LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 860-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 21, 1976 — THIS PERMIT EXPIRES

Randal Wubbels — ISSUED TO

Hickman, NE — ADDRESS

T7N: R7E: Sec. 11-NE¼; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABEE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH DEPARTMENT
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 860-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: June 21, 1976

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N ; Range 7E ; Section 11 NE¼ 120 ACRES
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
   No. of Bedrooms 3 . Describe: _____
   Other Use ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

VOID

Randal Wilbur
Signature of Applicant (Owner or Lessee)

Hickman, Nebraska
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/21/76 . Date Frwd. 6/21/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoobler

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. 6/21/76 . ACTION: Approved ☒ Disapproved ☐ Signature: David Bruhn

3. City or County Engineer: Date Rec'd. 6-21-76 . Date Frwd. 6-21-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 860-C

DATE: 6/21/76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N ; Range 7E ; Section 11 NE¼ 120 ACRES ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Randal Wubbels
Signature of Applicant (owner or lessee)

Hickman, Nebraska
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-29-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 6/24/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-29-76 by: James Weverka

CV 6-24

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 860-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7N ; Range 7E
Section & ¼ Sect. 11
Property Dimensions: ~~300~~ ft. x ~~330~~ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Randal Wubbels
Address Hickman, Nebraska

Dates of Tests: June 3 to June 4. Weather: Precip. ____ Temp. ____ F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	6-3	3:30	6-4	12:00	6-4	12:00	14	2:30	12½	30 min	1½	
2	36"	6-3	3:30	6-4	12:00	6-4	12:00	12	2:30	10½	30	1½	
3	36"	6-3	3:30	6-4	12:00	6-4	12:00	15	2:30	14	30	1	30 min/inch
4	36"	6-3	3:30	6-4	12:00	6-4	12:00	17	2:30	16	30	1	30 min/inch

Sum of Percolation Rates 5
Average of Rates:
Mean of Rates:

Randal Wubbels
Signature of Person Conducting Test

Address Hickman, Nebraska
Phone: 792-2488

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 21, 1976

Jerrold C. Hoot
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 860-C

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

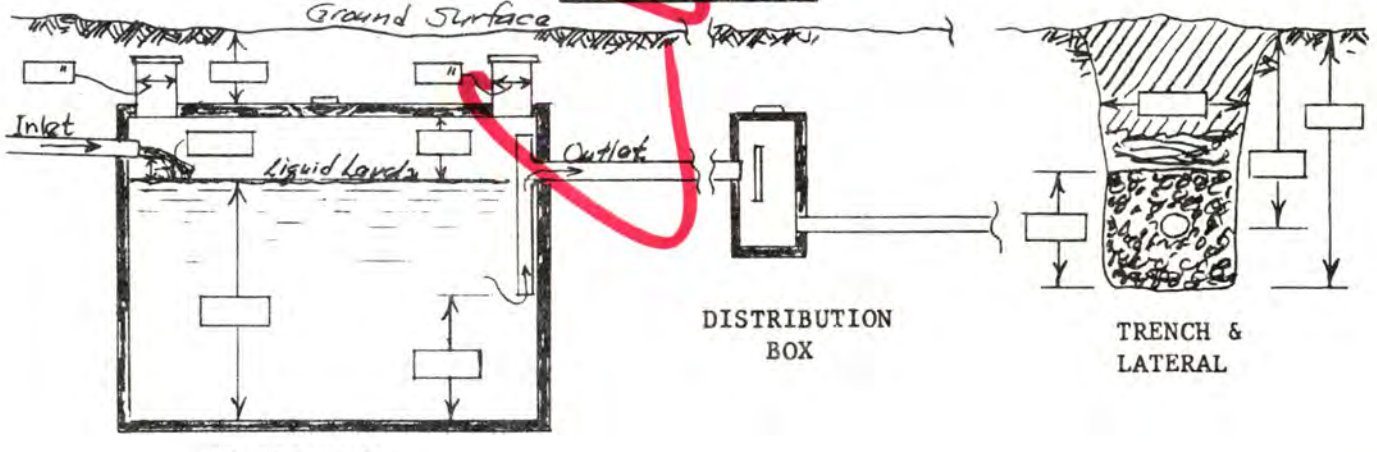
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number 2; Length of each line ___ft Total length of Laterals 169 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

