Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM
WILL INSTALL BASED ON PERCOLATION RESULT

Permit # 02380249501

Issued 06/18/02
Expires 12/18/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

RICHARD & ILA HERGOTT
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 3
16201 HICKMAN RIDGE RD-HICKMAN

Permittee

RICHARD & ILA HERGOTT
6101 REBEL DR
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002531

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

A

Permit Number: 0238 02495

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

WILL INSTALL WHAT EVER PECOLATION RETEST INDICATES

☒ 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 ~~16201~~ 16201 Hickman Ridge RD (no rural route) City Hickman NE, Zip NE 68372

Legal Description Section 22 8 NORTH 7 EAST Hickman Ridge Estates 1 3
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 RICHARD + ILA HERGOTT Signature _____

Address 6801 Rebel Drive City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 423-5956 Work Phone _____

C. Contractor

Name JOHN BRUMMER Company Name Frontier General Contractors, LLC

Address P.O. Box 29078 City/State/Zip Lincoln, NE 68529

☐ Check if contractor designed system Work Phone 450-2335

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

Designer Name ~~DON BUTT~~ Tom Butt Firm DESIGN ASSOCIATES Work Phone 432-6714 474-3000

Installer Action Plumbing

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 6/18/02 Date frwd 6/21/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/21/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/21/02 Date frwd 6/21/02 ACTION ☒ Approved ☐ Disapproved Signature _____

7/19/02 NEED DRAWING J.C.H
7/19/02 Sewer, tank + 1 lateral J.C.H

Installation Final Written Approval

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

Date FEBRUARY 12, 2003

Business Office Use Only
Date Rec'd 06/18/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2219

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: 023802495

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Hickman Ridge Estates – Section 22 Township 8N Range 7E

System Location (Indicate correct number and street)

Address 16201 Hickman Ridge RD (no rural route) City Hickman NE, Zip NE 68372

Owner RICHARD & ZLA HEIZHOFT Address 6101 Rebel Drive Lincoln, NE 68516

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 6/13/02 to 6/14/02 Weather: Precipitation 1) Temperature 85

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	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	2 1/2	12
2	36	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	3 3/4	8
3	36	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	3	10
4	36	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	4 1/4	7
5	36	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	4	8
6	36	6/13	11:00	6/14	9:00	6/14	9:00	6	6/14	1:00	30	2 1/2	12

Person Conducting Percolation Tests

Name: Tom Butt Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: 9.5

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Hickman Ridge Estates

System Location (Indicate correct number and street)

Address BLOCK 1 LOT 3 Sec 22 (no rural route) City TOWNSHIP 9 N RNG 7E NE, Zip

Owner Address

Soil Type (SCS): WYMORE SILTY CLAY LOAM. Percolation Rate: min./inch

Date of Tests 6/25/02 to 6/26/02 Weather: Precipitation 0 Temperature 85

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	6/25	1:00	6/26	9:00	6/26	9:00	6	6/26	1:00	30	3 1/4	9
2	36	6/25	1:00	6/26	9:00	6/25	9:00	6	6/26	1:00	30	1 1/2	20
3	36	6/25	1:00	6/26	9:00	6/25	9:00	6	6/26	1:00	30	2 3/4	11
4	36	6/25	1:00	6/26	9:00	6/26	9:00	6	6/26	1:00	30	3	10
5	36	6/25	1:00	6/26	9:00	6/26	9:00	6	6/26	1:00	30	2 1/4	13
6	36	6/25	1:00	6/26	9:00	6/26	9:00	6	6/26	1:00	30	1 1/4	24

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone:

Address:

Sum of Percolation Rates:

Average of Rates: 14.5

Rate Used for Calculation: 15

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Witnessed.

