Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

JUL 0 3 2013

A

Permit Number
HK000780

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 18930 High Prairie Place (no rural route) City HICKMAN, NE Zip 68372

Legal Description High Prairie ESTATES 1 5

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name Kevin + Mindie STONE Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Melvin Gagner Signature Melvin Gagner

Address 4810 W Claire Ave. City/State/Zip Lincoln Ne, 68523

Work Phone 402-432-5698

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits
Comments
Date rec'd 7/8/13
Date frwd 7/8/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-8-13
Date frwd 7-8-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 7-8-2013
Date frwd 7-8-2013
ACTION ☒ Approved ☐ Disapproved
Signature Lynnette D Schroeder

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 7-11-13 Amount Paid 355.-
Received By B. Hall Cash/Check No. 7231

1684

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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1/4 1/4 Section Township Range Subdivison Addition Block Lot

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1. Health Department

Site visits _____ Date rec'd 7/8/13

Date frwd 7/8/13

Comments _____

ACTION ☒ Approved ☐ Disapproved

Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd 7-8-13

Date frwd 7-8-13

ACTION ☒ Approved ☐ Disapproved

Signature _____

3. City or County Engineer

Comments _____ Date rec'd 7-8-2013

Date frwd 7-8-2013

ACTION ☒ Approved ☐ Disapproved

Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Received 7-11-13 Amount Paid 355.-

Received By B. Hull Cash/Check No. 7231

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

1684

Form A Updated: 1/13

JUL 0 3 2013

B

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

Permit Number: --

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18930 High Prairie Pl (no rural route) City Hickman NE, Zip 68372

Owner Kevin & Mindie Stone Address

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

Date of Tests 4/30/13 to 5/1/2013 Weather: Precipitation TRACE Temperature 45

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	31	4/30	11:30	5/1	9:00	5/1	9:30	6	5/1	11:00	30	1/2	60
2	32	"	"	"	"	"	"	"	"	"	"	1/2	60
3	29	"	"	"	"	"	"	"	"	"	"	1/2	60
4	31	"	"	"	"	"	"	"	"	"	"	1/2	60
5	30	"	"	"	"	"	"	"	"	"	"	1/2	60
6	33	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 348

Average of Rates: 58

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Eagner C1268

Phone: 402-432-5696

Address 4810 "W" Clare Ave

Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

JUL 0 3 2013

C

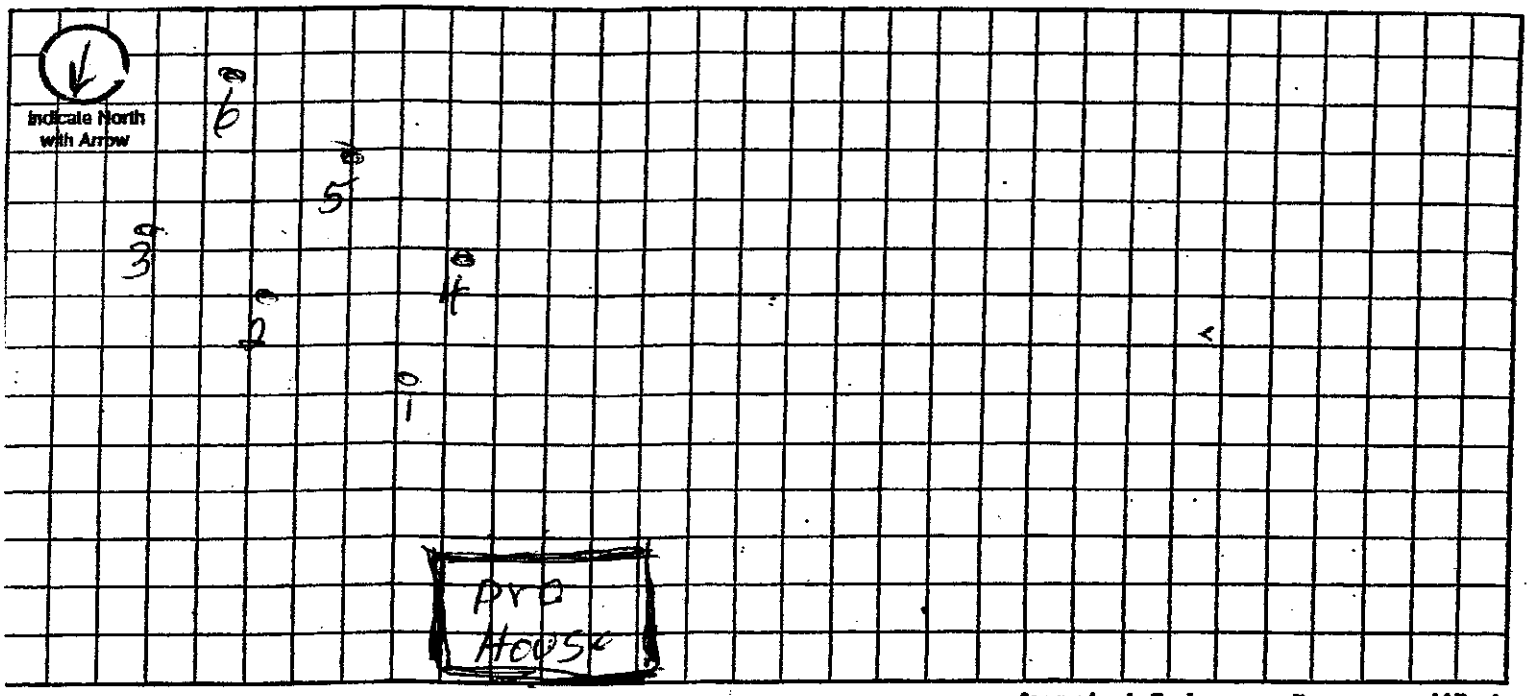
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 18930 High Prairie PL 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 58 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1750 sq. ft. 5 BEDROOM

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 437 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 Melvin Hagen C1268 Date 5/1/2013

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000780

System Type: Standard

Situs: NO SITE ADDRESS

Issued: 7/15/2013

Expires: 7/15/2014

Description: HIGH PRAIRIE ESTATES, BLOCK 1, Lot 5HIGH PRAIRIE ESTATES, BLOCK 1, Lot 5

Owner: STONE, KEVIN L & MELINDA R
7350 MERCY LN
HICKMAN, NE 68372

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE
LINCOLN, NE 68523-9324