Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

010023

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC TANK-SHOOTING RANGE

Permit # 07380333601

Issued 05/07/07
Expires 05/07/08
Revenue Code 3157

Establishment

LANCASTER CO SHERIFF DEPT
T8N R6E SEC 21
54.04 ACRES LOT 76
16701 SW 14 ST-MARTELL

FEES: $290.00

Permittee

LANCASTER CO SHERIFF DEPT
555 S 10 ST
LINCOLN NE 68508

TOTAL: $290.00

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: 07380333601

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 0821460006000 54.04

A. System Location (Indicate correct number and street)

Address 16701 SW14 City Martell NE, Zip 68404
LCR 5971 (no rural route)
Legal Description 22 T8N R6E 76
1/4 1/4 Section Township Range Subdivision Addition Block Lot
Geographical Location (if known): Longitude 71 Latitude
☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Lancaster Co Sheriff's Dept Signature
Address 555 S. 10 City/State/Zip Lincoln, Ne 68508
☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain
Address City/State/Zip
☒ Check if contractor designed system Work Phone

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 ____ Is there a Whirlpool Bathtub YES NO
☒ Commercial Establishment/Other Facility Specify Shooting Range 40 occupancy
Design flow in gallons per day 80 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 5/7/07 Date frwd 5/5/07 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-7-07 Date frwd 5-7-07 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-7-07 Date frwd 5-8-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Blonger

Installation Final Written Approval

By Doug Sweet
Date 7/3/07

Business Office Use Only
Date Rec'd 05/07/07
Amt Paid 290.00
Rec'd By ls ~~Cash~~/Check No. 1176

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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Phone: 402-441-8022

B

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 route)
Owner Lancaster Co Sheriff Addresss _____

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

Date of Tests 4/18 to 4/19 Weather: Precipitation _____ Temperature _____

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	32	4/18	7:30	4/19	12:00	4/19	2:00		4/19	2:30	30	1 1/2	20
2	↓		AM				P			P		1 3/8	23
3												1 3/8	23
4	↓											1 3/4	18

Sum of Percolation Rates: 84
Average of Rates: 21
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Dalton
Phone: 475-2462
Address P.O. Box 191 105 Locust
Hickman NE

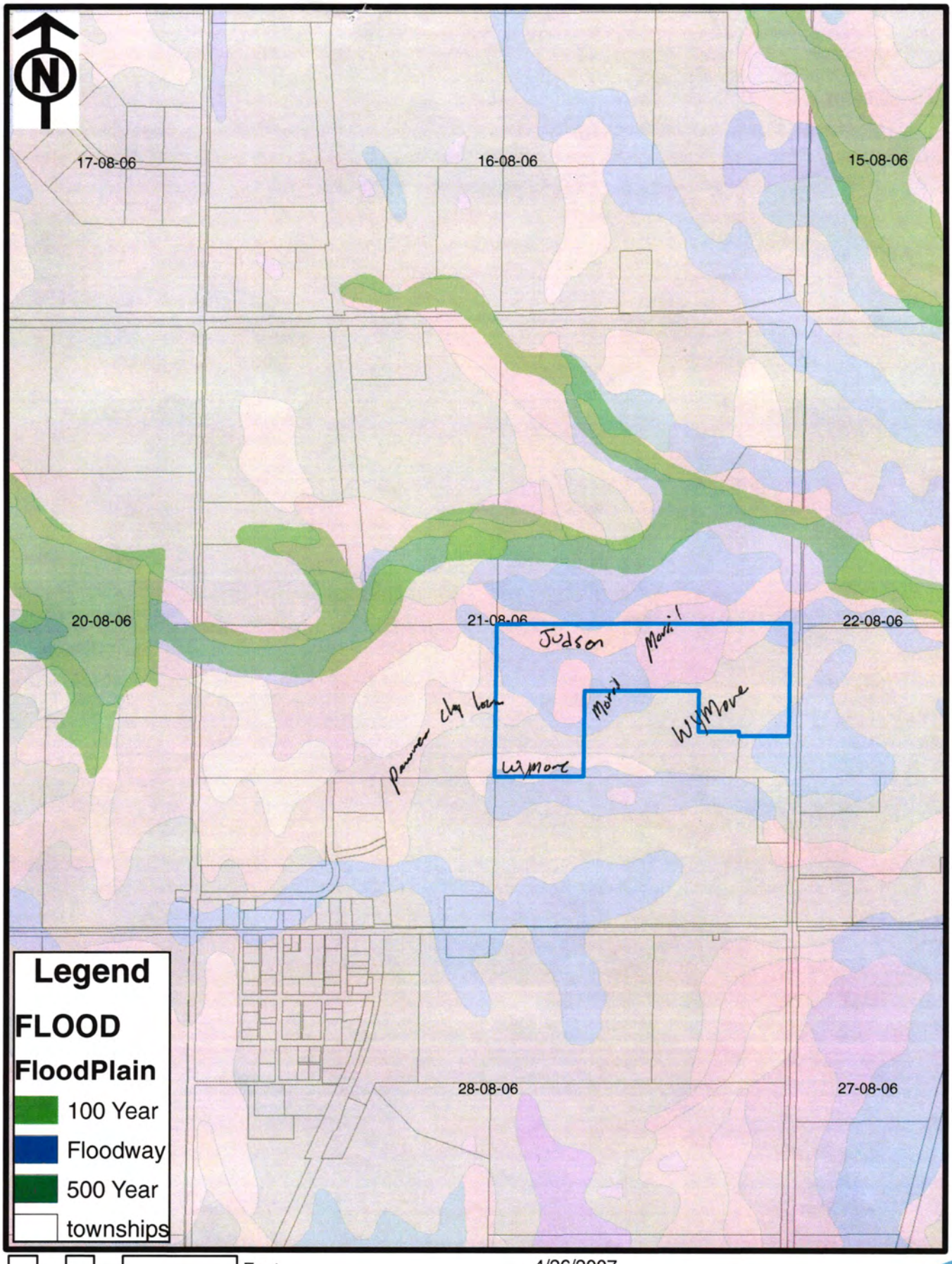
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95


17-08-06
16-08-06
15-08-06
20-08-06
21-08-06
22-08-06
28-08-06
27-08-06
Judson
Marshall
Marshall
Wymore
Wymore
Pawnee clay loam
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
townships
0
500
1,000
2,000
Feet
4/26/2007