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

A

Permit Number
HS001497

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 20900 South 110th (no rural route) City Hickman NE Zip

Legal Description

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

Geographical Location (if known): Lat/Long 40° 36'23" N 96° 34' 16" W PID

B. Owner

Name Nathan Kroll Signature

Address 20900 South 110th City/State/Zip Hickman NE

Home Phone Work Phone 402 730 3571

C. Certified Installer

Name Blaine Johnson Signature

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5± 3.24

☐ 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 7/31/17
Date frwd 7/31/17
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

* new system for existing home, pH

Business Office Use Only
Date Received 7/31/17 Amount Paid 395—
Received By LC Cash/Check No WIA 2629

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

Form A Updated: 5/10

C

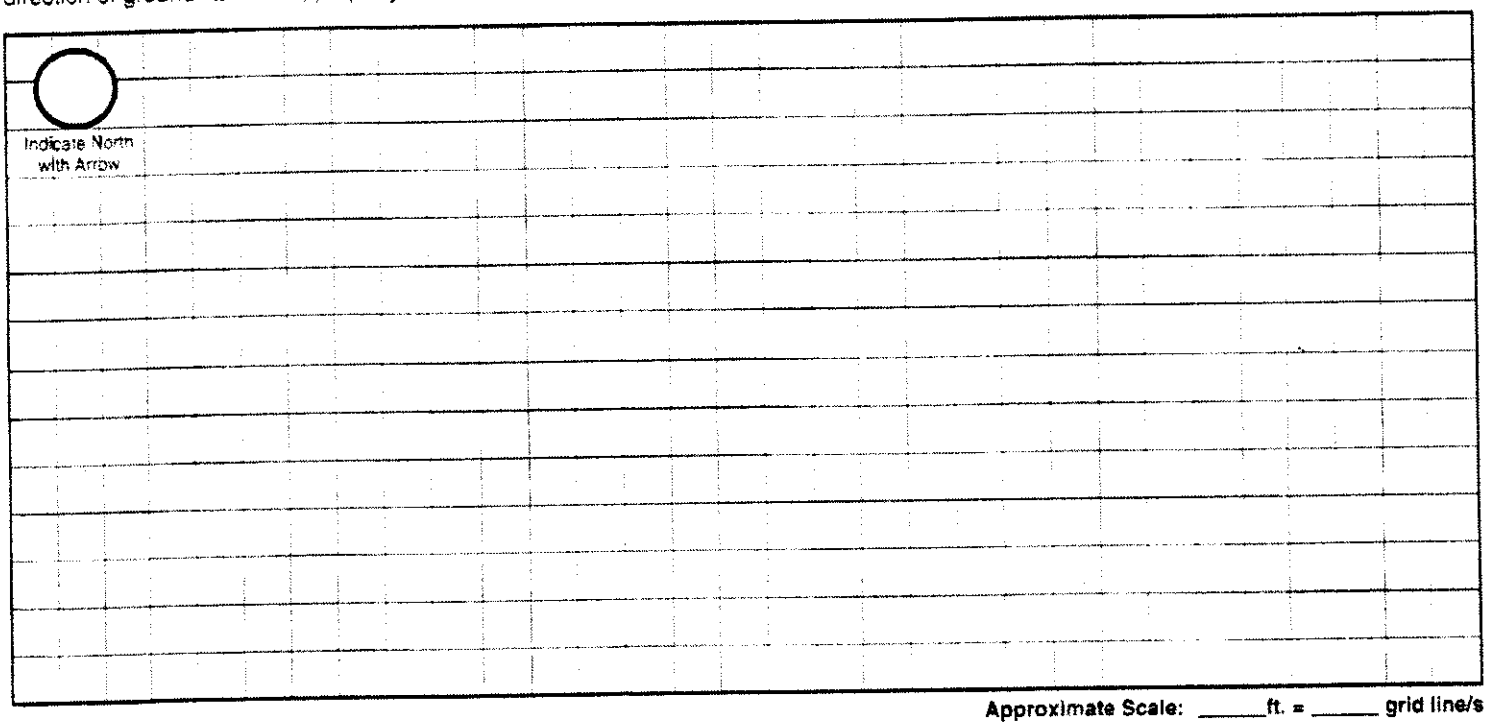
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ **grid line/s**

A. Onsite System Location

Address (no rural route) 20900 South 110th City Hickman NE. Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon(Max. seepage 1.8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 3 Soil Type _____ Land Slope _____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEO approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 292 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 23 July 2017

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 475-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-1-74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7 No. ; Range 8 E. ; Section 6
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Tom Rasmussen
Signature of Applicant (Owner or Lessee)

Rt 1 Waverly Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/2/74 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/2/74 . Signature: Jerrold C. Reed

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. _____ . ACTION: Approved ☑ Disapproved ☐
Date Frwd. 7-2-74 . Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

Tom Rasmussen 7-2-74

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 475-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7 No.; Range 8 e
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Barry R Hartman
Address Rt 1 Waverly

