Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005424

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON DEPENDING ON SOIL
PERCOLATION TEST RESULTS

Establishment

RANDALL K HERGOTT
T7N R8E SEC 32
LOT 10IT

Permittee

RANDALL K HERGOTT
435 S 5 ST
HEBRON NE 68370

Permit # 04380287301

Issued 08/04/04

Expires 02/04/05

Revenue Code 3157

FEES: $200.00

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: 04380287301

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)

PENDING SOIL PERCOLATION TEST

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 12600 Gage Rd (no rural route) City _____ NE, Zip _____

Legal Description SW 32 7~~8~~N 8E 10 I.T.
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 K Haggott Signature Randall K. Haggott

Address 435 ~~BB~~ City/State/Zip Hebron, Ne 68370

☐ Check if owner designed system Home Phone 402-768-6915 Work Phone 402-469-8013

C. Contractor

Name BRIAN CAMPBELL Company Name CAMPBELL CONST NEW HOMES INC.

Address 940 GOLDENROD LANE City/State/Zip HICKMAN NE 68372

☐ Check if contractor designed system Work Phone 402-540-4387

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

Designer Name Mike Knorr Firm Mike Knorr Work Phone 417-8309

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 8/4/04 Date frwd 8/6/04	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/6/04 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 8/6/04 Date frwd 8/6/04	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

4/20/04 Need drawing. J.C.H

Installation Final Written Approval

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

Date FEBRUARY 1, 2005

Business Office Use Only

Date Rec'd 8-4-04
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 1048

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 043802873

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 route)

Owner Randall Hergott Address 2995 13th street Hebron NE 68370

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

Date of Tests 1-7-03 to 1-8-03 Weather: Precipitation None very Dry Temperature 50°

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"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12:00	30	2"	15
2	36"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12.00	30	1½	20
3	36"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12.00	30	1"	30
4	36"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12.00	30	1"	30
5	36"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12.00	30	2"	15
6	36"	1-7-3	12.00	1-7-3	4hrs	1-7-3	4.00	6"	1-8-03	12.00	30	1"	30

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Carl Weis

Phone: 787-2070

Address 26201 SW 29th 68404

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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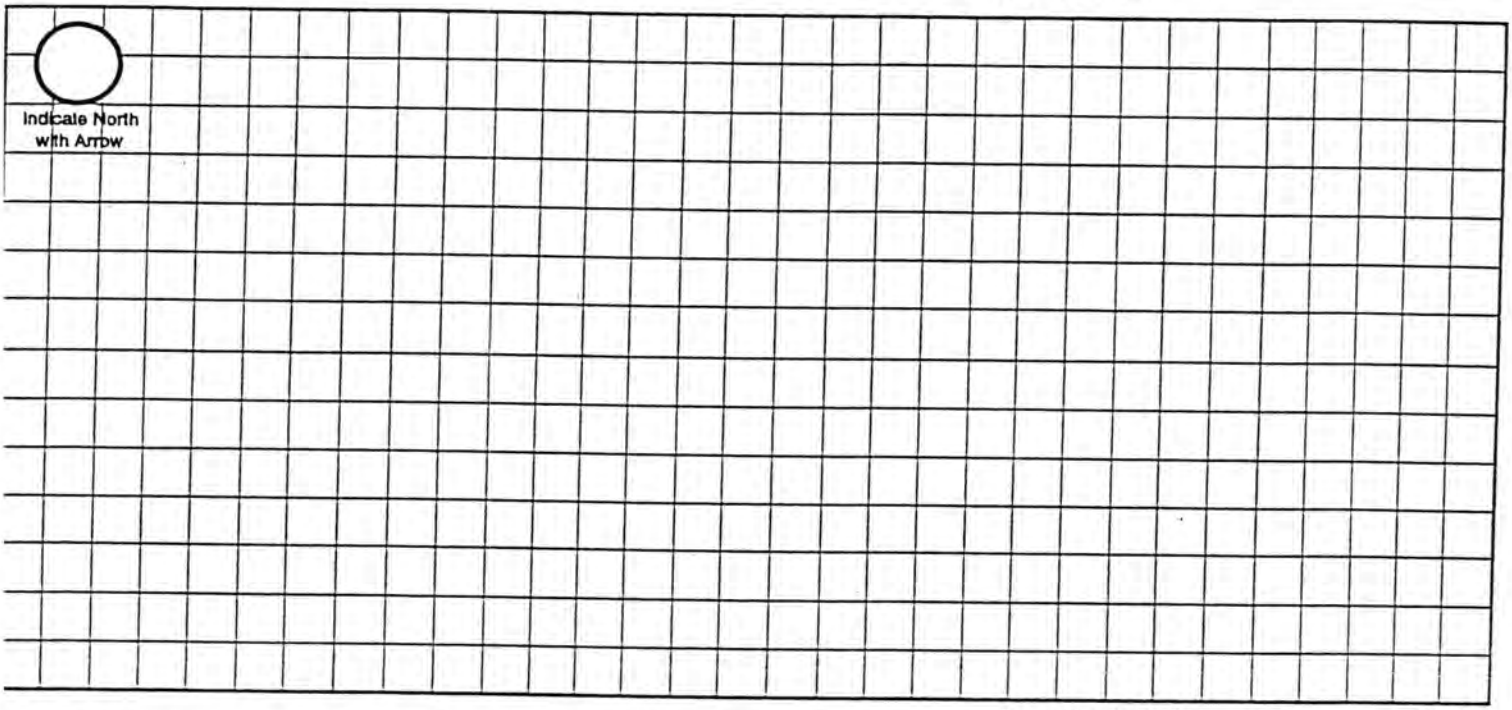
C

Permit Number: 043802873

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: _____

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 8-6-04

Installer Mike Kern Date 08/04/04

RM 23-102 10-96