NOT USED

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 860-C

SPECIFICATIONS

DATE: _____

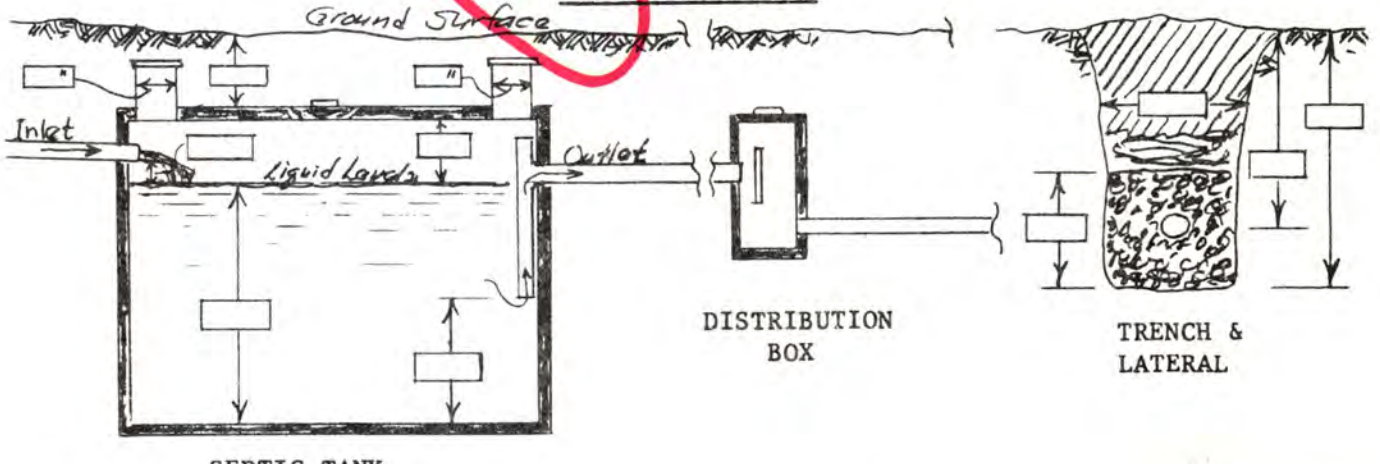
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 57 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concret; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☒ (Company Pre Cast)
No ☐
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. ___ in.
Below Grade _____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concret; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast)
No ☐
3. Dimension: Length 18 in.; Width 12 in. Depth 14 in.
4. Distance from Septic Tank 16 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moons
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 72 ft
Total length of Laterals 172 ft.; Slope 2 1/2 in/100 ft. Diameter of pipe ___ in.; Shape Half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 12 ft.
3. Trench Dimensions: Depth 30 in.; Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 24 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380171501

Permit
SEWAGE INSTALLATION
LAGOON

Issued 01/26/98
Expires 07/26/98
Revenue Code 3157

Establishment
RANDALL WUBBELS
T7N R7E SEC 11 QTR NE
NW OF NE QUARTER
9101 PANAMA RD

FEES: $150.00

TOTAL $150.00

Permittee
RANDALL WUBBELS
9240 PANAMA RD
HICKMAN NE 68372

Issued By Gregg Wright MO
~~M. Jane Ford~~
Health Director

5901

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 9101 Panama Rd. (no rural route) City Hickman NE, Zip 68372

Legal Description NW of NE 11 7N 7E
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 Randall Wubbels Signature _____

