Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003117

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380272101

Issued 08/26/03
Expires 02/26/04
Revenue Code 3157

Establishment:
RUSSELL R DLOUHY
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 3 LOT 2

FEES: $200.00

Permittee:
RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

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: 03802721O1

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 16500 Hickman Ridge Road (no rural route) City _____ NE, Zip _____

Legal Description 22 8N 7E Hickman Ridge Estates 3 2
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 Russ Dlouhy Signature Russell R Dlouhy

Address 12500 S 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone _____ Work Phone 5605545

C. Contractor

Name Dlouhy Company Name Dlouhy Homes

Address 12500 S 82 City/State/Zip Roca NE 68430

☐ Check if contractor designed system Work Phone 5605545

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

Designer Name M. M Firm Hicr's Plumbing Work Phone 432-8916

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 8/26/03 Date frwd 9/3/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-8-03 Date frwd 10-8-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/3/03 Date frwd 9/3/03 ACTION ☒ Approved ☐ Disapproved Signature _____

11/30/04 Need signs, lock, L.C.H.
12/19/03 Need ~~drawing~~, fence etc, D.C.H.

Installation Final Written Approval

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

Date MAY 3, 2004

Business Office Use Only
Date Rec'd 8/26/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 6268

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

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B

Permit Number: 033802721

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 8-2-03 to 8-3-03 Weather: Precipitation None Temperature 94°

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	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/8	
2	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/8	
3	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/16	
4	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/8	
5	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/8	
6	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/4	
7	36	8-2	5:00	8-2	9:00	8-3	5:00	6	8-3	9:00	30	1/4	

Person Conducting Percolation Tests

Name: Russ Dlouhy
Phone: 560 5545
Address 12500 S 82 Roca NE 68430

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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Phone: 402-441-8022

