Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380250401

Issued 07/16/02
Expires 01/16/03
Revenue Code 3157

Establishment

THAD LIENEMANN
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 2 LOT 8
7100 NATNEY ST-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee

THAD LIENEMANN
RRT 1 BOX 121
MARTELL NE 68404

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002710

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

A

Permit Number: 023802504

Sewage Disposal System

Request for Site Clearance and Permit

change

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 7100 Natney St (no rural route) City Hickman NE, Zip 68372

Legal Description 1/4 22 1/4 Section 8N Township 7E Range Hickman Ridge Estates Subdivision Addition 2 Block 8 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Thad Lienemann Signature Thad Lienemann

Address Rt 1 Box 121 City/State/Zip Martell Ne 68404

☐ Check if owner designed system Home Phone 798 0237 Work Phone 434-5473

C. Contractor

Name Thad Lienemann Company Name _____

Address Rt 1 Box 121 City/State/Zip Martell Ne 68404

☐ Check if contractor designed system Work Phone 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 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 7/16/02 Date frwd 7/16/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-16-02 Date frwd 7-16-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-16-02 Date frwd 7-16-02 ACTION ☒ Approved ☐ Disapproved Signature Jim Keough

1/14/03 J.C.H

Installation Final Written Approval

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

Date FEBRUARY 24, 2003

Business Office Use Only
Date Rec'd 7/16/02
Amt Paid $200.00
Rec'd By CW Cash/Check No. 2004

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 _____ City Hickman NE, Zip 68372
(no rural route)

Owner Thad Ltenemann Addresss 550 B Princeton, Ne 68404

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

Date of Tests 11-15 / 11-22 to 11-16-02 / 11-22 Weather: Precipitation — Temperature 40s

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	32	11/15	3:30	11/16	8:00	11/16	9:10	15 1/4	11/16	9:40	30	1	30
2	↓		pm		AM			18 1/4				3/4	40
3	↓							18				1	30
4	24							17				3/4	40
5	↓	11/22	8:15	11/22	3:45	11/22	5:30	15 1/8	11/16	6:00		3/4	40
6	↓		AM		PM		pm	16 1/8				7/8	34
7	↓							16				5/8	48

Sum of Percolation Rates: 262
Average of Rates: 37.43
Rate Used for Calculation: 40/min/IN

Person Conducting Percolation Tests

Name: Brad Sorthun
Phone: 475-2462
Address 17201 So 72nd St
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JANUARY 15, 2003

FORM 23-101 10-96

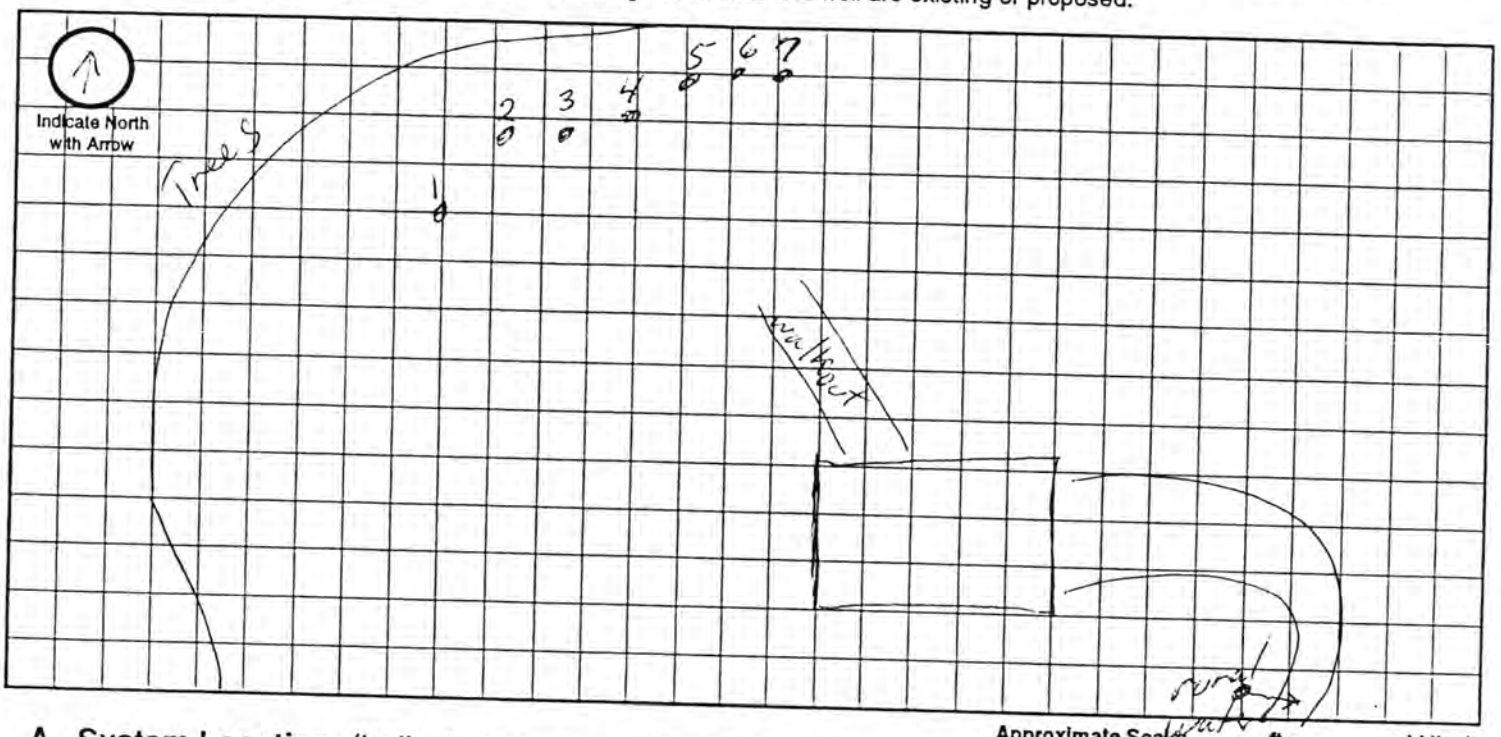
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City Hickman NE, Zip 68372