Address 9240 Panama Rd City/State/Zip Hickman Ne 68372

☐ Check if owner designed system Home Phone 792-2468 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 So 72 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 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 1/16/98 Date frwd 1/26/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-26-98 Date frwd 1-26-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-26-98 Date frwd 1-26-98 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Blough

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 01/16/98

Amt Paid 150 ⁰⁰

Rec'd By _____ Cash/Check No. 2865

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

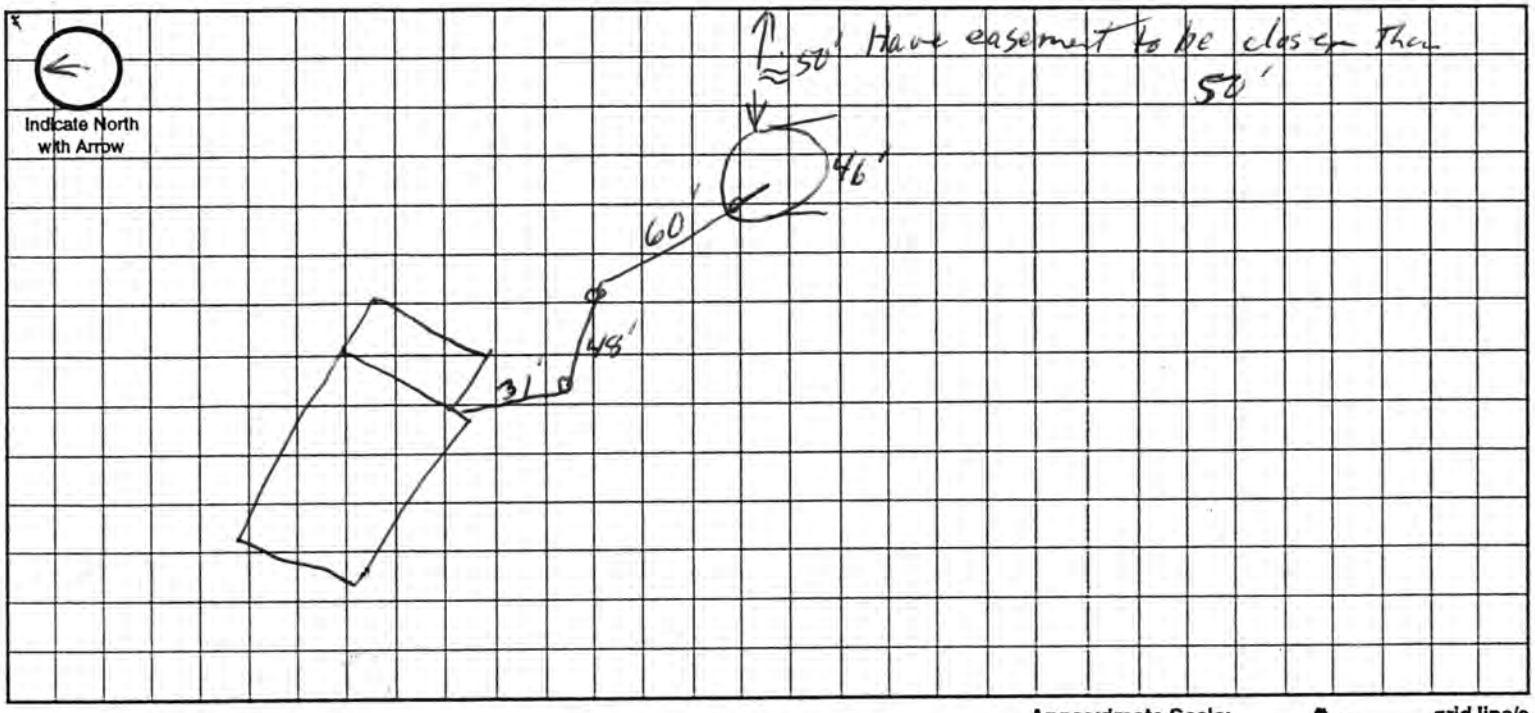
C

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) 9101 Panama Rd. City Hickman 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 120+ (min. per inch) Soil Type: WTC 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 Ronald Miller Date _____

Installer Brad Southard Date 1-16-98

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-7-11 Location 9101 Panama Rd.

