Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003372

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC OR LAGOON -WILL INSTALL WHATEVER
SOIL PERC TEST INDICATES

Permit # 04380278101

Issued 02/23/04
Expires 08/23/04
Revenue Code 3157

Establishment
SCOTT P HUDSON
T7N R8E SEC 22 QTR SE
PARCEL A

FEES: $200.00

Permittee
SCOTT P HUDSON
3430 CASCADE CIR
LINCOLN NE 68504

TOTAL: $200.00

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: 04380278101

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

WILL INSTALL WHATEVER SOIL PERC TEST INDICATES

☐ 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 Parcel "A" City NE, Zip

(no rural route)

Legal Description SE 22 7N 8E SEE ATTACHED

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 Scott P Hudson Signature

Address 3430 Cascade Circle City/State/Zip Lincoln NE 68504

☐ Check if owner designed system Home Phone 402-742-4329 Work Phone 402-434-2069

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 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 2/23/04 Date frwd 2/24/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/24/04 Date frwd 2/24/04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 2-24-04 Date frwd 2-24-04 ACTION ☑ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 2-23-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 6613

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

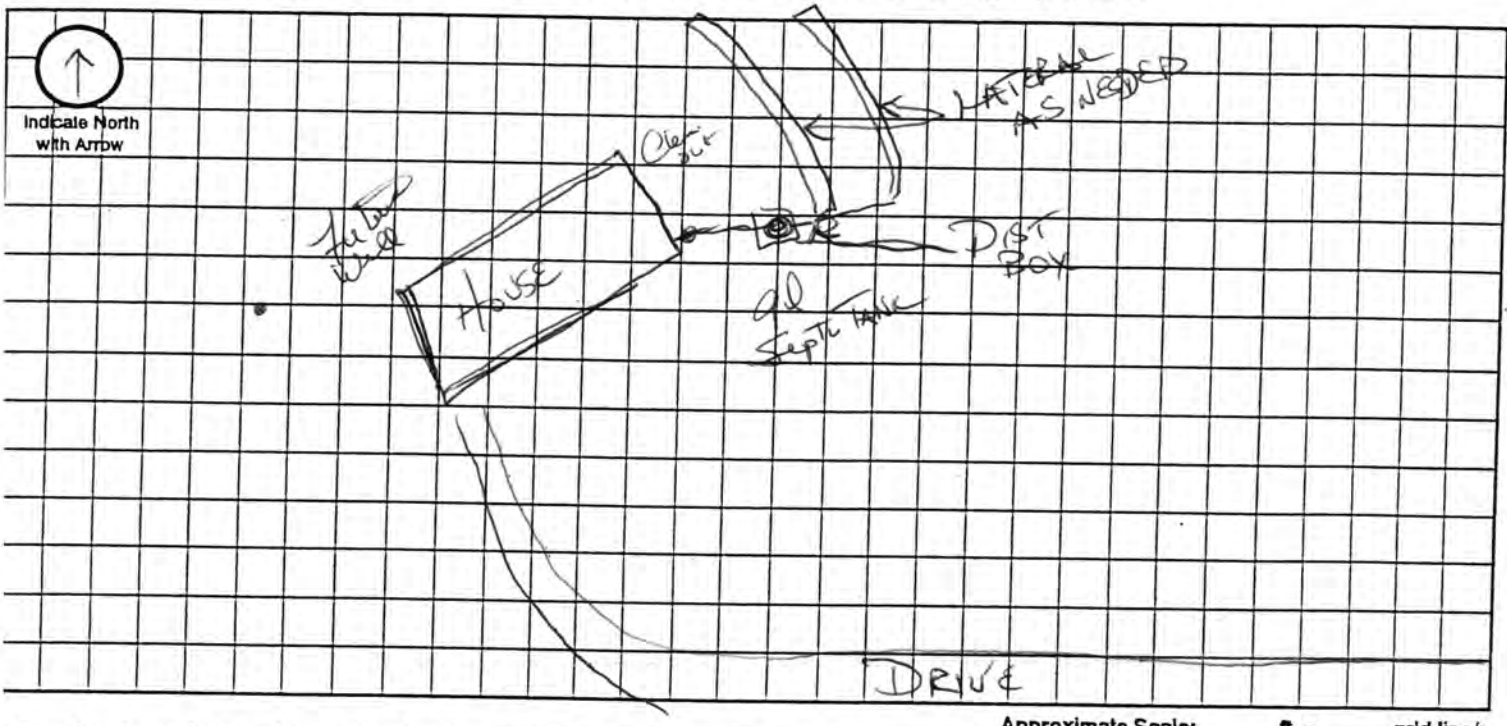
C

Permit Number: 043802781

SCOTT HUDSON

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 _____ (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: Inf. Water (Gravelless)

