LLCHD HS000336

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

SCANNED **A**

Permit Number HS000336

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 No Situs approx. 13700 Hickman Rd. (no rural route) City , NE Zip

Legal Description 28 8 8 13
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: 32.43

B. Owner

Name Michael Meyer Signature Willis Rap

Address 1719 Pepper City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 432-7663 Work Phone

C. Contractor

Name: Willis Rap Company Name

Address P.O. Bx 31 City/State/Zip Hickman 68372

☐ Check if contractor designed system Work Phone 430-6736

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

Designer Name Willis Rap Firm Work Phone 430 6736

E. This system will serve a

Initially serving a metal building - designing for future home construction

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 4/14/10
Date frwd 4/14/10
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 4-14-10 Amount Paid 325-
Received By B. Hall Cash/Check No. 14065

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

4-16-2010 15:19: 6

Form A Updated: 5-07

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. HS000336

System Type: LAGOON

Situs: T8N, R8E, SEC 28, Lot 13

Legal Description: T08N-R08E-S28-Lot 13

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	04/14/2010
Expires:	04/14/2011

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

WILLIS RAP CONST
321 CHESTNUT ST
HICKMAN NE 68372

LLCHD HS000336

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Date frwd 4/14/10
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Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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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

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

B

Permit Number: HS000336

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13700 Hickman Rd (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ 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)
				Lagoon									
					Being		Installed						

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Mike Rep

Phone: _____

Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000336

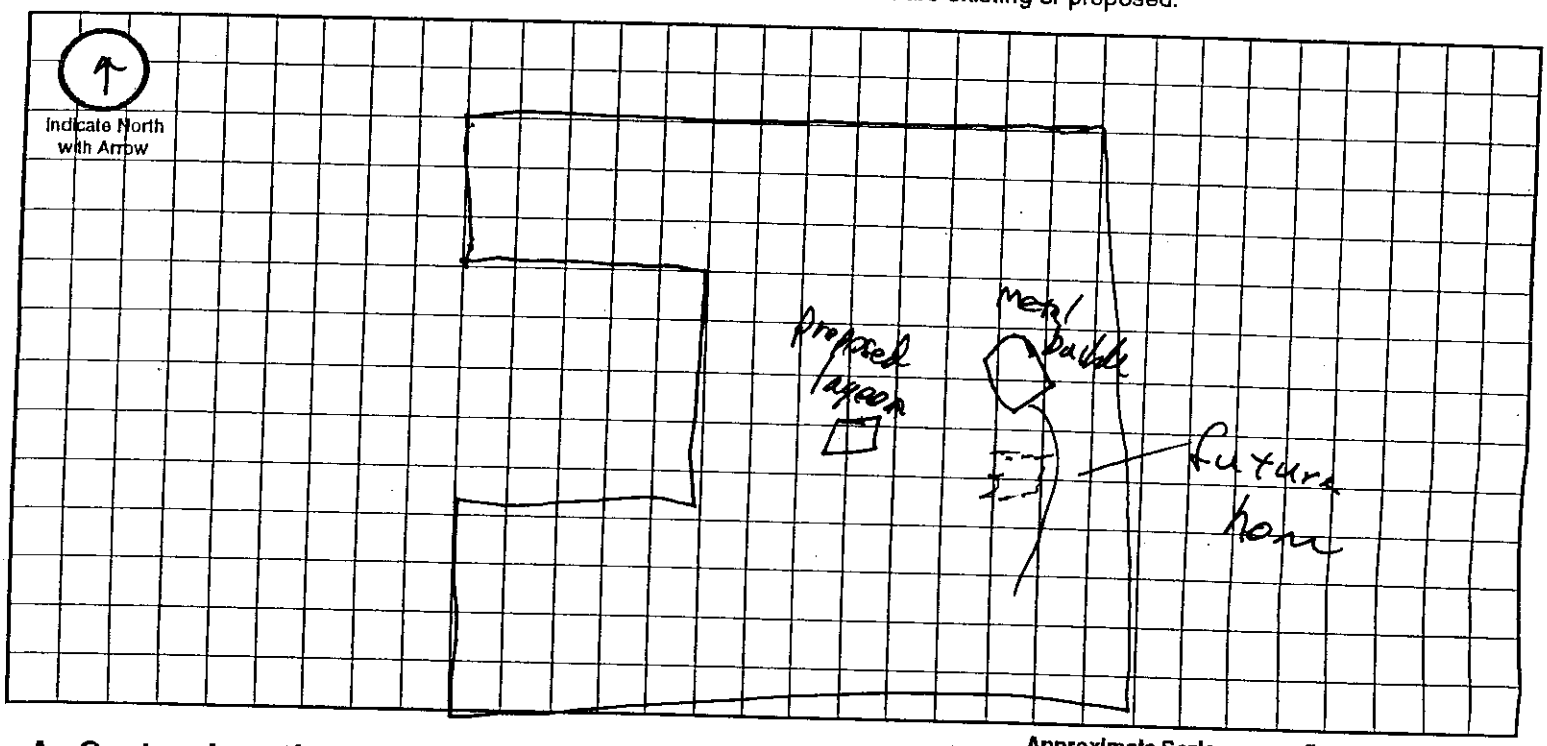
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000336