Owner/Requestor Wubbels / SOUTHWICK

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS (11) Pressured water line in trench w/ sewer pipe. Contacted Southwick by Telephone. Spoke to owner, on site, that it needs to be seperated by 10 feet

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: ___

Date: 1-26-98

WA1002 1-27-98 line pulled out of trench but exit/entrance of lines not seperated - P.D.

Draft — Document sent to Planning — DoKa 1/9

9005 Panama Rd.—#03068

- LLCHD records indicate that a permitted septic system was installed on Parcel 2 in 1976. An on-site inspection of the property reveals that an on-site wastewater treatment lagoon has been constructed on the property. LLCHD records do not show a permit or inspections for this lagoon.
- The lagoon present on the property is overgrown with vegetation. All vegetation must be removed.
- The lagoon is not fenced. Lagoons must be completely enclosed with a minimum of 48 inch high fence with a locked access gate. A "No trespassing" or similar sign must be attached to the fence.
- The water level in the lagoon is low. Water level must be maintained at 3 to 5 feet of depth for the lagoon to function properly. It is unknown if the low water depth is due to lack of usage or inadequate sealing of the lagoon.
- The lagoon is located 12 feet from the east property line. Lagoons are required to be located a minimum of 50 feet from the property line.
- The dike of the lagoon has settled or eroded in several areas. These areas should be reconstructed.
- The existing lagoon can be reconstructed if the applicant relocates the property line to meet setback requirements. A new lagoon could be constructed in a location that meets setback requirements. In either case it is the responsibility of the applicant to obtain the necessary permits and to demonstrate to LLCHD compliance with construction standards. Jerry Hood can be contacted at 441-8029 for permitting and construction requirements.
- The water supply for this property is Lancaster County Rural Water District

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380089201

Issued 08/10/92
Expires 02/10/93
Revenue Code 18754

Establishment
DARIEL CEDERHOLM
T7N R7E SEC 13 QTR NE

FEES: $150.00

TOTAL $150.00

Permittee
DARIEL CEDERHOLM
2819 PRAIRIE RD
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

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

923800892

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-7-92

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N ; Range 7E ; Section 13 ;
   Block _____ : Lot _____ : ~~Addition~~ W 823.44' N ½ NE SECTION
   Street Address 10505 OLIVE CREEK ROAD

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe MOBILE HOME

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ LAGOON

4. Distance to public sewer: N/A ft.

423-1646

DANIEL Cederholm
Signature of Applicant (Owner or Lessee)

3819 Prairie Road
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/3/92. Date Frwd. 12/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 8-8-92. Date Frwd. 12-8-92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/27/93 by: J.C. Hood ~~4 wood fences taller, locked gates, warning signs~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/15/05 By: Jerrold Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: Aug 9-92