Signature of Reviewing Official Jerold C. Wood R.E.H.S. Date JULY 19, 2002

FORM 23-101 10-96

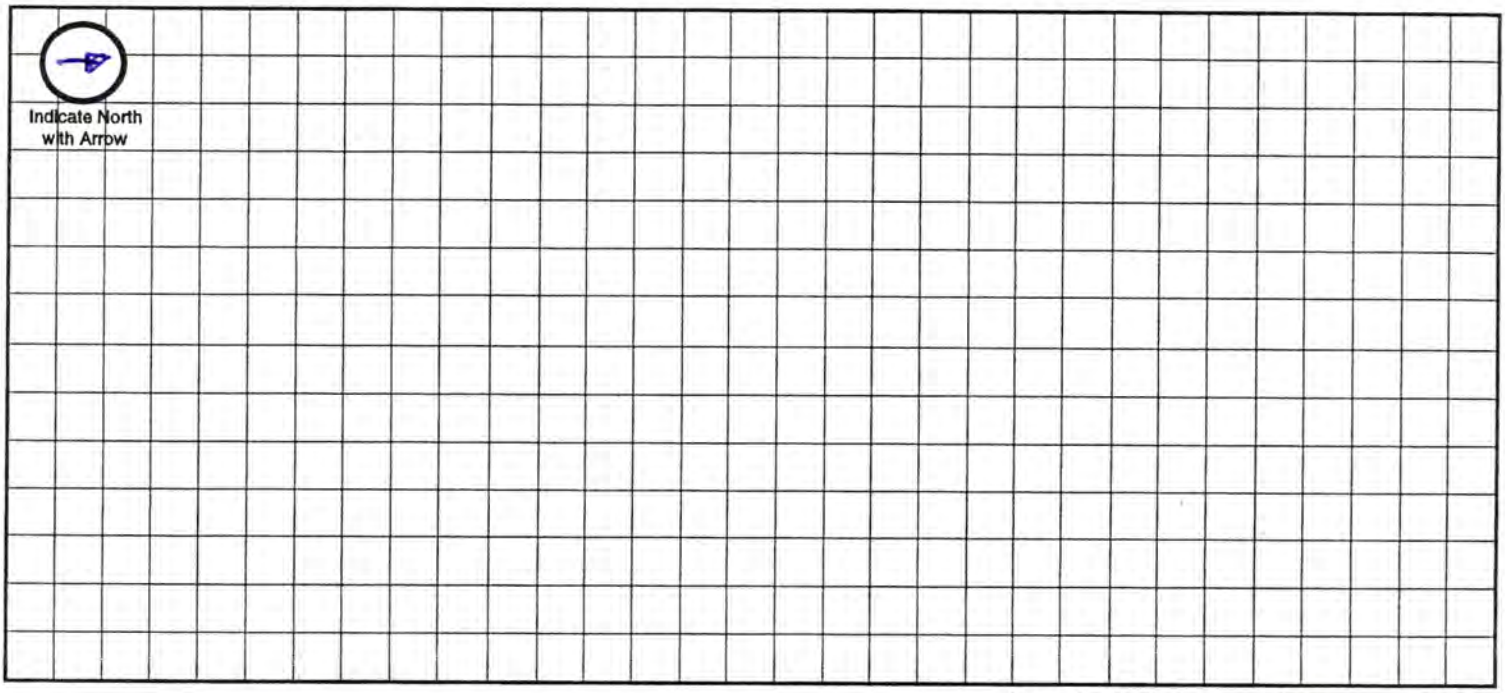
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802495

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) 16201 Hickman Ridge Road City Hickman NE, Zip NE 68372

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: WYMORE SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☒ Other INFILTRATOR

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 150 ft. Number of Trenches _____ Trench Width 4

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 6-17-02

Installer _____ Date _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-17-02

System Location (Indicate correct number and street)

Address 16201 Hickman Ridge RD (no rural route) City Hickman NE, Zip NE 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 1 Double 1 single
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line NA ft.
   property line 50 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade Even in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 3ft. in.
8. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 2ft. ft.

D. Absorption Field

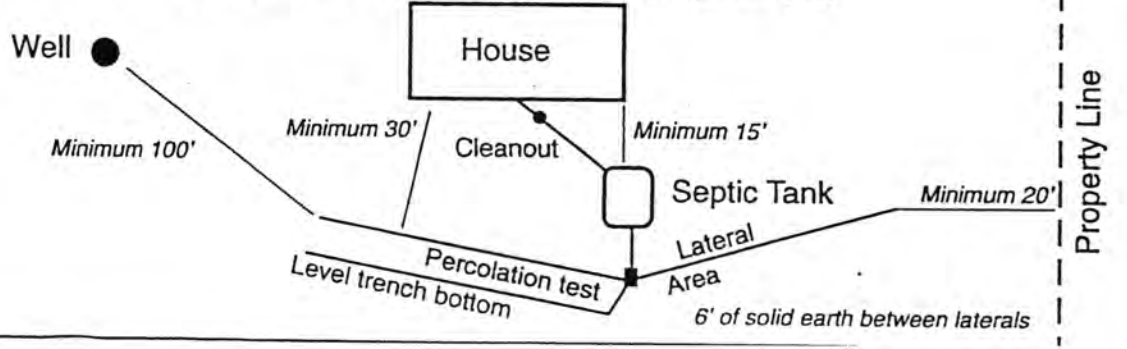
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 24" Infiltration
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   Depth of material 36 in.
5. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 50 ft.

