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

A

Permit Number: 05380300801

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 8900 Lightner Cir. (no rural route) City Holland NE, Zip 68372

Legal Description Holland Acres Block 2 Lot 2 HOLLAND ACRES 2 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot
2 7N 7E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name David Wacker Signature David Wacker

Address 21101 So. 68 Th City/State/Zip Hickman, Ne. 68372

☐ Check if owner designed system Home Phone 402-792-2789 Work Phone Same

C. Contractor

Name ~~Frontier~~ Mike Benker Company Name Fontier Builders, LLC

Address P.O. Box 207 City/State/Zip Greenwood, Ne. 68366

☐ Check if contractor designed system Work Phone 402-429-9266

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

Designer Name Richard Chase Firm Blessing & Chase Work Phone 489-5667

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 4/29/05 Date frwd 4/29/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-27-05 Date frwd 4-29-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-29-05 Date frwd 4-29-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

6/9/06 Need drawing of E.A.

Installation Final Written Approval

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

Date JUNE 21, 2006

Business Office Use Only
Date Rec'd 4/29/05
Amt Paid $200.00
Rec'd By _____ ~~Cash~~/Check No. 4888

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Dave Wacker Addresss _____

Soil Type (SCS): WIC2 Percolation Rate: _____ min./inch

Date of Tests 6/2/01 to 6/3/01 Weather: Precipitation — Temperature _____
+ 6/16/05 + 6/17/05

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	36	6/2	8:30	6/3	8:00	6/3	3:40	4	6/3	4:10	30	½	60
2			A		A		P	5		PM		½	60
3								7½				½	60
4								1¾				½	60
5	36	6/16	6:00	6/17	7:00	6/17	8:00	15⅜	6/17	8:30	30	1⅝	19
6			P		AM		A	14¼		AM		1	30
7								15¾				1¼	24

Sum of Percolation Rates: 313
Average of Rates: 45
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 792-2462
Address 17201 So 72nd St.
Hickman, Ne 68372

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

B

Permit Number:

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 Dane Wacker Addresss _____

Soil Type (SCS): WTC2 Percolation Rate: _____ min./inch

Date of Tests 6-2-01 to 6-3-01 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)
1	36	6/2	8:30	6/3	8:00	6/3	3:40	4	6/3	4:10	30	1/2	60
2							P	5		P		1/2	60
3								7 1/4				1/2	60
4								13/4				1/2	60
5								2 1/2				1/2	60
6								6 5/8				3/8	80
7								6 1/8				3/8	80

Sum of Percolation Rates: 460
Average of Rates: 76
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

B

Permit Number: 05380 3008

Jerry Wood
441 8029

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

T7N R7E Sec 2 Holland Acres Block 2 Lot 2

System Location (Indicate correct number and street)

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

Owner Dave Wacker Addresss _____

Soil Type (SCS): WTC 2 Percolation Rate: _____ min./inch

Date of Tests 6-20 1 to 6-30 1 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)
1	36	6/2	8:30	6/3	8:00	6/3	3:40	4	6/3	4:10	30	1/2	60
2			AM		AM		P	5		P.		1/2	60
3								7 1/2				1/2	60
4								1 3/4				1/2	60
5								2 1/2				1/2	60
6								6 3/8				3/8	80
7								6 1/8				3/8	80

Sum of Percolation Rates: 460
Average of Rates: 76
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 29, 2005

