Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008520

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390084301

Issued 12/01/05
Expires 12/01/06
Revenue Code 3157

Establishment:
RANDY MULDOON
T7N R8E SEC 5 QTR NW
LOT 14
21200 S 120 ST-HICKMAN

FEES: $150.00

Permittee:
RANDY MULDOON
412 JUDSON ST
LINCOLN NE 68508

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0539008430 1

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

DEC 0 1 2005

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☑ **ALTER** ☑ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 7 North Range 8 East 1/4 _____ 1/4 NW Section ~~3~~ 5
   Block _____ Lot 14 Addition _____
   Parcel ID 20 - 05 - 100 - 003 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 21200 South 120th Street, Hickman, NE 68372

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace 1000 gallon septic tank with a 1500 gallon tank and extend laterals from 143 ft to 200 ft. or replace, if needed.

5. **Work to be done by:** ☐ owner ☑ contractor's name MUHLBACH H.L. Construction

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Randall J Muldoon Address 412 Judson Lincoln Phone: 475-0574

Applicant Signature (owner or lessee) Randy Muldoon

Please include the permit fee ($150) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 12/1/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Tornado Damage

Business Office Use Only

Received: Date: 12/1/05 Amount $150.00 Check No. 3514 Initials _____

White - Division Copy Pink - Business Office Revised 9-05

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. 512-C

DATE: 7/3/74

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 8E ; Section S½ OF S½ OF SW¼ NW
; 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).

Neil Wiesen
Signature of Applicant (owner or lessee)

Hickman, Neb.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11/14/74 by: J.C.H
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 9/4/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/14/74 by: Jerrold C. Hood

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. 512-C

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

DATE: 9/3/74

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 8E ; Section S½ OF S½ OF 5 - W½ NW
Block — ; Lot — ; Addition —
Street Address —

2. Property Use: Residential 1 ☑ ; 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.

Neil Wissink
Signature of Applicant (Owner or Lessee)

Hickman, Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9-4-74. Date Frwd. 9-5-74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nool

2. Supt. Bldg. Insp.: Date Rec'd. 9-5-74. Date Frwd. 9-5-74. ACTION: Approved ☐ Disapproved ☐ Signature: W W

3. City or County Engineer: Date Rec'd. 9-5-74. Date Frwd. 9-5-74. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL

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

4' trench – 143' lateral

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. 5/2-C

PROPERTY WHERE SOIL TESTED:

Owner: Neil Wisenk

Location: Township 7 ; Range 8
Section & ¼ Sect. 5 - W½ NW

Address Hickman Nebraska

Property Dimensions: ___ ft. x ___ ft.
Area: 20 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☑

Dates of Tests: 8-21-74 to 8-22-74. Weather: Precip. 0 Temp. 69/80 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"	8-21	6:30	8-22	6:30	8-22	6:30	12"	8:00	8½	30 M	1½	
2	"	"	"	"	"	"	"	"	"	9	"	1½	
3	"	"	"	"	"	"	"	"	"	10	"	1½	
4	"	"	"	"	"	"	"	"	"	8½	"	2½	
5	"	"	"	"	"	"	"	"	"	8	"	2½	
6	"	"	"	"	"	"	"	"	"	8½	"	2½	

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

Karin I. Oosting
Signature of Person Conducting Test

Address Adams, Nebr.
Phone: 988-2425

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
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. 512-C

SPECIFICATIONS

DATE: _____

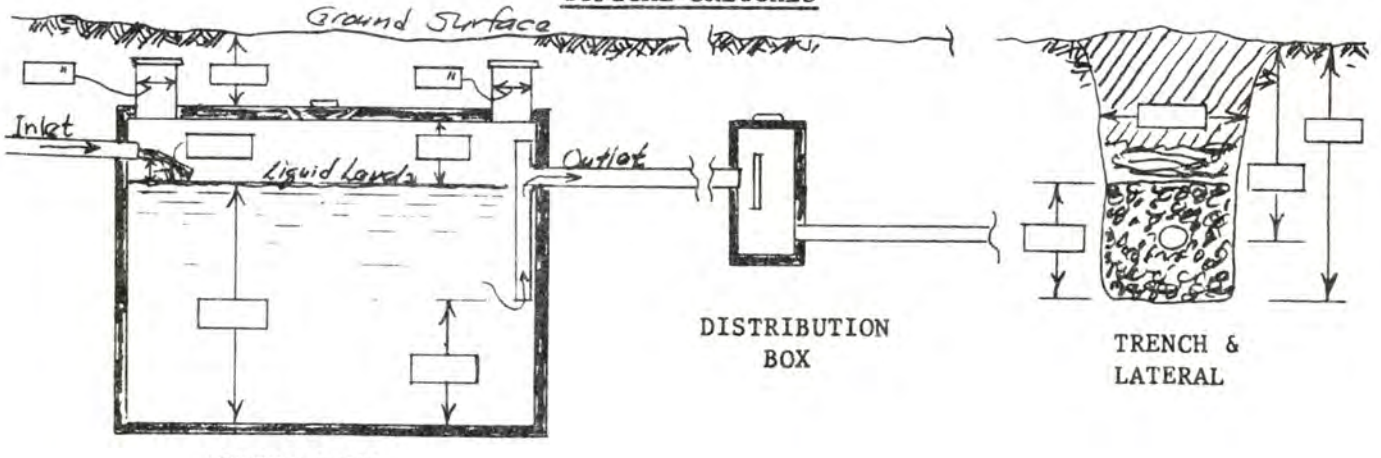
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 128 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 6 in.
8. Distances To:
Well or Suction Line 100+ ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

