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

A

Permit Number: 02380254101

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 21933 Kaar Rd (no rural route) City Holland NE, Zip 68372

Legal Description SW 1/4 (1/4) 2[illegible] (Section) 7N (Township) 7E (Range) Holland acres (Subdivision) 1 (Addition) 5 (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Rhonda & Fred Simpson Signature Rhonda Simpson Fred Simpson

Address 520 Conestoga City/State/Zip Hickman Ne 68372

☐ Check if owner designed system Home Phone 792-2460 Work Phone 472-9823

C. Contractor

Name Rhonda Simpson 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 Rhonda Simpson Firm _____ Work Phone 472-9823

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 10/1/02 Date frwd 10/1/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/1/02 Date frwd 10/1/02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/1/02 Date frwd 10/1/02 ACTION ☒ Approved ☐ Disapproved Signature _____

10/1/02 Need drawing - J.C.H

Installation Final Written Approval

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

Date July 28, 2003

Business Office Use Only

Date Rec'd 10/01/02
Amt Paid 200.00
Rec'd By ew Cash/Check No. 5715

FORM 23-100 9-00 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

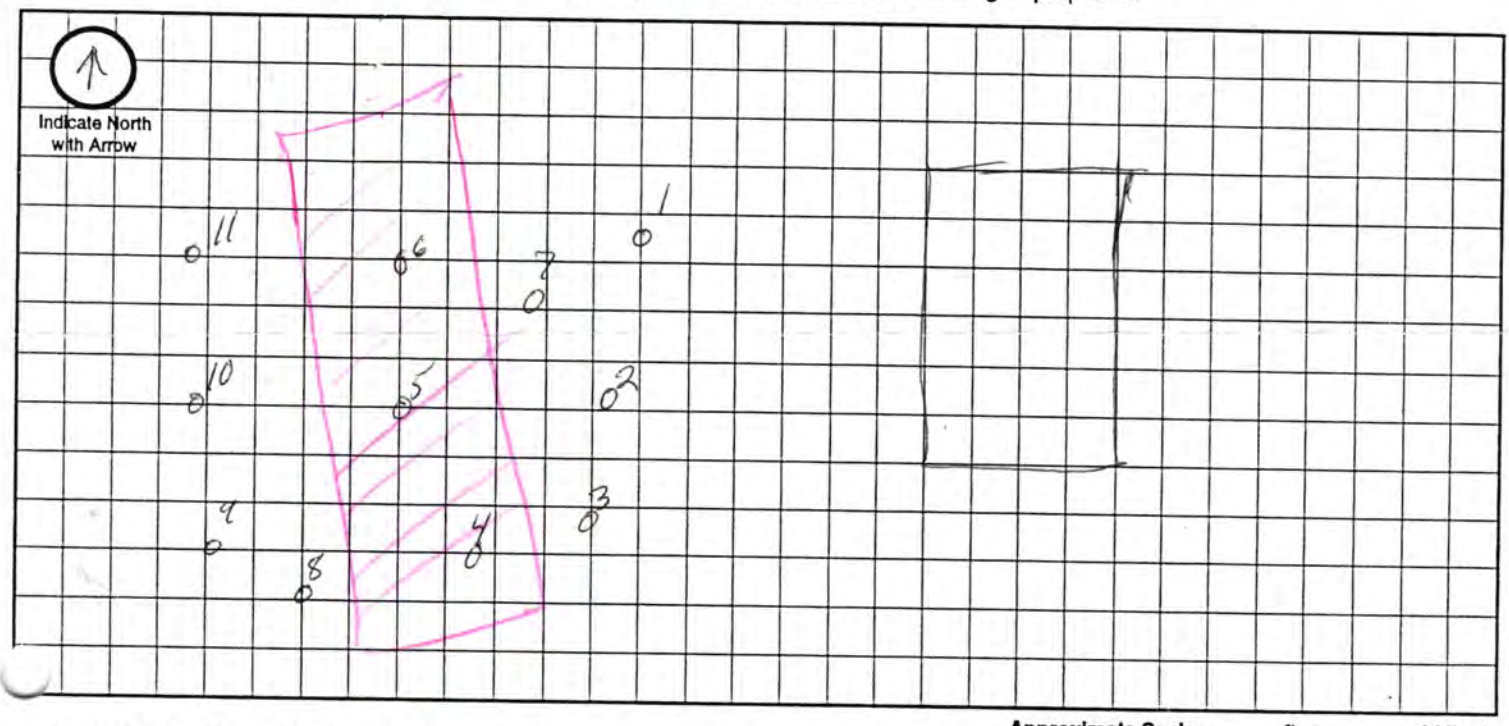
RECEIVED
APR 1 2003

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) 21933 Kaar Rd. City Holland NE, Zip 68372