Indicate North with Arrow

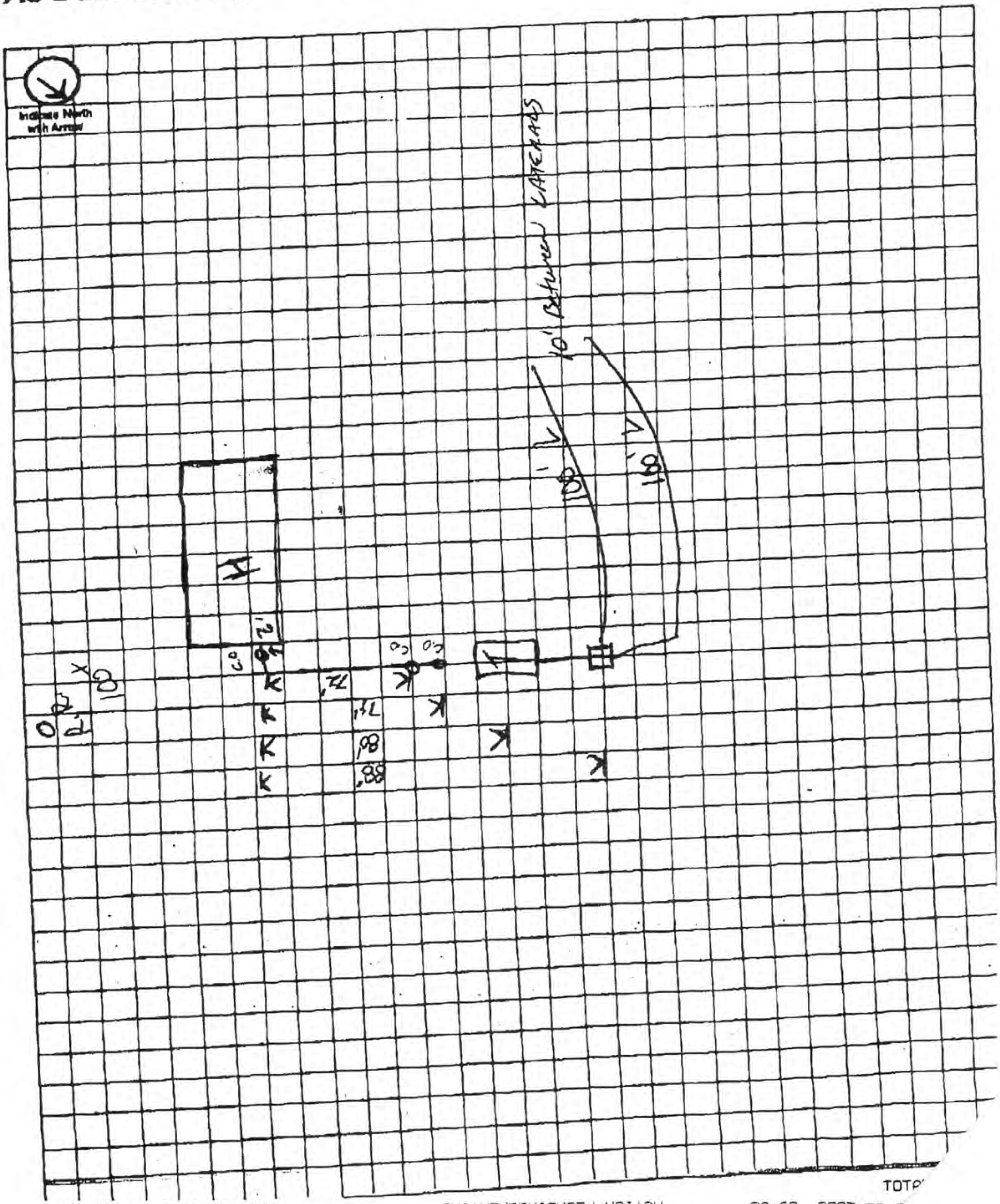
Complete "As Built" drawing on back of this form.

