A

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

SCANNED

Permit Number: HS000193

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 23100 So 96th (no rural route) City HICKMAN NE, Zip 68372

Legal Description S.W. 1/4 12 Section T7 Township R7 Range Subdivision Addition 35 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 Kevin Cramer Signature Kevin Cramer

Address 23100 S. 96th St. City/State/Zip Hickman, Ne. 68372

☐ Check if owner designed system Home Phone 402-792-2773 Work Phone 402-730-5336

C. Contractor

Name Dave Prusa Company Name Ne. Dirtworks

Address 7500 Panama Rd. City/State/Zip Hickman, Ne, 68372

☒ Check if contractor designed system Work Phone 402-792-0085

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

Designer Name Dave Prusa Firm Ne. Dirtworks Work Phone 402-792-0085

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 12/9/08 Date frwd 12/9/08 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 _____

* System Replacement *

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 12-9-08

Amt Paid 315.00

Rec'd By AA Cash/Check No. 3820

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

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. HS000193

System Type:	LAGOON
Situs:	23100 S 96 ST RUR
Legal Description:	T07N-R07E-S12-Lot 35
Owner:	CRAMER, KEVIN & EUNICE J 23100 S 96 ST HICKMAN NE 68372

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	12/09/2008
Expires:	12/09/2009

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

KEVIN CRAMER
23100 S 96TH ST
HICKMAN NE 68372

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

A

Permit Number: HS000193

Sewage Disposal System

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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A. System Location (Indicate correct number and street)

Address 23100 So 96th (no rural route) City HICKMAN NE, Zip 68372

Legal Description S.W. (1/4) 1/4 (1/4) 12 (Section) T7 (Township) R7 (Range) Subdivision Addition Block 35 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Kevin Cramer Signature Kevin Cramer

Address 23100 S. 96th St. City/State/Zip Hickman, Ne. 68372

☐ Check if owner designed system Home Phone 402-792-2773 Work Phone 402-730-5336

C. Contractor

Name Dave Prusa Company Name Ne. Dirtworks

Address 7500 Panama Rd. City/State/Zip Hickman, Ne, 68372

☒ Check if contractor designed system Work Phone 402-792-0085

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

Designer Name Dave Prusa Firm Ne. Dirtworks Work Phone 402-792-0085

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 12/9/08 Date frwd 12/9/08 **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 _____

* System Replacement *

Installation Final Written Approval

By _____

Date _____

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

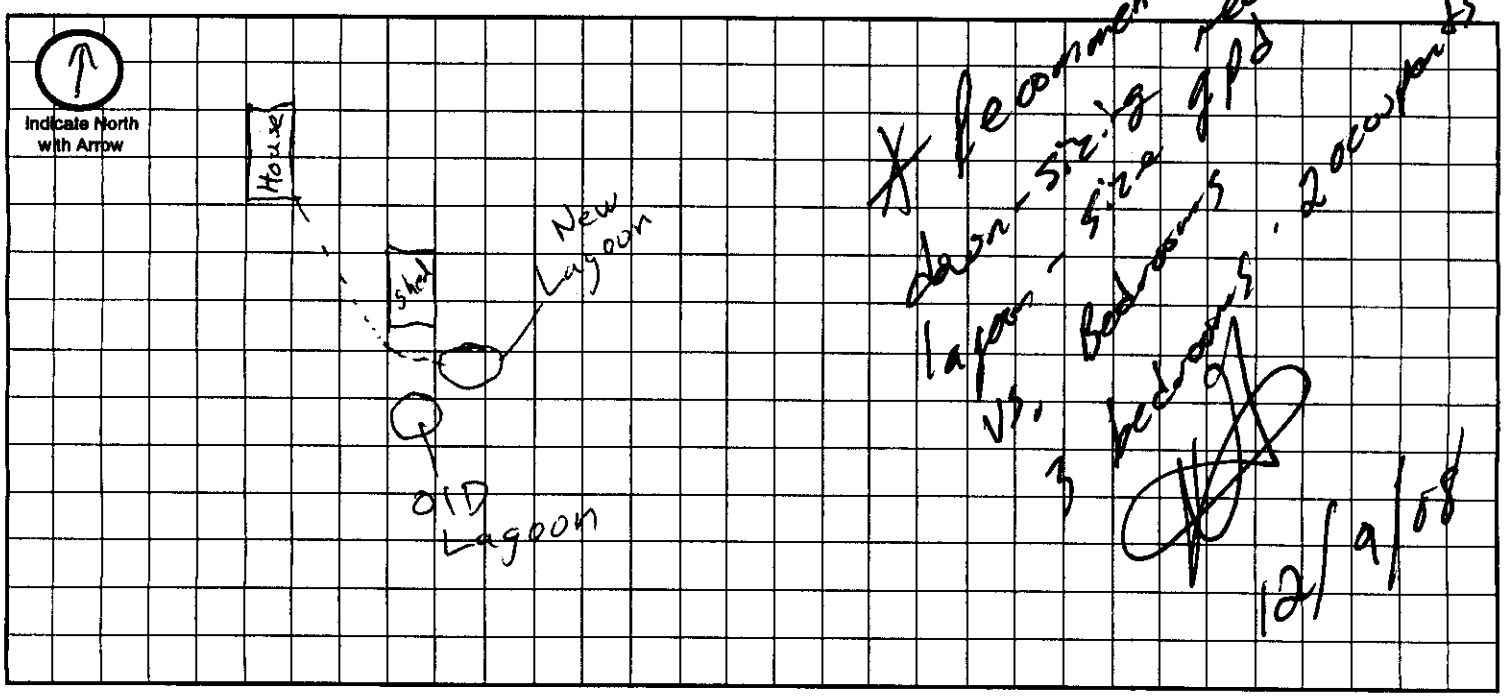
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000193

