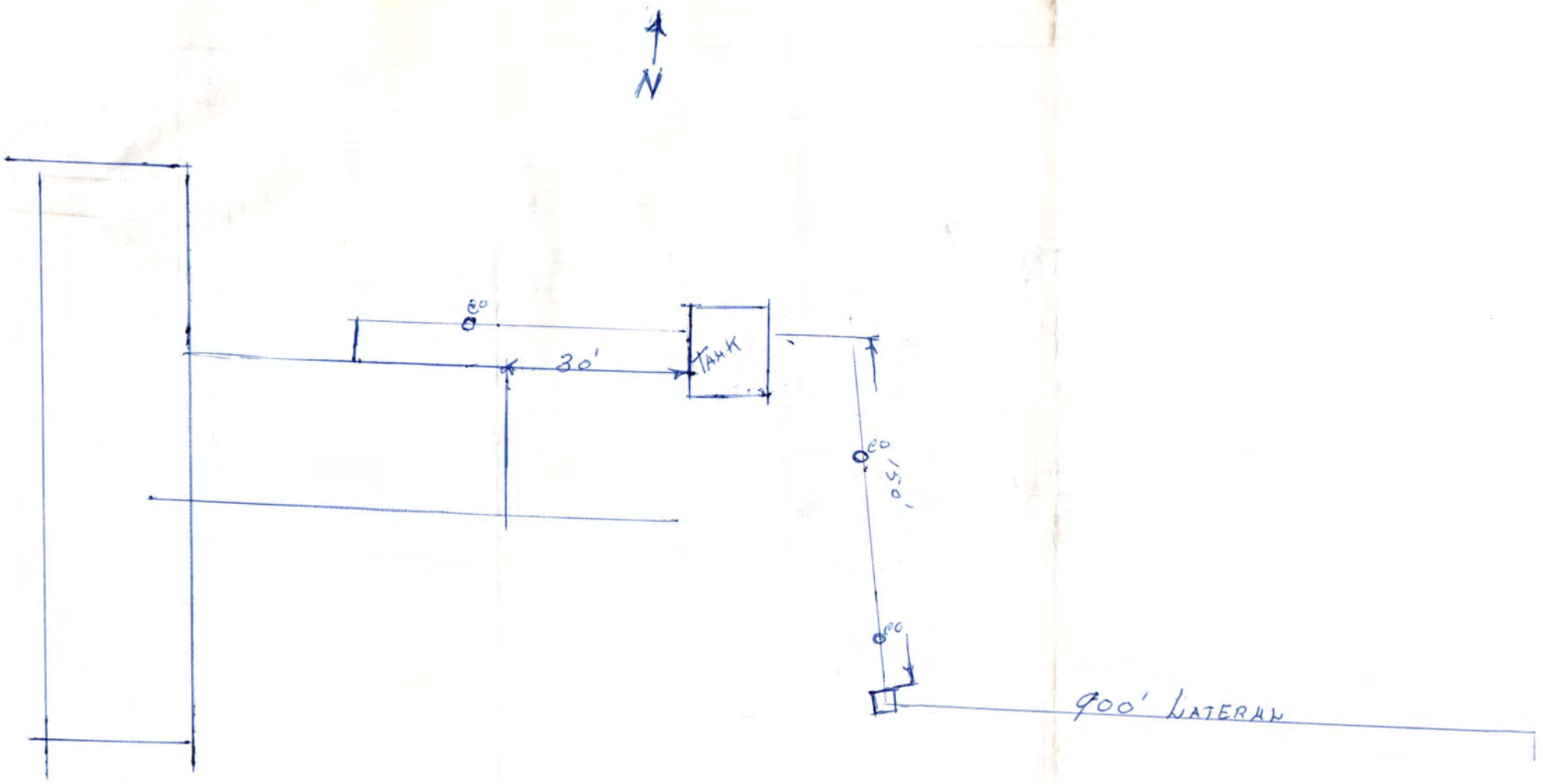
B. SEPTIC TANK:
1. Material FIBER GLASS; No. of compartments 1.
2. Capacity 750 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company COBAR - CLASS - CO)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Riser Above ☐ Below ☒ Grade 4" in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 30" in.
8. Distances to:
Well or Suction Line NONE ft.; Stream 200 ft.; Pressure Line _____ ft.; Property Line 306 YDS ft.