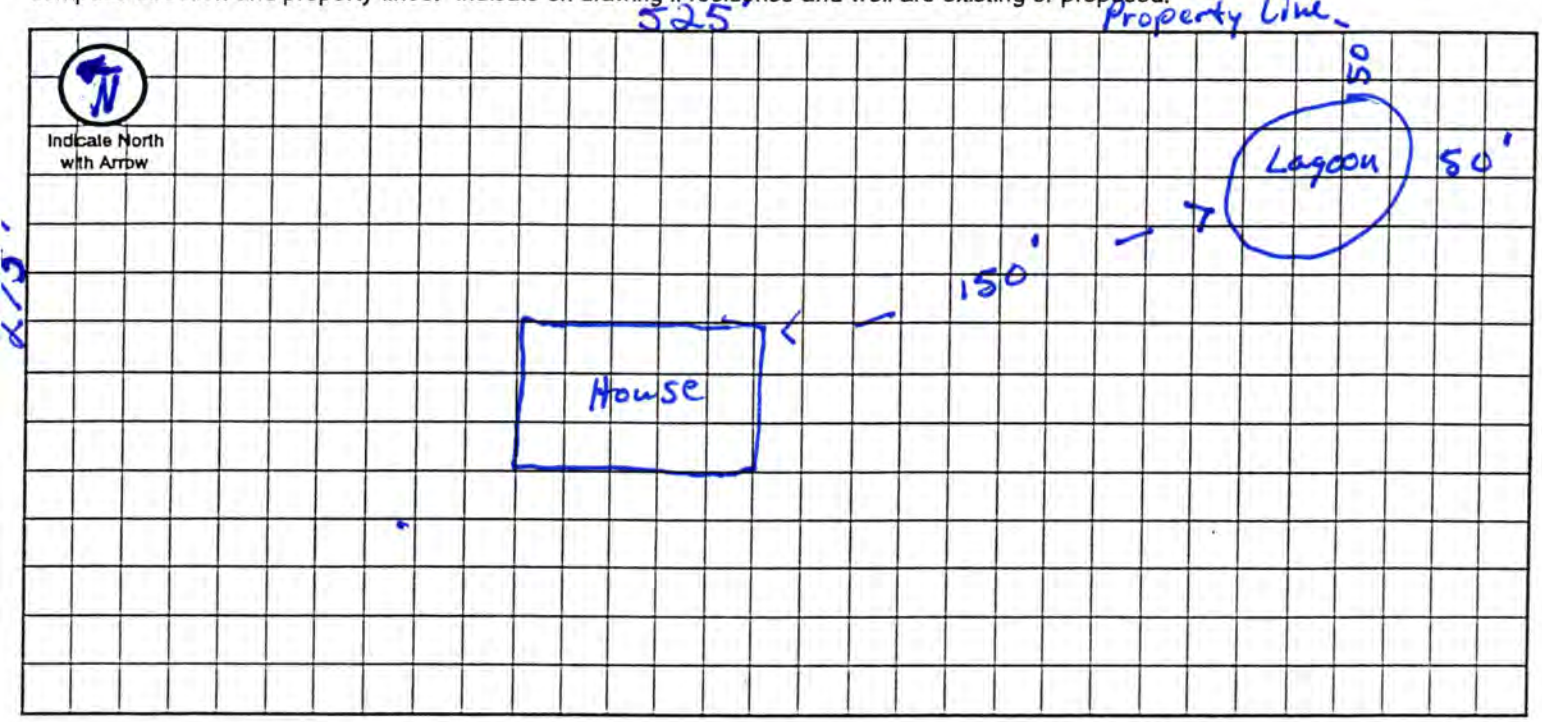
C

Permit Number: OB3802721

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 _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon must be sealed to no more than 1/8" seepage per day.

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 Russell R Mowry Date 8-26

Installer ~~All Pro Plumbing~~ Akins Plumbing Date 8-26

FORM 23-102 10-95

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 4/28/04

System Location (Indicate correct number and street)
Address 16500 Hickman Ridge Rd (no rural route) City Hickman NE, Zip

A. Building Sewer Lagoon
1. Material: PVC SCH 40
   Diameter: 4 in.
2. Distance above basement floor: N/A in.
   or distance below basement floor: 12-15 in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line N/A ft.
   stream 1000 ft.
   pressure line N/A ft.
   property line 300 ft.

B. Septic Tank
1. Material: _____
   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.

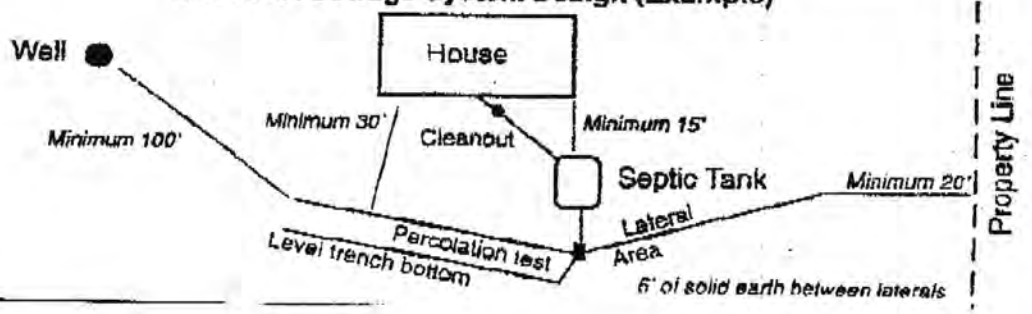
C. Distribution Box
1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   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.