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) 23100 S. 96th St. City Hickman NE, Zip 68372

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

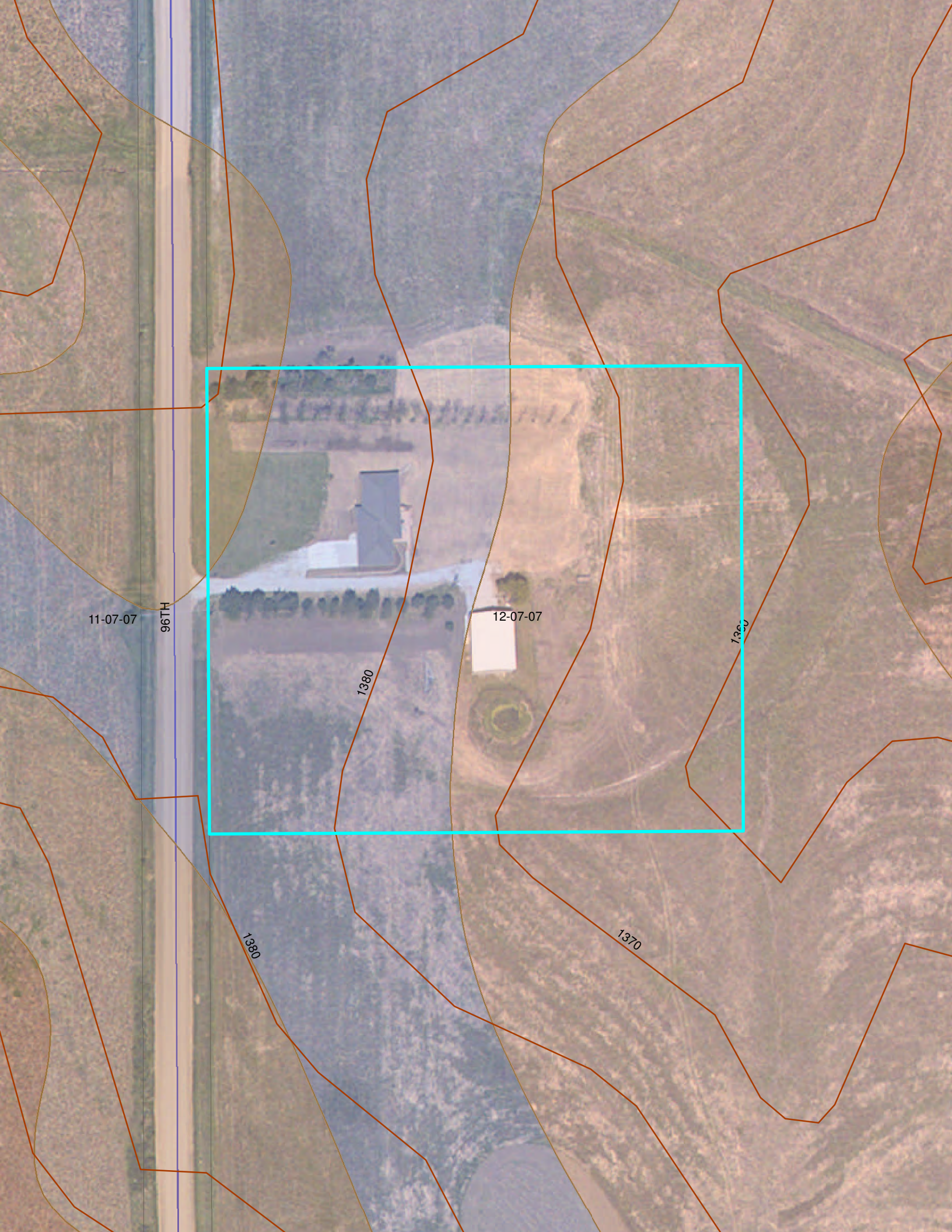
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Dave Prusa Date 1-4-08