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ 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 ☐	☐

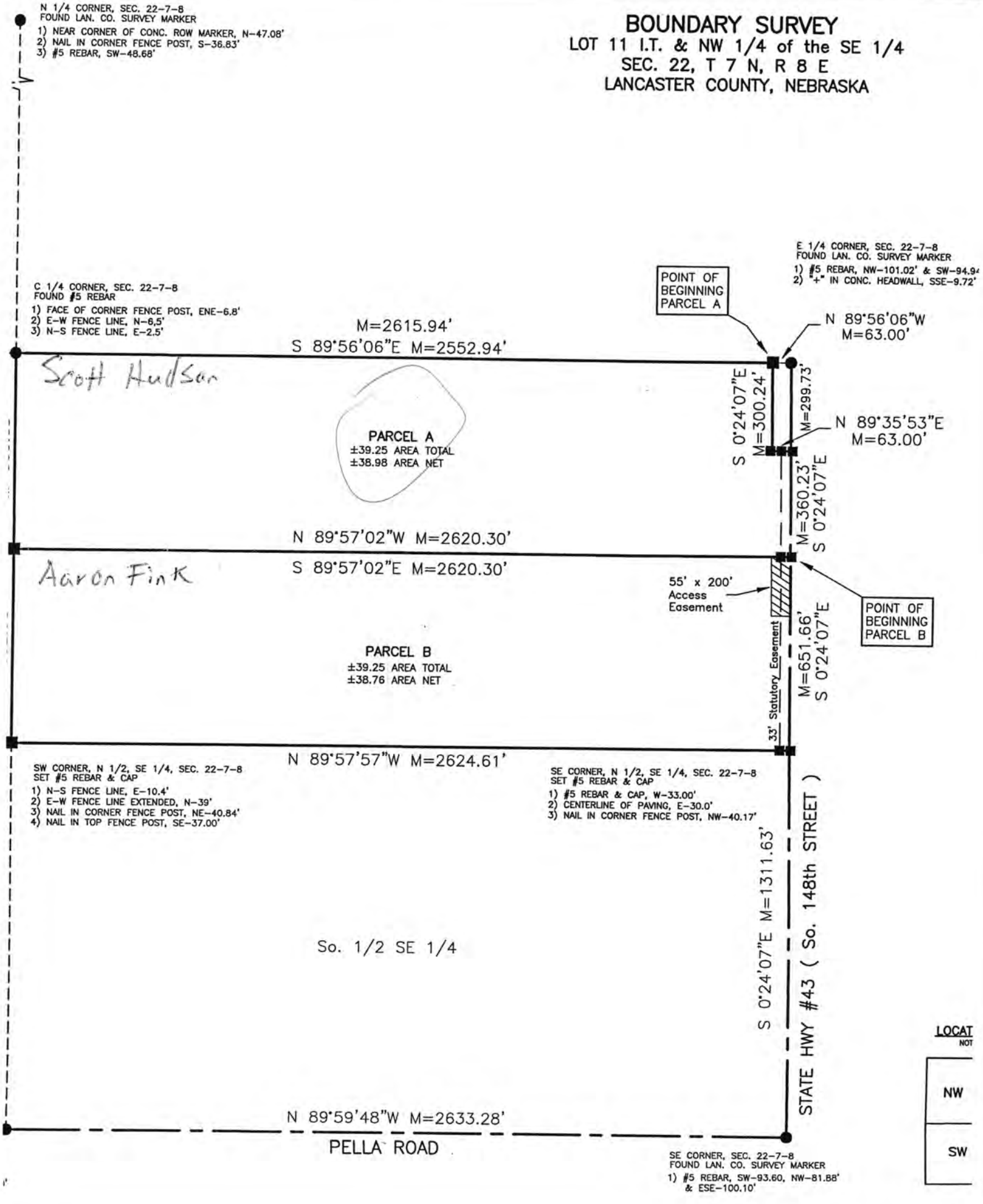
E. Required Signatures

Home Building Contractor _____ Date 2/21/04

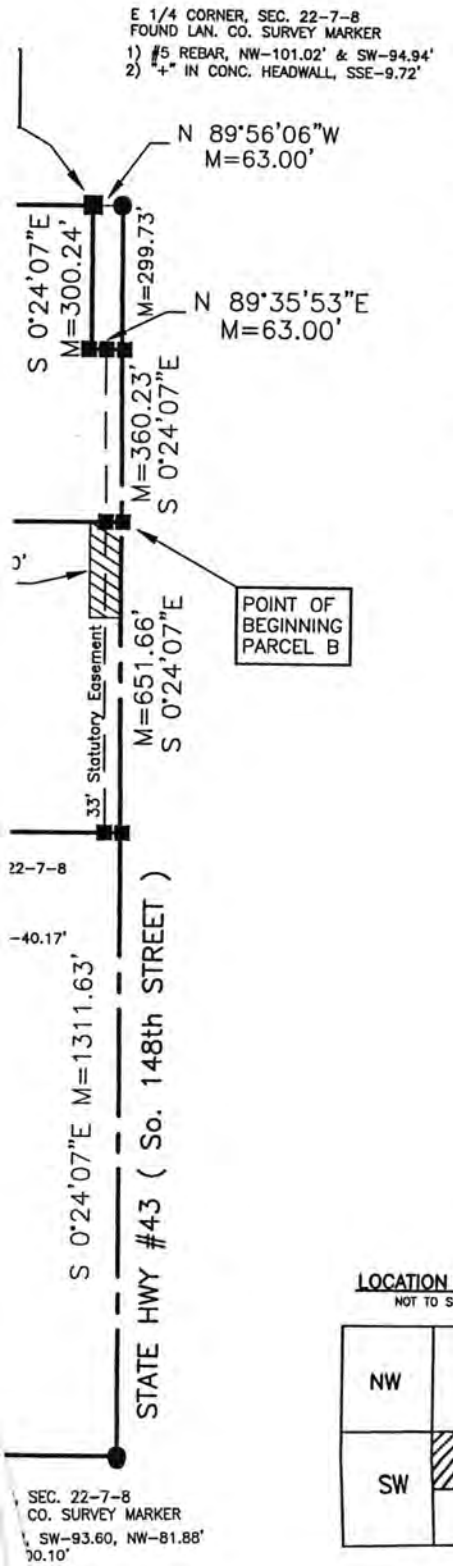
Installer _____ Date 2-22-04

RM 23-102 10-96

BOUNDARY SURVEY
LOT 11 I.T. & NW 1/4 of the SE 1/4
SEC. 22, T 7 N, R 8 E
LANCASTER COUNTY, NEBRASKA



Y SURVEY
1/4 of the SE 1/4
7 N, R 8 E
UNTY, NEBRASKA



LEGAL DESCRIPTION

PARCEL A
THAT PART OF LOT 11 IRREGULAR TRACT, AND THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER, ALL LOCATED IN THE NORTH HALF OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 7 NORTH, RANGE 8 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID SOUTHEAST QUARTER OF SAID SECTION 22; THENCE WESTERLY ON THE NORTH LINE OF SAID SOUTHEAST QUARTER, ON AN ASSIGNED BEARING OF N 89°56'06"W A DISTANCE OF 63.00', TO THE POINT OF BEGINNING; THENCE SOUTH AND PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, S 0°24'07"E 300.24'; THENCE EASTERLY, N 89°35'53"E 63.00', TO A POINT ON SAID EAST LINE; THENCE SOUTHERLY ON SAID EAST LINE, S 0°24'07"E 360.23'; THENCE WESTERLY, N 89°57'02"W 2620.30', TO A POINT ON THE WEST LINE OF SAID SOUTHEAST QUARTER; THENCE NORTHERLY ON SAID WEST LINE, N 0°01'23"W 660.65', TO THE NORTHWEST CORNER OF SAID SOUTHEAST QUARTER; THENCE EASTERLY ON THE NORTH LINE OF SAID SOUTHEAST QUARTER, S 89°56'06"E 2552.94', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 39.25 ACRES, MORE OR LESS.