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: W+CZ Land Slope: _____ %

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

Total Square Feet of Field Required: 1,200 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 4

Total Length of Laterals ~~2160~~ ft. Number of Trenches Bed Trench Width 24"

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 Rhonda Simpson JW Simpson Date 3-10-03

Installer _____ Date _____

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022
8029

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 21933 Kaar Rd. (no rural route) City Hickman NE, Zip 68372

Owner Fred Simpson Addresss 520 Conastoga Hickman, Ne 68372

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

Date of Tests 10-13 / 11/6 to 10-14-02 / 11-7-02 Weather: Precipitation — — Temperature 50s / 40s

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	24	10/13	2:00	10/14	8:00	10/14	9:50	8 1/8	10/14	10:20	30	—	
2			PM		AM			8 3/8				—	
3								8 3/8				—	
4								7 7/8				3/8	80
5								6 1/2				1	30
6								9 3/4				1 1/4	24
7								7				—	
8								7 1/2				—	
9								6				1/4	120
10								7 1/2				1/4	120
11								6 1/2				—	

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 10-95

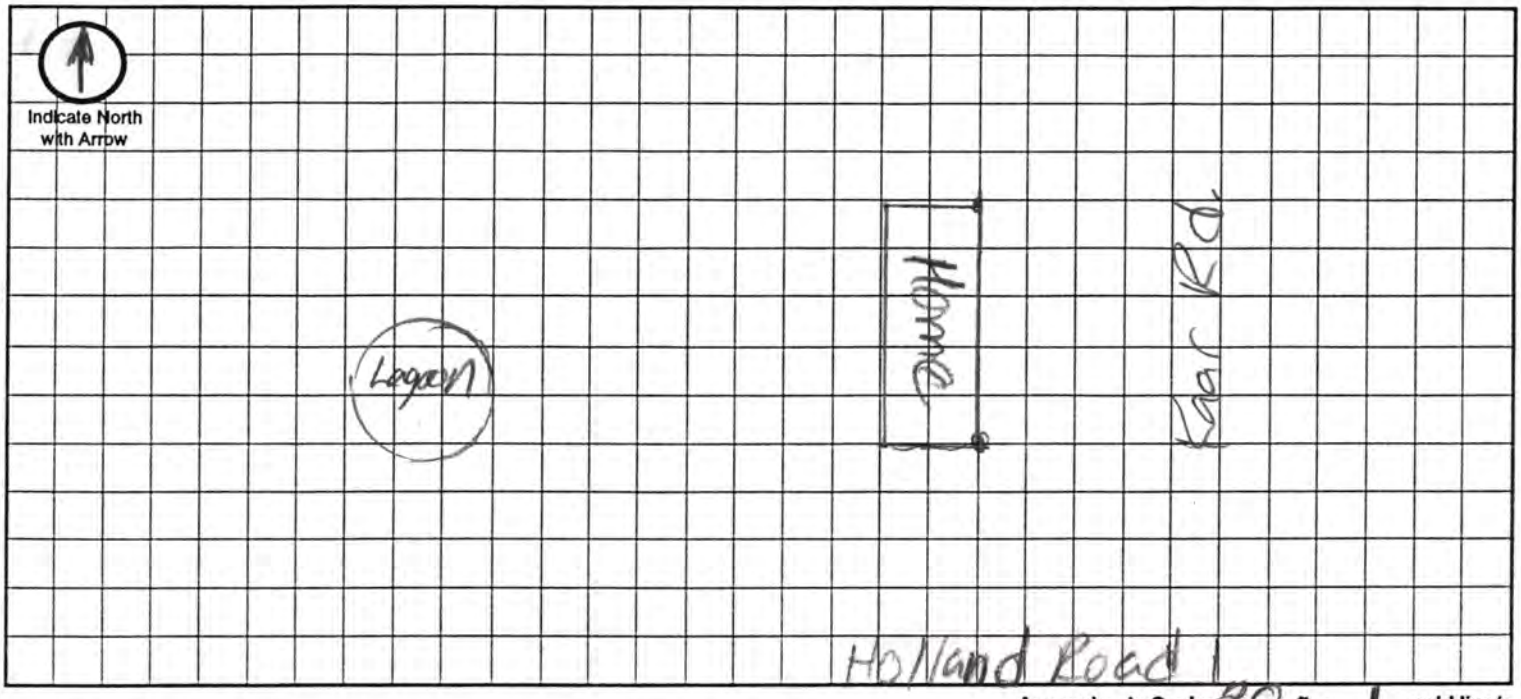
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 21933 Kaar Rd City Holland NE, Zip 68372

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 Ronda Simpson Date 10-01-02

Installer _____ Date _____

FORM 23-102 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

RECEIVED
JUN 23 2003

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 21933 Kaar Rd (no rural route) City Holland NE, Zip NE 68372

Owner Fred & Rhonda Simpson Addresss 520 Conestoga, Hickman, Ne 68372

Soil Type (SCS): WTD3 Percolation Rate: _____ min./inch

Date of Tests 5-26-03 to 5-27-03 Weather: Precipitation 0 Temperature 80°

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	30"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.50	
2	29"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.50	
3	27"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.25	
4	28"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.25	
5	29"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.63	
6	28"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.63	
7	29"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.50	
8	31"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.75	
9	30"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.50	
10.	25"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.63	
11.	29"	5/26	1:30	5/26	5:30	5/27	1:00	6"	5/27	5:00	30	.25	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Rhonda & Fred Simpson

Phone: 402-792-2460 wk 402-472-9823

Address 520 Conestoga 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

JUL 2 2 2003

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/18/03 completed.

System Location (Indicate correct number and street)

Address 21933 Kaar Rd. (no rural route) City Holland Ne. NE, Zip 68372

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: ~~____~~ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 144' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: ____
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 23 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ~~Distribution~~ Drop Boxes

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 1-12' 2-25' ft.

D. Absorption Field

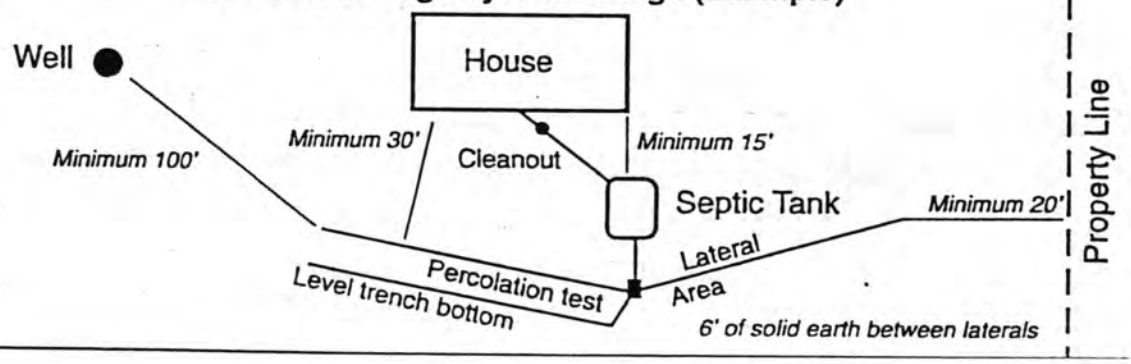
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 16" Tall
   or perforated pipe: Equilizer
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   112 ft. 100 ft., 88 ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat: in/100 ft.
   Average depth 26" in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 15' ft.