FORM 23-102 10-96


11-07-07
96TH
12-07-07
1380
1380
1370

NEBRASKA DIRTWORKS, INC.
7500 Panama Road
PO Box 1788
Hickman, NE 68372

HS000193

December 4, 2008

Kevin Cramer
23100 S. 96th St.
Hickman, NE 68372

RE: Lagoon permit

Dear Kevin,

Enclosed is the Sewage Disposal System permit application, which we have filled in to some extent. It still needs the legal description and your signature. Please fill those in and take it to the Lancaster County Health Department. They will require payment for the permit to re-do your lagoon at that time.

Please call if you have any questions or concerns.

Thanks,

Kirk Helmink
President

KH:nc
Enclosure

Phone (402) 792-0085 • Fax (402) 792-0087

Total Pages Including Cover: 2

145000194

Facsimile Transmittal Sheet

VOGT T&T Excavating

P.O. Box: 22753, Lincoln, NE 68542-2753

Phone: 402-560-4267 Fax: 402-786-2179 E-Mail: vogtxxx@msn.com

TO: Nate

FAX: 402-441-3890

FROM: Donna

FAX: 402-786-2179

Nate.

I forgot C

Sorry

Donna

HS000194

VOGT T&T Excavating

Note

I used 150 gal per day

They have 4 employees 5 days a week

2 Days a month they have 25 people

25 x 6 gallons 150 gal

150 ÷ [5 ÷ √40 min per in = .7905
6.3245

~~150 ÷ 6.3245 = .7905~~

150 ÷ .7905 = 189.75 sq ft.
gpd

190 ÷ 4 = 47.5'
4' wide 48' of Lateral

Dave
Vogt T&T

LLCHD HS000193

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

A

Permit Number HS000194

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 18805 Hwy 6 (no rural route) City Greenwood, NE Zip _____

Legal Description _____ 1 / 11 / 8 _____ 27128

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: 3

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name: ~~Don Rose~~ Dave Vogt Company Name Vogt T & T Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☑ Check if contractor designed system Work Phone 402-477-2227

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 office 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 _____
Date rec'd 12/4/08
Date frwd 12/9/08
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 _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

+ Existing property

B

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

Permit Number: HS000194

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18805 Hwy 6 (no rural route) City Greenwood NE, Zip _____

Owner _____ Address _____

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

Date of Tests 3-24-08 to 3-25-08 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	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3-25	11:30Am	30	.0750	40.00
2	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3-25	11:30Am	30	0.875	34.29
3	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3-25	11:30Am	30	0.625	48.00
4	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3-25	11:30Am	30	0.875	34.29
5	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3:25	11:30Am	30	0.625	48.00
6	30	3-24	3:30pm	3-25	11:Hm	3:25	11:Am	6	3:25	11:30Am	30	0.875	34.29