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 6/30/74 to 7-1-74. Weather: Precip. 0 Temp. 93 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	6/30	2:00	7/1	2:00	7/1	5:00	6"	5:30	5¼	30 min	3/4	
2	36"	6/30	2:00	7/1	2:00	7/1	5:00	6"	5:30	5¼	30	3/4	
3	36"	6/30	2:00	7/1	2:00	7/1	5:00	6"	5:30	5¼	30	3/4	
4	36"	6/30	2:00	7/1	2:00	7/1	500	6"	5:30	5 3/8	30	5/8	
5	36"	6/30	2:00	7/1	2:00	7/1	500	6"	5:30	5 3/8	30	5/8	
6	36"	6/30	2:00	7/1	2:00	7/1	500	6"	5:30	5¼	30	3/4	

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

Barry R Hartman
Signature of Person Conducting Test

Address Rt 1 Waverly Neb
Phone: 786-5293

(Do not write below this line)

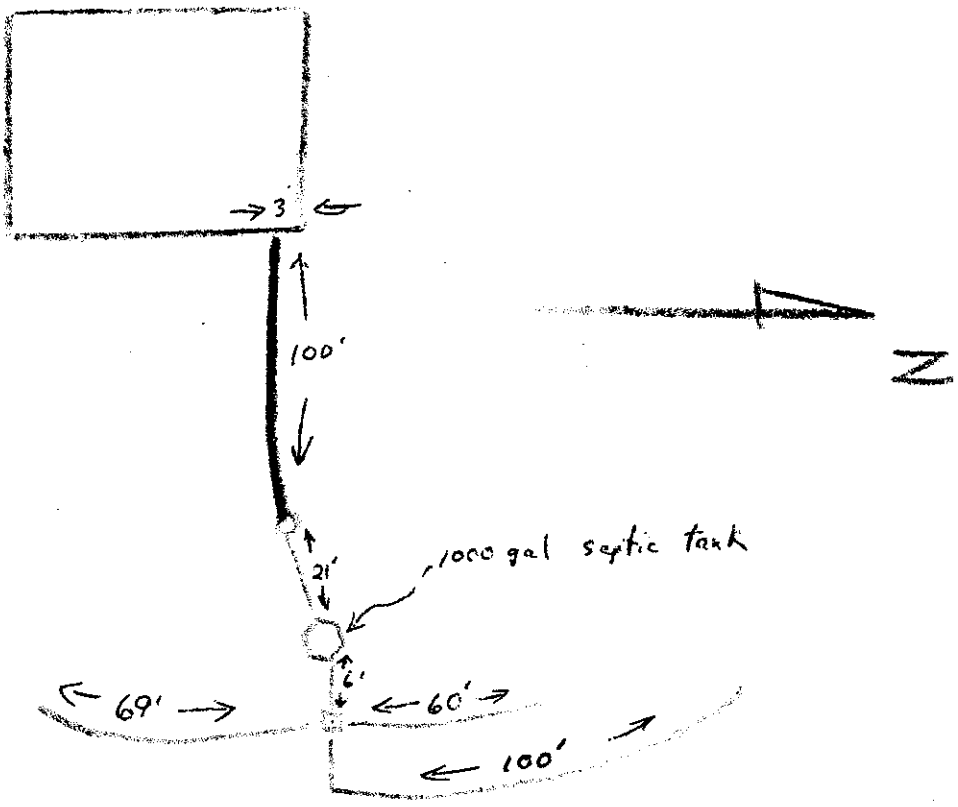
REVIEWING ACTION

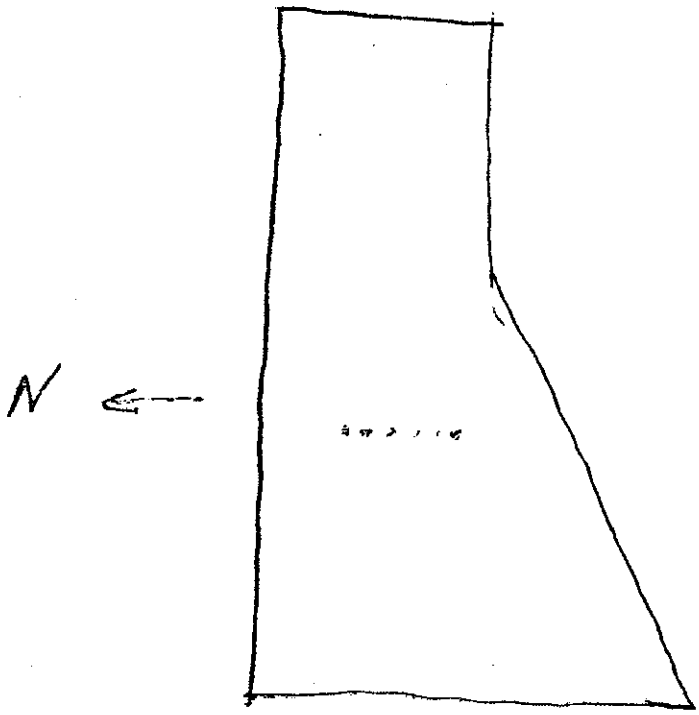
REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 2, 1974

Gerald C Hood
Signature of Reviewing Official


3'
100'
N
21'
1000 gal septic tank
2'
69'
60'
100'


N

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. HS001497

System Type: Standard

Situs: 20900 S 110 ST, RURAL, NE

Issued: 8/1/2017

Expires: 8/1/2018

Description: S6, T7, R8, 6th Principal Meridian, LOT 31 NW

Owner: KROLL, NATHAN C & SANDI J
20900 S 110 ST
HICKMAN, NE 68372

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director