Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
MIKE KUNTZ
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 2 LOT 6
16400 HICKMAN RIDGE RD-HICKMAN

Permittee
MIKE KUNTZ
6049 OLD FARM CIR
LINCOLN NE 68512

Permit # 02380247401

Issued 05/23/02
Expires 11/23/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002252

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

A

Permit Number: 0238024474

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 16400 Hickman Ridge Rd (no rural route) City Hickman NE, Zip 68372

Legal Description 22 T6N 7E Block 2, Lot 16, Hickman Ridge Estates 2 6
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 Mike Kuntz Signature Mike Kuntz

Address 6049 Old Farm Cr. City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 423-0018 Work Phone 580-3540

C. Contractor

Name Mark Mondheark Silverline Trenching Company Name Silverline Trenching

Address 6900 N.W. 84th City/State/Zip Malcolm NE 68402

☐ Check if contractor designed system Work Phone 641-8226

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

Designer Name Russ Dorn Firm Russ's Excavating Work Phone 223-5600

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 5/23/02 Date frwd 5/24/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/24/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/24/02 Date frwd 5/24/02 ACTION ☒ Approved ☐ Disapproved Signature _____

7/3/02 Line, lagoon & drawing - needs fence Drs

Installation Final Written Approval

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

Date FEBRUARY 19, 2003

Business Office Use Only

Date Rec'd 05/23/02
Amt Paid 200.00
Rec'd By lo Cash/Check No. 750

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: 023802474

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16400 Hickman Ridge Rd (no rural route) City Hickman NE NE, Zip 68372

Owner Mike Kuntz Addresss 6049 Old Farm Cr. Lincoln, NE 68512

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

Date of Tests 5-20 to 5-21 Weather: Precipitation None Temperature 71°

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		5-20	5:00	5-21	8:00	5-21	12:00	19 1/2	5-21	12:30	30	1/4	
2								18 1/4				1/2	
3								20				1/4	
4								19 3/4				1/8	
5								20 1/2				1/8	
6								18				1/2	

Person Conducting Percolation Tests

Name: Mark Muellenbach

Phone: 641-8224

Address 6800 P.O. 844

Mitchell NE 69362

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

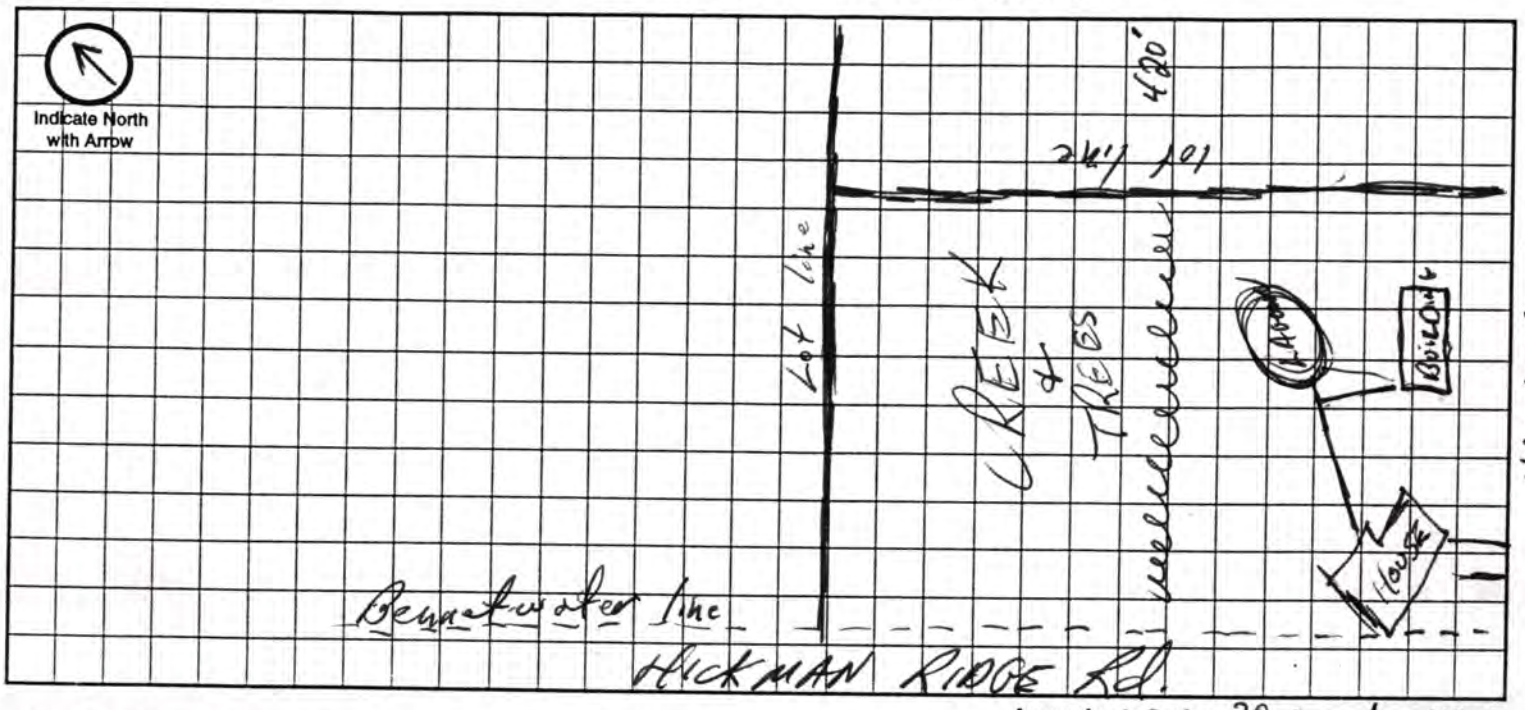
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0238 02474