Sum of Percolation Rates: 238.86
Average of Rates: 39.81
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402 477-2227
Address PO Box 22753

Dave Vogt

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

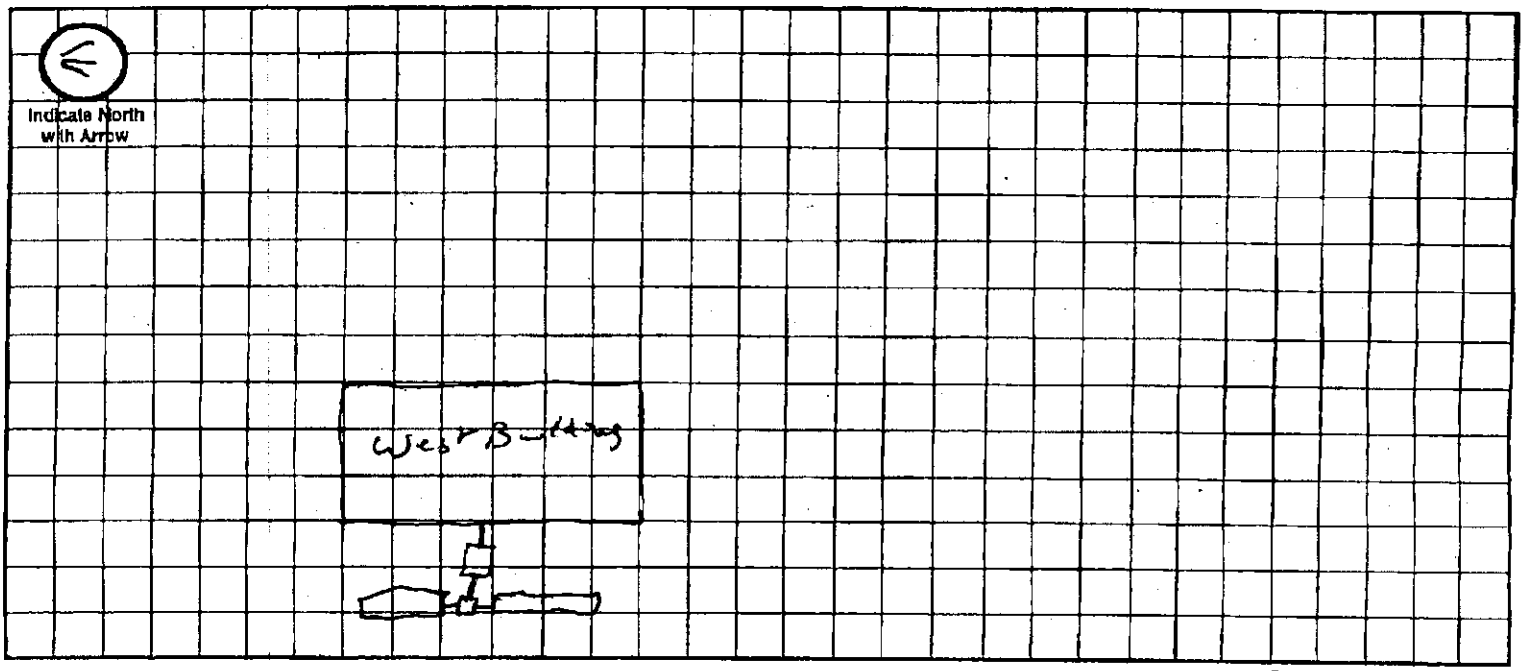
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: #5000194

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: Clay Land Slope: 1 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Evapotranspiration

Total Square Feet of Field Required: 192 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Evapotranspiration

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 48 ft. Number of Trenches _____ Trench Width 4

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 ☐	60 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 12-9-08

FORM 23-102 10-96

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

SCANNED

A

Permit Number: HS000193

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)

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A. System Location (Indicate correct number and street)

Address 23100 So 96th (no rural route) City Hickman NE, Zip 68372

Legal Description S.W. (1/4) 12 (1/4) Section T7 Township R7 Range _____ Subdivision _____ Addition 35 Block _____ Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

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Name Kevin Cramer Signature Kevin Cramer

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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 12/9/08 Date frwd 12/9/08 **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 _____

* System Replacement *

Installation Final Written Approval

By _____

Date 5/12/10 (Who Inspected ?)

