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

A

Permit Number: 993802003

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System OR ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address ~~7345~~ W OLIVE CREEK RD. & ~~SW 72ND STREET~~ 7545 EO 1/24/23 City HALLAM NE, Zip 68368
(no rural route)

Legal Description S 1/2 (1/4) SE 1/4 (1/4) NE 1/4 Section 14 T7N Township R5E Range ~~Subdivision~~ ~~Addition~~ ~~Block~~ ~~Lot~~

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name TODD HAVLAT Signature Todd Havlat

Address 5211 QUAIL RIDGE DR City/State/Zip LINCOLN, NE 68516

☒ Check if owner designed system Home Phone 423-2663 Work Phone 440-0624

C. Contractor

Name SELF Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 6-8-99 Date frwd 6/9/99 ACTION ☒ Approved ☐ Disapproved Signature John T Miner
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-9-99 Date frwd 6-9-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/9/99 Date frwd 6/9/99 ACTION ☒ Approved ☐ Disapproved Signature _____

7-28-99 sewer line only (groundwater in trench) 10/8/99 OK

Installation Final Written Approval

By Jerrold C. Wood

Date JANUARY 28, 2000

Business Office Use Only
Date Rec'd 6/8/99
Amt Paid #150.00
Rec'd By _____ Cash/Check No. 171

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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B

Permit Number: 99380200301

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7431 W. OLIVE CREEK RD. (no rural route) City HALLAM NE, Zip 68368

Owner TODD HAVLAT Addresss 5211 QUAIL RIDGE DR.

Soil Type (SCS): _____ Percolation Rate: .021" min./inch

Date of Tests 9/24/99 to 9/25/99 Weather: Precipitation 0" Temperature 68°

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 PM		End AM		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	36 1/4	9/24	6:30	9/25	7:00	9/25	7:30	6 3/4	9/25	11:30	240	5 1/4	60 / 1.3"
2	35 3/4	9/24	6:30	9/25	7:00	9/25	7:30	6 1/2	9/25	11:30	240	5 3/4	60 / 1.4"
3	36	9/24	6:30	9/25	7:00	9/25	7:30	6 3/4	9/25	11:30	240	5 1/2	60 / 1.4"
4	35 1/2	9/24	6:35	9/25	7:00	9/25	7:30	6 1/2	9/25	11:35	245	5 1/4	60 / 1.3"
5	36 1/2	9/24	6:35	9/25	7:00	9/25	7:30	6 1/4	9/25	11:35	245	4 3/4	60 / 1.2"
6	36 3/4	9/24	6:40	9/25	7:00	9/25	7:30	6 1/8	9/25	11:35	245	5	60 / 1.2"
7	35 3/4	9/24	6:40	9/25	7:00	9/25	7:30	6 1/4	9/25	11:35	245	4 1/2	60 / 1.1"
8	35 1/2	9/24	6:45	9/25	7:00	9/25	7:30	6	9/25	11:35	245	4 1/4	60 / 1.0"
9	36	9/24	6:45	9/25	7:00	9/25	7:30	6 1/2	9/25	11:40	260	5 1/4	60 / 1.3"
10	35 3/4	9/24	6:50	9/25	7:00	9/25	7:30	6 3/4	9/25	11:40	250	5 1/2	60 / 1.3"

Sum of Percolation Rates: 0.21" / MIN

Average of Rates: 0.021" / MIN

Rate Used for Calculation: 1.26" / HR

40 MIN/IN

Person Conducting Percolation Tests

Name: TODD HAVLAT

Phone: 440-0624

Address 5211 QUAIL RIDGE DR.
LINCOLN, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

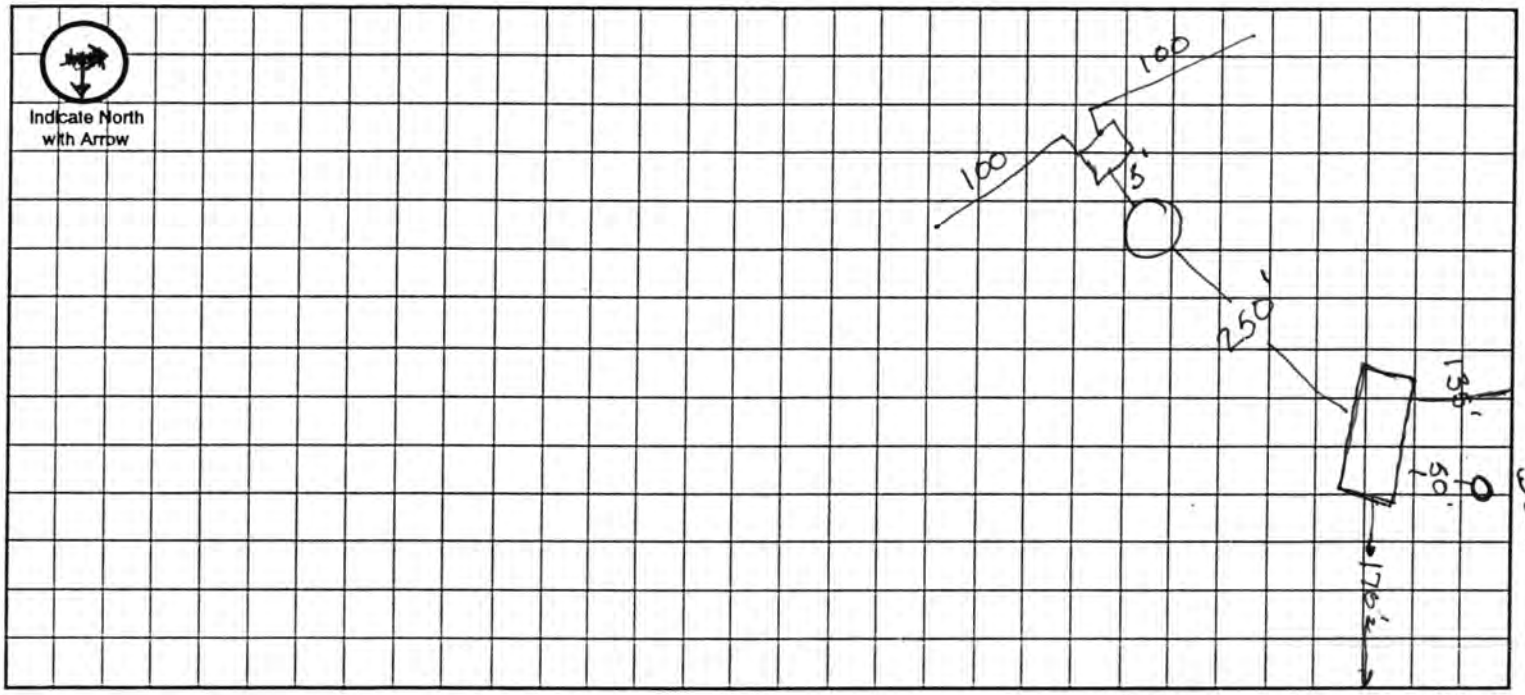
Lincoln-Lancaster County Health Department
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C

