Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002179

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380262601

Issued 04/24/03
Expires 10/24/03
Revenue Code 3157

Establishment NADEEM Y YOUSIF
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 2 LOT 7
7030 NATNEY ST-HICKMAN

FEES: $200.00

Permittee NADEEM Y YOUSIF
504 W JOEL ST
LINCOLN NE 68521

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: 03380262601

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 7030 Natney Street (no rural route) City Hickman NE, Zip

Legal Description 22 8N 7E AMENDED PLAT HICKMAN RIDGE EST. 2 7
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 Nadeem Y. Yousif Signature Nadeem Y Yousif

Address 504 W. Joel City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 477-4313 Work Phone 310-7186 (cell)

C. Contractor

Name Stan Reekese Company Name Dirt Works Plus Inc

Address 7324 Ballard City/State/Zip Lnk NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 4/24/03 Date frwd 4/24/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.24.03 Date frwd 4.24.03 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4/24/03 Date frwd 4/24/03 ACTION ☒ Approved ☐ Disapproved Signature

~~7/17/03 NORTH + SOUTH BERMS TOO STEEP. J.C.H~~

Installation Final Written Approval

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

Date FEBRUARY 17, 2004

Business Office Use Only

Date Rec'd 4/24/03
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1091

FORM 23-100 9-00 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

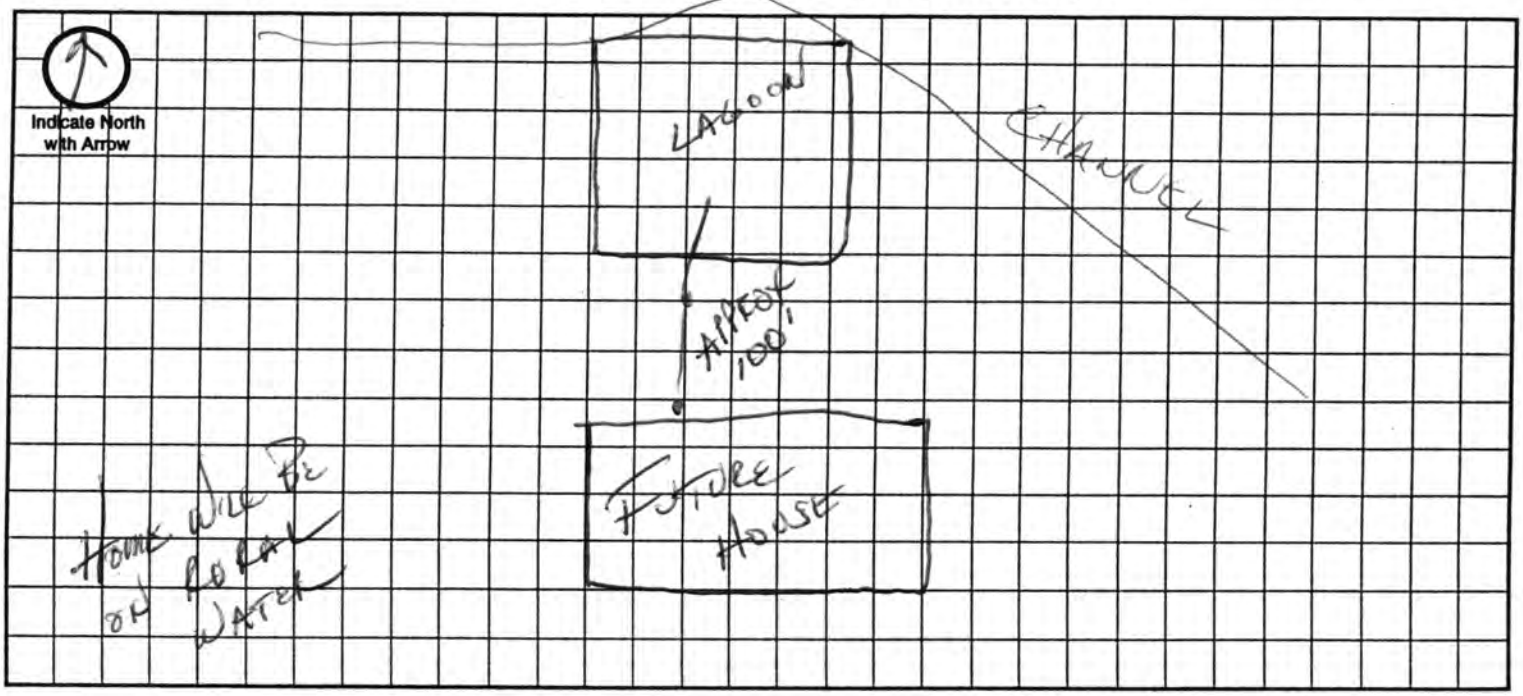
C

Permit Number:

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) 7030 NATNEY City HICKMAN NE, Zip _____

B. Proposed Septic Tank/s

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 _____ Date 4/24/03

Installer _____ Date 4/24/03

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-22-04

System Location (Indicate correct number and street)

Address 7030 Notney Cir (no rural route) City Boca NE, Zip 68430

A. Building Sewer

1. Material: PVC
   Diameter: 4 Inch in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line 100 ft.
   property line _____ ft.