Business Office Use Only SCANNED

Date Rec'd 12-9-08

Amt Paid $315.00

Rec'd By _____ Cash/Check No. 3820

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

* System Installed w/out documentation from inspector

SCANNED

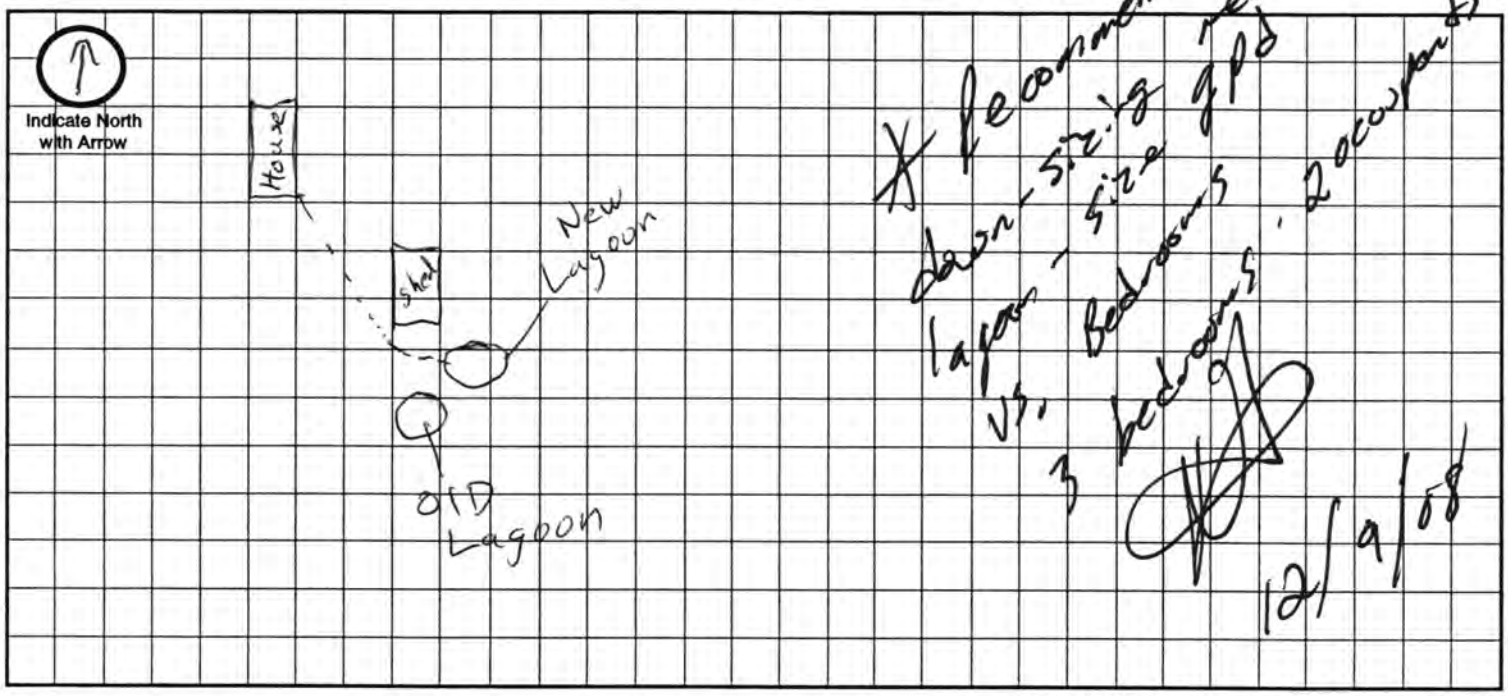
C

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

Permit Number: HS000193

Sewage Disposal System
Preliminary Plan Specifications

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

A. System Location (Indicate correct number and street)

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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

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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 Dave Prusa Date 1-4-08

FORM 23-102 10-96