Permit Number: 9938020003

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) W OLIVE CREEK RD & SW 72ND City HALLAM NE, Zip 68368

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: WTB, PaD2 Land Slope: 3% %

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 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 ft. Number of Trenches 3 Trench Width 4'

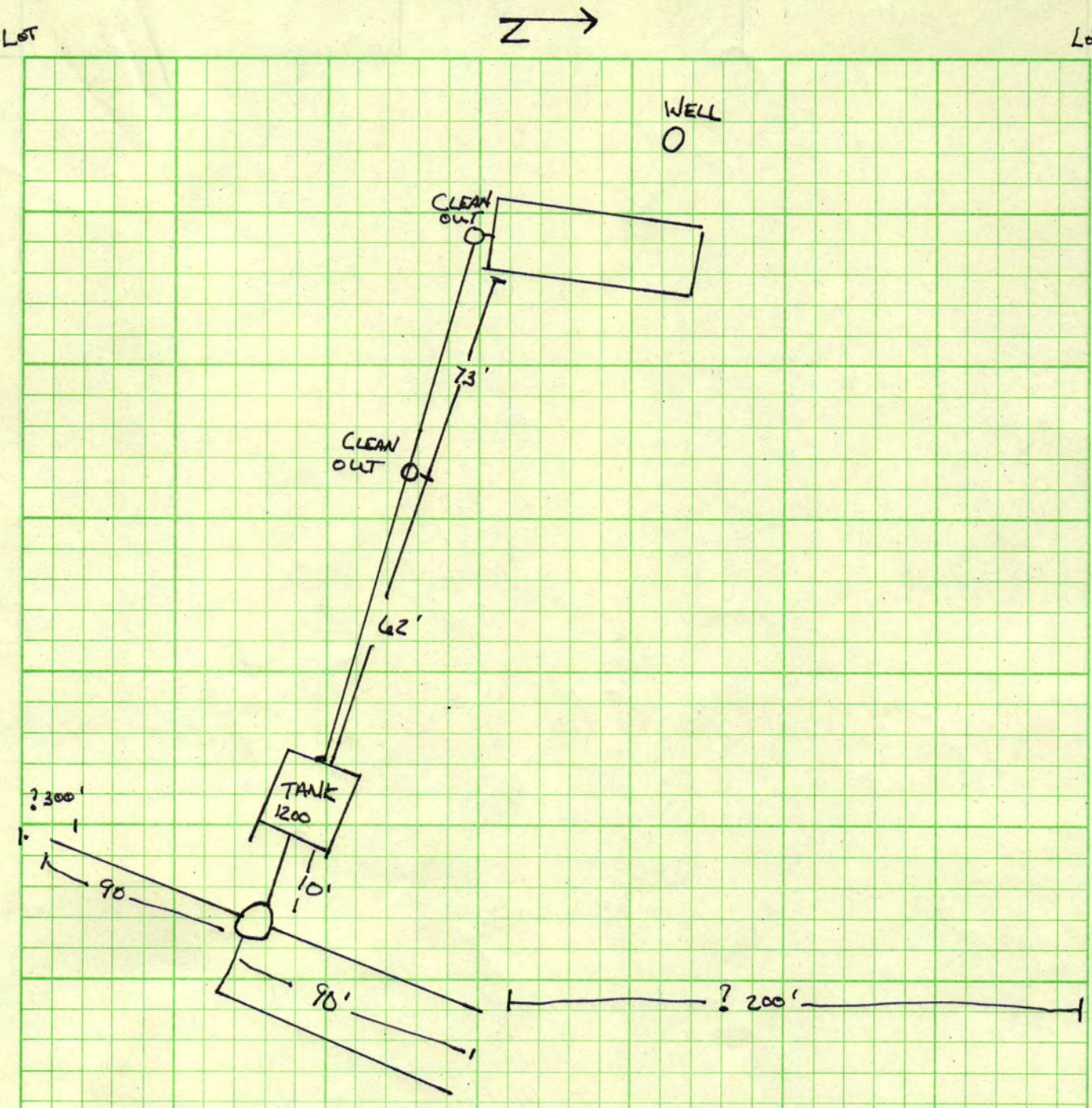
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 SELF TODD HAVLAT Date 6/8/99

Installer SELF TODD HAVLAT Date 6/8/99



TODD HAULAT
7431 WEST OLIVE CREEK RD
HALLAM, NE 68368

PERMIT # 99380200301