Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

RYAN J OMEL
T7N R7E SEC 16 QTR SW
N1/2 OFNW1/4 OFSW1/4
20 ACRES-24300 S 54 ST-HICKMAN

Permittee

RYAN J OMEL
BOX 23047
LINCOLN NE 68542

Permit # 02380247101

Issued 05/15/02
Expires 11/15/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002232

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

A

Permit Number: 02380247/

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 24300 S. 54th (no rural route) City Hickman NE, Zip 68372

Legal Description NW of NW¼ of SW¼ S-16 T-7N R-7E 20+ acres
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 Ryan J. Omel Signature Ryan J. Omel

Address P.O. Box 23047 City/State/Zip Lincoln, NE 68542

☐ Check if owner designed system Home Phone 429-4444 Work Phone _____

C. Contractor

Name Melvin Gagner Company Name Gagner Const.

Address 4810 W. Claire Ave. City/State/Zip Lincoln NE 68523

☒ Check if contractor designed system Work Phone 402-432-5698

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

Designer Name Mel Gagner Firm Gagner Const Work Phone 402-432-5698

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 5-15-02 Date frwd 5-15-02 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/23/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-16-02 Date frwd 5-16-02 ACTION ☐ Approved ☐ Disapproved Signature _____

Lagoon – JH
Line to Lagoon – DS 6/17/02 ~~Need fence + drawing~~

Installation Final Written Approval

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

Date SEPTEMBER 17, 2004

Business Office Use Only

Date Rec'd 05/15/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1528

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: 02380247 1

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 24300 S. 54th (no rural route) City Hickman NE, Zip 68372

Owner Ryan J. Gmel Addresss P.O. Box 23047 Lincoln, NE 68542

Soil Type (SCS): PAWNEE & BURGHARD CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 3-15-02 to 3-16-02 Weather: Precipitation — Temperature 40's

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	28	3/15	2:30PM	3/16	12:45	3/16	3:45	23 7/8	3/16	4:15	30	3/4	40
2	↓				P.M.		P.M.	20 1/8		P.M.		5/8	48
3								21 5/8				3/4	40
4								21 1/4				3/4	40
5								27				3/4	40
6								22 1/8				1/8	34
7								20 5/8				3/4	40
8	↓							19 3/4				1/8	34
													6

Sum of Percolation Rates: 31 6

Average of Rates: 39.5

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462

Address 17201 S. 72
Hickman, NE 68372

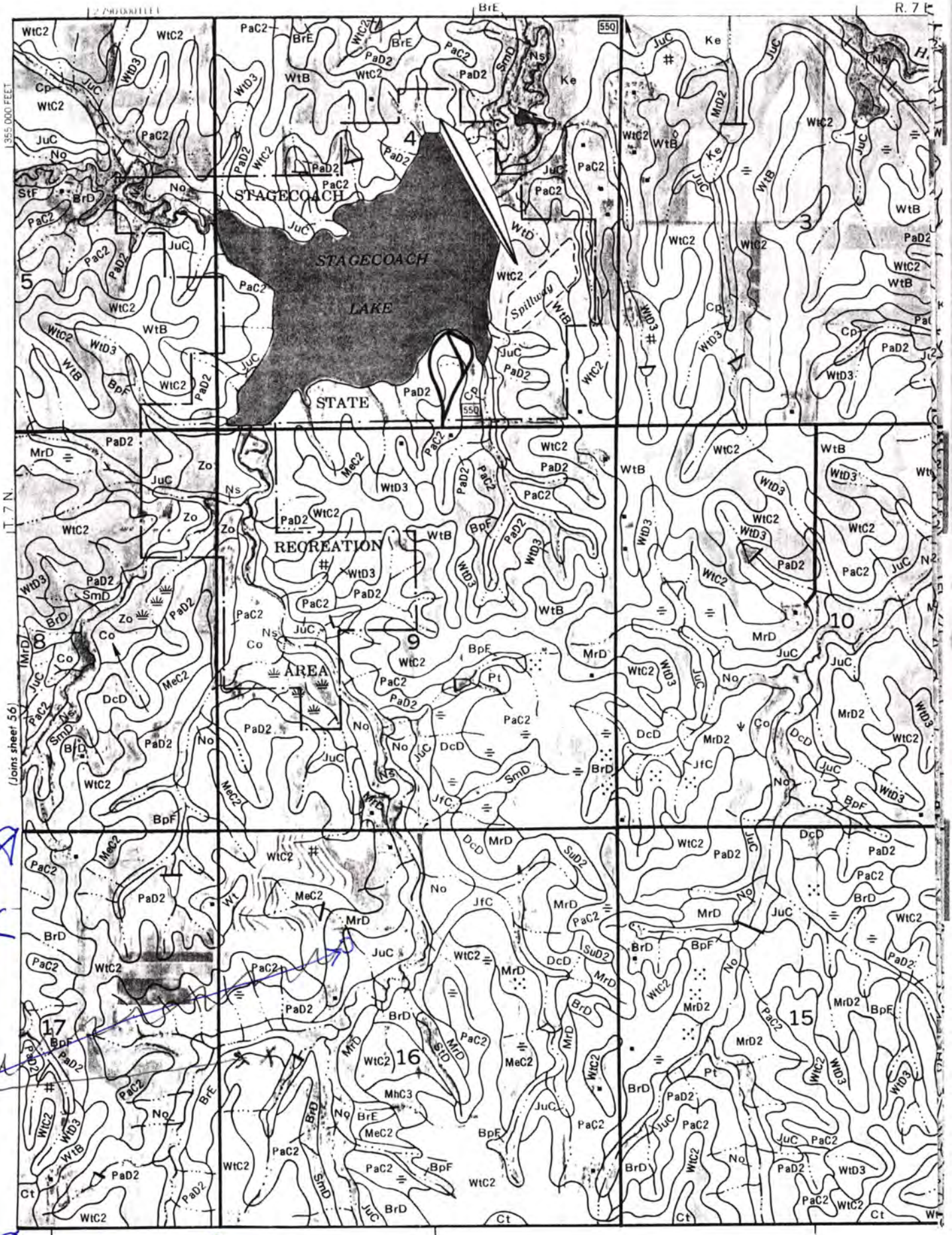
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ~~Appears to be in Morrill or Judson Soil~~ TEST WAS PROBABLY RUN IN NORAWAY

