Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003230

(402) 441-8000

Permit # 03380275001

Issued 11/21/03

Expires 05/21/04

Revenue Code 3157

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment BRYAN K SULLIVAN
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 2 LOT 3
16100 HICKMAN RIDGE RD-ROCA

FEES: $200.00

TOTAL: $200.00

Permittee BRYAN K SULLIVAN
1723 OTOE ST
LINCOLN NE 68502

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: 03380275001

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 16100 HICKMAN RIDGE RD. (no rural route) City ROCA NE, Zip 68430

Legal Description 1/4 22 1/4 Section 8N Township 7E Range HICKMAN RIDGE ESTATES Subdivision 2 Addition 3 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 BRYAN SULLIVAN Signature _____

Address 1723 OTOE ST City/State/Zip LINCOLN, NE 68502

☐ Check if owner designed system Home Phone 402-423-4437 Work Phone 402-474-1111

C. Contractor

Name THAD LIENEMANN Company Name SAMSON

Address 7100 HICKMAN RIDGE City/State/Zip ROCA, NE 68430

☐ Check if contractor designed system Work Phone 402-434-5473

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 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 11/21/03 Date frwd 11/21/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-21-03 Date frwd 11-21-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/21/03 Date frwd 11/21/03 ACTION ☒ Approved ☐ Disapproved Signature _____

4/30/04 L. Gitt 5/4/04 J.C.H.
5/5/04 Need drawing J.C.H.

Installation Final Written Approval

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

Date MAY 27, 2004

Business Office Use Only
Date Rec'd 11/21/03
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 2940

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

B

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

Permit Number: 03380275O

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16100 HICKMAN RIDGE RD. City ROCA NE, Zip 68430

Owner BRYAN SULLIVAN (no rural route) Addresss 1723 OTOE ST. LINCOLN, NE 68502

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

Date of Tests Sept 20 to Sept 21 Weather: Precipitation NONE Temperature 82°

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"	9/20	3 PM	9/21	3PM	9/21	6:00	8"	9/21	7:00	60	1 3/4	34
2								8				1 1/8	53
3								8				1	60
4								8				1 1/2	40
5								8				5 1/4	11
6								8				2 1/4	27

Sum of Percolation Rates: 225 375

Average of Rates: (1) (2) (3)

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: BRYAN SULLIVAN

Phone: 1723 Otoe St.

Address 423-4437

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date November 21, 2003

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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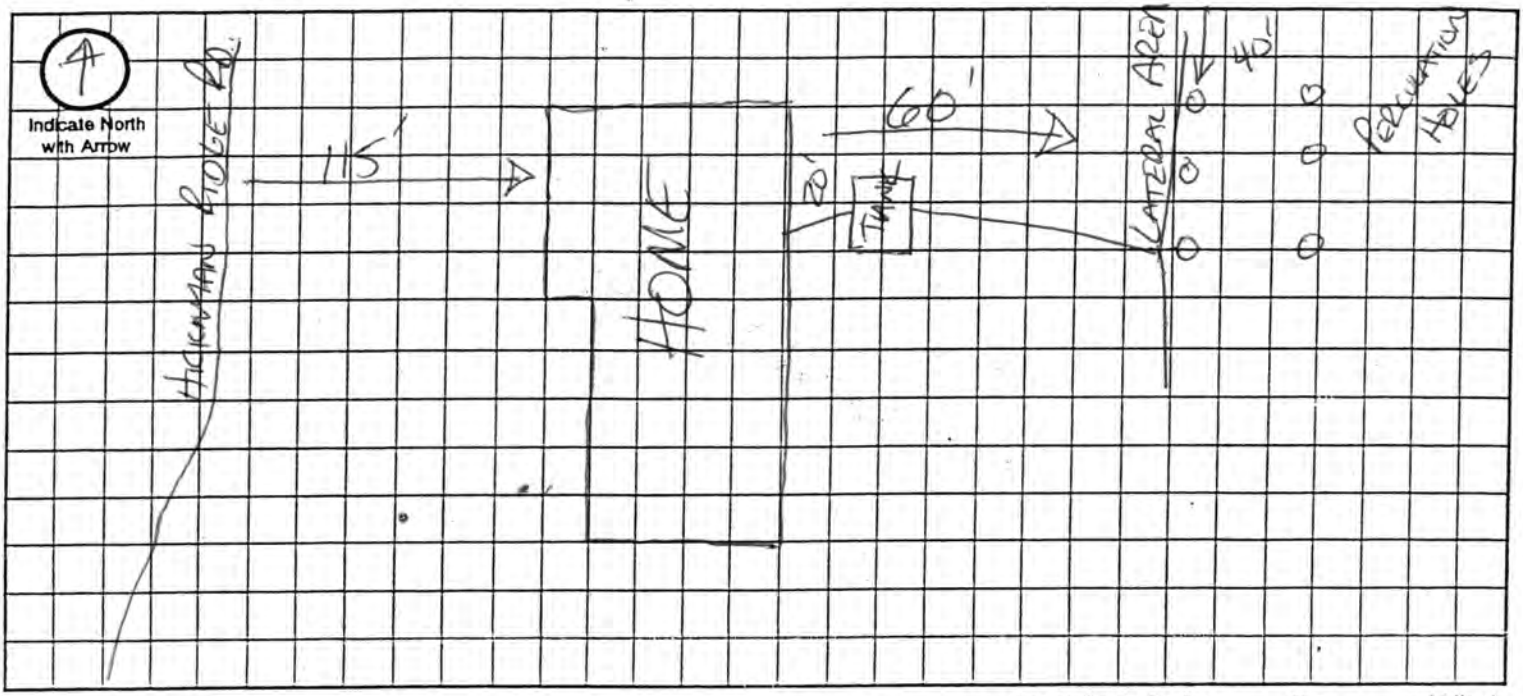
C

Permit Number: 033802750

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) 16100 HICKMAN RIDGE RD. City ROCA NE, Zip 68430

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: WTC Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 275 ft. Number of Trenches 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

ome Building Contractor LINEMAN CONSTRUCTION Date 11/21/03

ıller (NOT DETERMINE) CETA BACKHOE PROBABLE Date _____

102 10-96

G & A
BACKHOE SERVICE
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

MAY 2 6 2004

05/22/04

To Jerry Hood,
This is the as built drawing for a Septic System @ 16100 Hickman Ridge Road for Bryan Sullivan. 1500 Gallon tank with risers to grade & 1400 Sq Ft of Infiltrator H10 lateral with 4 drop boxes.

