LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
OTHER SEWAGE DISPOSAL SYSTEM

No. 99380196401

Issued 04/09/99
Expires 10/09/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

RANDY D MADISON
T8N R7E SEC 22 QTR NE
52NE4
16601 S 82 ST-ROCA

TOTAL $150.00

Permittee

RANDY D MADISON
6616 S 34 ST
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

009079

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: 99380196401

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 16601 South 82nd Street (no rural route) City Roca NE, Zip 68430

Legal Description 52 NE4 22 8 North 7 East of the 6th P.M. (See Exhibit 'A')
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 Randy L. Madison Signature Randy D. Madison

Address 6616 South 34th Street City/State/Zip Lincoln, Nebraska 68516

☐ Check if owner designed system Home Phone 421-2106 Work Phone 471-0545

C. Contractor

Name Robert Schultz Company Name Schultz Construction

Address 8900 South 56th Street City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 423-0873

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone 475-2462

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 4/8/99 Date frwd 4/9/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4.9.99 Date frwd 4.9.99	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 4-9-99 Date frwd 4-9-99	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blaugh	

Installation Final Written Approval

By _____

Date 11-9-99

Business Office Use Only

Date Rec'd 04/09/99
Amt Paid 150.00
Rec'd By ns Cash/Check No. 3162

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

B

Permit Number: 9938019640 01

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16601 South 82nd Street (no rural route) City Roca NE, Zip 68430

Owner Randy Madison Addresss 6616 South 34th Street; Lincoln, NE 68516

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

Date of Tests _____ to _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Logan needs Seeded

Signature of Reviewing Official Jim Bare Date 7-28-99

FORM 23-101 10-96

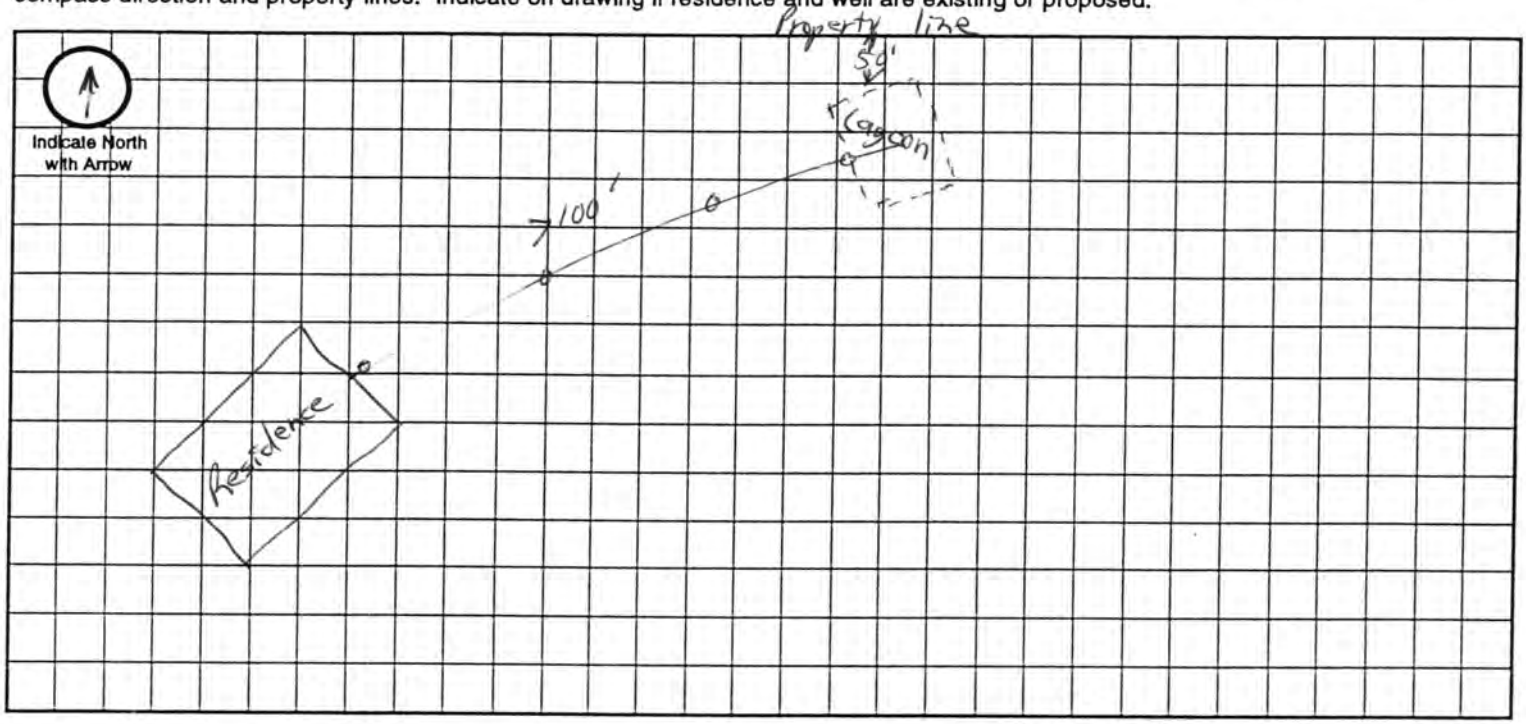
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380164 01