B. Septic Tank

1. Material: N/A
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: N/A
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

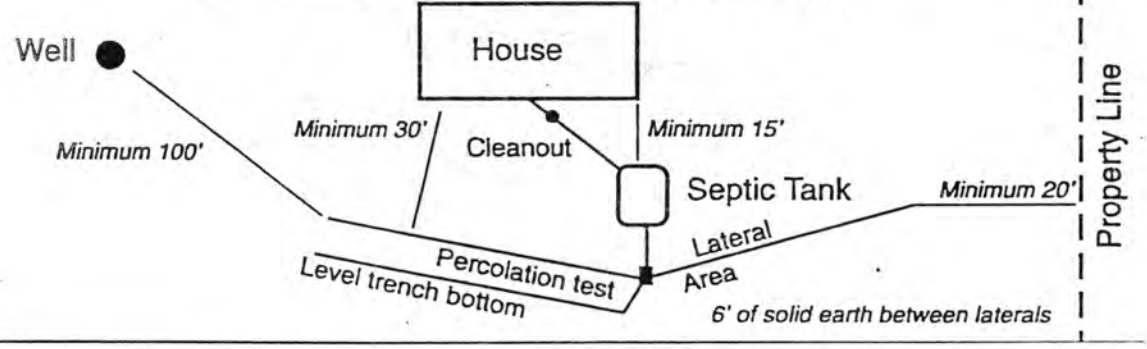
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

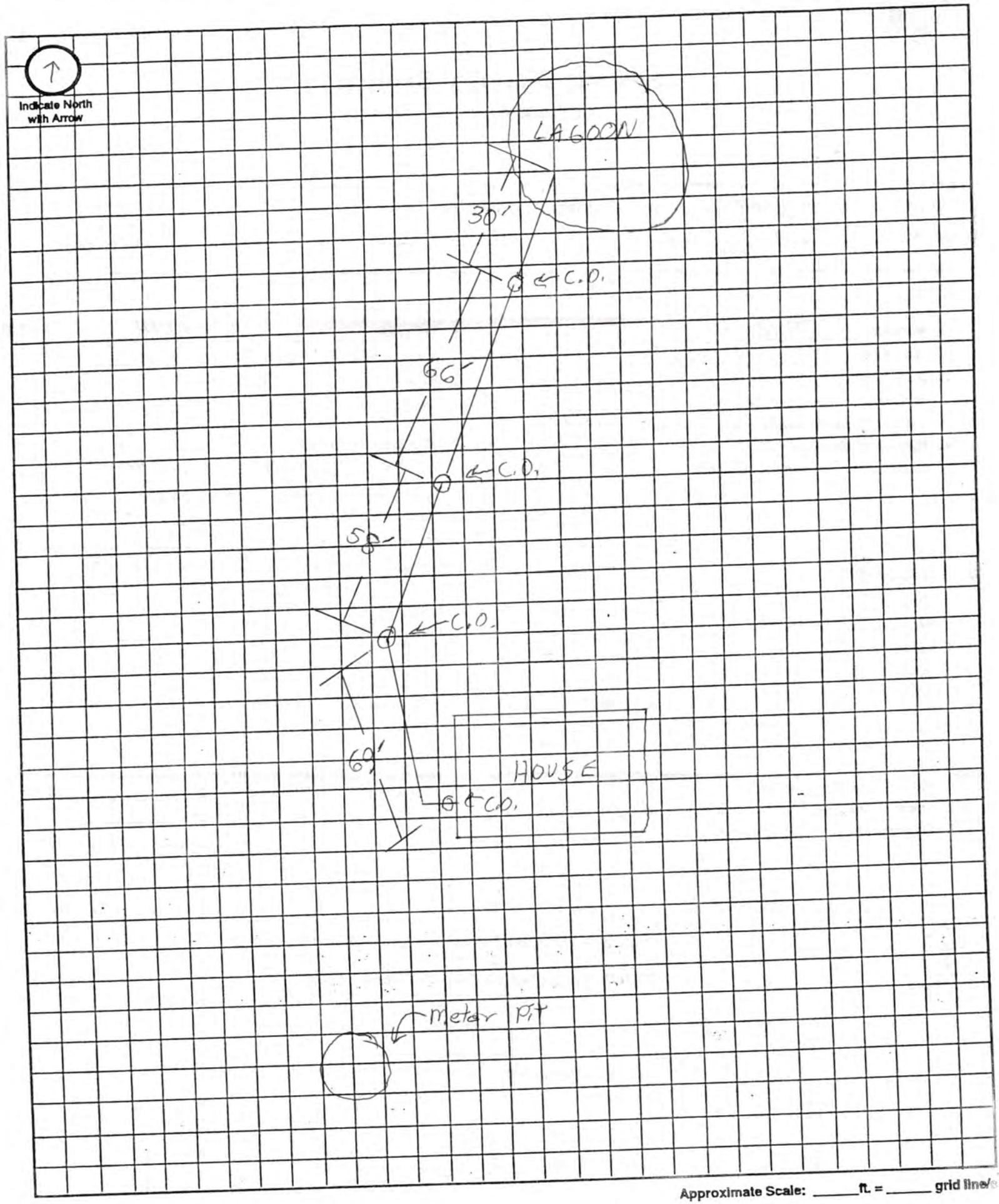
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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