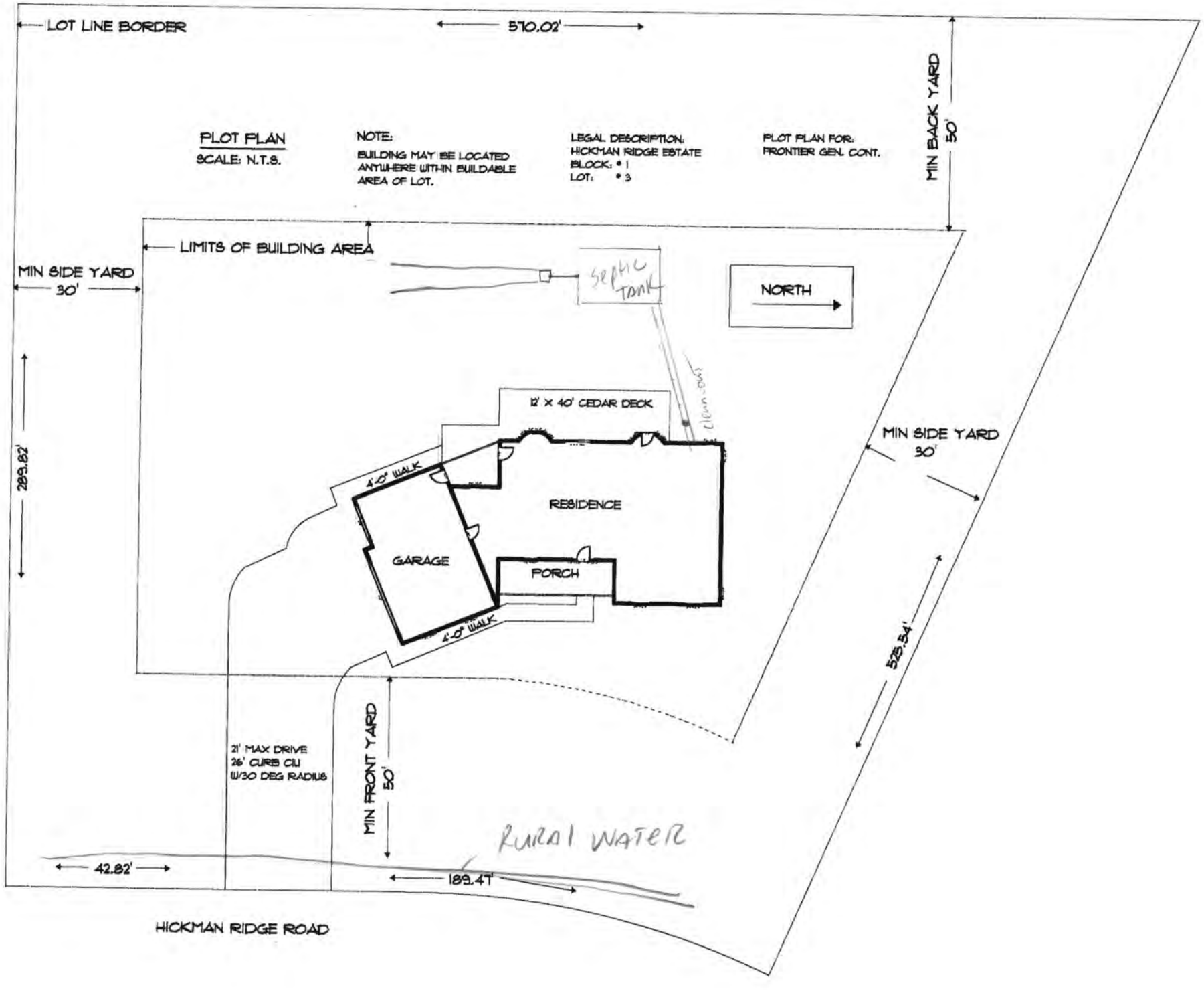
Individual Sewage System Design (Example)

