Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380251801

Issued 08/19/02
Expires 02/19/03
Revenue Code 3157

Establishment

RUSSELL R DLOUHY
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 2 LOT 2

FEES: $200.00

TOTAL: $200.00

Permittee

RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002825

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

A

Permit Number: 02380251801

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 16030 Hickman Ridge Rd City _____ NE, Zip _____
(no rural route)

Legal Description ~~Lot 2~~ ~~Block 2~~ 22 8N 7E Hickman Ridge Estates 2 2
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 Russ Dlouhy Signature Russ Dlouhy
Address 12500 S 82 City/State/Zip Roca NE 68430
☐ Check if owner designed system Home Phone 423 9389 Work Phone 560 5545

C. Contractor

Name Dlouhy Company Name Dlouhy Homes
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 8/19/02 Date frwd 8/20/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-20-02 Date frwd 8-20-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** ~~Note: To Need Lot (East) is Not Your Flood Plain~~ Date rec'd 8/20/02 Date frwd 12/03 Need drawing R.C.K. ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval
By Jerrold C. Hood R.E.H.S.
Date JANUARY 7, 2003

Business Office Use Only
Date Rec'd 8/19/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5516

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

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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 30 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	36	8-18	5:00 Pm	9:00 Pm	4 hr	8-19	7:00 am	6	8-19	11:00 am	30	2	
2	36						7:00 am	6			30	2	
3	36						7:00 am	6			30	1 3/8	
4	36						7:00 am	6			30	1 1/4	
5	36						7:00 am	6			30	6	
6	36						7:00 am	6			30	6	
7	36						7:00 am	6			30	2	
8	36						7:00 am	6			30	1	
9	36						7:00 am	6			30	1	
10	36						7:00 am	6			30	1	

Person Conducting Percolation Tests

Name: Russ Dlouhy
Phone: 5605545
Address: 12500 S 82
Roca NE 68430

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Jerold C. Hood R.E.H.S. Date: AUGUST 19, 2002

FORM 23-101 10-96

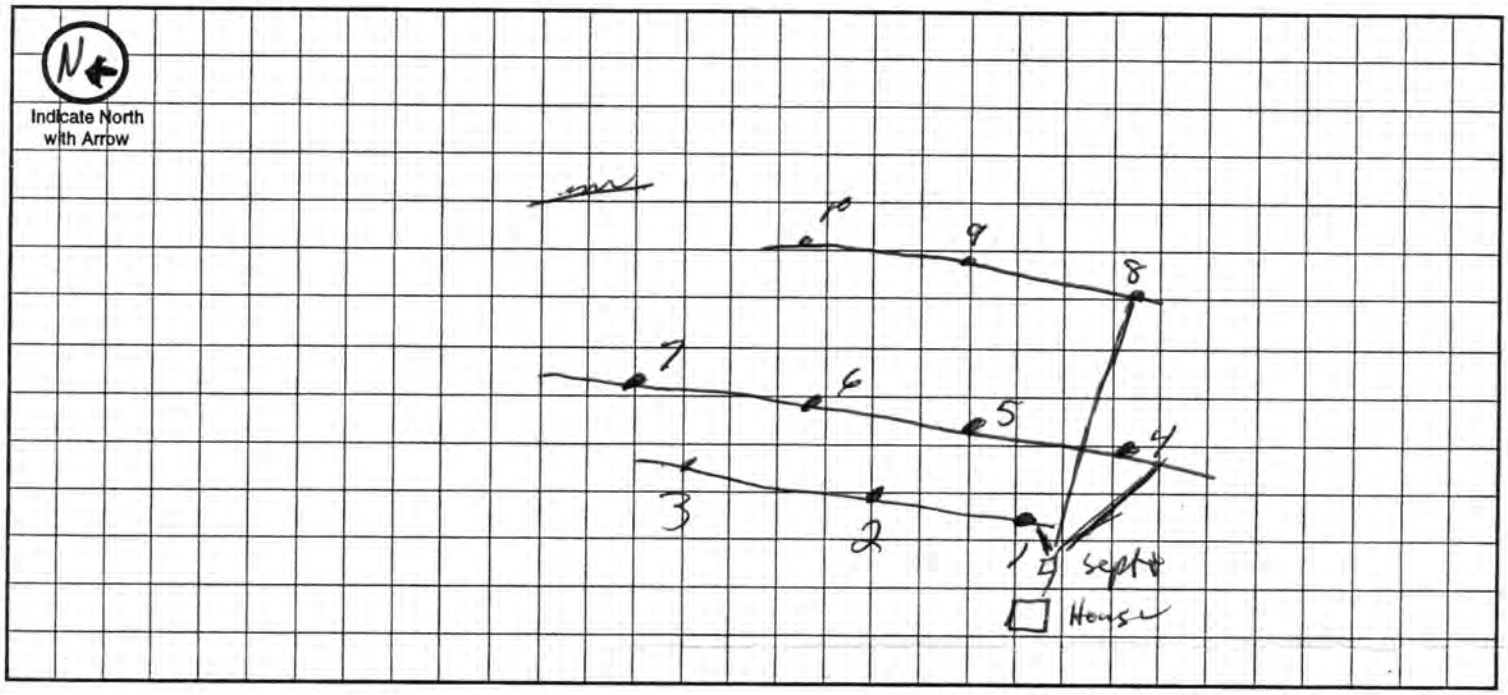
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 023802518

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 _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

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

Total Length of Laterals 250 ft. Number of Trenches _____ Trench Width 3

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 Olson Date 8-19-02

Installer Hehs Plumbing Date 8-19-02

FORM 23-102 10-96

JAN 7 2003

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-2-03

System Location (Indicate correct number and street)

Address 16030 Hickman Ridge Rd. (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14" in.
3. Distance between dwelling and septic tank: 60' ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line 30' ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1250 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: 12" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line 110' ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 31' ft.