FILE NO: _____

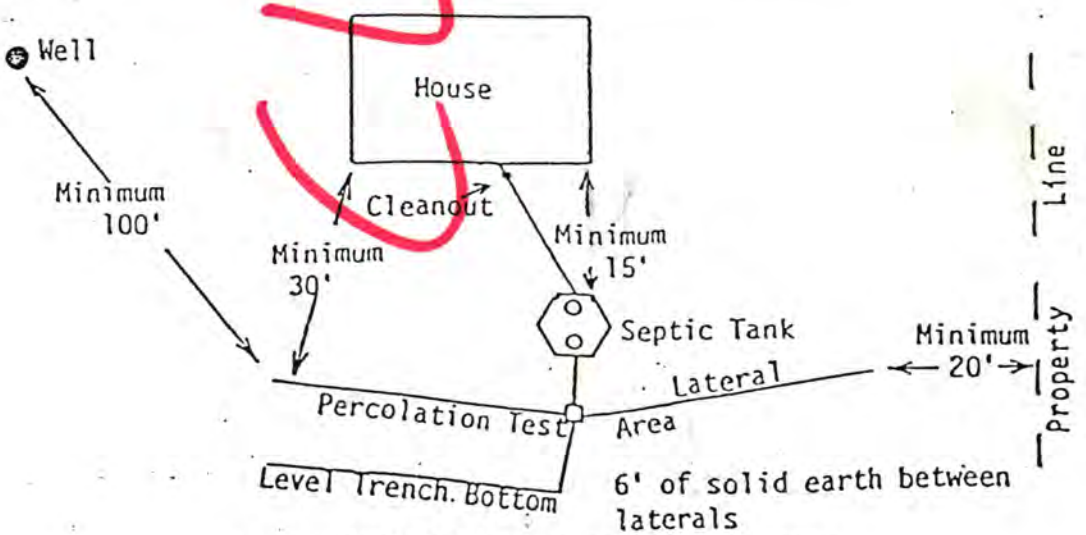
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241; Diameter 4 in.
2. Distance above basement floor X in., or below basement floor ____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished 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 ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009657

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 06380325501

Issued: 09/28/06
Expires: 09/28/07
Revenue Code: 3157

Establishment:
DAMON & KATHERINE WIRTH
T7N R7E SEC 13
LOT 11IT
10405 OLIVE CREEK RD-HICKMAN

FEES: $275.00

Permittee:
DAMON & KATHERINE WIRTH
10405 OLIVE CREEK RD
HICKMAN NE 68372

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380325501 MF

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 10405 Olive Creek Rd. City Hickman NE, Zip 68372
(no rural route) LCR 5867

Legal Description ____ 13 7N 7E NA ____ Lot
1/4 1/4 Section Township Range Subdivision Addition Block

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

NCR 71546

Name Damon & Katherine Wirth Signature _____

Address 10405 Olive Creek Rd. NCR 77301 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone _____ Work Phone 402-525-6840

C. Contractor

Name _____ 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 Davie Prusa Firm Ne. Dirtworks Work Phone 792-0085

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 9/28/06 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Carrol C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 9-28-06
Amt Paid 275.00
Rec'd By TLH Cash/Check No. 1187

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

A

Permit Number: 06380325501

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 10405 Olive Creek Rd. (no rural route) City Hickman NE, Zip 68372

Legal Description ____ ____ 13 7N 7E NA ____ ____ Lot 1

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 Damon + Katherine Wirth Signature ____

Address 10405 Olive Creek Rd. City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone ____ Work Phone 402-525-6840

C. Contractor

Name ____ 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 Dave Prusa Firm Ne. Dirtworks Work Phone 792-0085

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 9/28/06 Date frwd 10/9/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-4-06 Date frwd 10-4-06 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-4-06 Date frwd 10-4-06 ACTION ☐ Approved ☐ Disapproved Signature

3/14/07 - Needs fence

Installation Final Written Approval

By ____

Date 4/30/07

Business Office Use Only
Date Rec'd 9-28-06
Amt Paid 275.00
Rec'd By TLH Cash/Check No. 1187