Signature of Reviewing Official _____ Date 5-15-02

FORM 23-101 10-96


R. 7 E
T. 7 N.
1355 000 FEET
STAGECOACH
LAKE
STATE
REC REATION
AREA
Spillway
(Joins sheet 56)
Dirt road
new Septic
Princeton Rd
1 54th

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

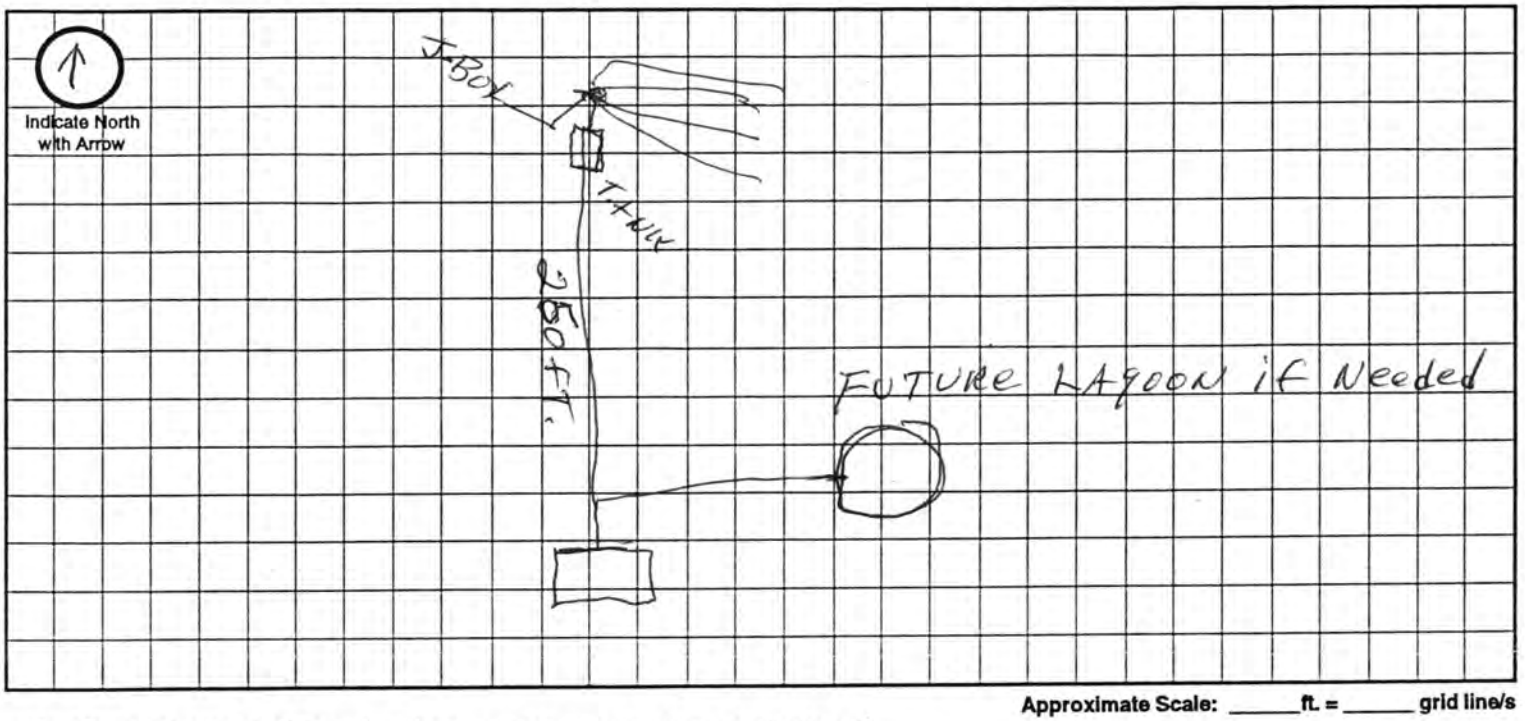
C

Permit Number: 02380247 1

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 40 (min. per inch) Soil Type: PAWNEE OR BURCHARD 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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 4 Trench Width 3 ft

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 Melvin Hagen Date 15 MAY 02

FORM 23-102 10-96

Attn: Jerry Hood Fax 421-6606 East

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 17 JUNE 02

