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

A

Permit Number:

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 _____ (no rural route) City HICKMAN NE, Zip 68372

Legal Description S½ NE¼ 1 7N 7E
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 Don Johnson Homes/Larry Hartman Signature _____

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 436-3228

C. Contractor

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 436-3228

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Eagner Firm Eagner Const Work Phone 432-5698

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 10/31/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hoff
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/31/05
Amt Paid 200 + 75
Rec'd By _____ Cash/Check No. 180181802

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

450-1701

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

A

Permit Number: 05380312301

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 21133 SOUTH 110TH STREET (no rural route) City HICKMAN NE, Zip 68372

Legal Description S½ NE¼ 1 7N 7E
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 Don Johnson Homes/Larry Hartman Signature _____

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 436-3228 450-1701

C. Contractor

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 436-3228

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Eagner Firm Eagner Const Work Phone 432-5698

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 10/31/05 Date frwd 11/1/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-2-05 Date frwd 12-2-05 ACTION ☒ Approved ☐ Disapproved Signature _____ ok if it is not in FP
3. **City or County Engineer** Date rec'd 12-2-05 Date frwd 12-2-05 ACTION ☒ Approved ☐ Disapproved Signature _____

~~430 NEED LOCK ON GATE, etc~~
12/16/05 Sewer only

Installation Final Written Approval

By Jerrold C. Hood

Date JULY 5, 2006

Business Office Use Only
Date Rec'd 10/31/05
Amt Paid 200 + 75
Rec'd By _____ Cash/Check No. 1801821802

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

450-1701

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

B

Permit Number: 053803123

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 500th 110th (no rural route) City HICKMAN NE, Zip 68372

Owner Don Johnson Homes Addresss 5901 N 27th Lincoln NE 68521

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

Date of Tests 10/24 to 10/25 Weather: Precipitation 0 Temperature 61

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/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	32	10/24	5:00	10/25	4:30	10/25	4:30	6	10/25	5:00	30	1/8	
2	31	"	"	"	"	"	"	"	"	"	"	1/4	
3	30	"	"	"	"	"	"	"	"	"	"	1/8	
4	32	"	"	"	"	"	"	"	"	"	"	1/4	
5	33	"	"	"	"	"	"	"	"	"	"	3/8	
6	33	"	"	"	"	"	"	"	"	"	"	1/4	

Person Conducting Percolation Tests

Name: Melvin Kaeger
Phone: 402-432-5698
Address 4810 "W" Clare Ave
Lincoln NE. 68523