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

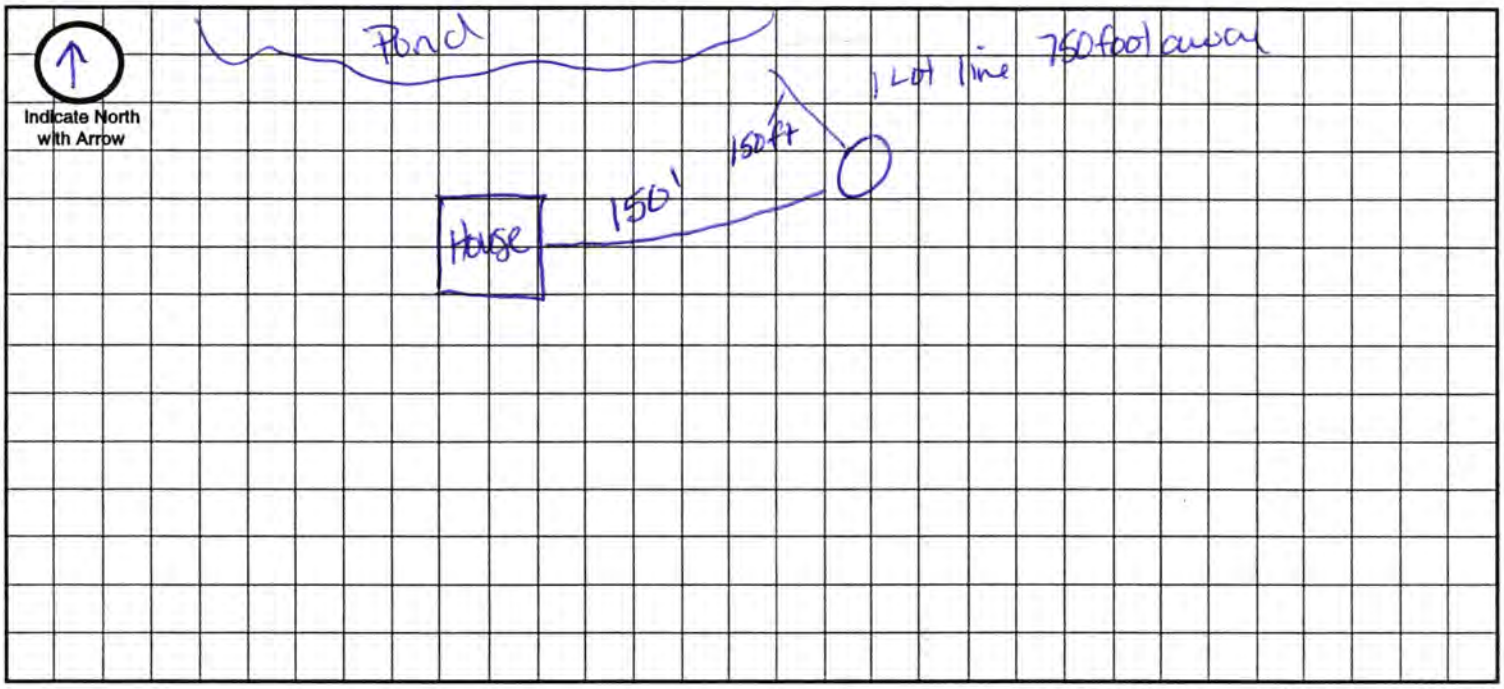
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 10405 Olive Creek Rd. City Hickman 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 _____ Date 9/27/06

Installer Dave Prusa Date 9-27-06

MASTER INSTALLER REGISTRATION

№ 0061

This certifies that DAVID T. PRUSA has met the requirements to be a MASTER INSTALLER as determined by the Lincoln-Lancaster County Health Department. This card should be carried by permit holder during all working hours, or be on file at the place of employment.

Fee received $100.00

Expires:
12/03/07

Health Director

Issued under authority of LMC 24.38 or CR #02-30 and revocable by the Lincoln-Lancaster County Health Department. The person bearing this card has successfully passed an examination and has proven to be knowledgeable in the installation of onsite wastewater treatment systems as determined by the Lincoln-Lancaster County Health Department.

Signature:

STATEMENT OF CERTIFICATION

This is to certify that I hold a Certified Professional Certificate and have met the Requirements as provided in the *Private Onsite Wastewater Treatment System Contractors Act* and *Title 124 – Rules and Regulations for the Design, Operation, and Maintenance of On-site Wastewater Treatment Systems* (Neb. Rev 81-1508.02).

I am certified to be a:

- ☑ Master Installer
- ☐ Journeyman Installer
- ☐ Inspector
- ☐ Soil Evaluator

State Certification Number: C1706

Signature: Dave Pruss **Date:** 4-26-06