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. HS000202

System Type:	LAGOON
Situs:	8555 S 1 ST L
Legal Description:	T09N-R06E-S22-Lot 4
Owner:	HUDKINS, DONALD L 8701 S 1 ST LINCOLN NE 68512

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	02/27/2009
Expires:	02/27/2010

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 SERVICES INC
105 LOCUST ST
PO BOX 191
HICKMAN NE 68372

LLCHD HS000202

FEB 26 2009

SCANNED

A

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

Permit Number
HS000202

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 8401 S. 1st (no rural route) City Lincoln, NE Zip 68512

Legal Description 22 9N 6E Deb's High View Acres 4
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 Dale Schmidt Signature _____

Address P.O. Box 427 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone 792-2109 Work Phone 580-2046

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 191 105 Locust 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 Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received 2-27-09 Amount Paid $315.00
Received By _____ Cash/Check No. 1238

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

Form A Updated: 5-07

3-2-2009 13:33:52

LLCHD HS000202

FEB 24 2009

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

A

Permit Number
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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 3401 S 1st (no rural route) City Lincoln, NE Zip 68512

Legal Description 22 9N 6E Bob's High View Acres 4
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 Dale Schmidt Signature _____

Address P.O. Box 427 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone 792-2109 Work Phone 580-2046

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 141 105 Locust City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 436-7606

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

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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 2-27-09 Date frwd 2-27-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Mowinson

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2-27-09 Date frwd 2-27-09 ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 2-27-09 Date frwd 2-27-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Plowzek

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

2-27-2009 13:50:28

LLCHD HS000202

FEB 26 2009

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

A

Permit Number
HS000202

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B. Owner

Name Dale Schmidt Signature _____

Address P.O. Box 427 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone 792-2109 Work Phone 580-2046

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 191 105 Locust 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

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

1. Health Department Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

2-27-2009 12:50:51

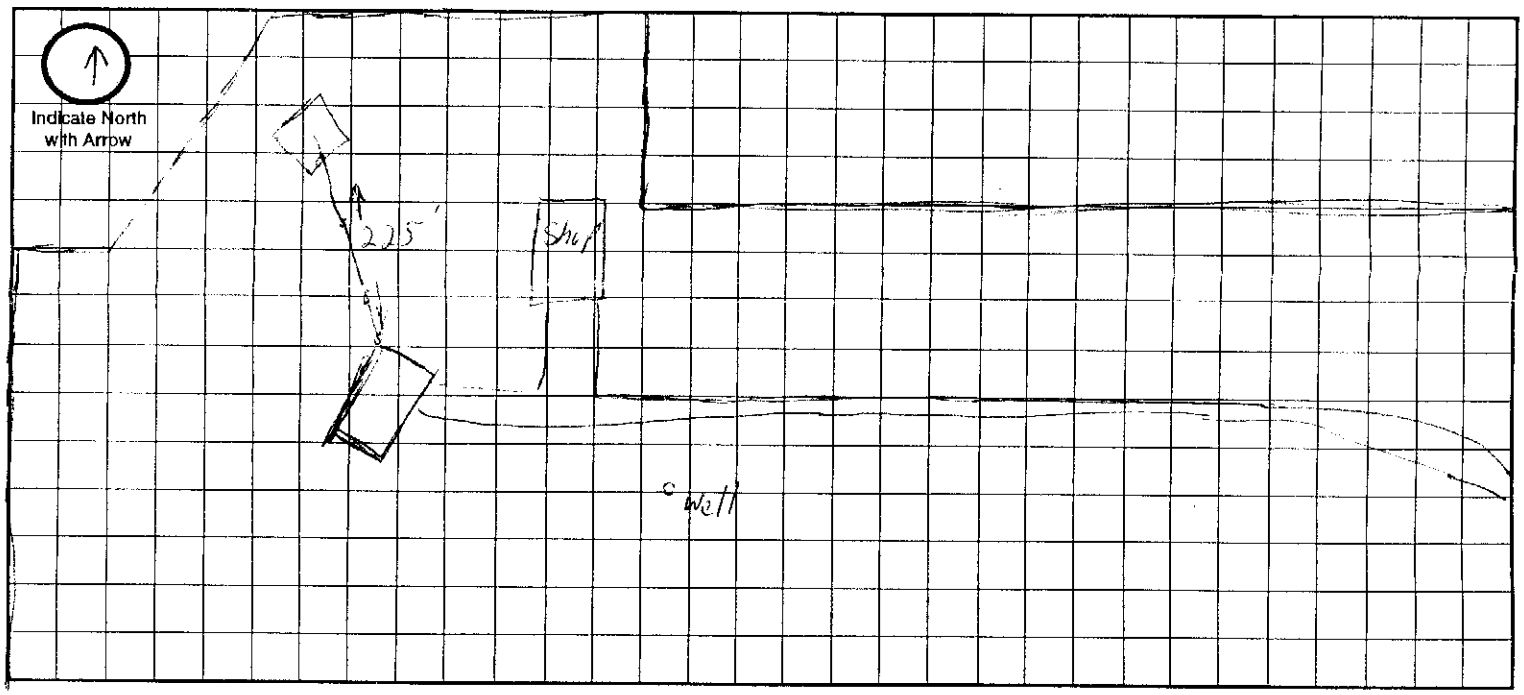
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 8401 S. 1st City Lincoln NE, Zip 68572