PARCEL B
THAT PART OF LOT 11 IRREGULAR TRACT, AND THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER, ALL LOCATED IN THE NORTH HALF OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 7 NORTH, RANGE 8 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID SOUTHEAST QUARTER OF SAID SECTION 22; THENCE SOUTHERLY ON THE EAST LINE OF SAID SOUTHEAST QUARTER, ON AN ASSIGNED BEARING OF S 0°24'07"E A DISTANCE OF 659.96', TO THE POINT OF BEGINNING; THENCE CONTINUING SOUTHERLY ON SAID EAST LINE, S 0°24'07"E 651.66', TO THE SOUTHEAST CORNER OF THE NORTH HALF OF SAID SOUTHEAST QUARTER; THENCE WESTERLY ON THE SOUTH LINE OF SAID NORTH HALF, N 89°57'57"W 2624.61', TO THE SOUTHWEST CORNER OF SAID NORTH HALF; THENCE NORTHERLY ON THE WEST LINE OF SAID SOUTHEAST QUARTER, N 0°01'23"W 652.35'; THENCE EASTERLY, S 89°57'02"E 2620.30', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 39.25 ACRES, MORE OR LESS.

ACCESS EASEMENT
THE NORTH 200.00' OF THE SOUTH 651.66' OF THE EAST 55.00' OF LOT 11 IRREGULAR TRACT, LOCATED IN THE NORTH HALF OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 7 NORTH, RANGE 8 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA

SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FORGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 29th DAY OF DECEMBER, 2003.

BILLY JOE KERR, LS #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

LOCATION SKETCH
NOT TO SCALE

LEGEND

P = PLATTED DISTANCE
M = MEASURED DISTANCE
● = FOUND MONUMENT AS NOTED
■ = SET MONUMENT (#5 REBAR & CAP)
▲ = SET TEMP. POINT

K & M INC.
LAND SURVEYING
540 W. INDUSTRIAL LAKE DR. #1
LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007873

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380303701

Issued 06/13/05
Expires 06/13/06
Revenue Code 3157

Establishment:
SCOTT P HUDSON
T7N R8E SEC 22 QTR SE
PARCEL A LOT 19
25977 S 162 ST-ADAMS

FEES: $200.00

Permittee:
SCOTT P HUDSON
3430 CASCADE CIR
LINCOLN NE 68504

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

JUN 1 3 2005

A

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

Permit Number: 05380303701

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 25977 S. 162nd St. (no rural route) City Adams NE, Zip 68301

Legal Description SE 22 7N 8E ____ 19
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 Scott Hudson Signature [signature]

Address 3430 Cascade Cir City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 402-742-4329 Work Phone [redacted] 434-2069

C. Contractor

Name Owner 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 Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

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 6/13/05 Date frwd 6/14/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-14-05 Date frwd 6-14-05 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 6/14/05 Date frwd 6/14/05 ACTION ☒ Approved ☐ Disapproved Signature [signature]

6/16/05 L.G.H. Need Renovated.

Installation Final Written Approval

By _____

Date 3/15/07

Business Office Use Only

Date Rec'd 6/13/05

Amt Paid 420.00

Rec'd By _____ Cash/Check No. 5786

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

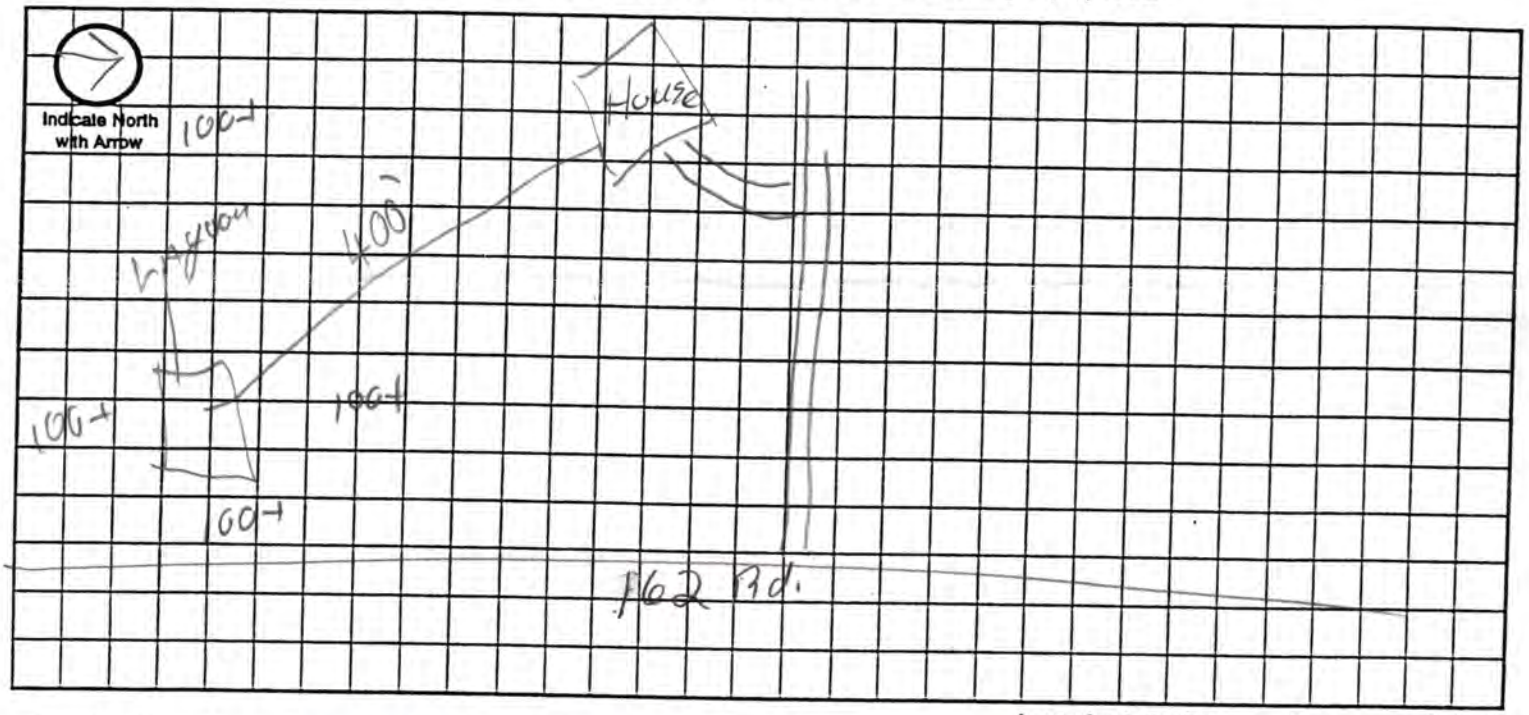
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803037

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) 25977 S. 162nd St City Adams NE, Zip 68301

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate Failed (min. per inch) Soil Type: Waymore 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 5-27-05

Installer _____ Date 5-27-05

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

JUN 21 2005
D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6/15/05

Scott Hudson

System Location (Indicate correct number and street)

Address 25977 S 162nd St. (no rural route) City Adams NE, Zip 68301

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. ~~Distance above basement floor:~~ ____ in.
   or distance below basement floor: 42" in.
3. Distance between dwelling and septic tank: 340 ft.
4. Number of clean-outs: Laying 5
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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

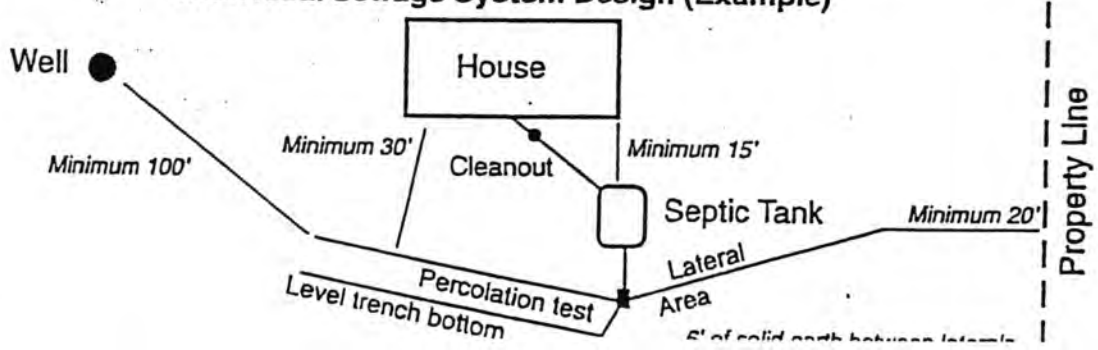
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