D. Absorption Field

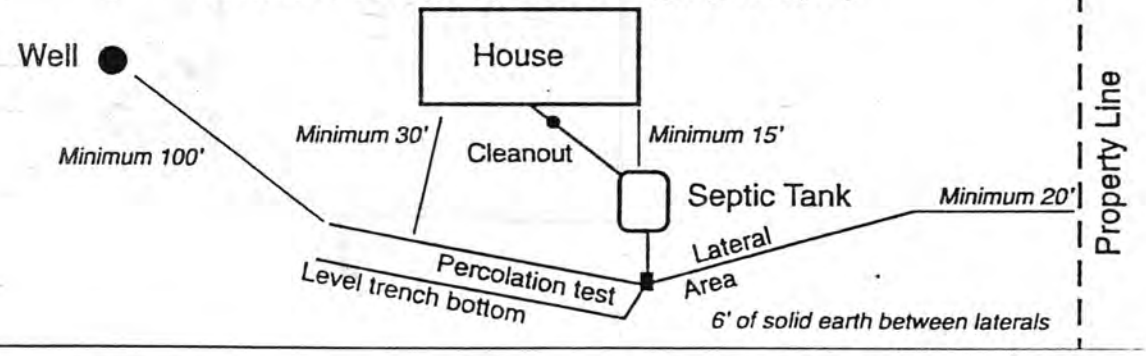
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 67.2' ft. 100.8 ft.
   92.4 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 3" in/100 ft.
   Average depth 3' in
4. Filter material: Gravel / Dirt
   Depth of material 12" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line 141' ft.
   Property line _____ ft.

Indicate North with Arrow

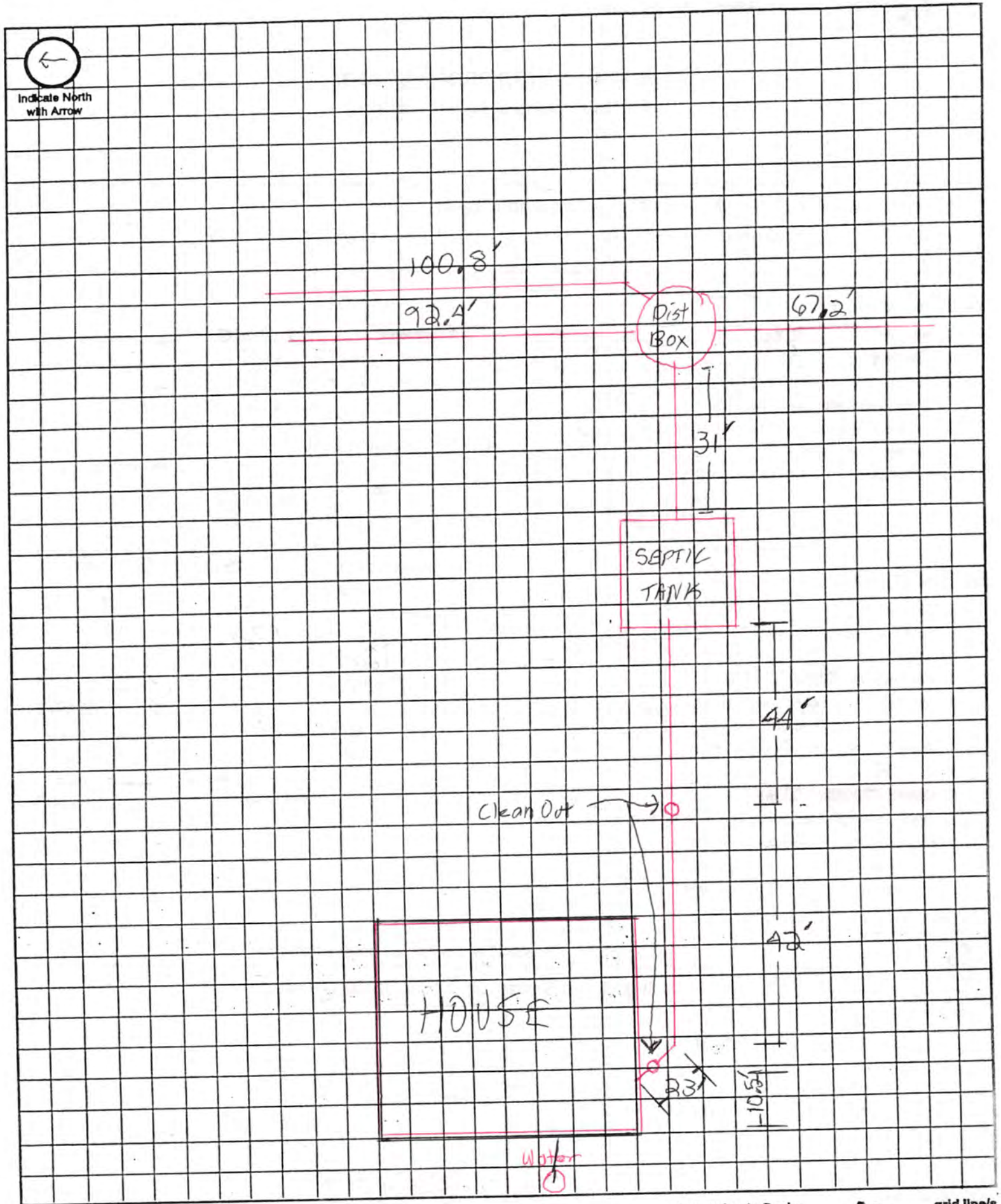
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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