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 Vantage Pointe Date _____

Installer Brad Scott Date 2/24/09

FORM 23-102 10-96

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

FEB 26 2009

SCANNED

A

Permit Number
HS000202

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Legal Description 22 9N 6E Deb's High View Acres 4
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 Dale Schmidt Signature

Address P.O. Box 427 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone 792-2109 Work Phone 580-2046

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 191 105 Locust 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

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☐ 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 5/6/09 Line + lagoon Needs fence
Date rec'd 2-27-09
Date frwd 2-27-09
ACTION ☒ Approved ☐ Disapproved
Signature Jim Newman

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 2-27-09
Date frwd 2-27-09
ACTION ☒ Approved ☐ Disapproved
Signature

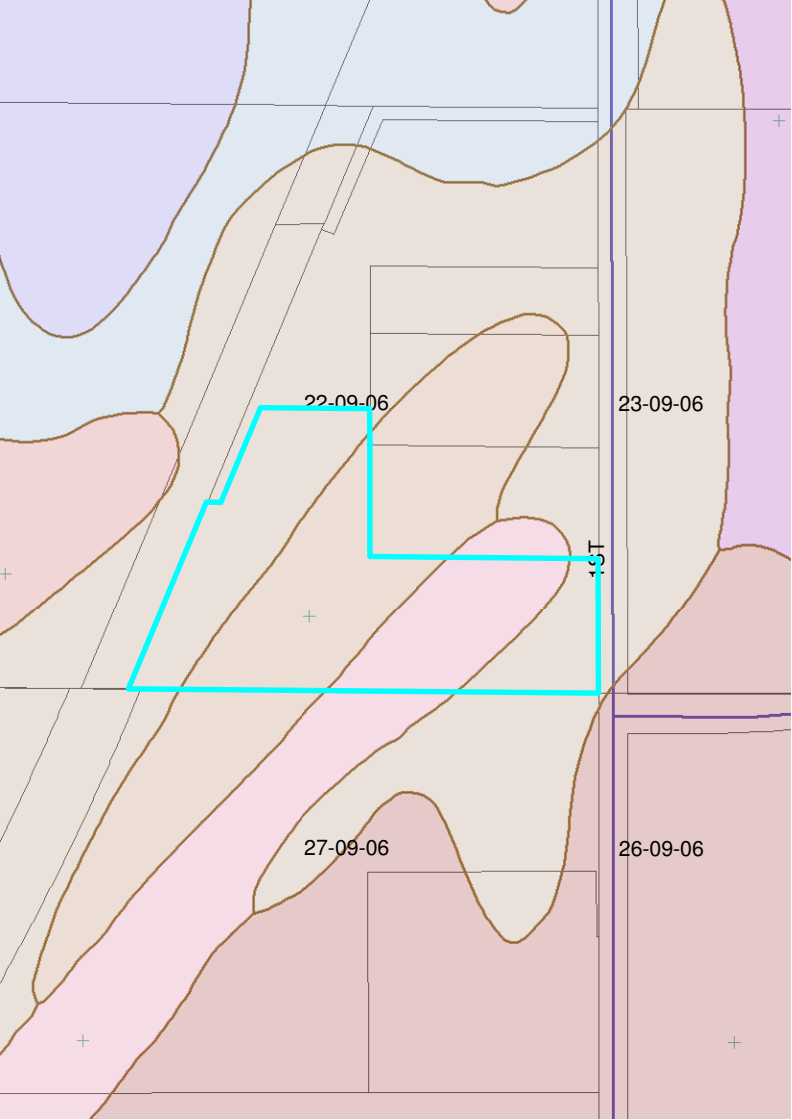
3. City or County Engineer
Comments
Date rec'd 2-27-09
Date frwd 2-27-09
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blouzek

Installation Final Written Approval
By
Date 5/18/09

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


22-09-06
23-09-06
15T
27-09-06
26-09-06