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

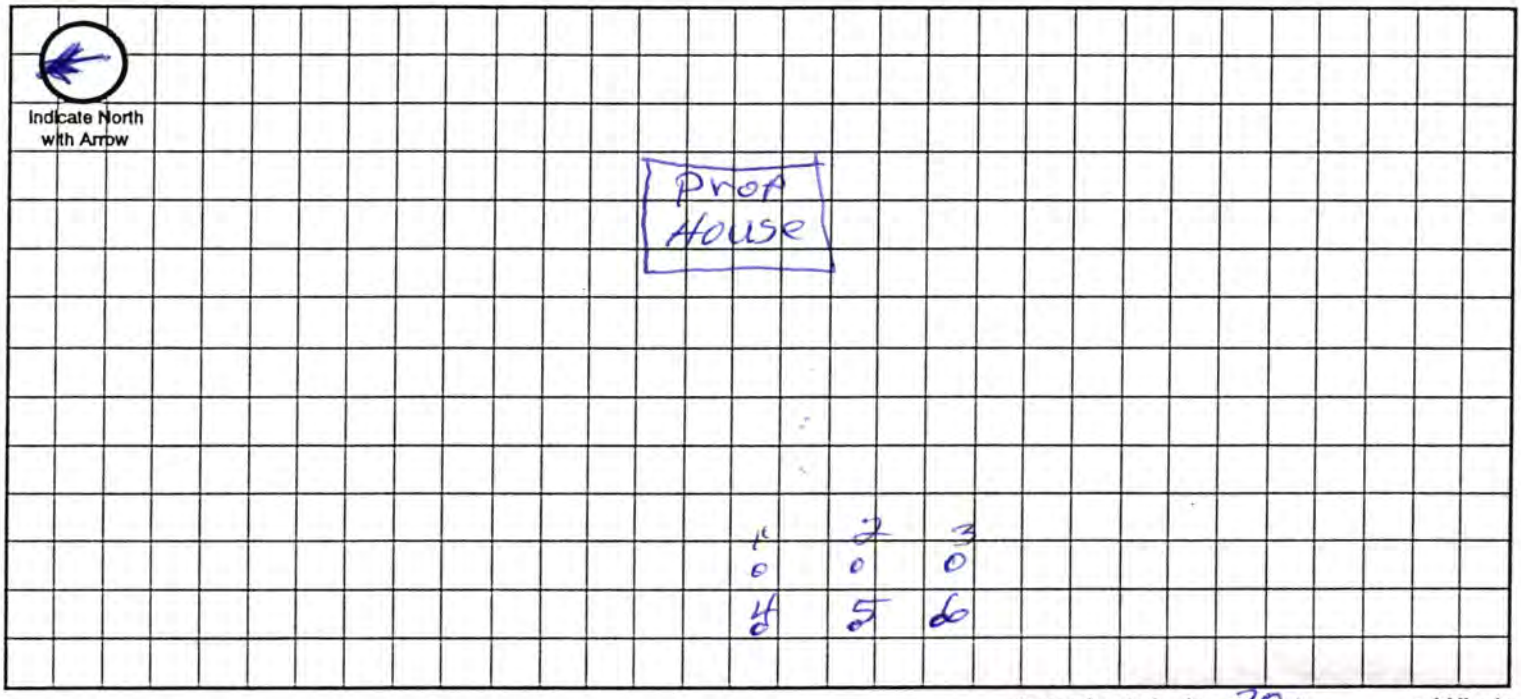
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803123

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: 20 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ 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 _____ Date _____

Installer Melvin F. Hagmen Date 10/26/05

FORM 23-102 10-96

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

D

Permit Number:

GPS
N 40° 36.335'
W096° 34.427'

Sewage Disposal System
As Built Plans & Specifications

Date 12-15-05

System Location (Indicate correct number and street)
Address 21133 So 110 ST (no rural route) City HICKMAN NE, Zip 68372
LOT 28 SE 15-7-7

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 16 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

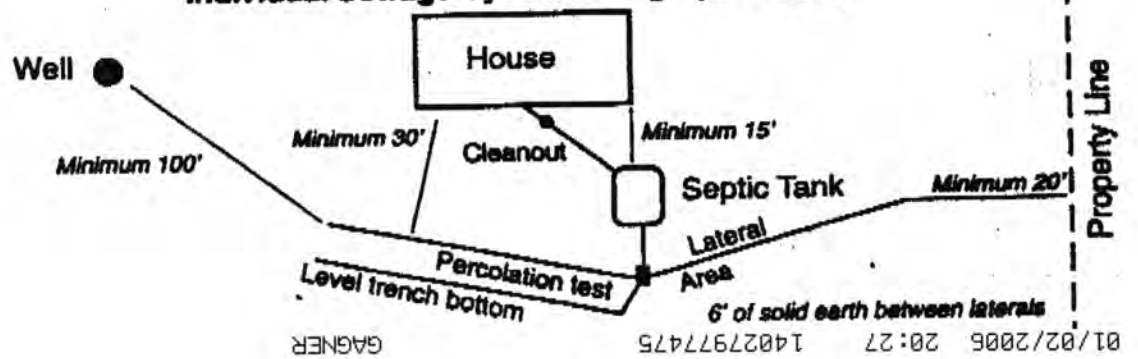
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

