LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON -DUPLICATE

No. 99380192801

Issued 01/29/99
Expires 07/29/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

ROBERT CALDWELL
T7N R8E SEC 6 QTR SE
E 1/2-PARCEL #1 OF10
21301 S 120 ST-HICKMAN

TOTAL $150.00

Permittee

KEVIN L TROYER CONSTRUCTION
5625 S 72 ST
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

008688

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 21801 So. 120TH (no rural route) City ~~Panama~~ HICKMAN NE, Zip

Legal Description E½ (1/4) SE¼ (1/4) 6 (Section) 7N (Township) 8E (Range) Subdivision Addition PARCEL #1 (Block) OF 10 (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name ROBERT CALDWELL Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name KEVIN L. TROYER Company Name ZIAB/TROYER CONSTRUCTION INC.

Address 5625 So. 72ND City/State/Zip LINCOLN, NE 68516

☒ Check if contractor designed system Work Phone 430-7429

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

Designer Name ~~Vogt Exc~~ (DAVE Vogt) Firm Vogt EXCAVATING Work Phone 560-4267

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 1/29/99 Date frwd 1/29/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-29-99 Date frwd 1-29-99 **ACTION** ☒ Approved ☐ Disapproved Signature

provide survey to determine location of flood plain on prop. septic cannot be in flood plain

3. **City or County Engineer** Date rec'd 2-1-99 Date frwd 2-1-99 **ACTION** ☒ Approved ☐ Disapproved Signature

Lagoon must be out of flood plain 6/3/99 Ltr. w. Needdrawing, ~~letter~~ etc. P.C.

Installation Final Written Approval

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

Date AUGUST 29, 2006

Business Office Use Only

Date Rec'd 01/29/99

Amt Paid 150 OC

Rec'd By Cash/Check No. 4014

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

B

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

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 _____ City _____ NE, Zip _____
(no rural routes)

Owner Robert Caldwell Address _____

Soil Type (SCS): Clay Loam Waymore Percolation Rate: 26 min./inch

Date of Tests 11-21-98 to 11-22-98 Weather: Precipitation 0 Temperature 60

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	36	11-21	10:30	11-22	3:30	11-22	330	6	11-22	530	30	1	30 MIN/IN
2	36	11-21	10:30	11-22	330	11-22	330	6	11-22	530	30	1	30 MIN/IN
3	36	11-21	10:30	11-22	330	11-22	330	6	11-22	530	30	1 3/4	17 MIN/IN
4	36	11-21	10:30	11-22	330	11-22	330	6	11-22	530	30	1 1/4	24 MIN/IN
5	36	11-21	10:30	11-22	330	11-22	330	6	11-22	530	30	1 1/4	24 MIN/IN
6	36	11-21	10:30	11-22	330	11-22	330	6	11-22	530	30	1	30 MIN/IN

Sum of Percolation Rates: _____
Average of Rates: 26
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Dan Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON MUST BE SEALED

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 1/28/99

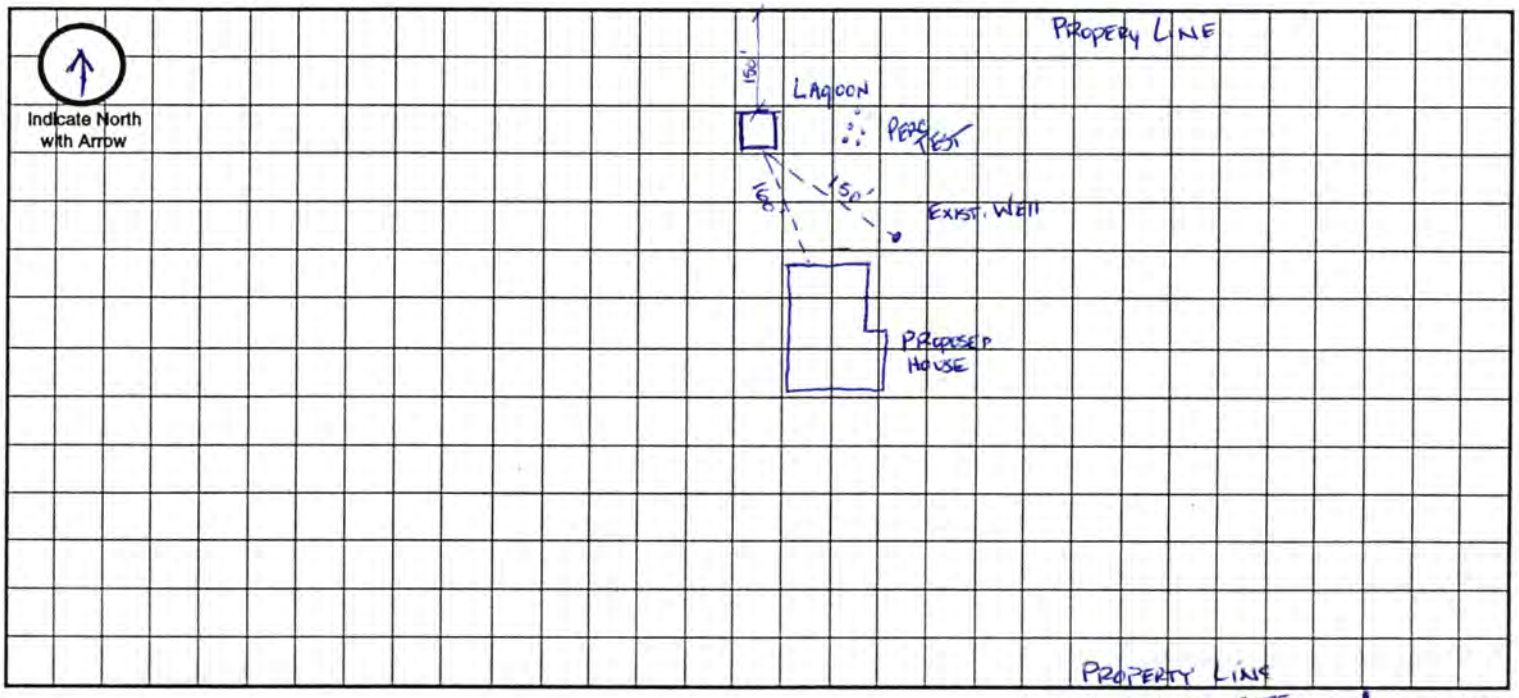
Lincoln-Lancaster County Health Department
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C

