Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000097

System Type:	STANDARD
Situs:	12900 OLIVE CREEK RD RUR
Legal Description:	T08N-R07E-S08-Lot 3
Owner:	HUENINK, RANDALL R & JANET L 12800 OLIVE CREEK RD HICKMAN NE 68372

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	05/12/2008
Expires:	05/12/2009

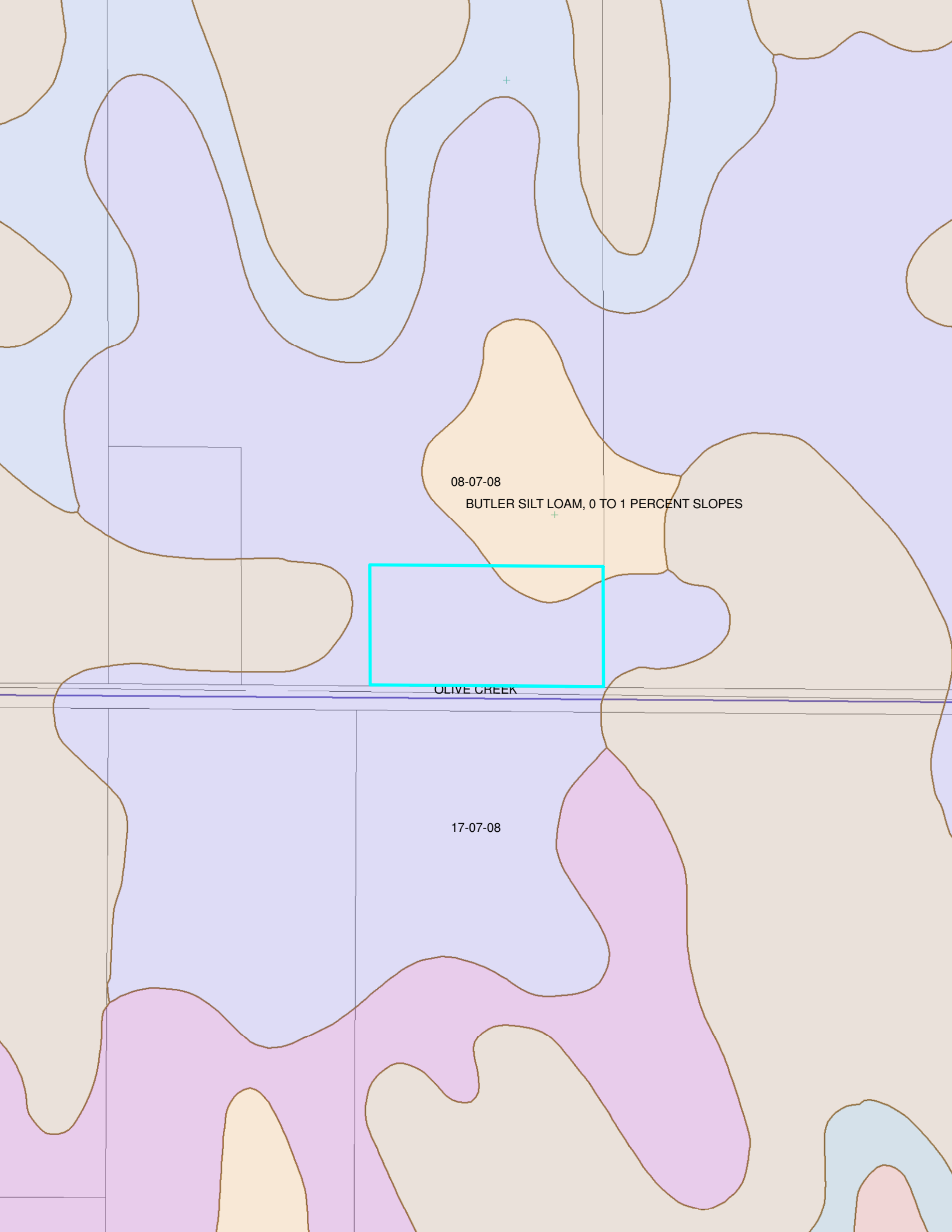
Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

RANDY HUENINK
12900 OLIVE CREEK RD.
HICKMAN NE 68372


08-07-08
BUTLER SILT LOAM, 0 TO 1 PERCENT SLOPES
OLIVE CREEK
17-07-08

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

A

Permit Number: H5000097

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 12500 Olive Ck Rd (no rural route) City Hickman NE, Zip 68372

Legal Description 8 7N 6E IT. 3
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 Randy Huenink Signature _____

Address 12500 Olive Crk Rd. City/State/Zip Hickman, Ne 68372

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

C. Contractor

Name Southwick Sewer & Drain Company Name Brad Southwick

Address 105 Locust P.O. Box 191 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 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 5/12/08 Date frwd 5/12/08 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature Todd Stutt
3. **City or County Engineer** Date rec'd 5-12-08 Date frwd 5-12-08 ACTION ☒ Approved ☐ Disapproved Signature Jim Flanagh

* Covered w/o inspection w/ LLCHD permission due to weather & time constraints

Installation Final Written Approval

By Joey Arnold

Date 12/16/08

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

A

Permit Number: HS0000097

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 12800 Olive Ck Rd (no rural route) City Hickman NE, Zip 68372

Legal Description 8 7N 5E
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 Randy Huening Signature _____

Address 12800 Olive Ck Rd. City/State/Zip Hickman, Ne 68372

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

C. Contractor

Name Southwick Sewer & Drain Company Name Brad Southwick

Address 105 Locust P.O.Box 191 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 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 _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 5/9/05
Amt Paid 305.00
Rec'd By _____ Cash/Check No. 3103

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12800 Olive Creek Rd. (no rural route) City Hickman NE, Zip 68372

Owner Randy Hueniks Addresss 12800 Olive Creek Rd

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

Date of Tests 4/18 to 4/19 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)
1	36	4/18		4/19		4/19					30	1/2	60
2												1/2	60
3												3/4	40
4												5/8	48
5												1/2	60
6												3/4	40
7												3/4	40

Person Conducting Percolation Tests

Name: Brad Smith #1178 #0148

Phone: 430-7606

Address 105 Locust P.O. Box 191
Hickman, Ne 68372

Sum of Percolation Rates: 348

Average of Rates: 44

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96