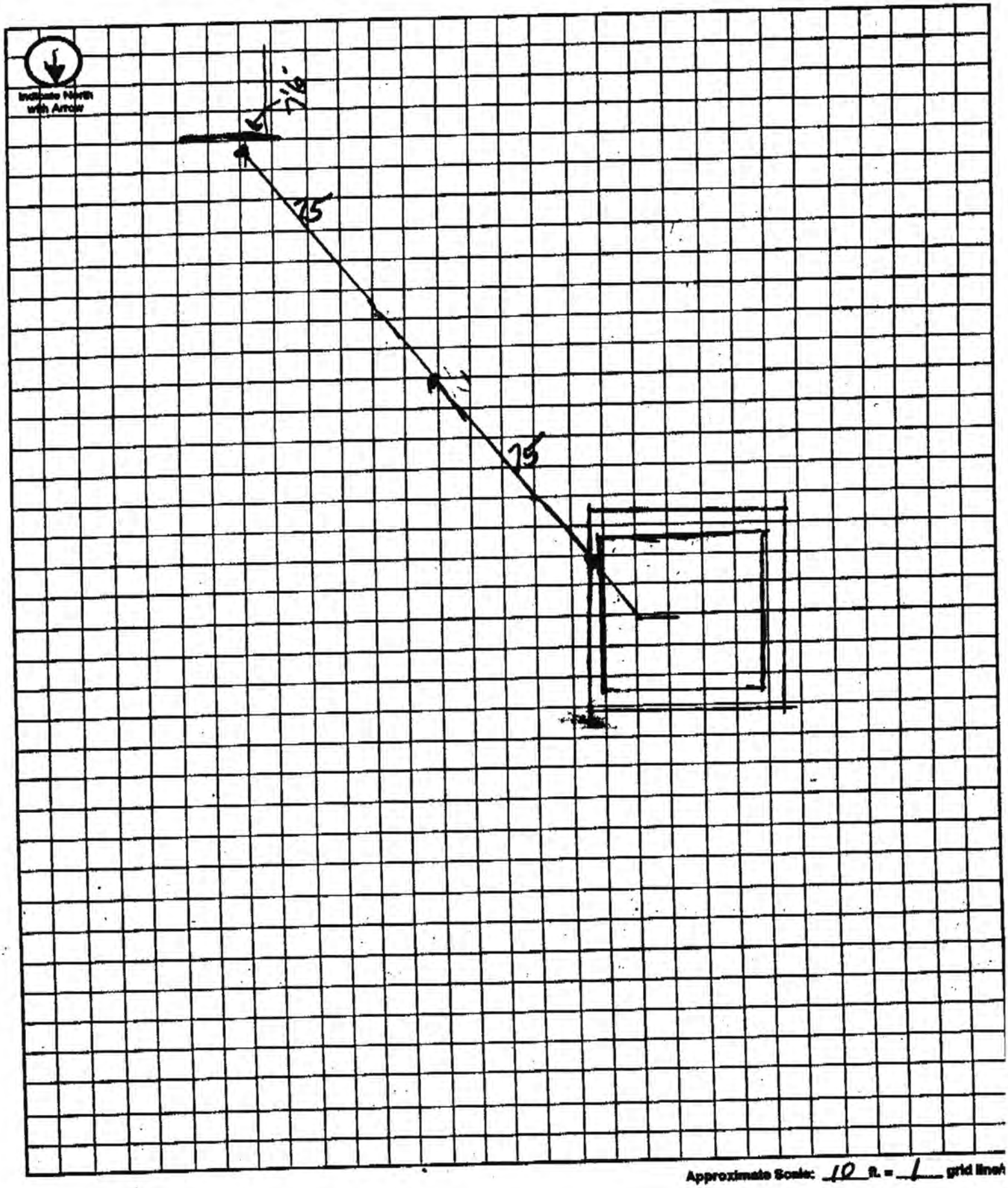
Individual Sewage System Design (Example)



FORM 23-103 10-96

01/02/2006 20:27 14027977475 GAGNER PAGE 04

As Built Drawing 21133 SO 110



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008348

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380312301

Issued 10/31/05
Expires 10/31/06
Revenue Code 3157

Establishment: DON JOHNSON HOMES
T7N R7E SEC 1 QTR NE
S 1/2 OF NE 1/4

FEES: $275.00

Permittee: DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY