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

A

Permit Number: 04380290201

Sewage Disposal System

Request for Site Clearance and Permit

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

☐ Septic System ☑ 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 5303 West Stagecoach RN (no rural route) City Hallam NE, Zip 68368

Legal Description NW 6 7N 6E ~10 ACRES 2 F.T.
1/4 | 1/4 | Section | Township | 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 Jeremy Heusinkveld Signature Jeremy Heusinkveld

Address 1710 West 2nd St P.O Box 31 City/State/Zip Sprague NE 68438 Elizabeth 450-2778

☐ Check if owner designed system Home Phone 794-0282 Work Phone 450-2358

C. Contractor

Name Leonard Harper Company Name Harper Well

Address P.O Box 15 City/State/Zip Adams NE

☐ Check if contractor designed system Work Phone 432-2204

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 4 downsized as per Leonard Harper 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 9/23/04 Date frwd 9/23/04 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/23/04 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/23/04 Date frwd 9/23/04 ACTION ☒ Approved ☐ Disapproved Signature _____

Line + Lateral 4/15/05 Weeds Fence 4/15/05

Installation Final Written Approval

By _____

Date ~~4/15/05~~ 10/17/05

Business Office Use Only
Date Rec'd 09/23/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3568

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

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

B

Permit Number: 043802902

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Jeremy Heusinkveld Addresss 1710 West 2ND st Sprague NE

Soil Type (SCS): _____ 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)
		Bentonite in Lagoon											

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____
Phone: _____
Address _____
_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____
_____
_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

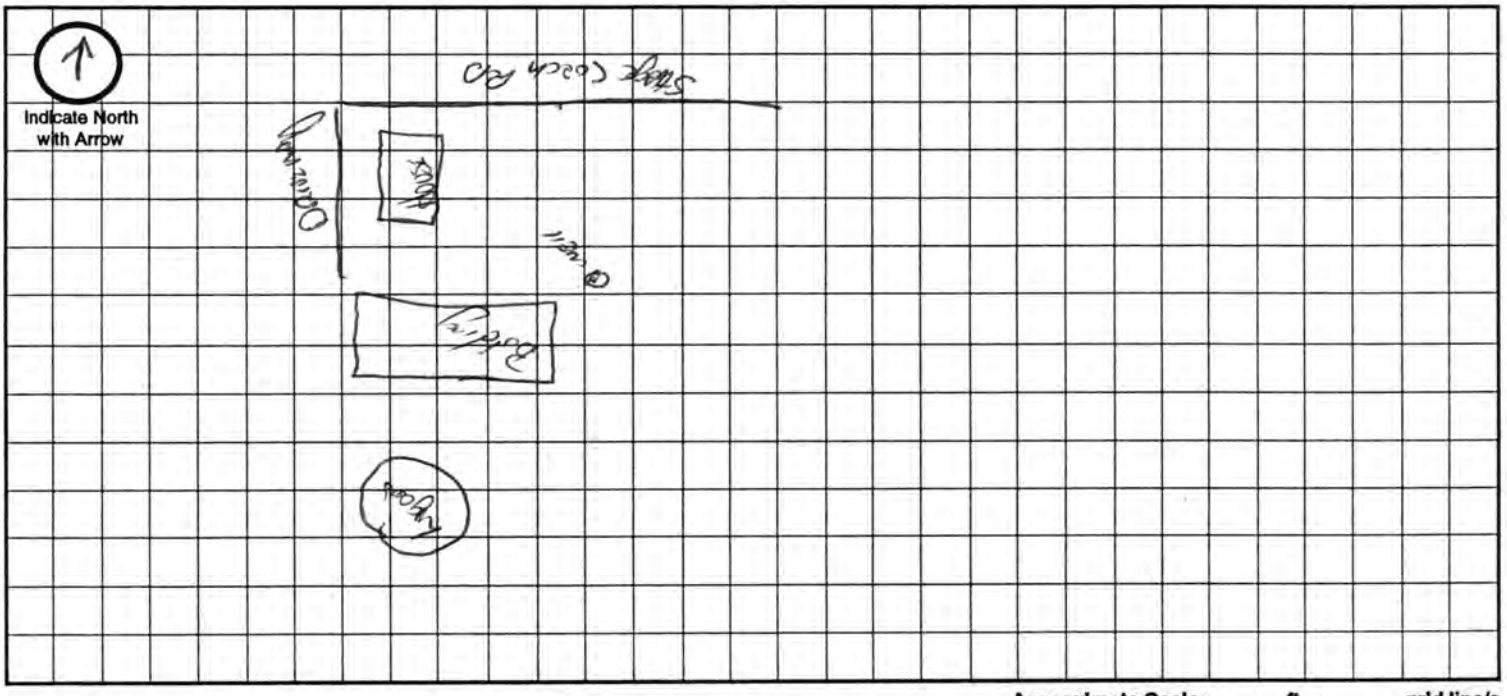
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802902

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) _____ City Sprague 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 Jeremy Hunsicker Date _____

Installer _____ Date 9-24-04

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005732

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380290201

Issued: 09/23/04
Expires: 03/23/05
Revenue Code: 6 3157

Establishment:
JEREMY HEUSINKVELT
T7N R6E SEC 6 QTR NW
10 ACRES LOT 2IT
5303 W STAGECOACH RD-HALLAM

FEES: $200.00

Permittee:
JEREMY HEUSINKVELT
BOX 31
SPRAGUE NE 68438

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY