LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380166701

Issued 10/02/97
Expires 04/02/98
Revenue Code 18754

FEES: $150.00

TOTAL $150.00

Establishment

RUSS ANDERSON
T7N R7E SEC 4
LOT 44
20900 S 54 STREET

Permittee

RUSS ANDERSON
20900 S 54 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

5281

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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 20900 S 54 STREET (no rural route) City HICKMAN NE, Zip 68372

Legal Description 4 7N 7E 44 A.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 MR+MRS RUSS ANDERSON Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name STEVE FULTON Company Name FULTON CONST. INC.

Address 4012 S 83 City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 430-9979

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

Designer Name SCHWARCK TRENCHING Firm LARRY SCHWARCH Work Phone 489-7294

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 10/1/97 Date frwd 10/2/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-26-97 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature Nancy Vetta - City of Hickman
3. **City or County Engineer** Date rec'd 10-2-97 Date frwd 10-2-97 ACTION ☒ Approved ☐ Disapproved Signature Doug Pillen

11-12-97 min need drawing

Installation Final Written Approval

By Ron Maynard

Date 12-4-97

Business Office Use Only

Date Rec'd 9/19/97

Amt Paid 150 ck

Rec'd By es Cash/Check No. 2435

300/2

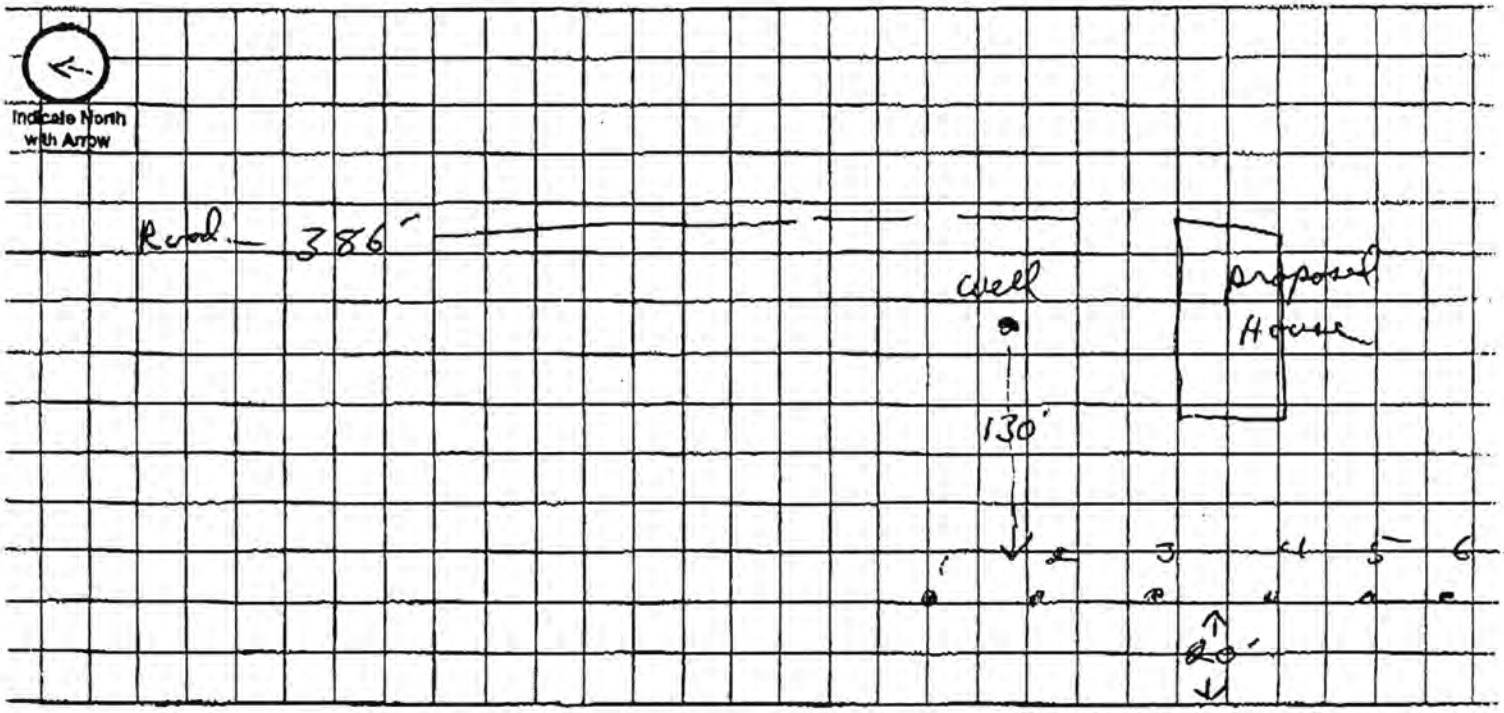
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Hea[illegible] 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: WYMORE Silty Clay Loam Land Slope: 1%

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~~ 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches 3 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 ☒	600 ☒	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 X _____ Date _____