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) 13700 Hickman 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 _____ (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 Willis Rap Date 4-13-10

Installer _____ Date _____

LLCHD HS000336

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Date frwd 4/14/10
ACTION ☑ Approved ☐ Disapproved
Signature

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Comments
Date rec'd
Date frwd
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Signature

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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

4-14-2010 14:41:13

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

SCANNED

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

1. Health Department
Site visits 4/15/10 - Need fence
Date rec'd 4/14/10
Date frwd 4/14/10
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 _____
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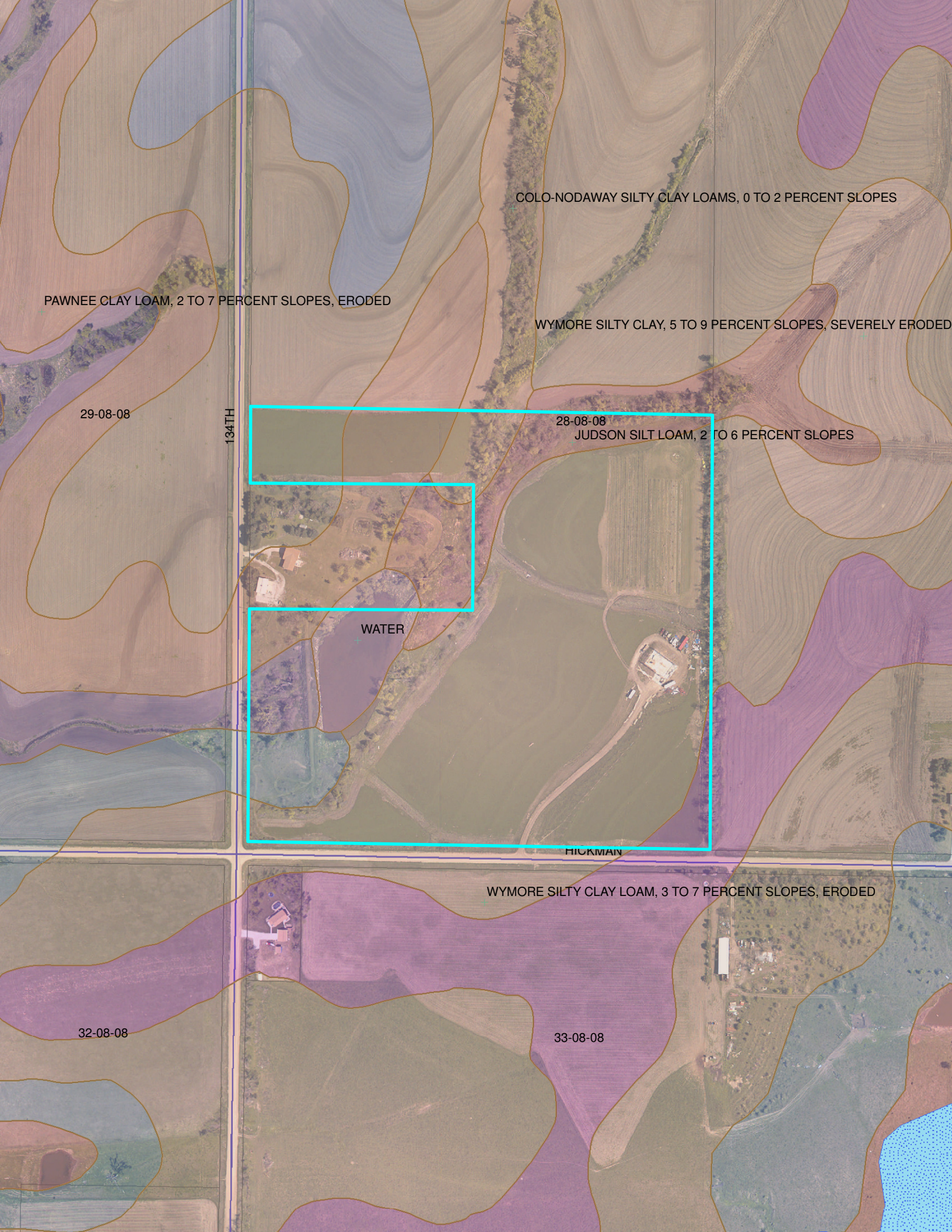
Installation Final Written Approval
By Doug Ahrl
Date 6/25/10

Business Office Use Only
Date Received 4-14-10 Amount Paid 325-
Received By B. Hall Cash/Check No. 14065

SCANNED

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

Form A Updated: 5-07


COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
29-08-08
134TH
28-08-08
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
HICKMAN
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
32-08-08
33-08-08