C. DISTRIBUTION BOX:
1. Material /; Number - available outlets 2.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank 150 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 ← 4" .
Material: fiberglass ☒ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 900', NINE HUNDRED, FT, _____ ft.;
Total length of laterals 900 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 16" ft.;
Slope 23 in/100 ft.; Average Depth 30 in.
4. Filter Material: GRAVEL
Depth of Material 2½ 3' in.
5. Distances to:
Well or Suction Line _____ ft.; Stream 140 ft.; Pressure Line _____ ft.; Property Line 50 YDS ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
30'
TANK
150'
900' LATERAL

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008170

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380308201

Issued 08/30/05
Expires 08/30/06
Revenue Code 3157

Establishment:
RIDGE DEVELOPMENT CO
T9N R7E SEC 24
LOT 33
10501 PINE LAKE RD

FEES: $200.00

Permittee:
RIDGE DEVELOPMENT CO
8644 EXECUTIVE WOODS DR
LINCOLN NE 68512

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: 05380308201

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 10501 PINE LAKE RD. (no rural route) City LINCOLN NE, Zip 68526

Legal Description LOT 33 NE & S1/2 NE 24-9-7
(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 RIDGE DEVEL. CO. & SOUTHVIEW INC. Signature John Schlenker

Address 8614 EXEC. WOODS DR. City/State/Zip LINCOLN, NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 402·434·7368

C. Contractor

Name BRAD SOUTHWICK Company Name SOUTHWICK SEWER & DRAIN

Address 17201 S. 72ND City/State/Zip HICKMAN, NE 68372

☐ Check if contractor designed system Work Phone 402·475·2462

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

Designer Name DAN ROSENTHAL Firm REGA ENGINEERING Work Phone 402·484·7342

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify GOLF COURSE CLUBHOUSE

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 8/29/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/30/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/29/05 Date frwd 8/29/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

8/31/06 NEED DRAWING, PLANS, etc. J.C.W.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 08/30/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 14400

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

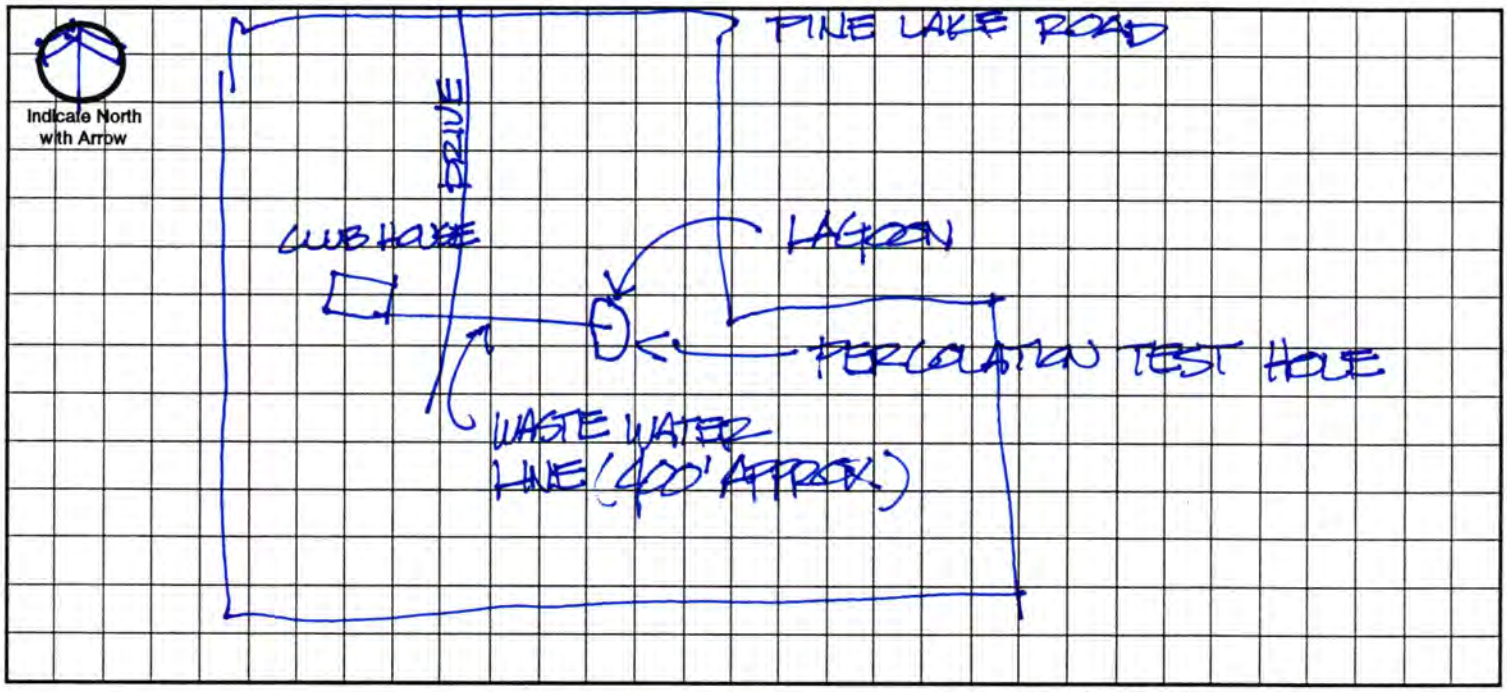
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803082

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) 6601 PINE LAKE RD City LINCOLN NE, Zip 68526

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 N/A	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor BREESTER CONSTRUCTION 402.423.2337 Date _____

Installer BRAD SOUTHWICK 402.475.2402 Date _____

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006599

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON
PENDING PERCOLATION TEST RESULTS