Indicate North with Arrow

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

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
LAGOON

Establishment
FRED & RHONDA SIMPSON
T7N R7E SEC 2 QTR SW
HOLLAND ACRES BLK 1 LOT 5
21933 KARR RD-HOLLAND

Permittee
FRED & RHONDA SIMPSON
520 CONESTOGA AVE
HICKMAN NE 68372

Permit # 02380254101
Issued 10/01/02
Expires 04/01/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

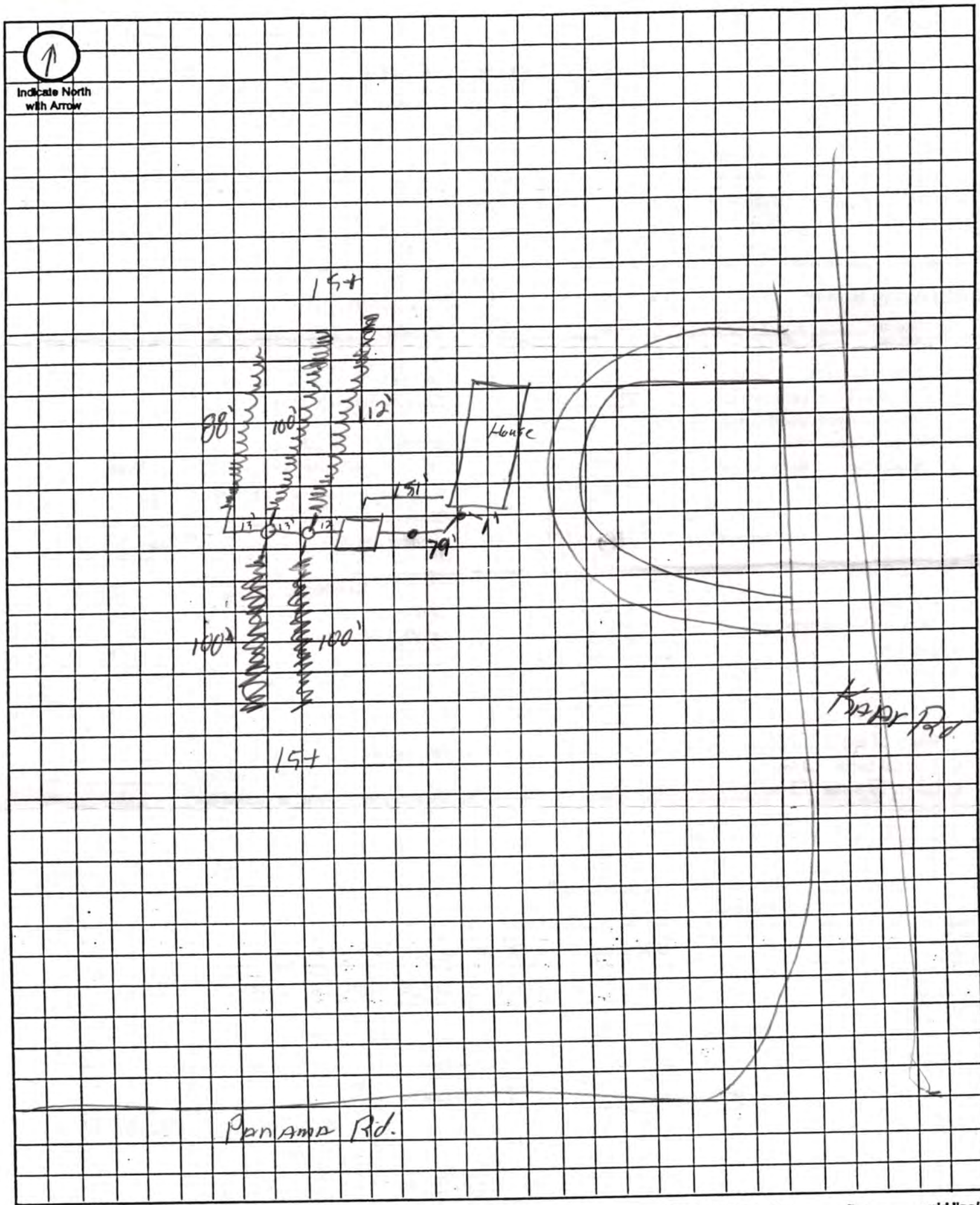
Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002989

As Built Drawing



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