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. HS000138

System Type:	LAGOON
Situs:	13401 W SUPERIOR ST RUR
Legal Description:	T10N-R05E-S07-Lot 22NW
Owner:	SPIEKER, PAUL H & SUSAN A 13401 W SUPERIOR ST PLEASANT DALE NE 68423

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	07/24/2008
Expires:	07/24/2009

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

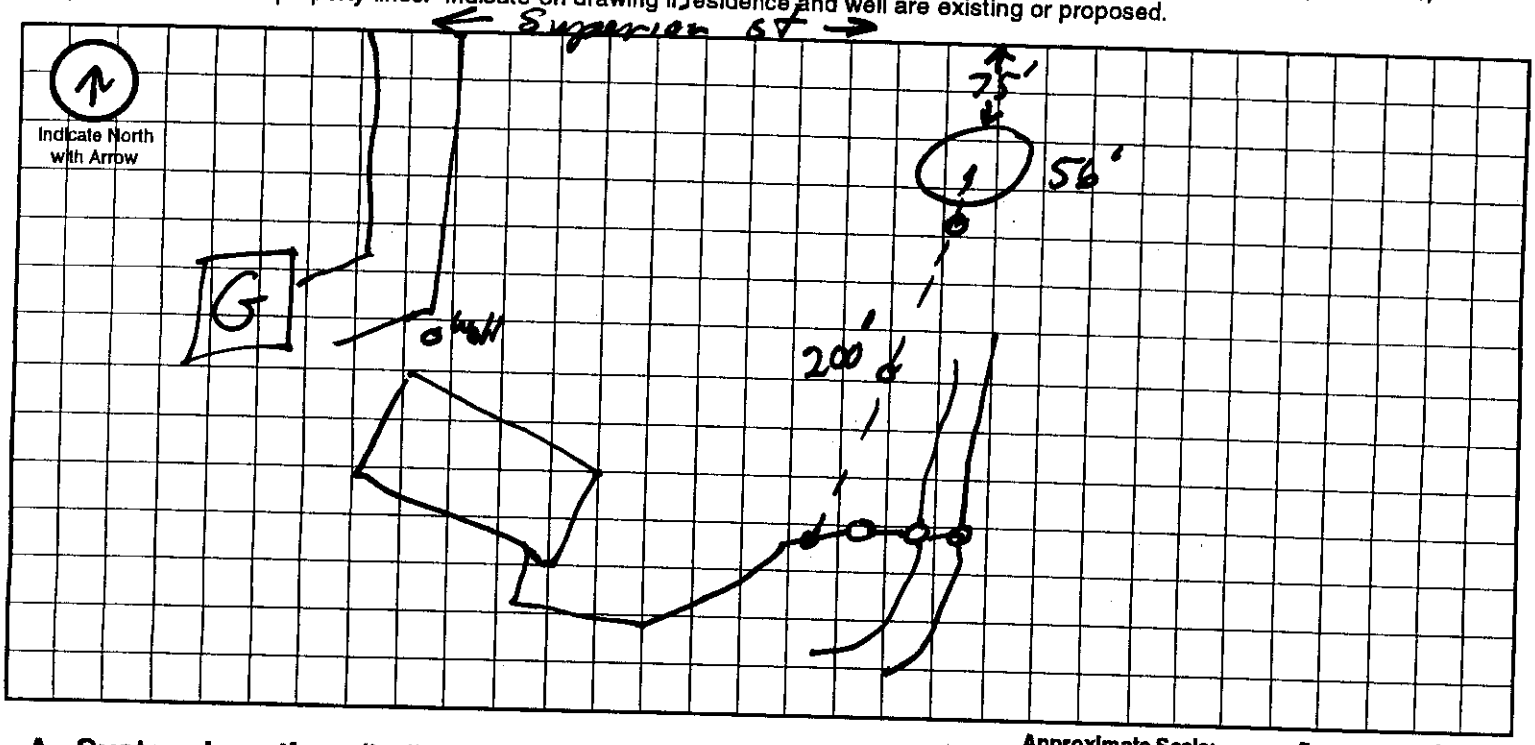
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000138

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) 13401 N Superior City Pleasant Dale 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 _____

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 _____

Installer [signature] Date 7/24/08

FORM 23-102 10-96

LLCHD HS000138

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

JUL 24 2008

A

Permit Number HS000138

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 13401 W. Superior St (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description ____ ____ 7 10N 5E ____ ____ 22
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: ____ Latitude: ____

☐ Check if system mail address is not the same as the owner's address Total Acres: ____

