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. HS000271

System Type:	LAGOON
Situs:	12200 OLIVE CREEK RD
Legal Description:	T07N-R08E-S08-Lot 1
Owner:	BATY, DALE E & MARY J 12200 OLIVE CREEK RD HICKMAN NE 68372

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	
Expires:	

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
PO BOX 191
HICKMAN NE 68372

LLCHD HS000271

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

SCANNED **A**

Permit Number HS000271

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 12200 Olive Creek Rd. (no rural route) City Hickman, NE Zip 68372

Legal Description 8 7N 8E

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 Baty Signature _____

Address 12200 Olive Creek City/State/Zip Hickman, Ne 68372

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

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Dozi

Address P.O. Box 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 2-3 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 _____
Date rec'd 8/31/09
Date frwd 8/31/09
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 8-31-09 Amount Paid 315.00
Received By B. Hall Cash/Check No. 1259

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

9-1-2009 12: 1:31

Form A Updated: 5-07

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

A

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(no rural route)

Legal Description 8 7N 8E
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 Baty Signature

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☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Dozi

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

☐ Check if contractor designed system Work Phone 430-7606

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Designer Name Firm Work Phone

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Comments
Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

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

LLCHD HS000271

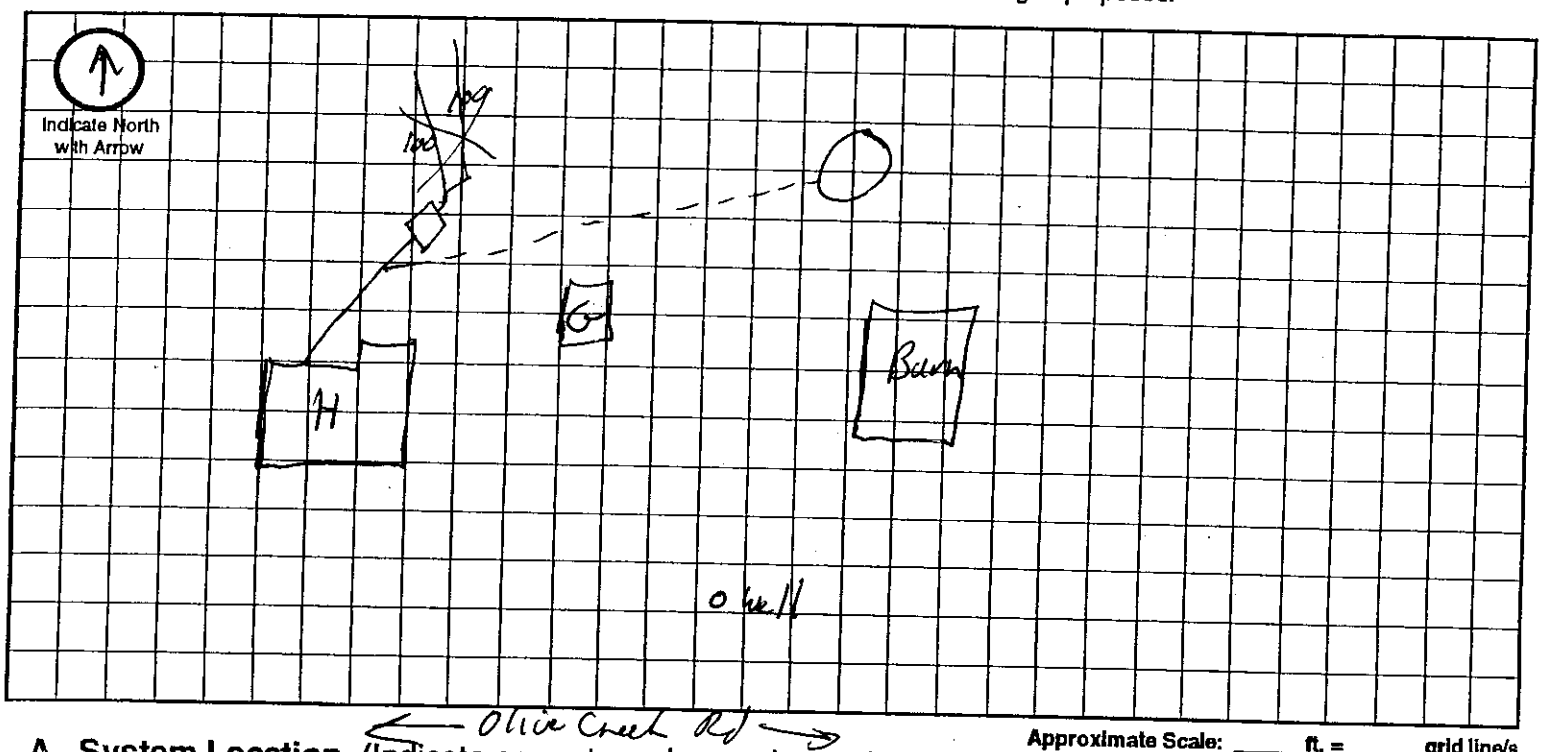
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000271