4 Bdrm w/whirlpool – 1500 gallon Tank Capacity
1100 Sq Ft of Lateral area

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: WTC Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

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

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

Home Building Contractor _____ Date _____

Installer Brad Southwick Date 11-22-02

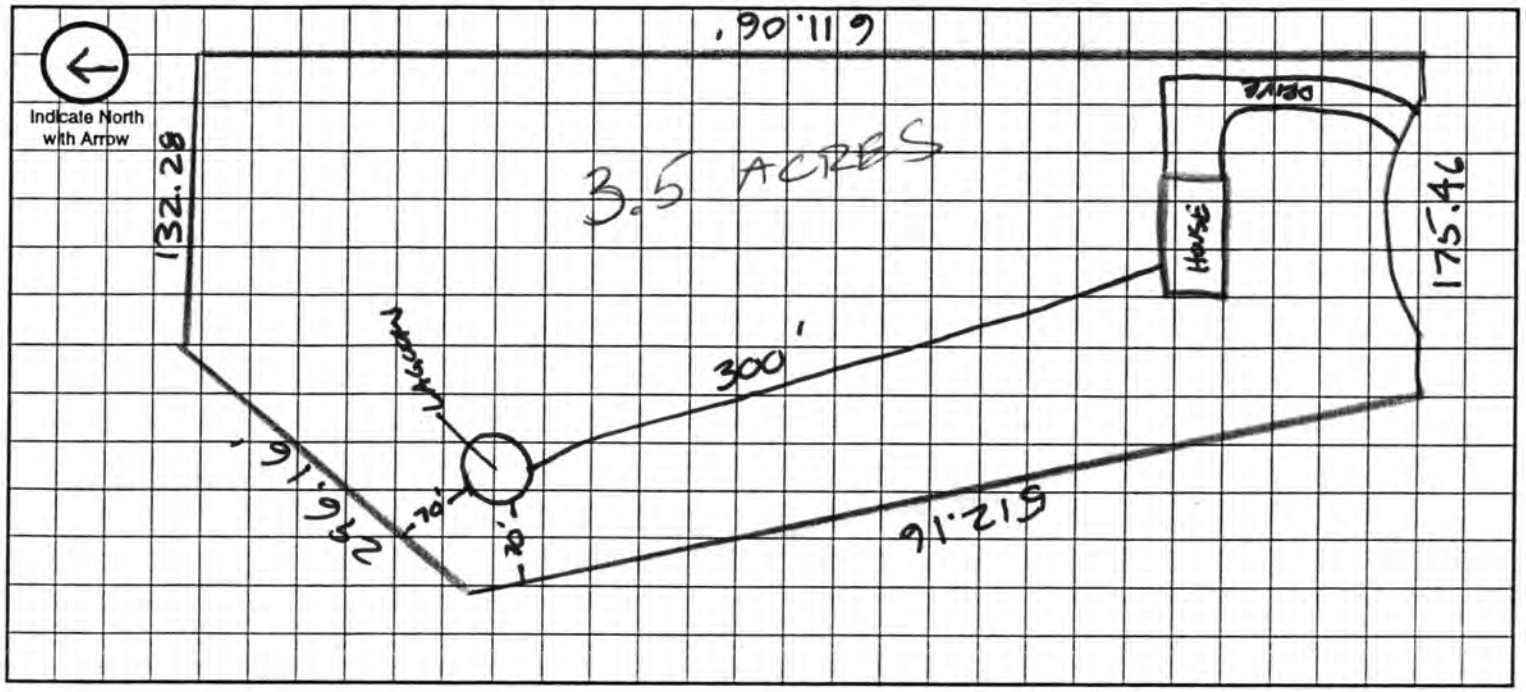
Lincoln-Lancaster County Health Department
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C

Permit Number: 023802504

Sewage Disposal System
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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)

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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 _____

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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 Thad Lueders Date 7/16/02

Installer Thad Lueders Date 7/16/02

FORM 23-102 10-96

FEB 2 4 2003

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

02/21/03

To Jerry Hood,

This is the as built drawing for a septic system for Thad Lienemann @ 7100 Natney in Hicknam Ridge. 1500 gallon tank & 3 standard H10 laterals with 3 drop boxes, 2 @ 112.5' & 1 @ 106.25.