B. Owner

Name Paul Spieker Signature ____

Address 13401 W. Superior St. City/State/Zip Pleasant Dale, Ne 68423

☐ Check if owner designed system Home Phone 796-2318 Work Phone ____

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust St PO. 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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits 1 Inc c lagoon, Needs fence 7/24/08 PI
Date rec'd 7/24/08 Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd ____ Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

3. City or County Engineer
Comments ____
Date rec'd ____ Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

Business Office Use Only
Date Received 7/24/08 Amount Paid 305.00
Received By ____ Cash/Check No. 1218

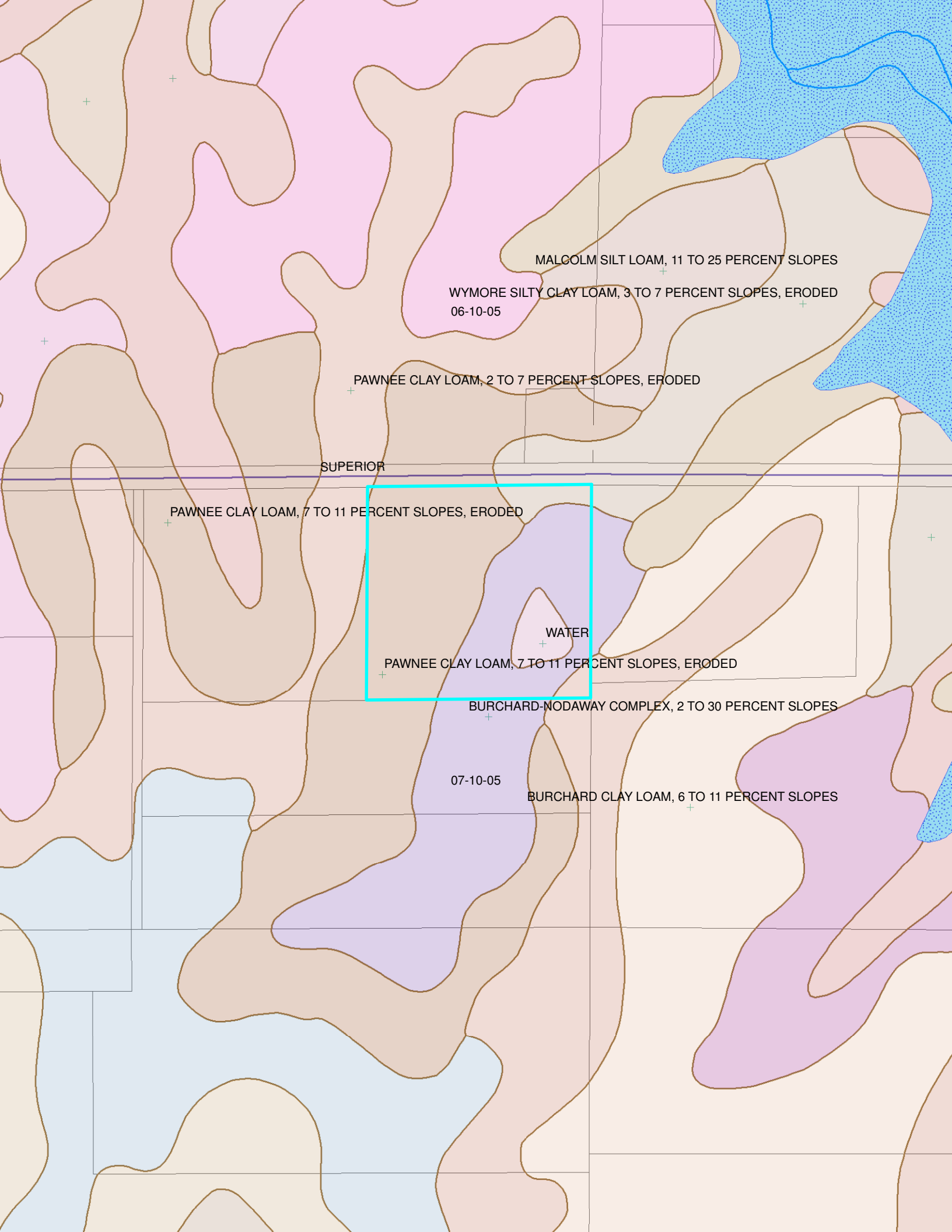
Installation Final Written Approval
By ____
Date ____

White - Health Department Yellow - Engineer Pink - Building & Safety

Pre-ex 3 bdrm home A

Form A Updated: 5-07

7-25-2008 11:22:23


MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
06-10-05
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SUPERIOR
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
07-10-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES

