Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380248601

Issued 06/07/02
Expires 12/07/02
Revenue Code 3157

Establishment

LAVERN GOENS
T8N R7E SEC 22
HICKMAN RIDGE BLK 2 LOT 4
16200 HICKMAN RIDGE RD-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee

LAVERN GOENS
16200 HICKMAN RIDGE RD
HICKMAN NE 68372

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002419

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

A

Permit Number: 023802486

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 16200 Hickman Ridge Road (no rural route) City Hickman NE, Zip 68372

Legal Description 22 8N 7E Hickman Ridge 2 5/
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 Lavern Goens Signature Lavern Goens

Address _____ City/State/Zip _____

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

C. Contractor

Name Garry Heetderks Company Name _____

Address RR1 Box 9707 City/State/Zip Adams Ne 68301

☐ Check if contractor designed system Work Phone 402 429 8612

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 6/7/02 Date frwd 6/7/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/7/02 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

9/10/02 J.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date OCTOBER 14, 2002

Business Office Use Only

Date Rec'd 6/7/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2684

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16200 Hickman Ridge Rd (no rural route) City Hickman NE, Zip 68372

Owner _____ Addresss _____

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

Date of Tests 6-19 to 6-20-02 Weather: Precipitation — Temperature 90

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	6/19	5:30	6/20	6:30	6/20	8:30	22	6/20	9:00	30	2	15
2			P		AM		AM	17¾		AM		1¼	24
3								14½				⅞	34
4								16⅞				1⅛	27
5								13⅛				⅞	34
6								17½				1	30
7								20¾				1¼	24

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462

Address 17201 So 72nd St
Hickman NE 68372

Sum of Percolation Rates: 188

Average of Rates: 27

Rate Used for Calculation: 30

3 Bdrm w/ whirlpool
1250 - 210' Intake Trench

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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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-7-02 Garry Heefdrinks Homes

System Location (Indicate correct number and street)

Address 16200 Hickman Ridge Rd (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 105 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line >20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5 X 9 in.
   Over outlet, diameter 5 X 9 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA 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: 30 ft.

D. Absorption Field

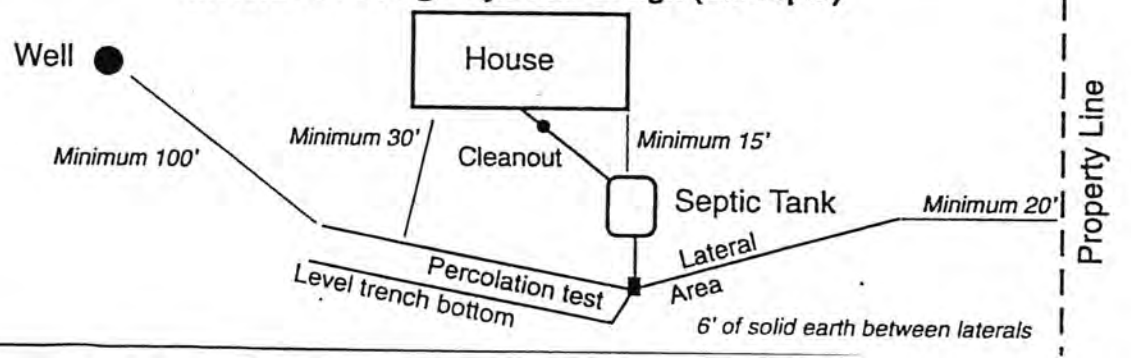
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 75 ft. 75 ft.
   75 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3-4 in/100 ft.
   Average depth 28 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

Indicate North with Arrow

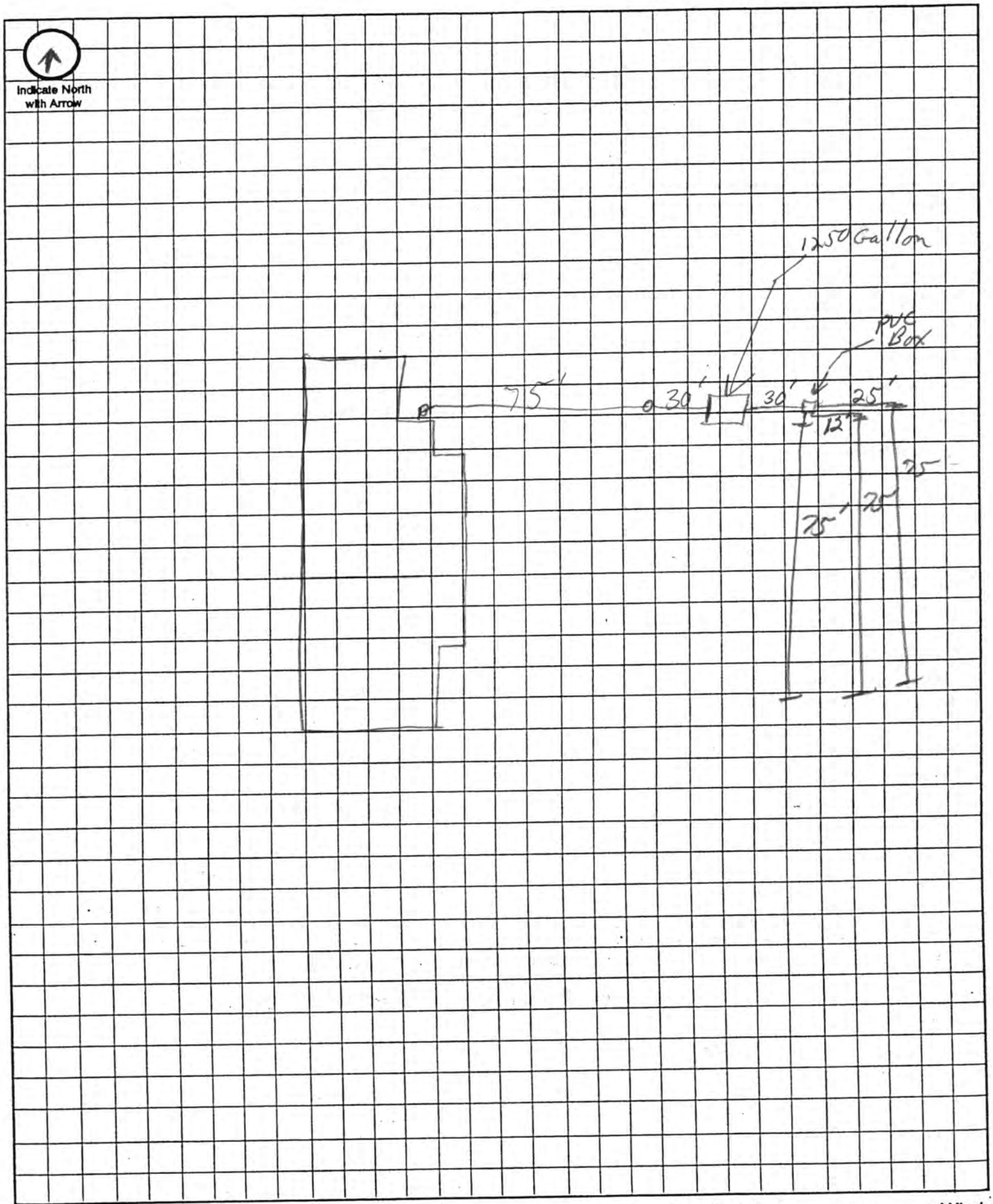
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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