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 9000 LIGHTNER ~~CIRCLE~~ (no rural route) City Nickman NE, Zip 68372

Legal Description 2 (1/4) 7N (Section) 7E (Township) Holland Acres (Range) 2 (Subdivision) 3 (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 Kevin Hinton Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Frey Construction Company Name Dennis Frey

Address RT 1 Box 88 A City/State/Zip Nickman NE 68372

☐ Check if contractor designed system Work Phone 560-2211

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 6/5/01 Date frwd 10/10/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-10-01 Date frwd 10-10-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/10/01 Date frwd 10/10/01 ACTION ☒ Approved ☐ Disapproved Signature _____

10/9/01 Need drawing. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 16, 2001

Business Office Use Only

Date Rec'd 06/05/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 8702

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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

(FREY CUSTOM HOMES) PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9000 LIGHTNER CIR (no rural route) City HOLLAND NE, Zip

Owner Kevin Hinton Address

Soil Type (SCS): WYMORE SILTY CLAY LOAN Percolation Rate: 38 min./inch

Date of Tests 9/29/01 to 9/30/01 Weather: Precipitation Sunny Temperature 75°

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)
1	27	9/29	9 AM	9/30	9 AM	9/30	9 AM	6	9/30	1 PM	30	3/4	40 MIN/IN
2	25	9/29	9 AM	9/30	9 AM	9/30	9 AM	6	9/30	1 PM	30	3/4	40 MIN/IN
3	27	9/29	9 AM	9/30	9 AM	9/30	9 AM	6	9/30	1 PM	30	3/4	40 MIN/IN
4	28	9/29	9 AM	9/30	9 AM	9/30	9 AM	6	9/30	1 PM	30	1	30 MIN/IN
5	29	9/29	9 AM	9/30	9 AM	9/30	9 AM	6	9/30	1 PM	30	3/4	40 MIN/IN

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 38

Person Conducting Percolation Tests

Name: [illegible]

Phone: 560-808

Address 7324 Ballard
Lincoln NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 9, 2001