FORM 23-101 10-96

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

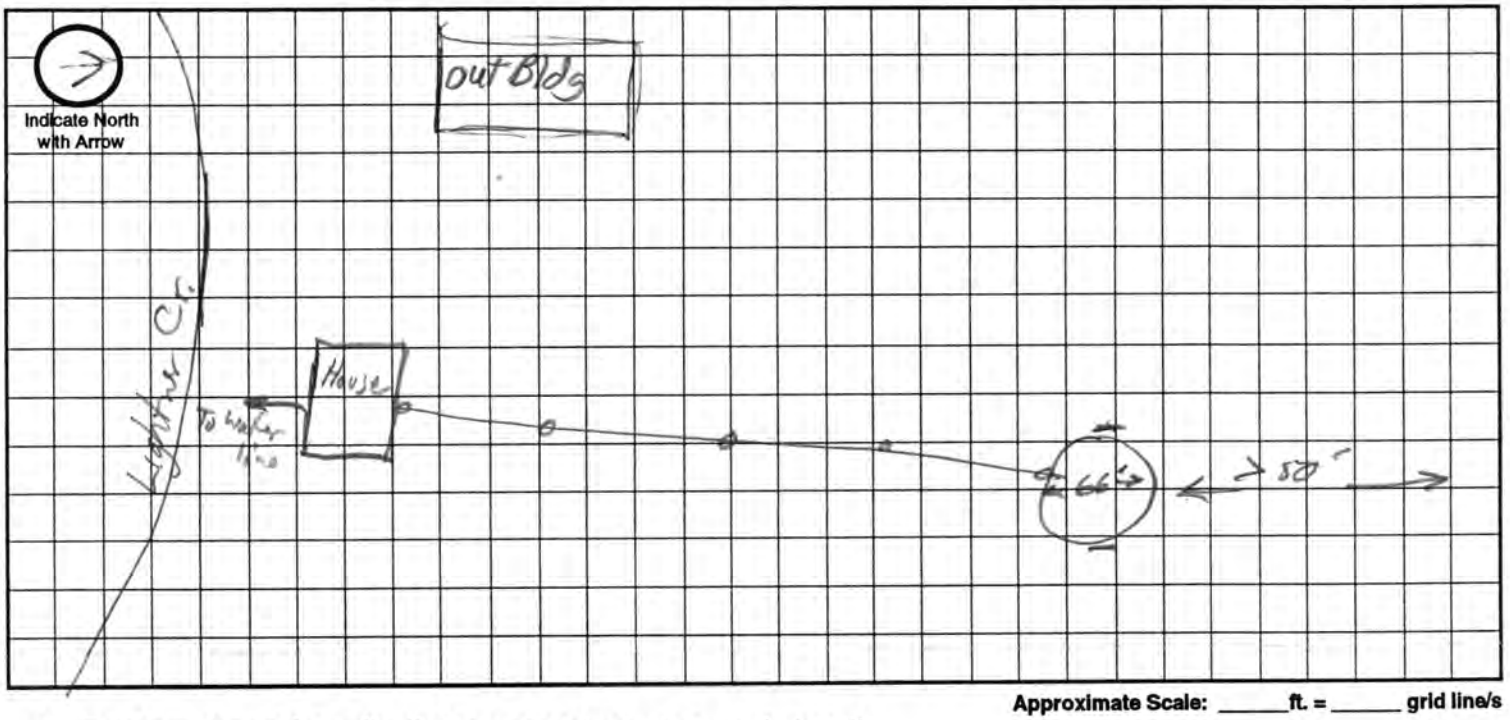
C

Permit Number: 053803008

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 _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 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 350 ft. Number of Trenches _____ 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 _____ Date _____

Installer Brad Smith Date 4-29-05

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:

Sewage Disposal System

As Built Plans & Specifications

Date 6/9/06 Dave + Brenda Wacker

System Location (Indicate correct number and street)

Address Lightner Lane (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 92 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Plastic (Fralo)
   Number of compartments: ____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 3 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 15 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 30 ft.

C. Distribution Box

1. Material: Drop Boxes
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

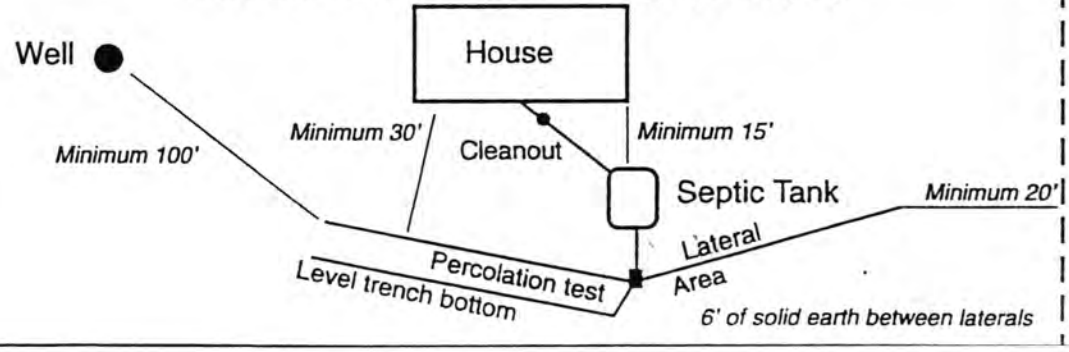
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 120 ft. 128 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 6 in/100 ft.
   Average depth 40 in
4. Filter material: Gravel
   Depth of material ____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 20 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 PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