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) 12200 Olive Creek Rd. 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 _____

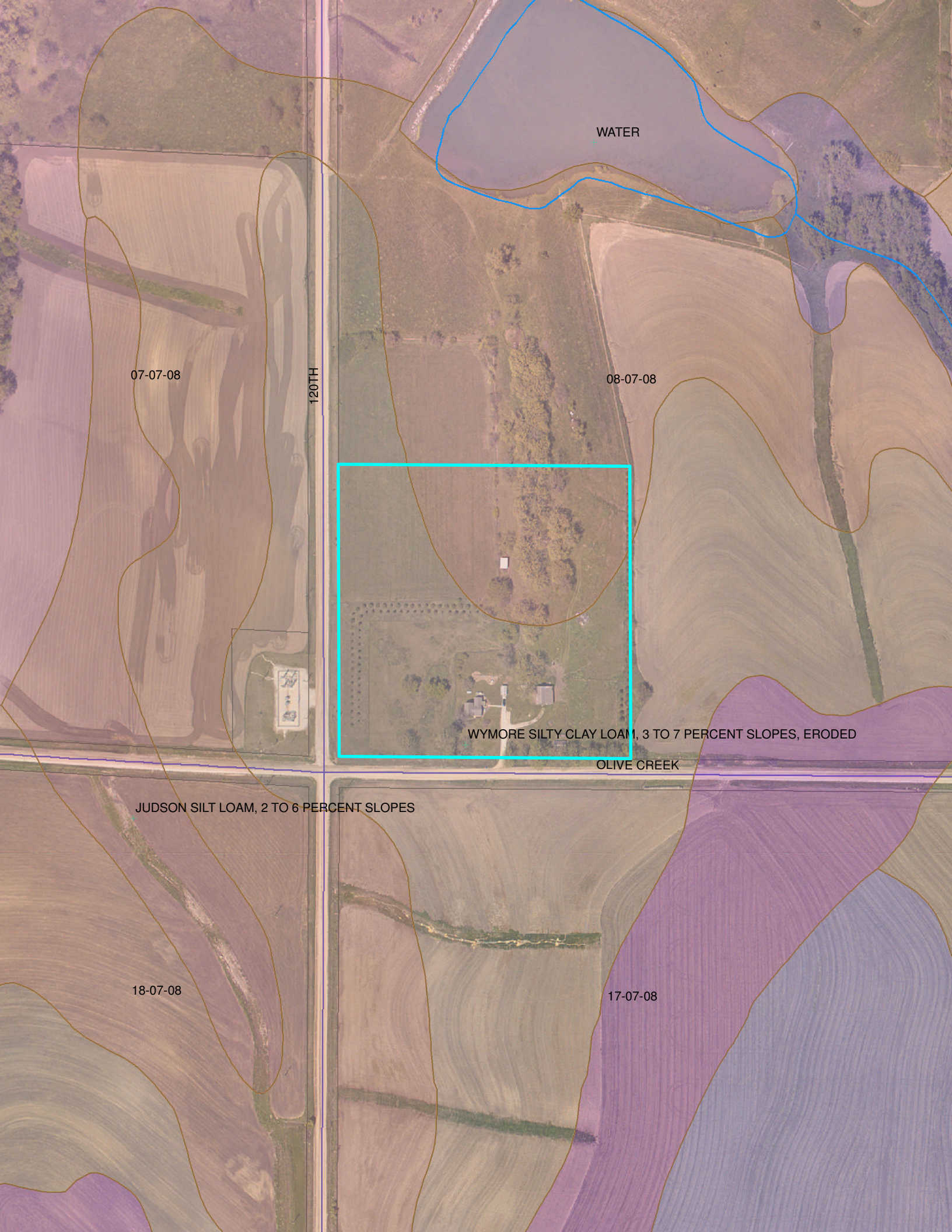
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Brad Sather Date 8/26/09


WATER
07-07-08
120TH
08-07-08
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
OLIVE CREEK
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
18-07-08
17-07-08