FORM 23-101 10-96

Dirt Works Plus Inc. 402-464-7020 10/01/01 04:20P P.002

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

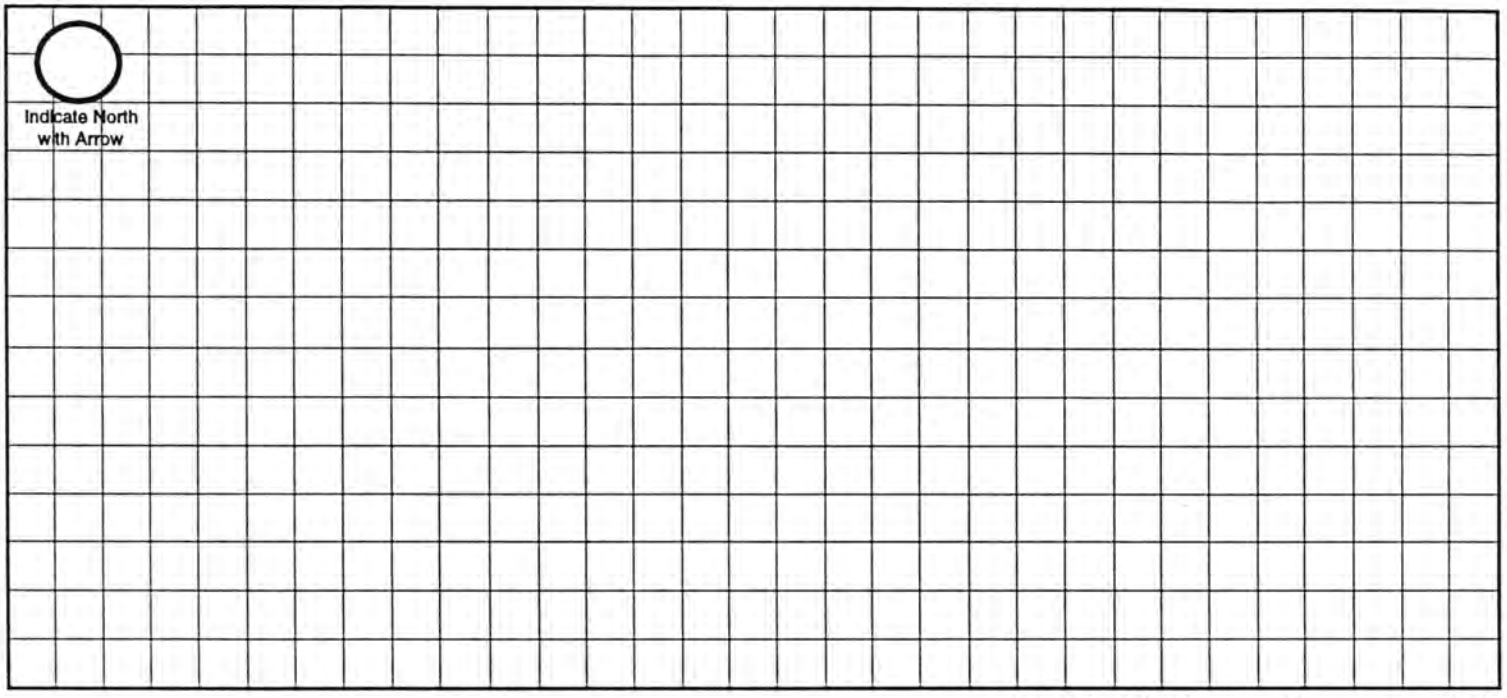
C

Permit Number:

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) 9000 LIGHTNER CIRCLE 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 38 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 236 ft. Number of Trenches 3 Trench Width 3.5'

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 _____ Date _____

JERRY Hood **D**

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-8-01

Holland Acres

System Location (Indicate correct number and street)

Address 9000 Lightner (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream 70 ft.
   pressure line 80 ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line NA ft.
   Stream 60 ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15.50 ft.

D. Absorption Field

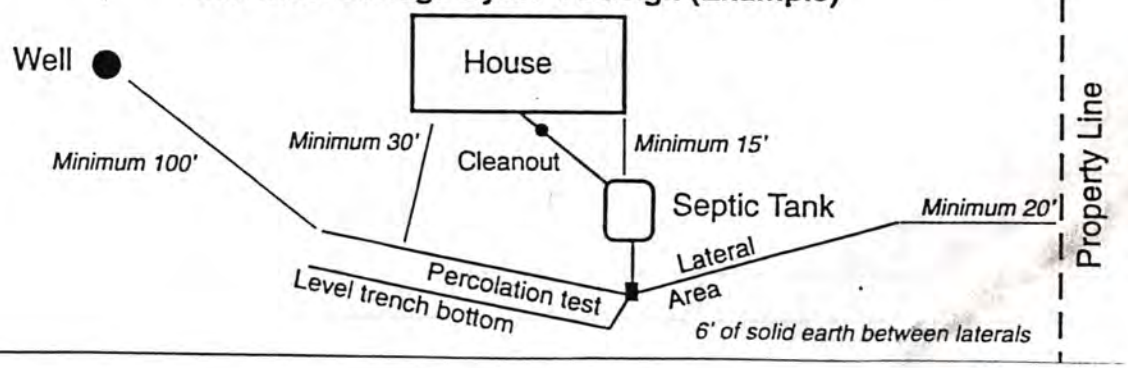
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other High Capacity Infiltrator
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 3.5 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line NA ft.
   Stream 60 ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380237001

