Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380249401

Issued 06/17/02
Expires 12/17/02
Revenue Code 3157

Establishment

SCOTT & LISA SULLIVAN
T8N R7E SEC 22
HICKMAN RIDGE BLK 1 LOT 9
6833 NATNEY CT-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee

SCOTT & LISA SULLIVAN
6041 LUANN LN
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002515

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

A

Permit Number: 0238024494

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 6833 ~~NATNEY~~ Ct. City Hickman NE, Zip 68372
(no rural route)

Legal Description 22 8N 7E Lot 9 Block 1 HICKMAN RIDGE 1 9
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 Scott + Lisa Sullivan Signature Lisa Sullivan

Address 6041 LuAnn Ln City/State/Zip Lincoln Ne 68516

☐ Check if owner designed system Home Phone 423-6886 Work Phone 465-5888

C. Contractor

Name Dan Kuber Company Name Vantage Pt. homes

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 560-2124

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

Designer Name Southwick Firm _____ Work Phone 475-2462

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 6/17/02 Date frwd 6/17/02 ACTION ☑ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-17-02 Date frwd 6-17-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/17/02 Date frwd 6/17/02 ACTION ☒ Approved ☐ Disapproved Signature _____

8/5/02 Line, tank - 3 laterals JH
8/6/02 2 laterals DS drawing provided

Installation Final Written Approval

By Doug Southwick

Date 8/6/02

Business Office Use Only
Date Rec'd 06/17/02
Amt Paid 200.00
Rec'd By lo ~~Cash~~/Check No. 2030

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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B

Permit Number: 023802494

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Darrell Cr. (no rural route) City Hickman NE, Zip 68372

Owner Scott & Lisa Sullivan Addresss 617 Sunny Slope Rd Lincoln 68505 (Krubr-Vantage Point Homes)

Soil Type (SCS): JUC/PAC2 Percolation Rate: _____ min./inch

Date of Tests 6-5 to 6-6-02 Weather: Precipitation — Temperature 80s

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	6/5	6:00	6/6	5:00	6/6	6:30	15 3/4	6/6	7:00	30	5/8	48
2			PM		PM			16 1/2		PM		3/4	40
3								17 1/8				1/2	60
4								18 1/2				5/8	48
5								16 1/4				5/8	48
6								19				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 S. 72nd
Hickman, Ne 68372

Sum of Percolation Rates: 292
Average of Rates: 50
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-5-02

System Location (Indicate correct number and street)

Address 6833 Nutney CT (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 44 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 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: 10 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >50 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 50 ft.

D. Absorption Field

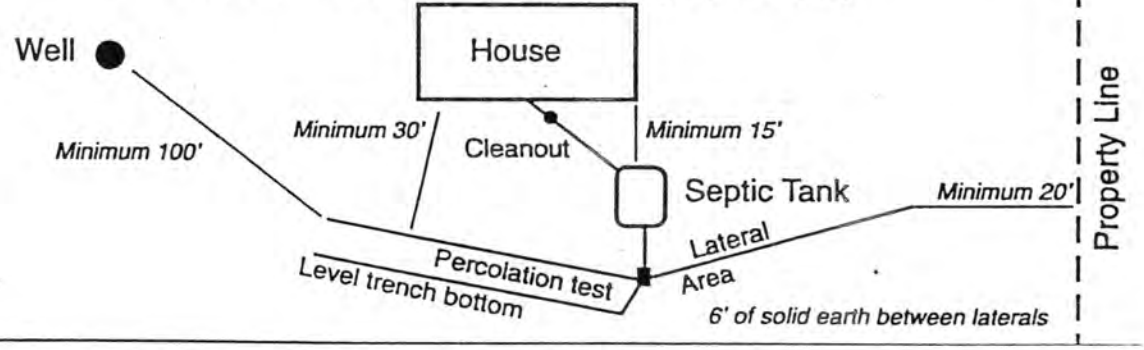
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 90 ft. 90 ft.
   90 ft. 90 ft., 90 ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line NA ft.
   Stream >50 ft.
   Pressure line >25 ft.
   Property line >20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

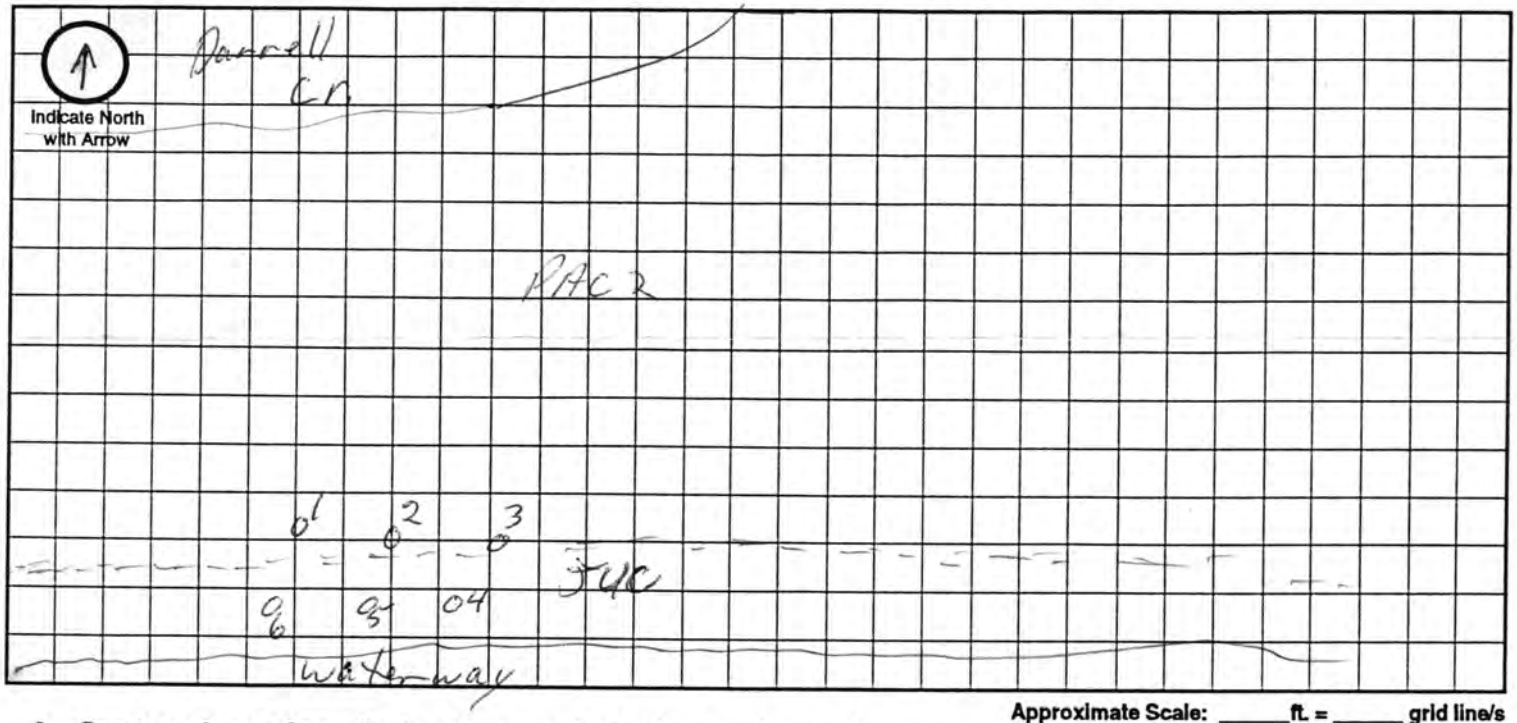
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0238 02494

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) Darrell Cr. City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: JUC/PAC2 Land Slope: 4 %

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

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 375 ft. Number of Trenches 3 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 ☒	☒
[illegible]oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

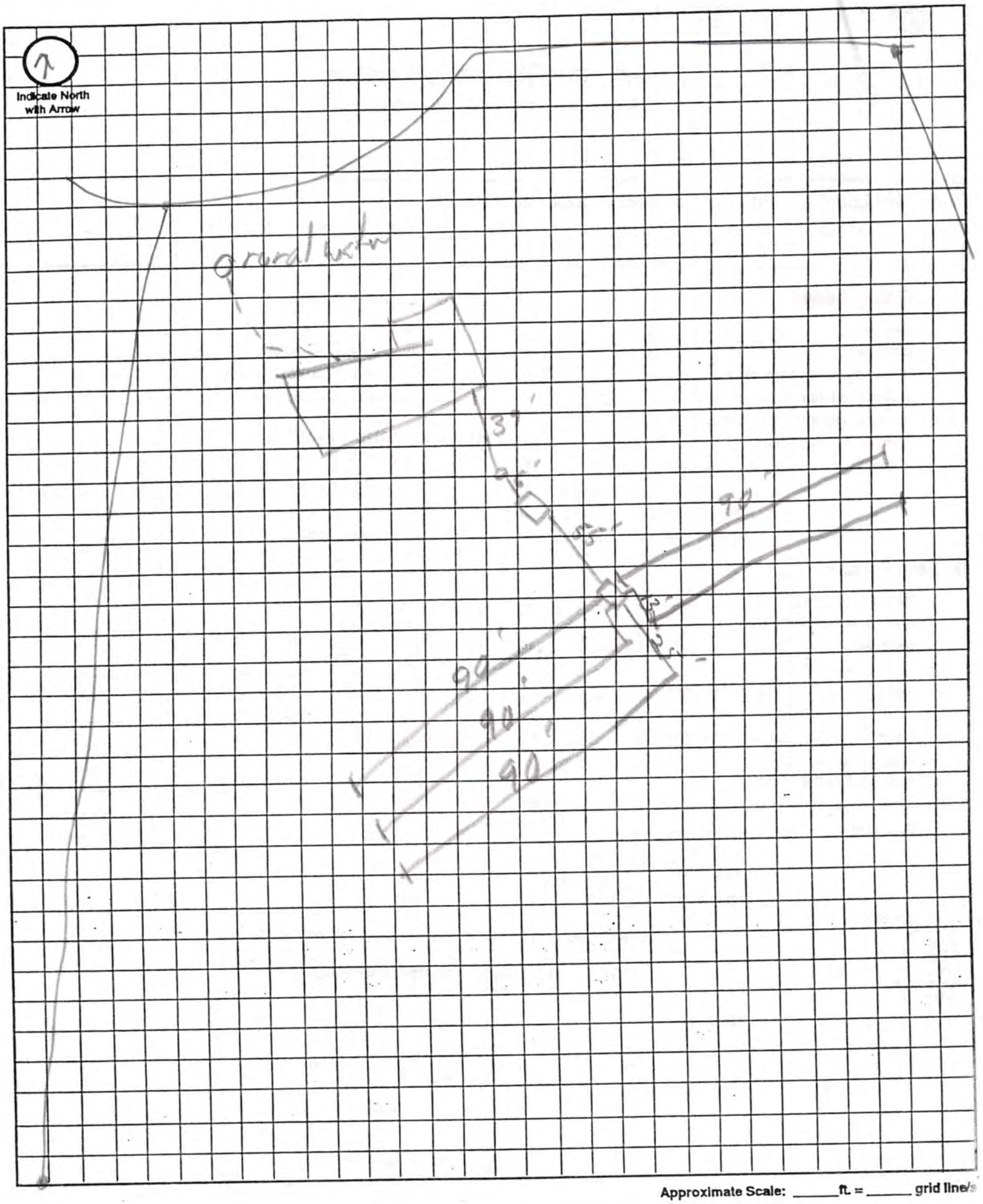
Required Signatures

Building Contractor _____ Date _____

Brad Southwick Date 6-9-02

10-96

As Built Drawing



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