LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 99380195501

Issued 03/29/99
Expires 09/29/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

STEVEN & CHRISTINE BARTLETT
T8N R7E SEC 22
LEISURE LAKES 4TH BLK 1 LOT 4
17101 S 75 ST CT-HICKMAN

Permittee

STEVEN & CHRISTINE BARTLETT
5320 SPRUCE ST
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

009021

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

BC 990019 (NO WELL PERMIT REQUIRED)

A

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

Permit Number: 9938 0955

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 17101 S 75 St Ct (no rural route) City Hickman Neb NE, Zip 68372

Legal Description 22 8N 7E LEISURE LAKES 4TH 1 4
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 Steven/Christine Bartlett Signature Steven Bartlett

Address 5320 Spruce City/State/Zip Lincoln Neb 68516

☐ Check if owner designed system Home Phone 488-6122 Work Phone 437-1772

C. Contractor

Name Brad Southwick Company Name _____

Address 17201 S 72 City/State/Zip Hickman Neb 68372

☐ Check if contractor designed system Work Phone 792-2462

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 3/26/99 Date frwd 3/26/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/26/99 Date frwd 3/26/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/26/99 Date frwd 3/26/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7-13-99 with Jerry
7-14-99 need D Sheet

Installation Final Written Approval

By _____

Date 5-3-00

Business Office Use Only
Date Rec'd 03/26/99
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 2026

RM 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

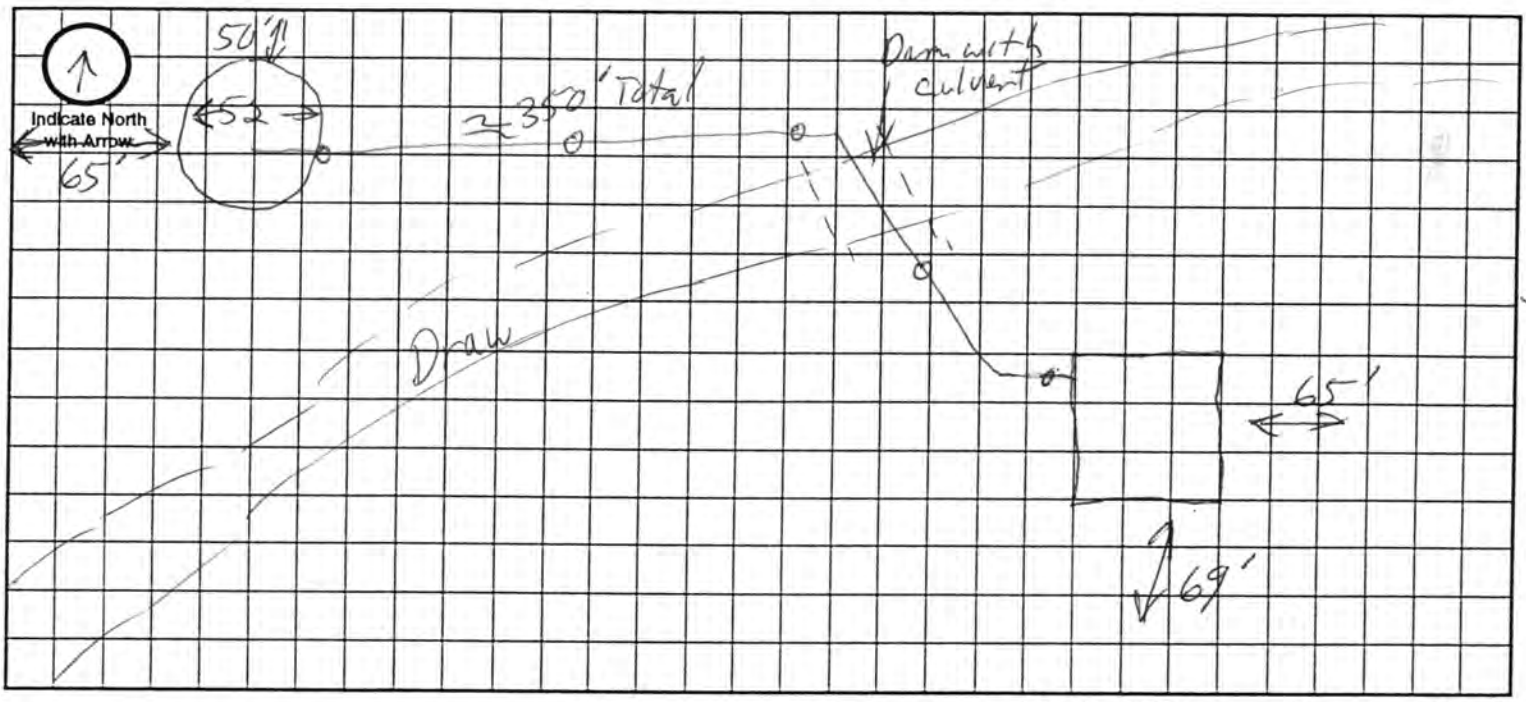
C

Permit Number: 99380195 5

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 Hickman NE, Zip 68372

B. Proposed Septic Tank/s Lagoon

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 SUMMIT HOMES, LLC / [signature] Date 3/26/99

Installer Brad Southard Date 3-22-99

FORM 23-102 10-96

ATTN: S. Hood FEB 2 2000

D

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

Permit Number: 99 3801755

Sewage Disposal System

As Built Plans & Specifications

Date 8-99 Steve Bartlett

System Location (Indicate correct number and street)