Issued 06/05/01
Expires 12/05/01
Revenue Code 3157

Establishment

FREY CONSTRUCTION INC
T7N R7E SEC 2
HOLLAND ACRES BLK 2 LOT 3
9000 LIGHTNER LN-HICKMAN

FEES: $200.00

Permittee

FREY CONSTRUCTION INC
RRT 1 BOX 88A
HICKMAN NE 68372

TOTAL: $200.00

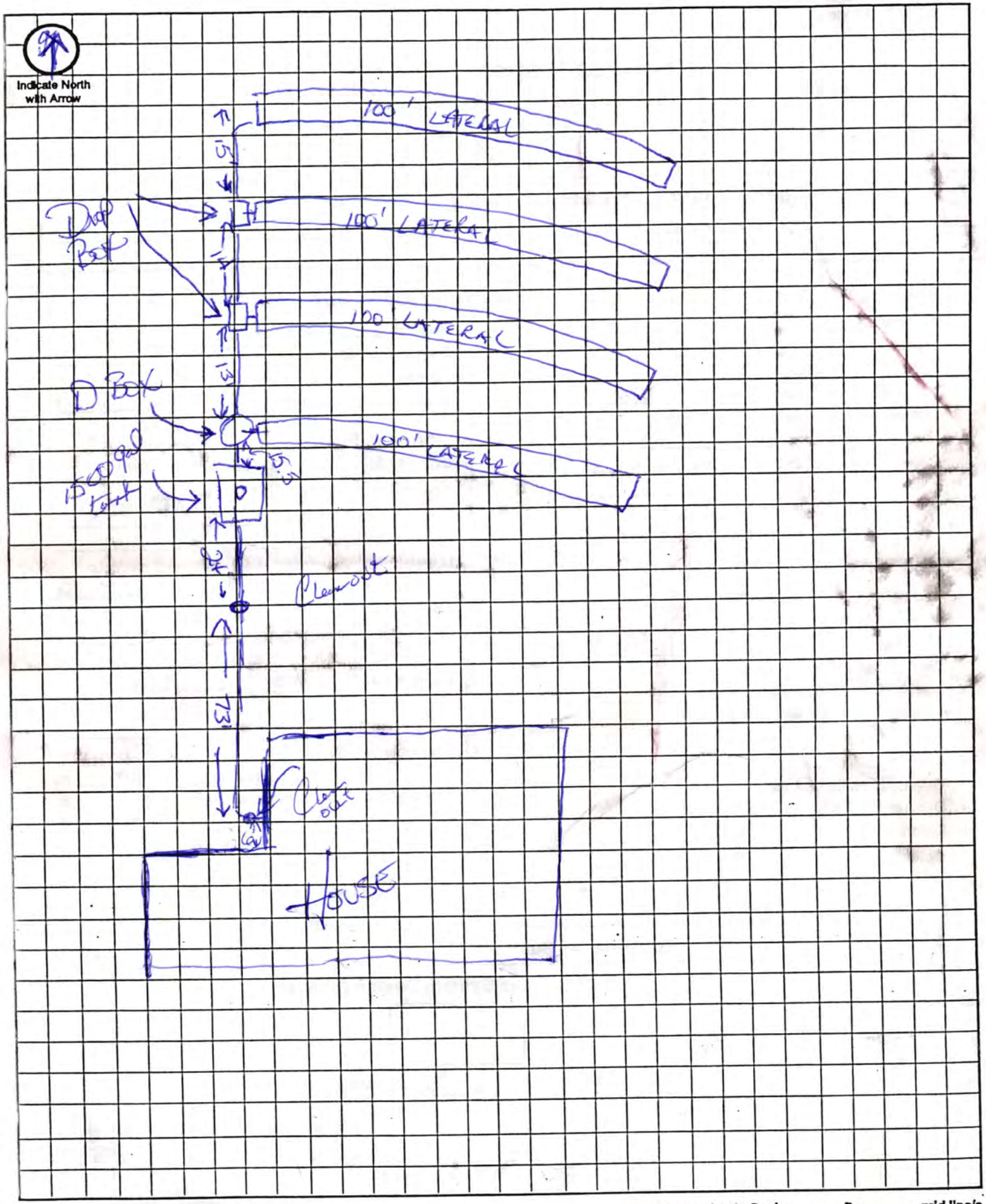
Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000153

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s