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: 75 ft. = 1 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 26 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 701 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 175 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

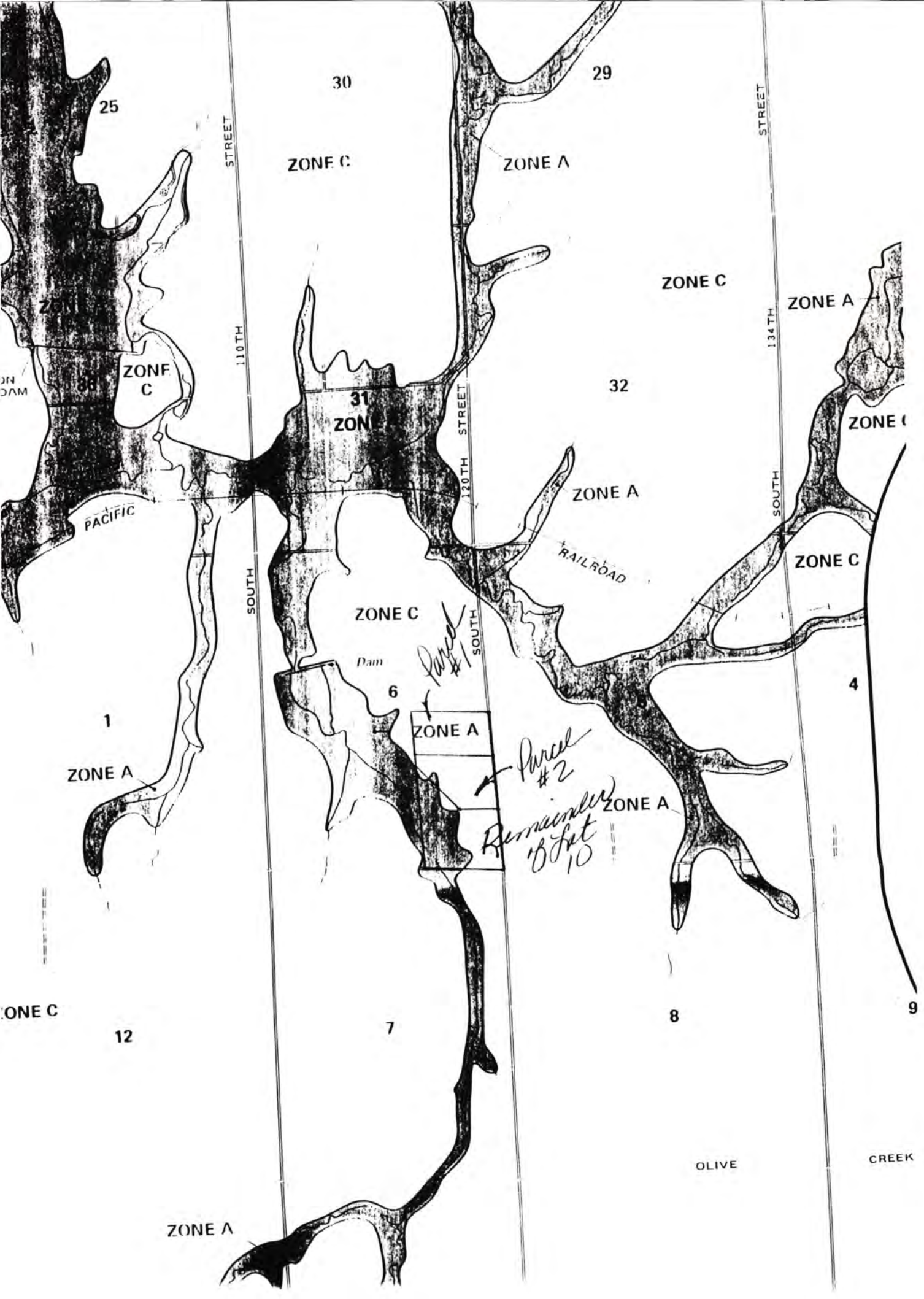
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 1-29-99

Installer _____ Date 1-29-99

FORM 23-102 10-96


25
30
29
STREET
ZONE C
ZONE A
ZONE C
ZONE A
134TH
STREET
ZONE
36
ZONE C
110TH
STREET
31
ZONE
32
ZONE (
120TH
STREET
ZONE A
SOUTH
PACIFIC
RAILROAD
ZONE C
SOUTH
ZONE C
SOUTH
Dam
Parcel #1
6
4
1
ZONE A
ZONE A
Parcel #2
ZONE A
Remainder B Lot 10
ONE C
12
7
8
9
OLIVE
CREEK
ZONE A