Address 17101 So 75 (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 300 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

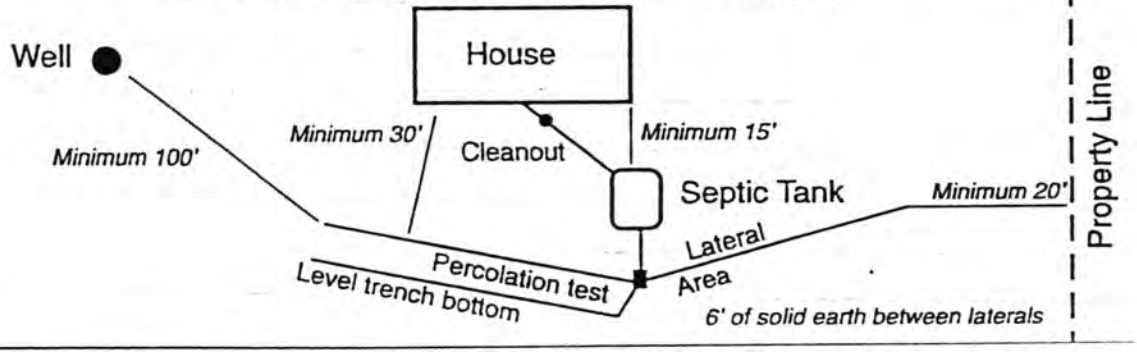
(Provide as-built drawings on back of this form)

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.

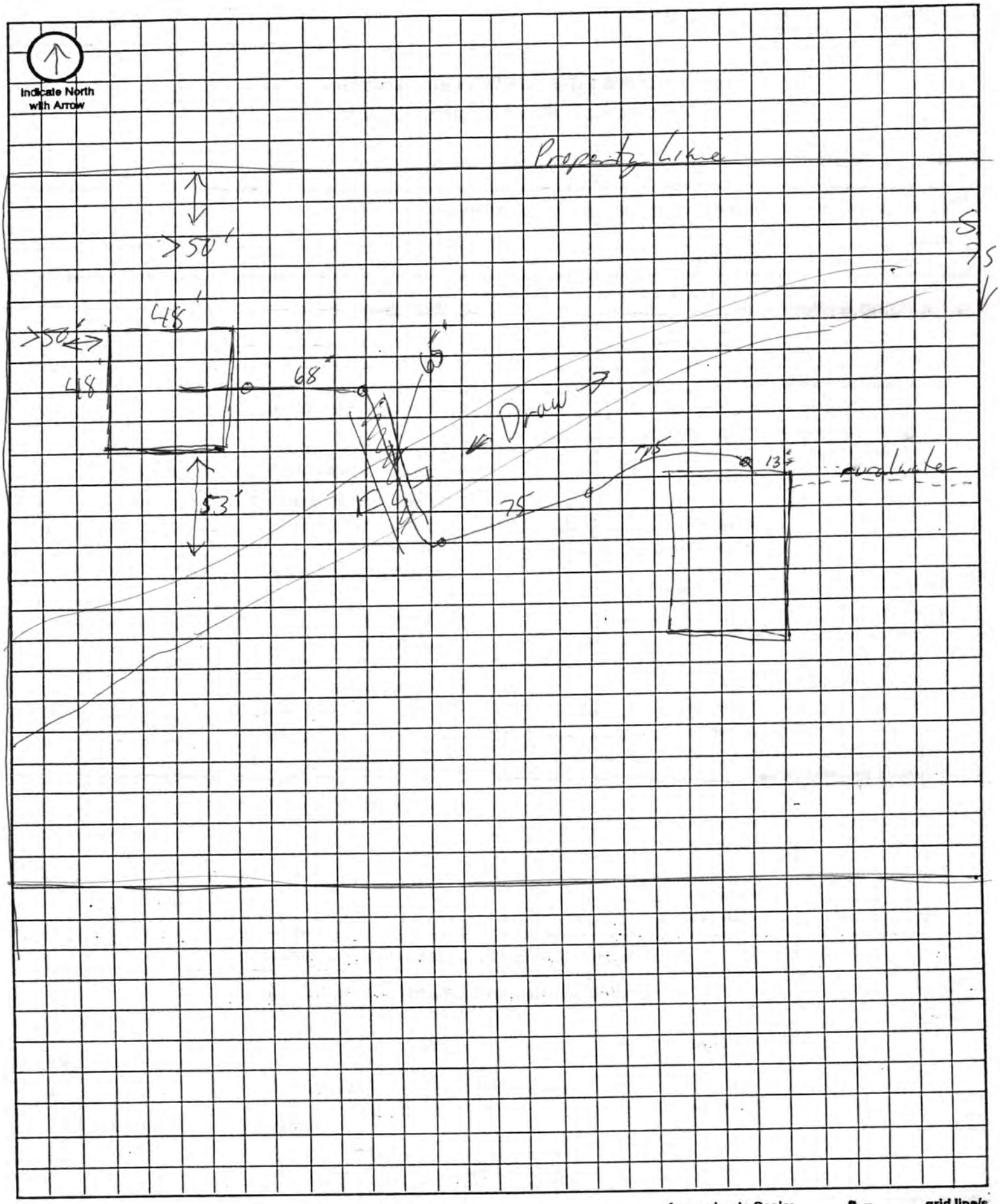
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s