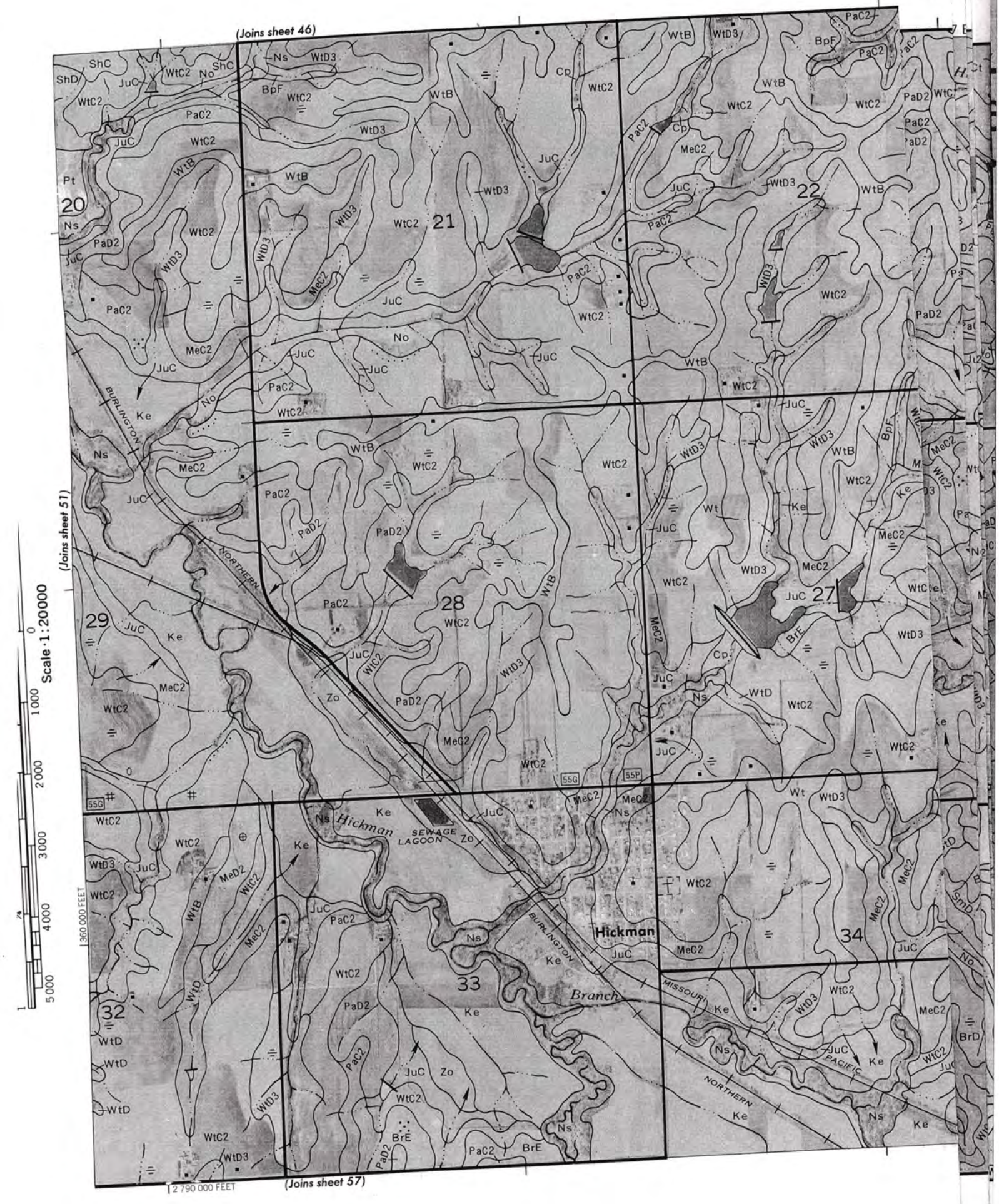
Indicate North with Arrow

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

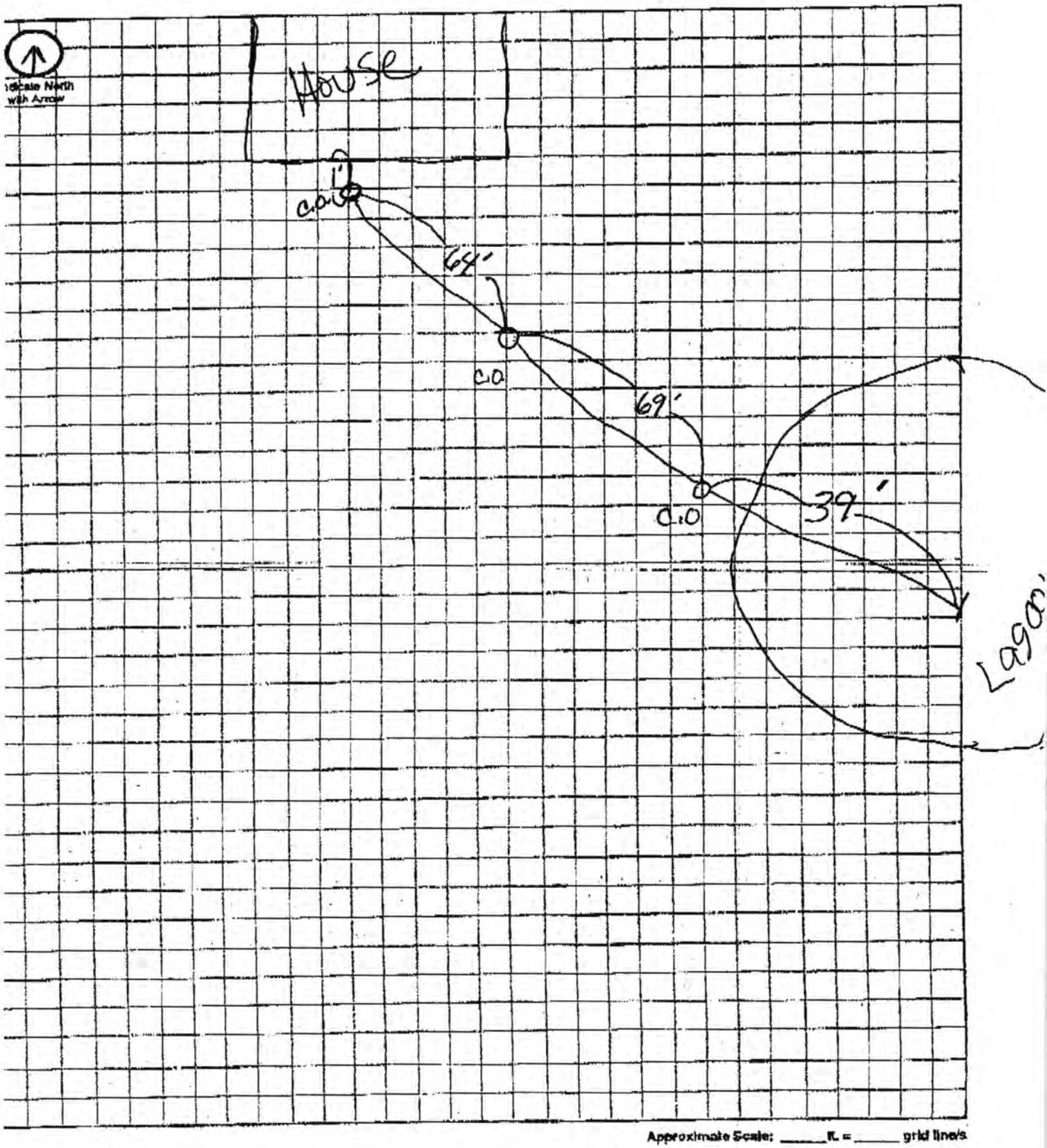
Individual Sewage System Design (Example)



RM 23-103 10-96


(Joins sheet 46)
(Joins sheet 51)
(Joins sheet 57)
Scale 1:20000
0
1000
2000
3000
4000
5000
360 000 FEET
2 790 000 FEET
Hickman
SEWAGE LAGOON
BURLINGTON NORTHERN
MISSOURI PACIFIC
Branch
20
21
22
27
28
29
32
33
34
55G
55P

.s Built Drawing



Approximate Scale: _____ ft. = _____ grid lines