007630

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380300801

Issued 04/29/05
Expires 04/29/06
Revenue Code 3157

Establishment:
DAVID WACKER
T7N R7E SEC 2
HOLLAND ACRES BLK 2 LOT 2
8900 LIGHTNER CIR-HOLLAND

FEES: $200.00

Permittee:
DAVID WACKER
21101 S 68 ST
HICKMAN NE 68372

TOTAL: $200.00

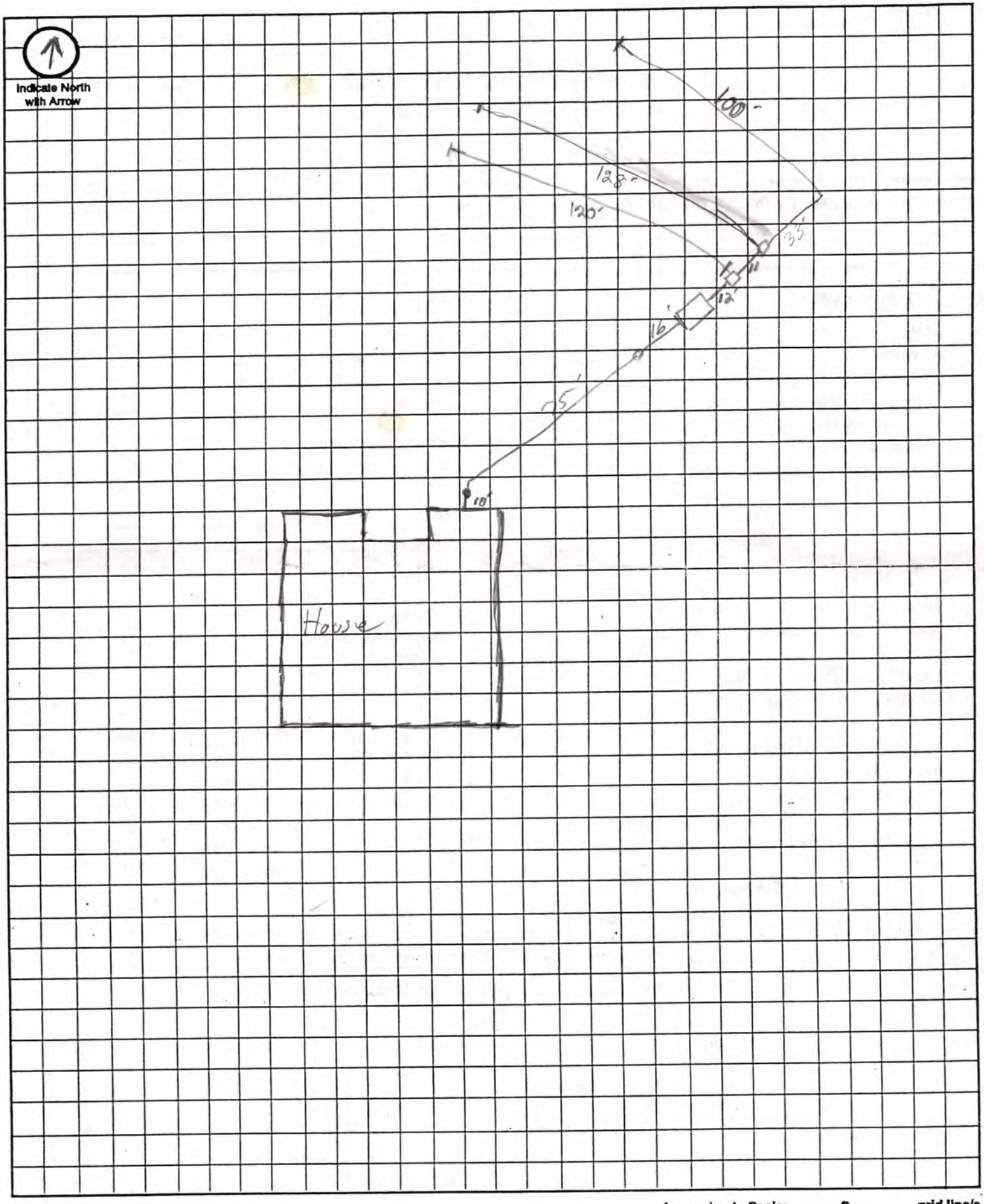
Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

As Built Drawing



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