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

A

Permit Number: OH38028 7201

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 6000 Olive Creek RD (no rural route) City Firth NE 68358 NE, Zip

Legal Description SW (1/4) 9 (1/4 Section) 7N (Township) 7E (Range) Subdivision Addition Block 33 Lot T

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Rodger Adams Signature

Address 6000 Olive Creek RD City/State/Zip Firth NE 68358

☐ Check if owner designed system Home Phone 792-2653 Work Phone

C. Contractor

Name HARPER Well & Plumbing INC Company Name

Address P.O Box 15 City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2204

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 2 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 8/4/04 Date frwd 8/4/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/4/04 Date frwd 8/4/04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 8-4-04 Date frwd 8-4-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

8/6/04 f.C.H. - Sewer, tank + 1 lateral

Installation Final Written Approval

By Doug Jones

Date 3/26/07

Business Office Use Only

Date Rec'd 08/04/04 10/19/04 Variance

Amt Paid 200.00 *100 = # 2583

Rec'd By Cash/Check No. 3501

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

APPLICATION FOR ADMINISTRATIVE SUBDIVISION

Lancaster County Jurisdiction

ADDRESS OR LOCATION OF PLAT:

6000 OLIVE CREEK RD
FIRTH NEBR 68358

PLANNING DEPARTMENT USE ONLY:

RECEIPT NO 4934
DATE 7-28-2004
ADMIN SUB # 04013
FEE PAID $ 175.00
$125 + $25/Lot

SUBDIVIDER:

Name: ROGER L ADAMS
Address: 6000 OLIVE CREEK RD
FIRTH NEBR 68358
Phone #: (402) 416 5702

AGENT (Authorized to act on Subdivider's behalf):

Name:
Address:
Phone #: ( )

OWNER:

Name: SAME
Address:
Phone #: ( )

ANY OTHER ASSOCIATES:

Name:
Address:
Phone #: ( )

1 Does the subdivision propose a new roadway to access any lot? Yes ○ No ✓

2 Does each lot abut a public street or private roadway? Yes ✓ No ○

3. Are there more than 4 lots, created from any lot, tract or parcel of land? Yes ○ No ✓

Number of Lots 2 **Number of Dwelling Units**

4 Does applicant provide the easements required for utilities, drainage and other improvements? Yes ○ No ✓ will Provide

5 How will the lots be served for water and wastewater? Public ○ or Private ✓
If private, please attach approval from the City-County Health Department.

6 Is a statement attached from the County Treasurer's Office showing no tax liens against the land? Yes ○ No ✓

7 Is a statement attached from the County Treasurer's Office showing that all special assessment installment payments are current? Yes ○ No ✓

8 If a dedication for public use is proposed, is a certificate of title or title opinion attached? Yes ○ No ✓

9 Is the administrative subdivision consistent with the Comprehensive Plan? Yes ✓ No ○
If not, please attach explanation.

10 Is the administrative subdivision in accordance with all the Design Standards, Minimum Improvements, and floodplain? Yes ✓ No ○ If not, please attach explanation.

11 Does the applicant request modifications as provided by Section 9.01 of the Land Subdivision Regulations? Yes ✓ No ○ If yes, please attach description. Modif. street lights, trees, screening, sidewalk

12 Have the neighbors been notified of your request? Yes ✓ No ○

13 Any other information or comments the applicant wants to provide. Yes ✓ No ○ attached

Applicant's Signature: Roger L Adams Date: 7-28-04

RECEIVED
JUL 28 2004
CITY/LANCASTER COUNTY
PLANNING DEPT.

Access this form on the web: http://www.ci.lincoln.ne.us/city/plan/databank/apforms/ad_sub.pdf
Updated: September 9, 2003

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

B

Permit Number: 04380287 2

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6000 Olive Creek RD (no rural route) City FIRTH NE, Zip 68358

Owner Rodger Adams Addresss 6000 Olive Creek RD

Soil Type (SCS): MORRILL CLAY LOAM Percolation Rate: 25-27 min./inch

Date of Tests 7-1-04 to 7-3-04 Weather: Precipitation — Temperature 90°-102°

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: LEONARD HARPER

Phone: 432-2204

Address P.O Box 15 Adams NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. 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