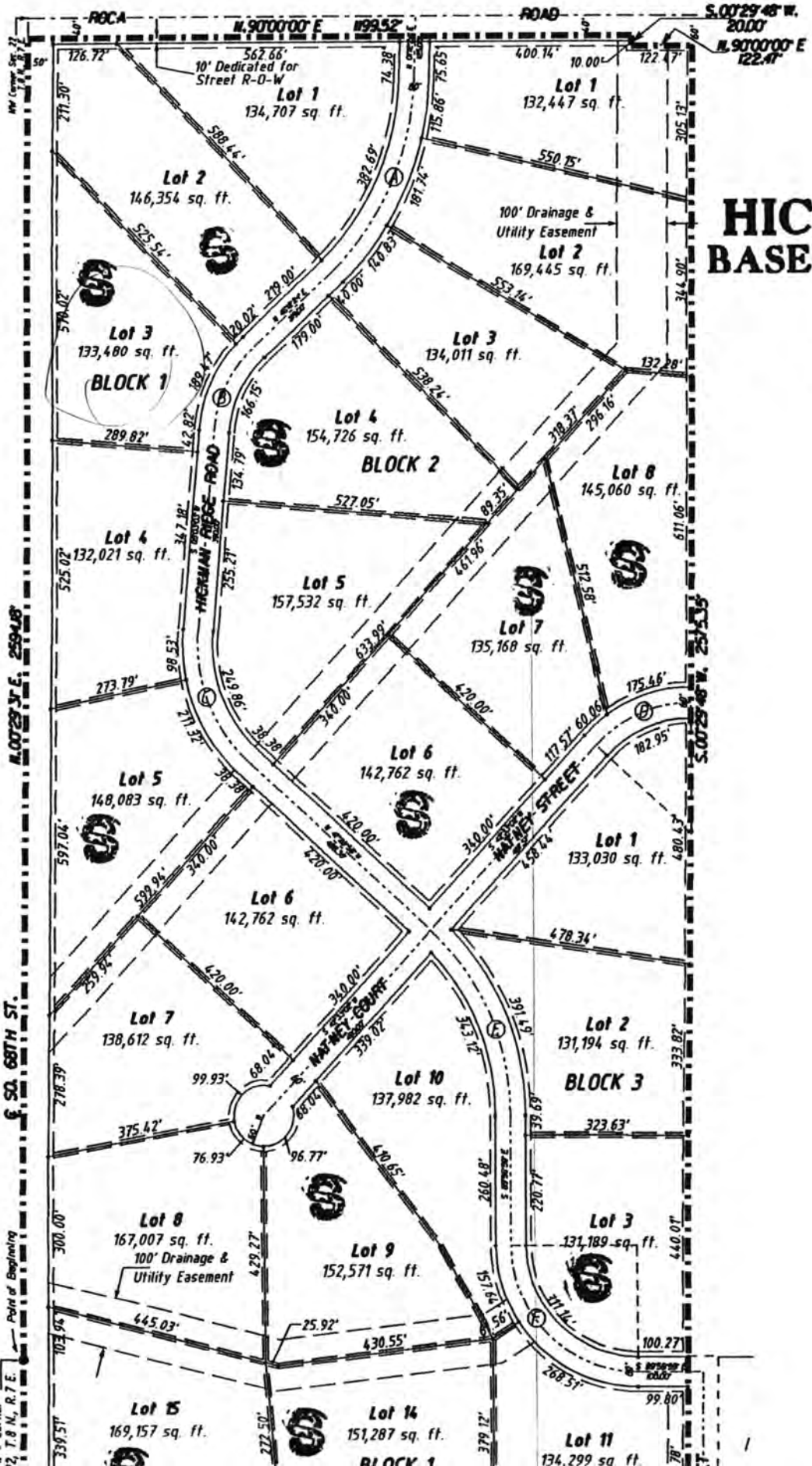


FORM 23-103 10-96

As Built Drawing




LOT LINE BORDER
570.02'
MIN BACK YARD
50'
PLOT PLAN
SCALE: N.T.S.
NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.
LEGAL DESCRIPTION:
HICKMAN RIDGE ESTATE
BLOCK: # 1
LOT: # 3
PLOT PLAN FOR:
FRONTIER GEN. CONT.
LIMITS OF BUILDING AREA
MIN SIDE YARD
30'
SEPTIC TANK
NORTH
12' X 40' CEDAR DECK
CLEAN-OUT
4'-0" WALK
RESIDENCE
GARAGE
PORCH
4'-0" WALK
MIN SIDE YARD
30'
289.82'
528.54'
21' MAX DRIVE
26' CURB CU
W/30 DEG RADIUS
MIN FRONT YARD
50'
RURAL WATER
42.82'
189.47'
HICKMAN RIDGE ROAD



HICKMAN RIDGE
BASED ON COUNTY PLAT NO

CURVE DATA TABLE

(A) R = 530.00' Δ = 45°00'00" L = 416.26'	(B) R = 266.36' Δ = 41°09'21" L = 191.33'
(D) R = 257.38' Δ = 47°30'00" L = 213.38'	(E) R = 490.00' Δ = 47°30'00" L = 406.23'

• SET ¾" Ø x 24" LONG IRON

BLOCK ONE

Lot 1	$50,000
Lot 2	$45,000
Lot 3	$50,000
Lot 4	$50,000
Lot 5	$55,000
Lot 6	$65,000
Lot 7	$55,000
Lot 8	$65,000
Lot 9	$60,000
Lot 10	$65,000
Lot 11	$60,000
Lot 12	$65,000
Lot 13	$55,000
Lot 14	$50,000
Lot 15	$50,000
Lot 16	$45,000

BLOCK THREE

Lot 1	$60,000
Lot 2	$60,000
Lot 3	$55,000