Permit # 05380299101

Issued 04/06/05
Expires 04/06/06
Revenue Code 3157

Establishment

COMMERCIAL INVESTMENT PROPERTIES
T9N R7E SEC 24 QTR NE
SW
10501 PINE LAKE RD

FEES: $200.00

Permittee

COMMERCIAL INVESTMENT PROPERTIES
8020 O ST
LINCOLN NE 68510

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: 053802991 01

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 Pending Future Percolation Test

A. System Location (Indicate correct number and street)

Address 10501 Pine Lake Rd. (no rural route) City LINCOLN NE, Zip 68516

Legal Description SW of NE 24 9N 7E
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 Commercial Investment Properties Signature Brad Baily

Address _____ City/State/Zip Lincoln, Ne

☐ Check if owner designed system Home Phone _____ Work Phone 436-3421

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify Maintenance Building for Golf Course FOR 5 PEOPLE

Design flow in gallons per day 100 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 4/6/05 Date frwd 4/6/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-6-05 Date frwd 4-6-05 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 4/6/05 Date frwd 4/6/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 4/6/05
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1080.

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

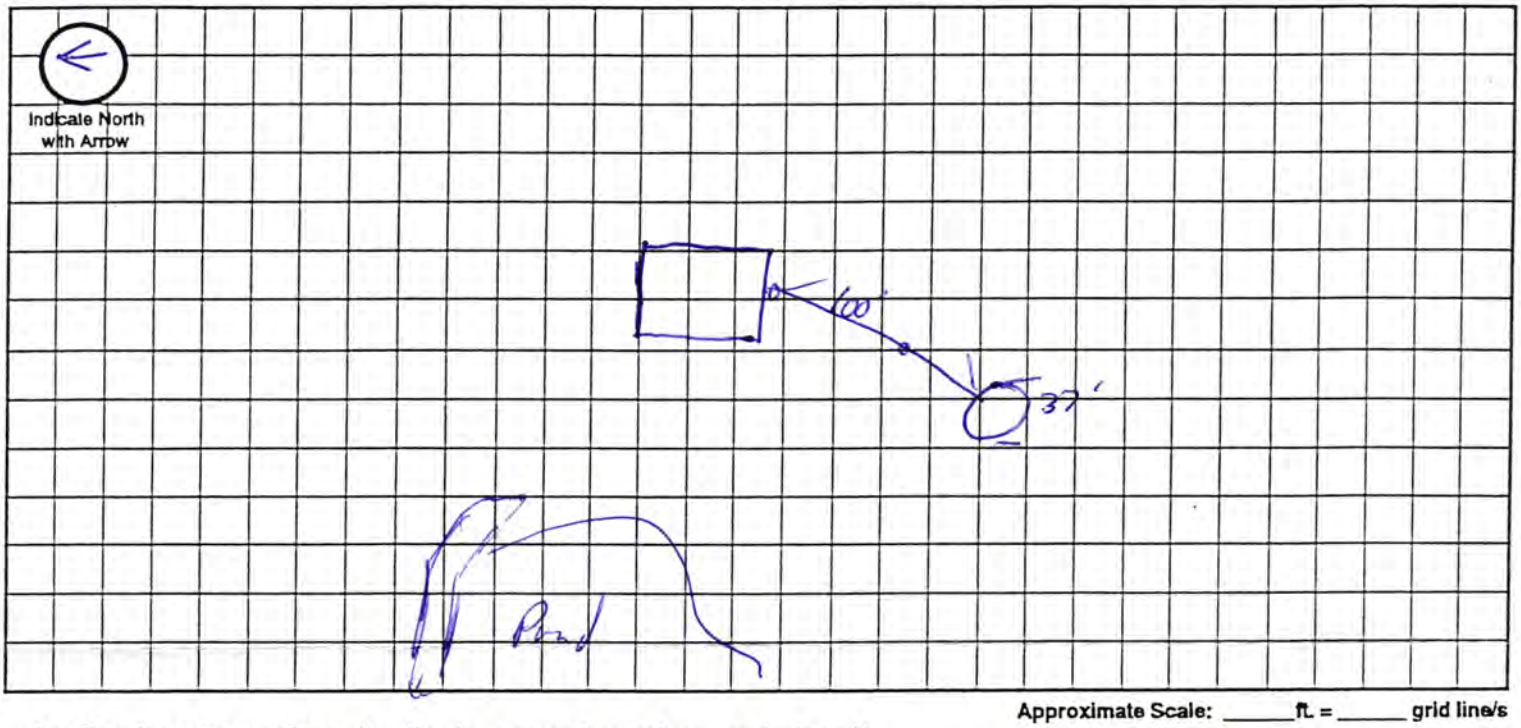
C

Permit Number: 053802991

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) 10501 Pine Lake Rd. City Lincoln, Ne 68516 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 _____

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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 _____

Installer [signature] Date 4/6/05

FORM 23-102 10-96