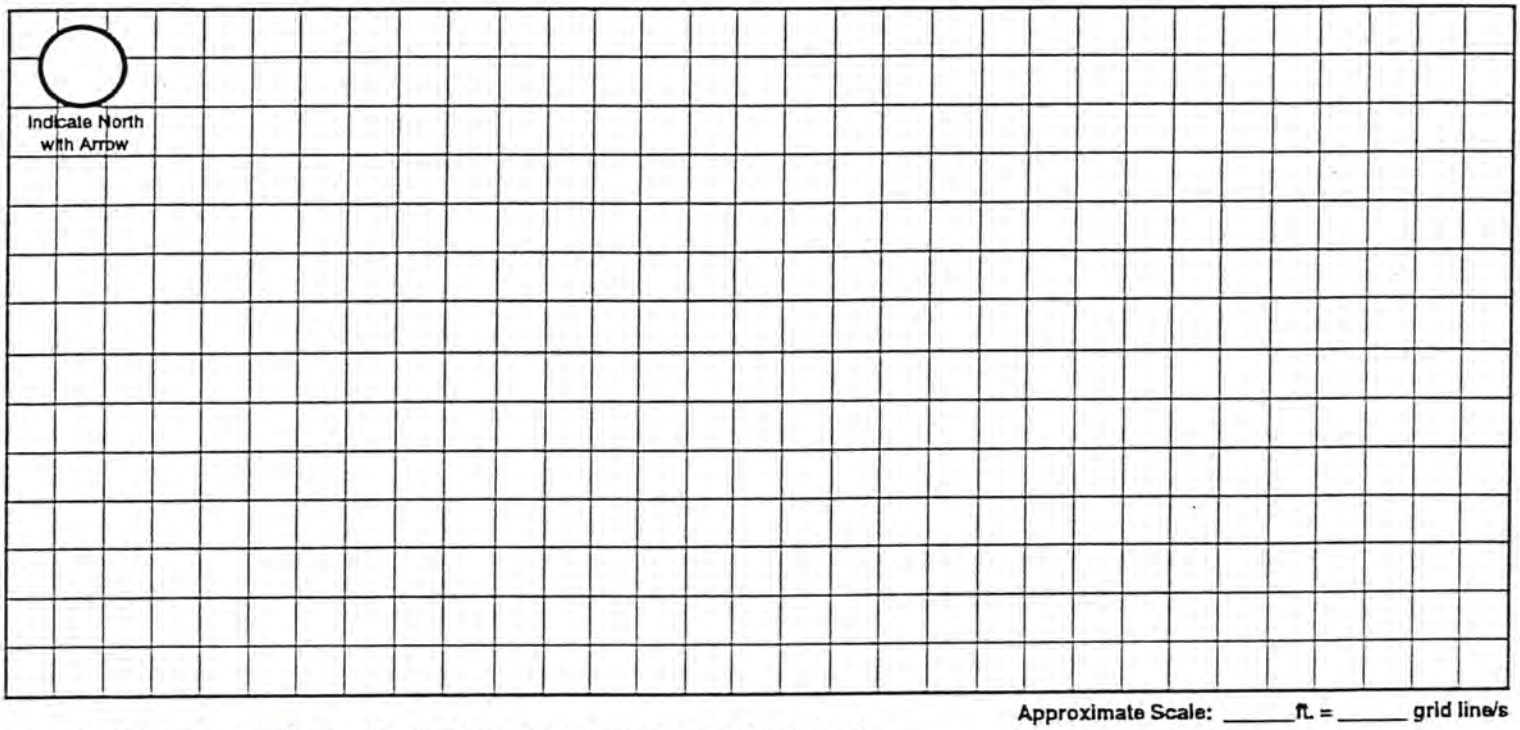
C

Permit Number: 04380287 2

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) 6000 OLIVE CREEK RD City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 25 (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 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 100=70'

Total Length of Laterals 167 ft. Number of Trenches 2 Trench Width 3'

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 PRE-BUILT HOME Date _____

Installer [signature] Date 8-4-04

FORM 23-102 10-96

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

Permit Number: 043802872

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Rodger Adams Address 5401 Olive Creek

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

Date of Test: _____ by _____ 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	24	7/16	8:15	7/16	4:00	7/17	8:15	6"	7/17	10:15	28	1	
2		7/16						6"			28	3/4	
3								6"			28	1/4	
4								6"			28	1	
5								6"			28	3/4	
6		7/16	8:20	7/16	4:20	7/17	8:25	6"	7/17	10:30	28	3/4	