Installer Larry Schwarck Date 9-22-97

Sep. 22 1997 11:33AM P
PHONE NO. :
FROM : Panasonic FAX SYSTEM

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

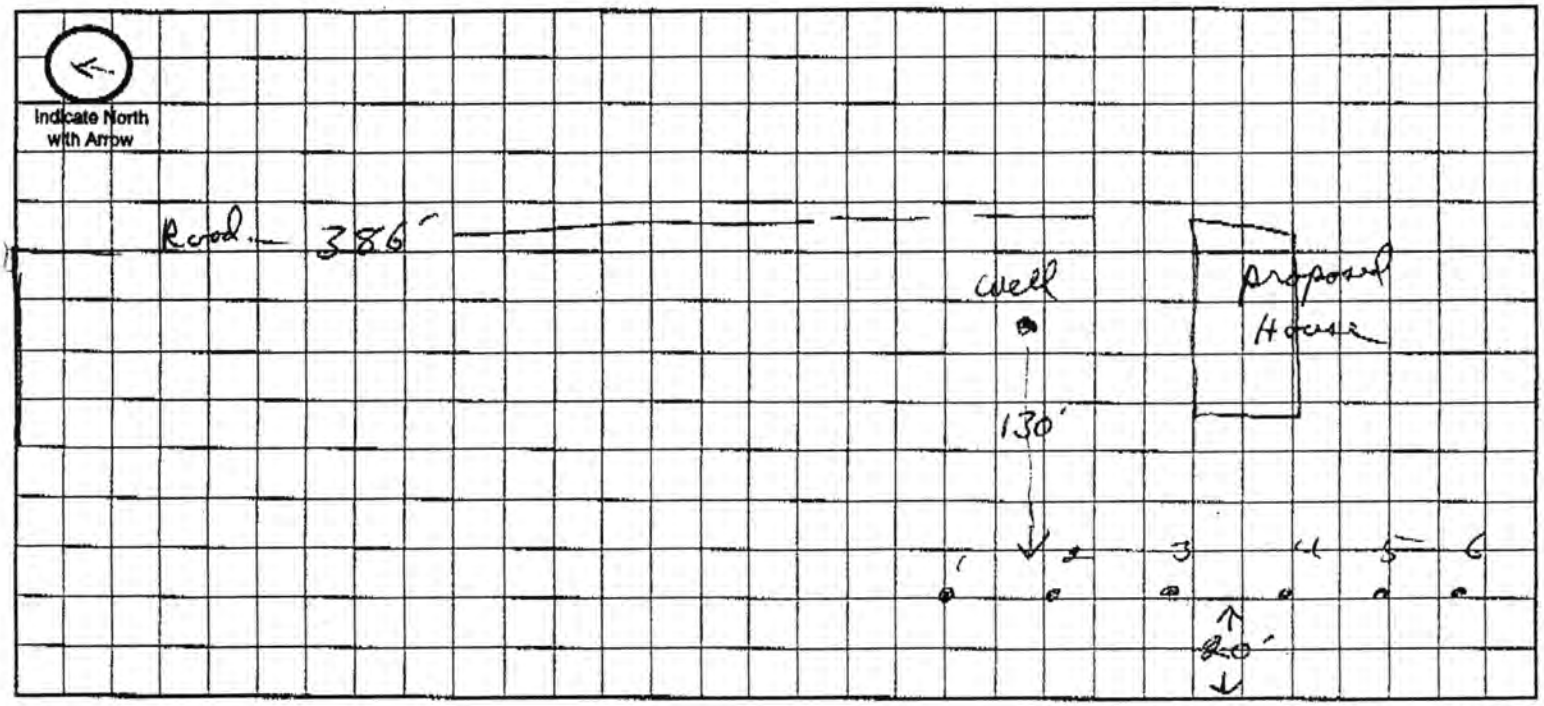
C

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Hickman 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: Silty Clay Loam Land Slope: 1% %

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~~ 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches 3 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 _____ Date _____

FORM 23-102 10-96

FROM : Panasonic FAX SYSTEM PHONE NO. : Sep. 16 1997 02:27PM P2

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

Steve Fulton
Fot 489-8494

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Russ Anderson Address _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 9-12 to 9-14 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)
30	1	9-12	3:40	9/14	7:30	10:30	9/14	9	9/14	11:00	30	1/2	
1/	2							10 1/4				3/4	
1	3							11 1/2				1	
	4							9 5/8				1 1/8	
	5							10 1/2				3/4	
	6							9 1/4				3/4	
1													

Person Conducting Percolation Tests

Name: Larry Schenack
Phone: 489-7294
Address 8200 old Cheney

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 2, 1997

NOV 1 4 1997

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 11-11-97

System Location (Indicate correct number and street)

Address 11530 So 54 (no rural route) City Hickman NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 71 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1250 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: 8" in.
8. Distances to: Well or suction line 100'+ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: D box Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

