DEC 0 2 2013

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

DEC 0 2 2013

A

Permit Number H5000851

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 _____ City HICKMAN, NE Zip _____

(no rural route)

Legal Description 32 9 90 19

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

PID _____

B. Owner

Name ERIC + TIFFANY JONES Signature Brad Becker for Eric Jones

Address 19101 STAGECOACH RD. City/State/Zip ADAMS, NE 68301

Home Phone _____ Work Phone 402-309-5255

C. Certified Installer

Name: ERNST WELL DRILLING Signature Brad Becker

Address MILFORD, NE City/State/Zip _____

Work Phone _____

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 19.88

Garbage Grinder? ☑ 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. 02-30

1. Health Department

Site visits _____ Date rec'd _____ ACTION ☑ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

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

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, December 04, 2013 10:45 AM
To: Nate C. Hartman
Subject: sewage disposal system approvals
Attachments: part of sec 31-11-5.pdf; part of sec 32-8-8.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, "TERAS ADDITION" located in the SE 1/4 of Section 31, T11N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.31-11-5)*
And, approval for sewage disposal system for Lot 19, IRREGULAR TRACT located in the SW 1/4 of Section 32, T8N, R8E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec. 32-8-8)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Nate C. Hartman

From: Todd A. Stutzman
Sent: Friday, December 06, 2013 3:44 PM
To: Nate C. Hartman

Nate,

Teras Addition lot 1 S31-T11-R5 is a buildable lot.

Lot 19 S32-8-8 is a buildable lot.

Todd

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. HS000851

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/10/2013

Expires: 12/10/2014

Description: S32, T8, R8, 6th Principal Meridian, LOT 19 SW

Owner: JONES, ERIC R & TIFFANY B
935 GOLDENROD 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

BECKER CONSTRUCTION
2549 COUNTY RD B
VALPARAISO, NE 68065

DEC 0 2 2013

SCANNED

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

DEC 0 2 2013

A

Permit Number H5000851

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 _____ City HICKMAN, NE Zip _____

(no rural route)

Legal Description 32 9 90 19

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

PID _____

B. Owner

Name ERIC + TIFFANY JONES Signature Brad Becker for Eric Jones

Address 19101 STAGECOACH RD. City/State/Zip ADAMS, NE 68301

Home Phone _____ Work Phone 402-309-5255

C. Certified Installer

Name: ERNST WELL DRILLING Signature Brad Becker

Address MILFORD, NE City/State/Zip _____

Work Phone _____ + Justin Peterson Installed 6/24

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 19.88

Garbage Grinder? ☑ 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. 02-30

1. Health Department

Site visits + Rural Water Plan Review - NH

Comments _____

Date rec'd _____

Date frwd _____

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 7/7/14

+ Contractor 6/23/14

Business Office Use Only

Date Received _____ Amount Paid _____

Received By _____ Cash/Check No. _____

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

DEC 07 '23

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

res 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.

EASE PRINT OR TYPE

Onsite System Location

dress _____ City HICKMAN, NE Zip _____
(no rural route)

gal Description 32 9 9E 19
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Owner

me ERIC + TIFFANY JONES Signature Brad Becker for Eric Jones

dress 19101 STAGECOACH RD. City/State/Zip ADAMS, NE 68301

me Phone _____ Work Phone 402-709-5255

Certified Installer

me: ERNST WELL DRILLING Signature Brad Becker

dress MILFORD, NE City/State/Zip _____

rk Phone _____

Engineer

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

gner Name _____ Firm _____ Work Phone _____

This system will serve a

Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 19.88
Garbage Grinder? ☑ 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

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

ealth Department
isits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____
nents _____

ept. Bldg. Insp. or Village Clerk
nents _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

ty or County Engineer
nents _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

llation Final Written Approval

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

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

Form A Updated: 1/13

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4/8/14

System Location (Indicate correct number and street)

Address 19980 South 120th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line 100'+ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

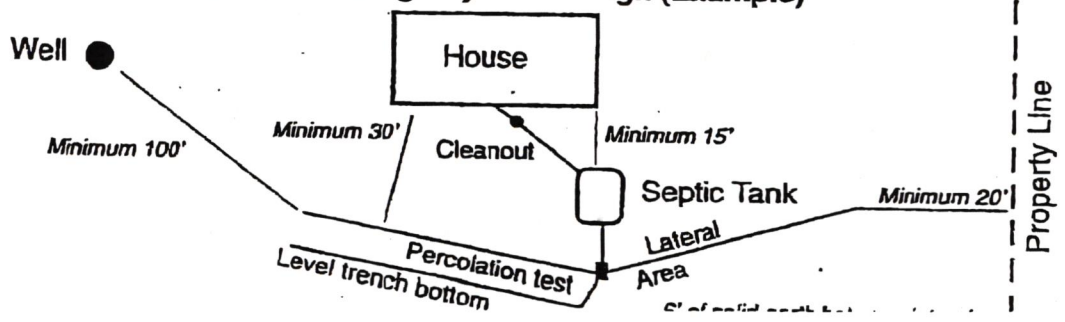
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Scale North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



LM 23-103 10-96

As Built Drawing