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

Person Conducting Percolation Tests

Name: [illegible]
Phone: 432-2704
Address P.O. Box 15 Adams NE 68301

DO NOT WRITE BELOW THIS LINE

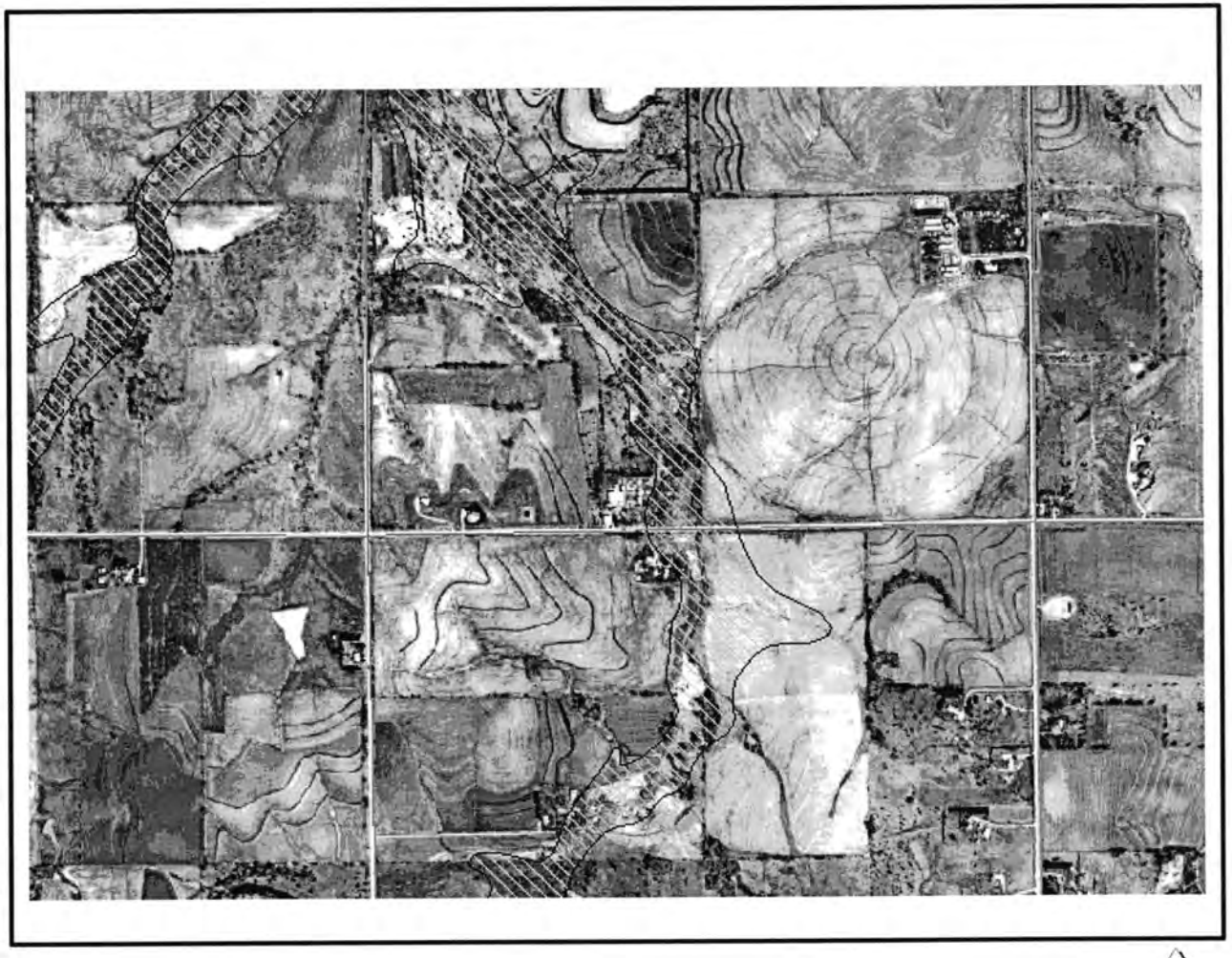
Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

ESRI ArcExplorer 2.0

6000 Olive Creek Road



streets

flood1

N

Wednesday, Aug 4 2004

6000 Olive Creek Rd.—Farmstead Split 04013

- The water supply for the property is a private well. The well appears to meet construction standards. A water sample for nitrate indicates the water meets the requirements for a safe drinking water supply for nitrate. Water results for bacteria are pending.
- Two unused wells exist on the property. One of the unused wells is located east of the house and the other is located under the windmill. Both of these wells must be properly decommissioned by a licensed well driller.
- The property currently does not have an on-site wastewater treatment system. Wastewater is currently being illegally discharged onto the ground surface. A permit to construct a wastewater treatment system has been applied for.
- Lot 33 does not meet the minimum 3 acre requirement. Lot 33 consists of 2.45 acres more or less. The LLCHD will not issue an on-site wastewater system permit until the 3 acre requirement is met.

This property was visited on August 3, 2004. The following items are noted:

Water Supply

The well serving the property was not found. The Health Department needs to see this well for inspection. A sample of the water was taken for nitrate analysis. The test indicated a nitrate nitrogen level of 2.6 p.p.m. which is less than the maximum allowable level of 10.0 p.p.m.

Two unused wells were found on the property. These two wells must be properly abandoned. One is directly east of the house and the other is underneath the windmill on the property. Assistance for abandonment can be obtained from the Lower Platte South Natural Resources District.

Sewage Disposal

The sewage disposal system on this property apparently predates regulations and inspections. Its location is unknown and

its construction is unknown. The Health Department needs more information on the system before rendering a decision.

Jerrold C. Hood

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005413

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380287201

Issued 08/04/04
Expires 02/04/05
Revenue Code 3157

Establishment:
RODGER ADAMS
T7N R7E SEC 9 QTR SW
LOT 33IT
6000 OLIVE CREEK RD-FIRTH

FEES: $200.00

Permittee:
RODGER ADAMS
6000 OLIVE CREEK RD
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY