Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

003725

Permit

SEWAGE INSTALLATION -REPRINT
SEPTIC SYSTEM

Permit # 04380279201

Issued 03/15/04
Expires 09/15/04
Revenue Code 3157

Establishment

MATT RICE
T8N R7E SEC 22
HICKMAN RIDGE ESTATE BLK 1 LOT 11
16701 S 68 ST-HICKMAN

FEES: $200.00

Permittee

MATT RICE
439 E 11 ST
CRETE NE 68333

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

A

Permit Number: 04380279201

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 16701 ~~S. 72ND~~ S. 72nd st. City Hickman NE, Zip 68372
(no rural route)

Legal Description 22 8N 7E Hickman Ridge ESTATES 1 11
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 MATT RICE Signature _____

Address 439 E. 11TH ST, CRETE, NE City/State/Zip CRETE, NE 68333

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd st. City/State/Zip Hickman, Ne 68372

☑ Check if contractor designed system Work Phone 430-7606

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

Designer Name BRAD SOUTHWICK Firm _____ Work Phone _____

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 3/15/04 Date frwd 3/15/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-15-04 Date frwd 3-15-04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 3-15-04 Date frwd 3-15-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Rounds

~~11/18/04 SEWER & TANK O.K.~~

Installation Final Written Approval

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

Date NOVEMBER 22, 2004

Business Office Use Only

Date Rec'd 03/15/04
Amt Paid 200.00
Rec'd By [illegible] Cash/Check No. 833

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: 043802792

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16701 S 68TH St. ~~So 72nd St~~ (no rural route) City Hickman NE, Zip 68372

Owner MATT RICE Addresss

Soil Type (SCS): WTC2 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)
1	26	3/9	4:30	3/10	4:10	3/10	6:40	23½	3/10	7:10	30	½	60
2	28		P				P	24¼		PM		½	60
3	26							23⅜				½	60
4	22							19				⅝	48
5	26							21				¾	40
6	23							21				⅝	48

Sum of Percolation Rates: 316

Average of Rates: 53

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

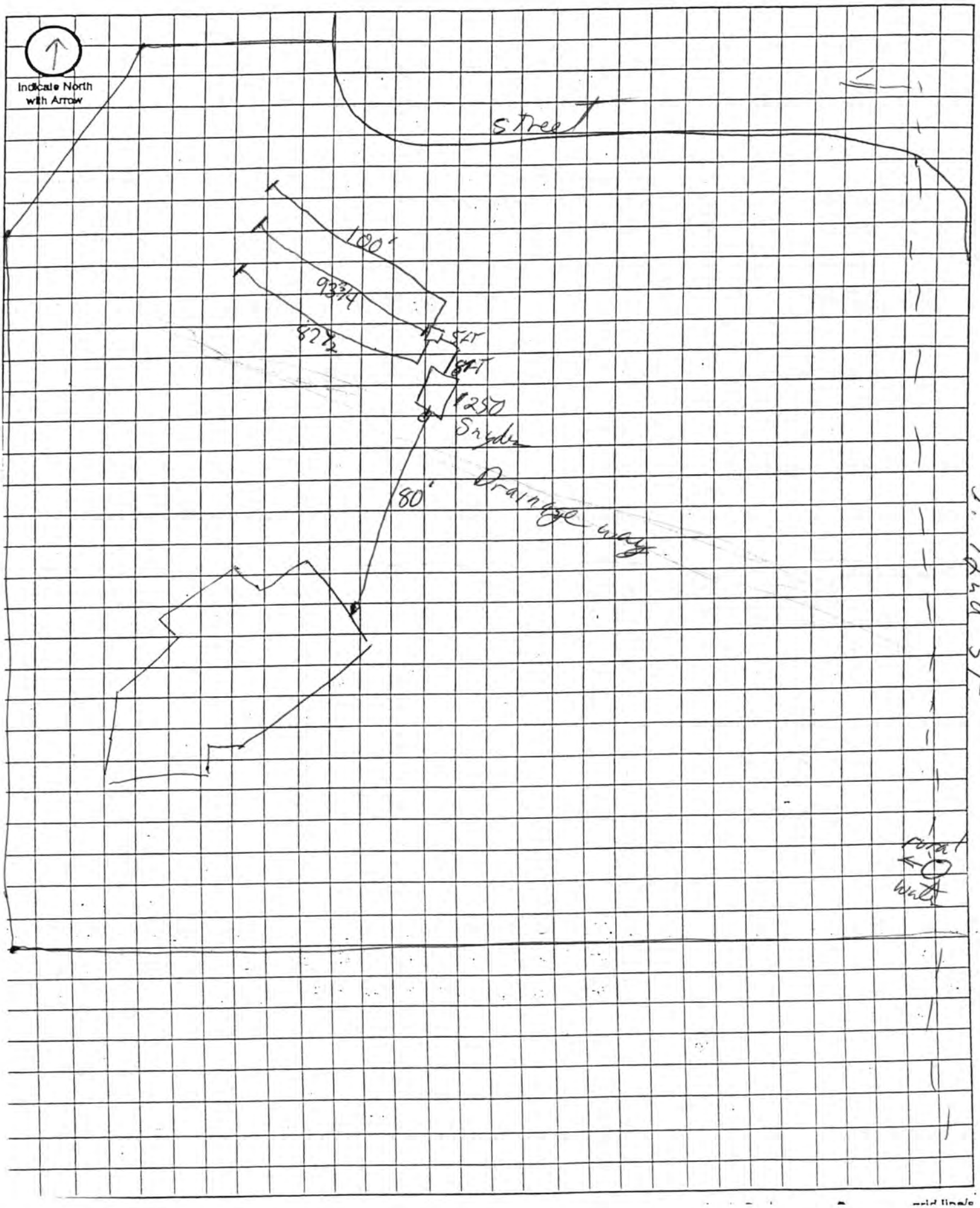
Reviewing Action

Remarks

Signature of Reviewing Official Jerald C. Hood R.E.H.S. Date MARCH 15, 2004

FORM 23-101 10-96

As Built Drawing



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

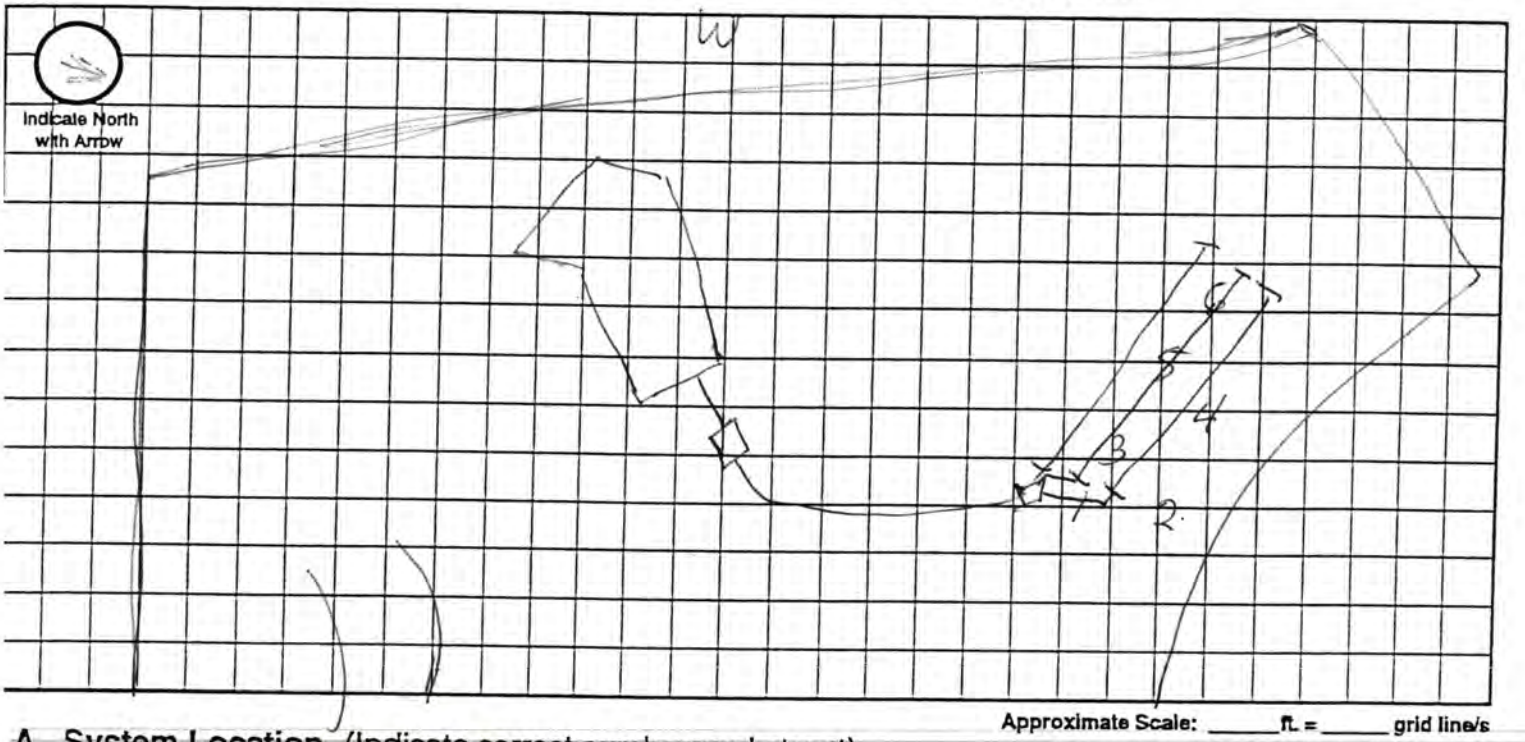
C

Permit Number: 04 3802792

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) 16701 S 68th ~~S. 72nd~~ st. City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other either

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator in Biodi House

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

Total Length of Laterals 275 ft. Number of Trenches 3 or 4 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 Matt Beck Date 3-12-04

Installer X Brad Southwell Date 3-11-04

RM 23-102 10-96

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-22-04

System Location (Indicate correct number and street)

Address 16701 So 32nd st. (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: 84 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 25 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Plastic (Snyder)
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 25 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

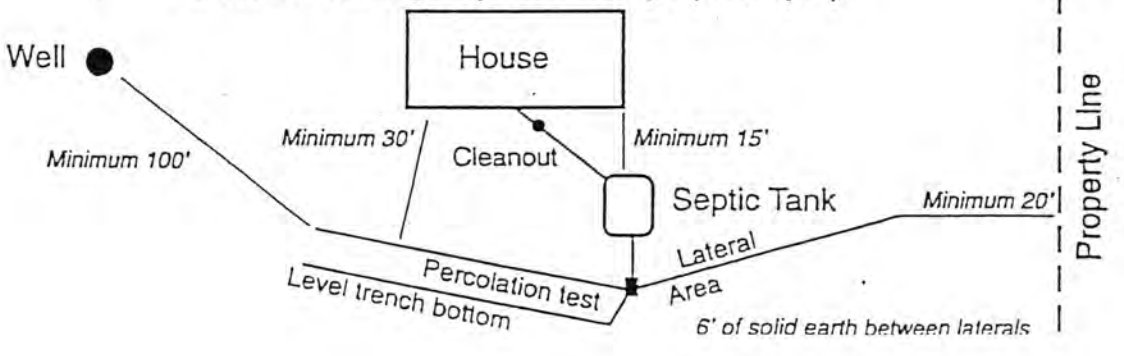
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator H-10
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 93 3/4 ft.
   87 1/2 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 40 in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 25 ft.
   Property line > 20 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96