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16400 Hickman Ridge Rd City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

LAGOON

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

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

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

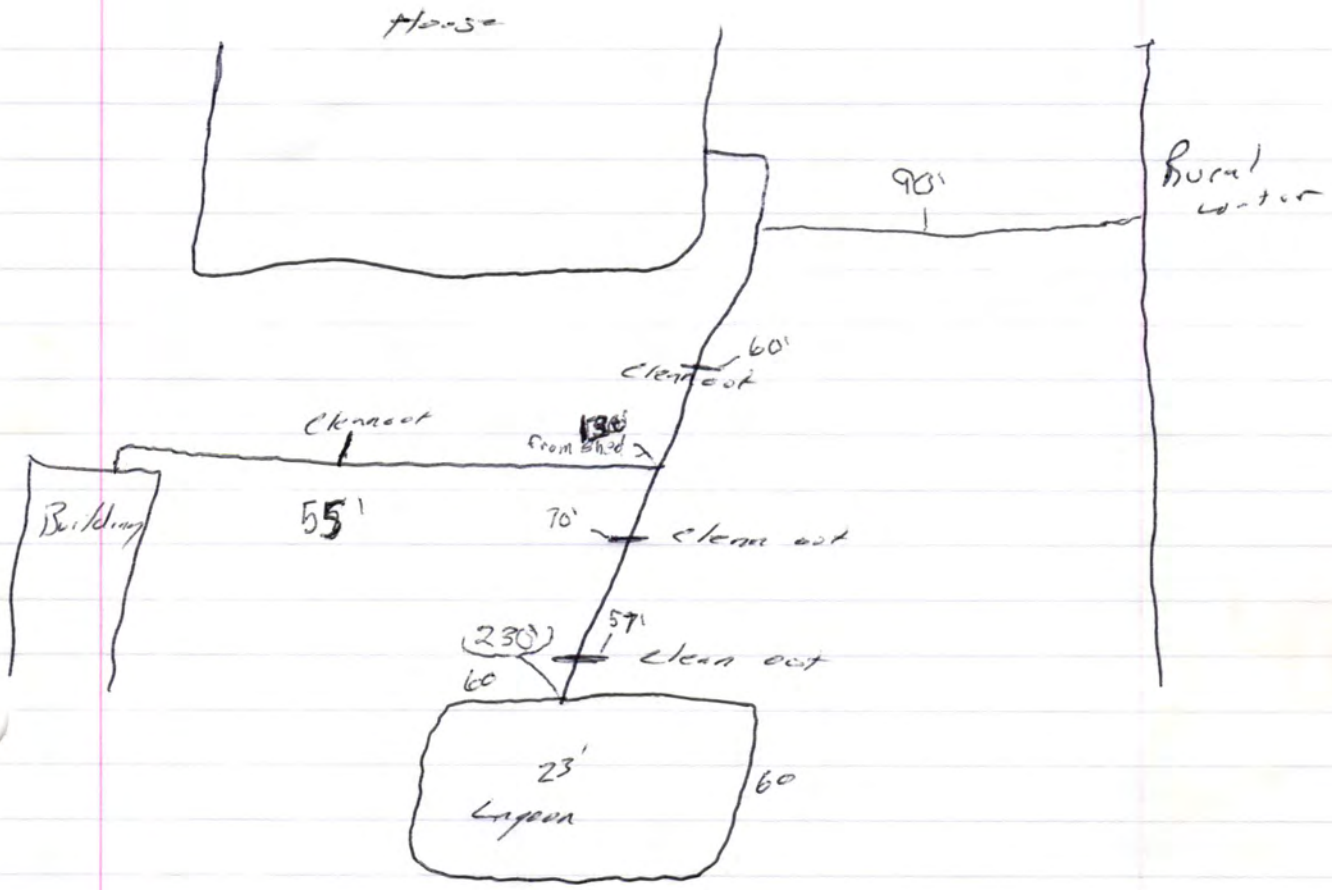
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Mike Kontz Date 5-23-02

Installer Russ Dorn Date _____

FORM 23-102 10-96


House
90'
Rural water
60'
Clean out
Cleanout
130'
From shed
Building
55'
70'
Clean out
230'
57'
Clean out
60
23'
Lagoon
60