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

SCANNED
JUL 24 2008

A

Permit Number HS000138

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PLEASE PRINT OR TYPE

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Legal Description 7 10N 5E 22
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Geographical Location (if known): Longitude: Latitude:

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

B. Owner

Name Paul Spicker Signature

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1. Health Department
Site visits line c lagoon
Needs fence 7/24/08 DI
Date rec'd 7/24/08
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 4/10/09

Business Office Use Only
Date Received 7/24/08 Amount Paid 305.00
Received By MF Cash/Check No. 1218

White - Health Department Yellow - Engineer Pink - Building & Safety

+ Pre existing home A

Form A Updated: 5-07

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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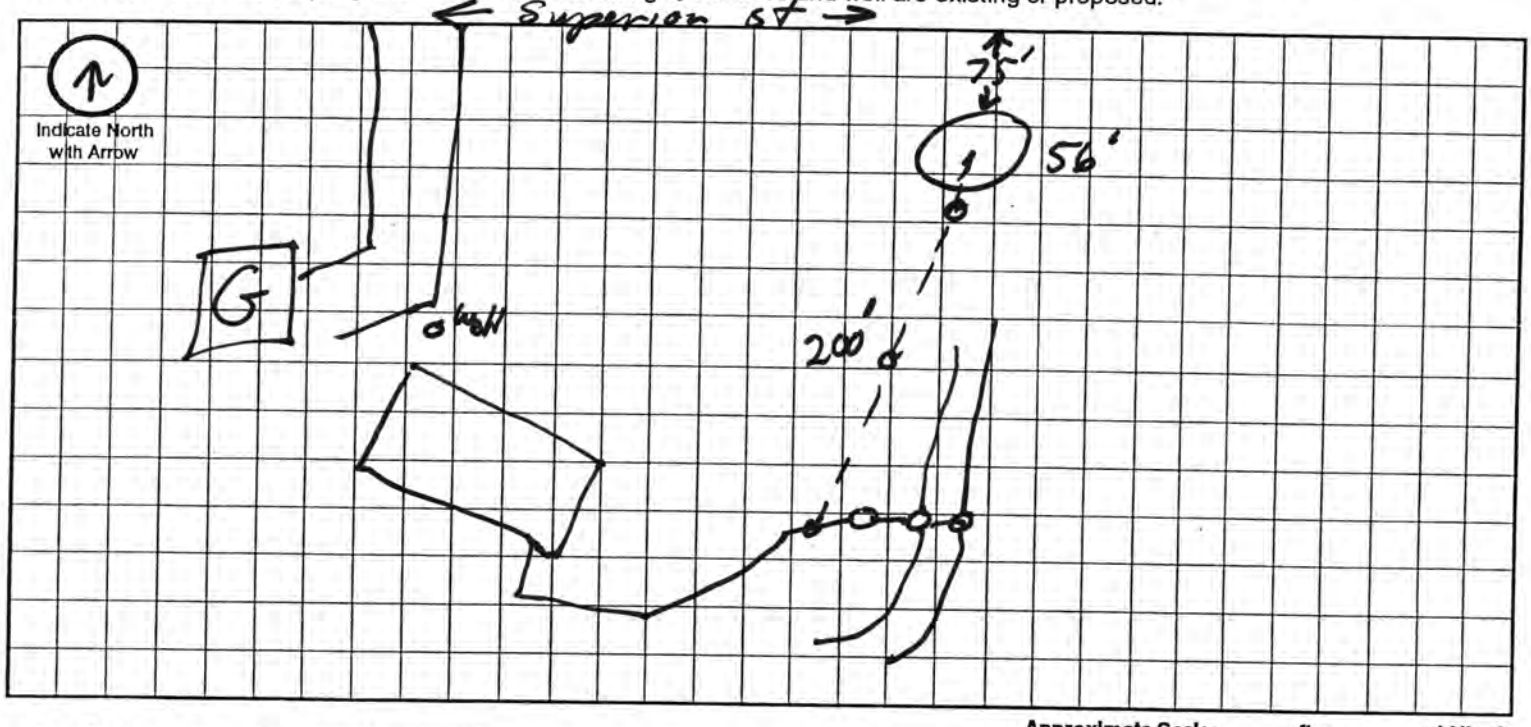
SCANNED

C

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E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 7/24/08

FORM 23-102 10-96

T10 R5 Sec 7 Lot 22 NW

13401 W. Superior st Pleasant Dale
Septic Abandon & Lagoon Installation
7/28/08