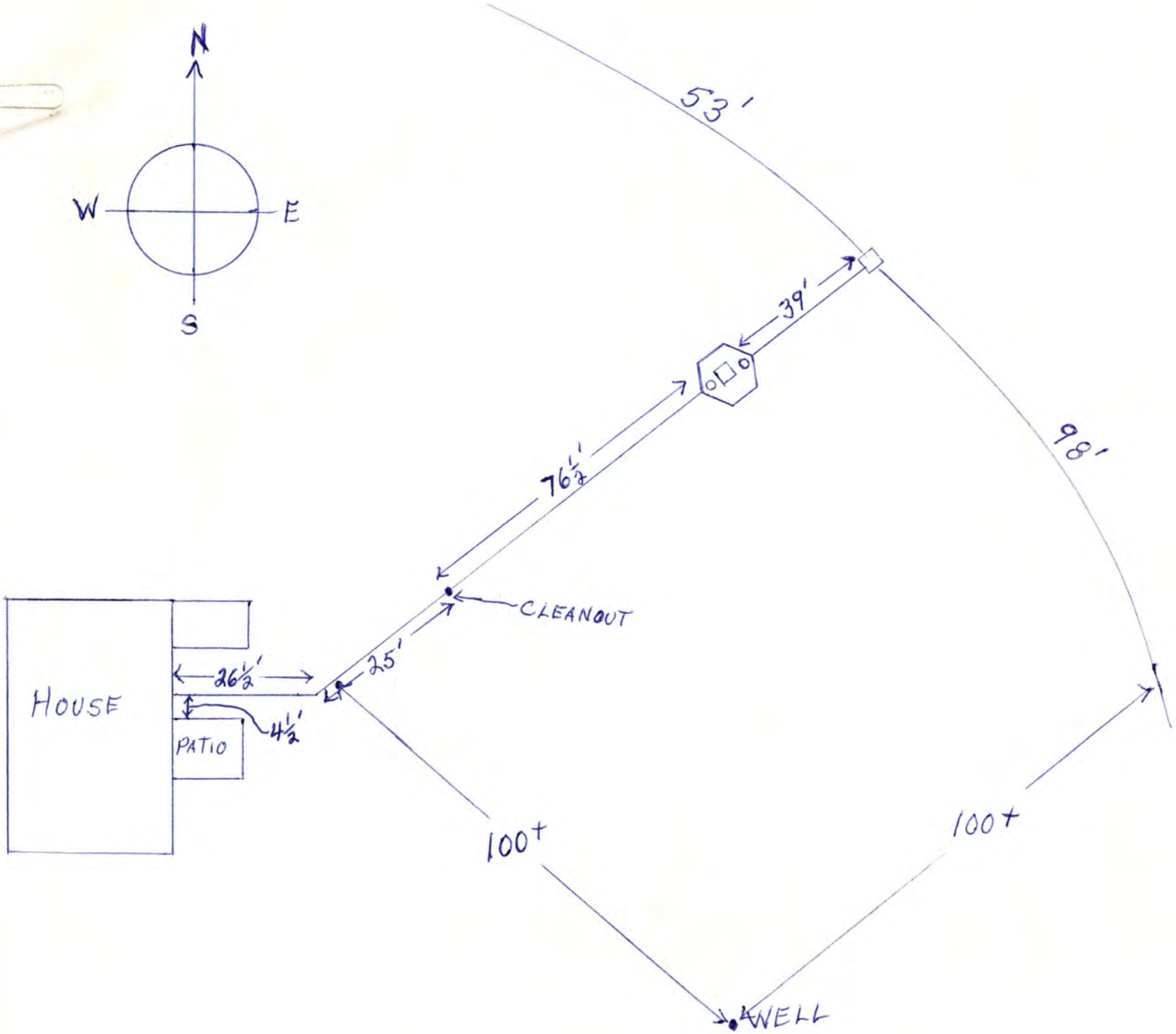
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 39 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 143 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ___
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
53'
39'
98'
76½'
CLEANOUT
25'
26½'
4½'
HOUSE
PATIO
100+
100+
WELL