Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002119

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380262101

Issued 04/17/03
Expires 10/17/03
Revenue Code 3157

Establishment DLOUHY CONSTRUCTION INC
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 1 LOT 4
16301 HICKMAN RIDGE RD-HICKMAN

FEES: $200.00

Permittee RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

TOTAL: $200.00

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

RECEIVED APR 4 2003

A

Permit Number: 033802621/01

Sewage Disposal System

Request for Site Clearance and Permit

Switch to Lagoon insufficient area for septic

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 16301 HICKMAN RIDGE ROAD (no rural route) City _____ NE, Zip _____

Legal Description _____ 22 8N 7E Hickman Ridge estates 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 Dlouhy Construction Signature Russell R Dlouhy

Address 12500 S 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone _____ Work Phone 560 5545

C. Contractor

Name Russ Dlouhy Const. Company Name Dlouhy Const. Inc.

Address 12500 S 82 City/State/Zip Roca NE 68430

☐ Check if contractor designed system Work Phone 560 5545

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 4/17/03 Date frwd 4/17/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/17/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-17-03 Date frwd 4-17-03 ACTION ☒ Approved ☐ Disapproved Signature _____

7/22/03, too close to neighbor (153')
2/27/04 NEED SIGNS, LOCK + DEPTH GAUGE / GH

Installation Final Written Approval

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

Date APRIL 2, 2004

Business Office Use Only
Date Rec'd 04/04/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5987

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: 033802621

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Lot 4 Block 1 Hickman Ridge

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Plowby Const. Addresss 12500 S 82 Roca NE 68430

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

Date of Tests 3-28 - 3-29 to 3-30 Weather: Precipitation _____ Temperature 60°

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	3-29	1:00Pm	3-29	5:00	3-30	1:00 Pm	6"	3-30	5:00 Pm	30	5/8	48 MIN/IN
2	36	3-29	1:00Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	1/2	60 MIN/IN
3	36	3-29	1:00Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	1/4	120 MIN/IN
4	36	3-29	1:00Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	3/8	80 MIN/IN
5	36	3-29	1:00Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	3/4	40 MIN/IN
6	36	3-29	1:00Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	1/2	60 MIN/IN
7	36	3-29	1:00 Pm	3-29	5:00Pm	3-30	1:00	6"	3-30	5:00	30	5/8	48 MIN/IN
8	36	3-29	1:00 Pm	3-29	5:00 Pm	3-30	1:00	6"	3-30	5:00	30	1/2	60 MIN/IN
9	36	3-29	1:00 Pm	3-29	5:00 Pm	3-30	1:00	6"	3-30	5:00	30	1/2	60 MIN/IN

Person Conducting Percolation Tests

Name: Russ Plowby
Phone: 560 5545
Address 12500 S 82
Roca NE 68430

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 53 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks AVOID AREAS OF HOLES 3 AND 4.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 11, 2003

FORM 23-101 10-96

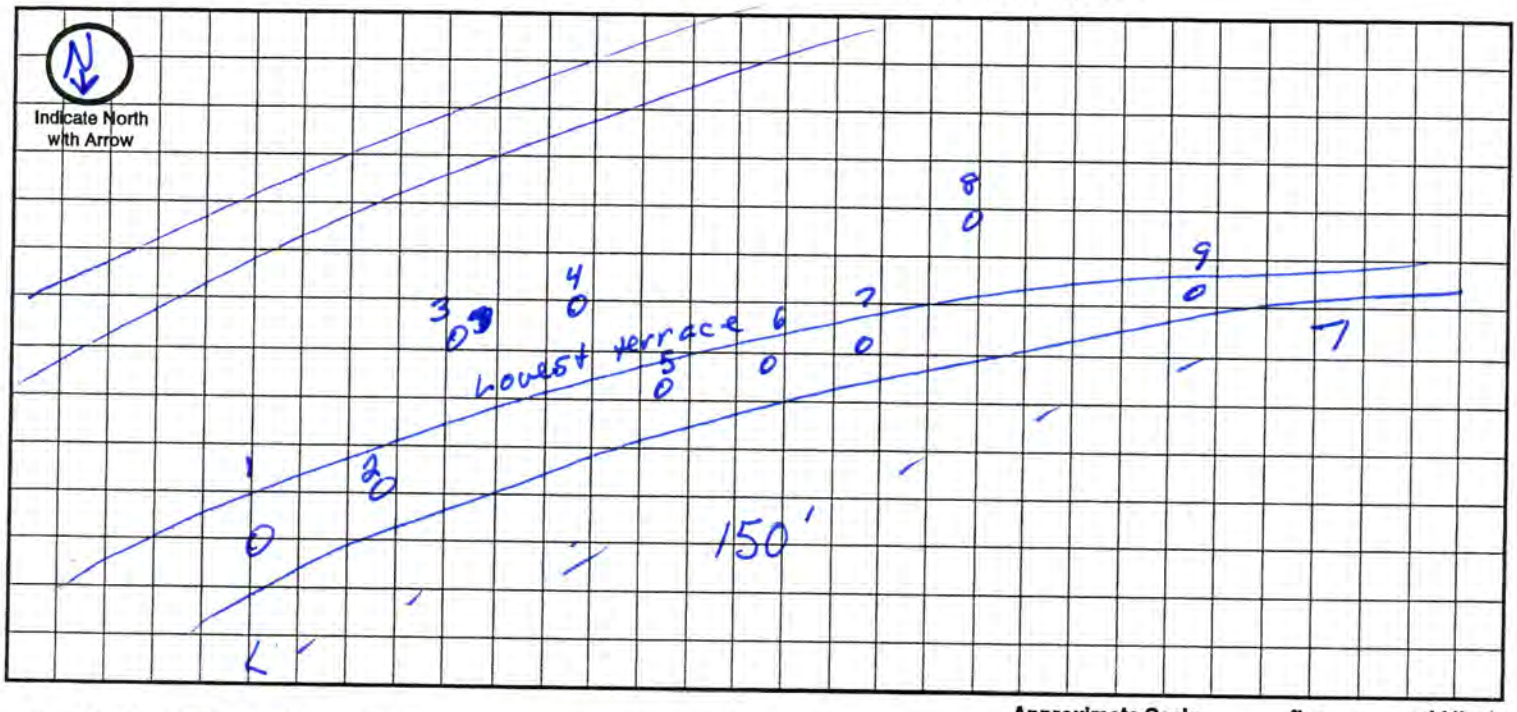
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Phone: 402-441-8022

C

Permit Number: 03380262/

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) Block 1 Lot 4 Hickman Ridge City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 53 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1500 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 Russell R Olberg Date 4-4-03

Installer _____ Date 4-17-03

FORM 23-102 10-96