System Location (Indicate correct number and street)
Address 24300 (no rural route) City HICKMAN NE, Zip 68372
Ryan Omel

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

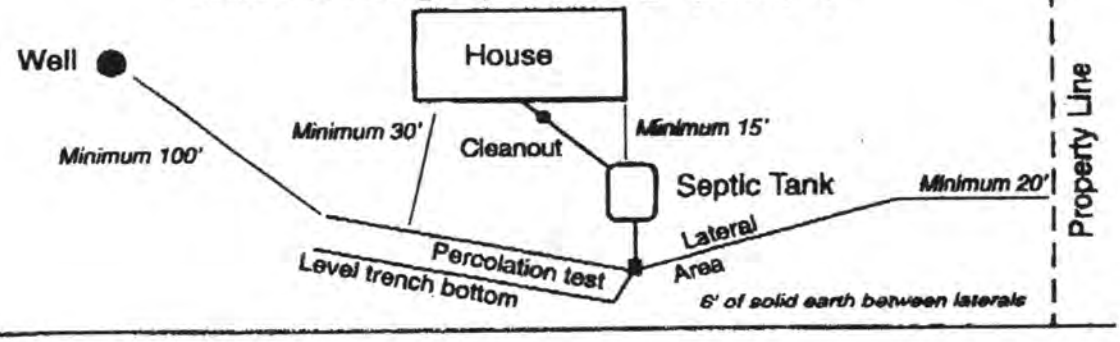
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ In/100 ft.
   Average depth _____ In
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ 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)

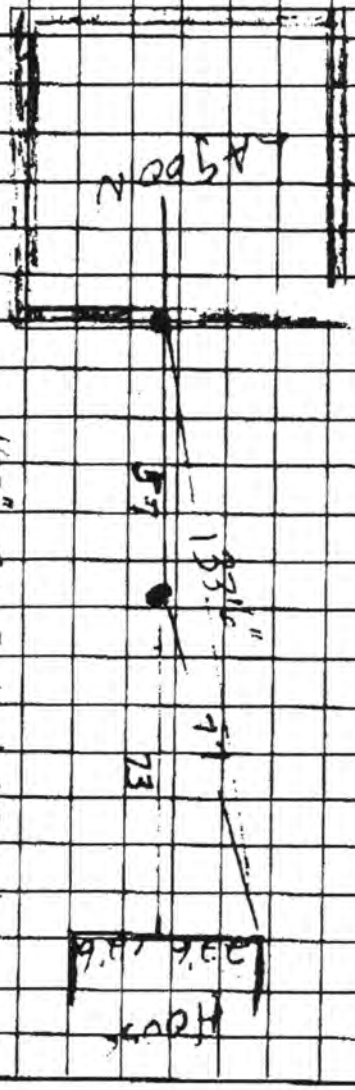


FORM 23-103 10-96

As Built Drawing

Hickman
Ryan Omel 24300

Indicate North with Arrow



Post-it™ brand fax transmittal memo 7671 # of pages ▸ 2

To County Health	From Gagner Const
Co.	Co.
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 797-7475

Approximate Scale: _____ ft. = _____ grid ll