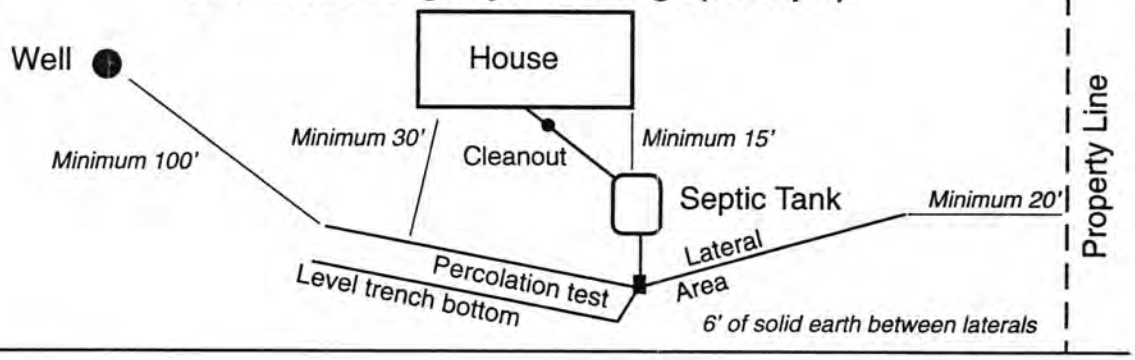
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: 4
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 50 ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 32 in
4. Filter material: Road Gravel
   Depth of material ____ in.
5. Distances to: Well or suction line 100'+ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

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

Indicate North with Arrow

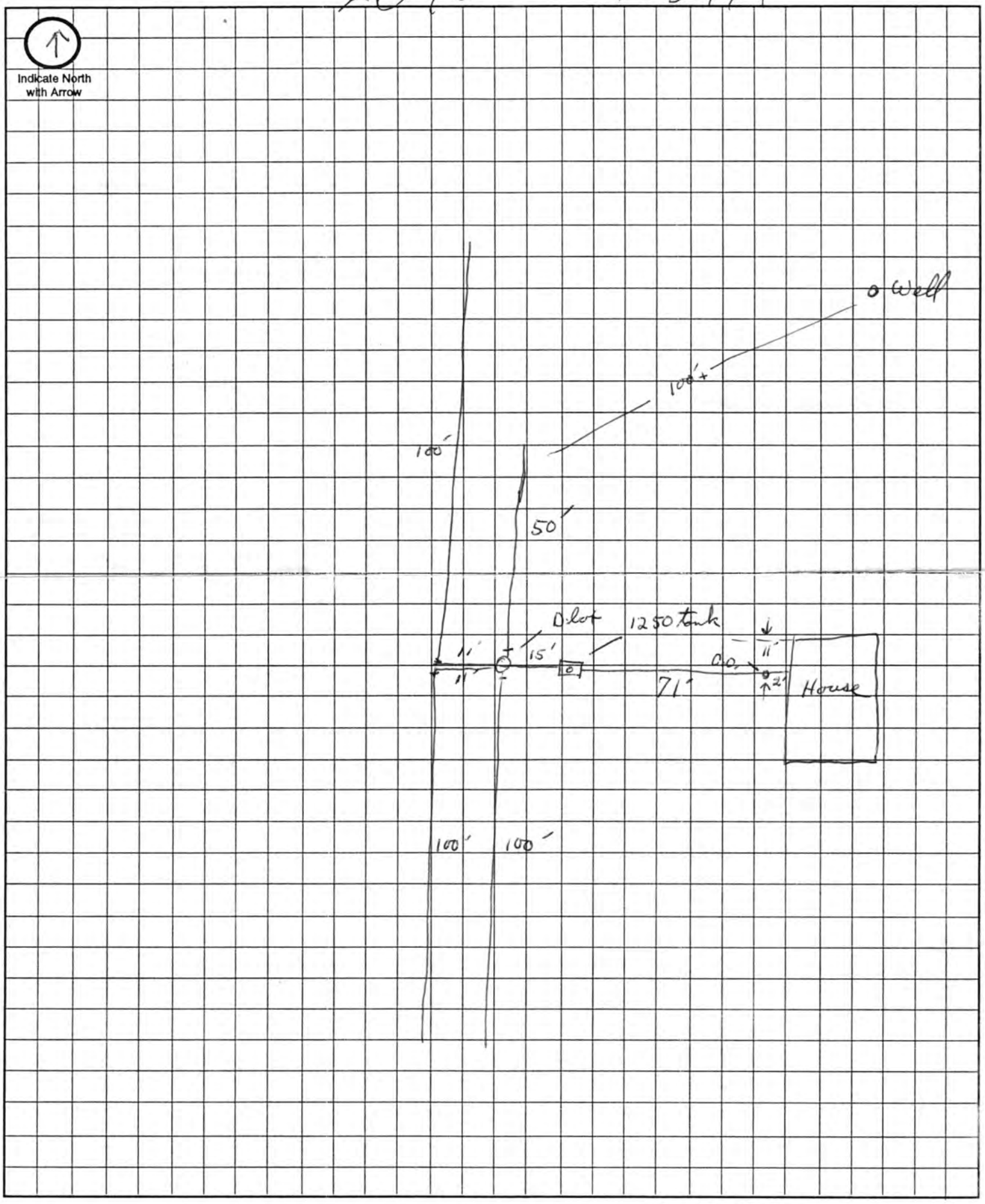
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwanck for Fulton Const.

20900 S. 54th



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