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) 16601 South 82nd Street City Roca NE, Zip 68430

B. Proposed ~~Septic Tank/s~~ Sealed Lagoon

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Sealed Lagoon or Wetlands

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 Rudy D. Madison Date 3-29-99

Installer Brad Sandhurst Date 3-29-99

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

D

Permit Number: 9938 01964 01

Sewage Disposal System

As Built Plans & Specifications

Date 8-11-99

System Location (Indicate correct number and street)

Address 16101 So 82nd (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

Lagoon

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 350 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line > 50 ft.
   property line > 50 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

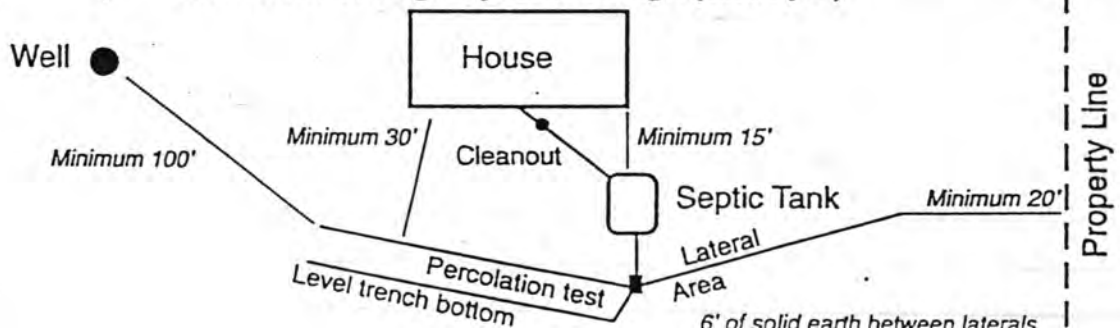
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

EXHIBIT 'A'

LEGAL DESCRIPTION

PARCEL 2

A TRACT OF LAND COMPOSED OF A PORTION OF THE SOUTH HALF OF THE NORTHEAST QUARTER (S2, NE4) OF SEC. 22, TOWNSHIP 8 NORTH, RANGE 7 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID S2,NE4; THENCE SOUTH 89 DEGREES 30 MINUTES 03 SECONDS WEST (ASSUMED BEARING) ALONG THE SOUTH LINE OF SAID S2, NE4 A DISTANCE OF 2644.50 FEET TO THE SOUTHWEST CORNER OF SAID S2, NE4; THENCE NORTH 00 DEGREES 02 MINUTES 26 SECONDS WEST ALONG THE WEST LINE OF SAID S2, NE4 A DISTANCE OF 703.55 FEET; THENCE NORTH 89 DEGREES 30 MINUTES 03 SECONDS EAST ALONG A LINE THAT IS 703.53' NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID S2, NE4 A DISTANCE OF 1762.96 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST ALONG A LINE THAT IS 882.00 FEET WEST OF AND PARALLEL TO THE EAST LINE OF SAID S2, NE4 A DISTANCE OF 133.53 FEET; THENCE NORTH 89 DEGREES 30 MINUTES 03 SECONDS EAST ALONG A LINE THAT IS 570.00 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID S2, NE4 A DISTANCE OF 882.00 FEET TO A POINT ON THE EAST LINE OF SAID S2, NE4; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST ALONG THE EAST LINE OF SAID S2, NE4 A DISTANCE OF 570.02 FEET TO THE TRUE POINT OF BEGINNING.

SAID TRACT CONTAINS 40.01 ACRES, MORE OR LESS.

F:\Projects\980498\DWG\PARCEL2.WPD

As Built Drawing

