Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380244101

Issued 04/04/02
Expires 10/04/02
Revenue Code 3157

Establishment

RUSSELL R DLOUHY
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 3 LOT 3
16600 HICKMAN RIDGE RD-HICKMAN

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

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001098

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

A

Permit Number: 02380244 1

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 16690 Hickman Ridge Rd (no rural route) City _____ NE, Zip _____

Legal Description ~~Lot 3 Block 3~~ Hickman Ridge Estates 3 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 22 8N 7E Latitude _____

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

B. Owner

Name Russ Dlouhy Signature Russ Dlouhy

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

☐ Check if owner designed system Home Phone 423 9389 Work Phone 560 5545

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 _____

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

Designer Name Heirs Plumbing 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 4/4/02 Date frwd 4/5/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-5-02 Date frwd 4-5-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/5/02 Date frwd 4/5/02 ACTION ☒ Approved ☐ Disapproved Signature _____

5/30/02 NEED DRAWING J.G.H

Installation Final Written Approval

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

Date JUNE 4, 2002

Business Office Use Only

Date Rec'd 4/4/02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 5239

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 Lot 3 Block 3 (no rural route) City Hickman Ridge Estates NE, Zip

Owner Dlouhy Addresss 12500 S 82 Roca 68430

Soil Type (SCS): WYMORE SILTY CLAY LOAM. Percolation Rate: min./inch

Date of Tests 4-4 -4-5 02 to Weather: Precipitation None Temperature 45° - 50°

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"	4-4	3:00	4-4	7:00	4-5	7:00	6"	4-5	11:00	30	2	15 MIN/IN
2	36"	4-4	3:02	4-4	7:02	4-5	7:02	6"	4-5	11:02	30	2 1/8	14 MIN/IN
3	36"	4-4	3:04	4-4	7:04	4-5	7:04	6"	4-5	11:04	30	2 3/4	11 MIN/IN
4	36"	4-4	3:06	4-4	7:06	4-5	7:06	6"	4-5	11:06	30	2 3/4	11 MIN/IN
5	36"	4-4	3:08	4-4	7:08	4-5	7:08	6"	4-5	11:08	30	2 5/8	11 MIN/IN
6	36"	4-4	3:10	4-4	7:10	4-5	7:10	6"	4-5	11:10	30	2 1/4	13 MIN/IN

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: 13 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SEEMS RATHER FAST FOR WYMORE SILTY CLAY LOAM.

Signature of Reviewing Official Date

FORM 23-101 10-96

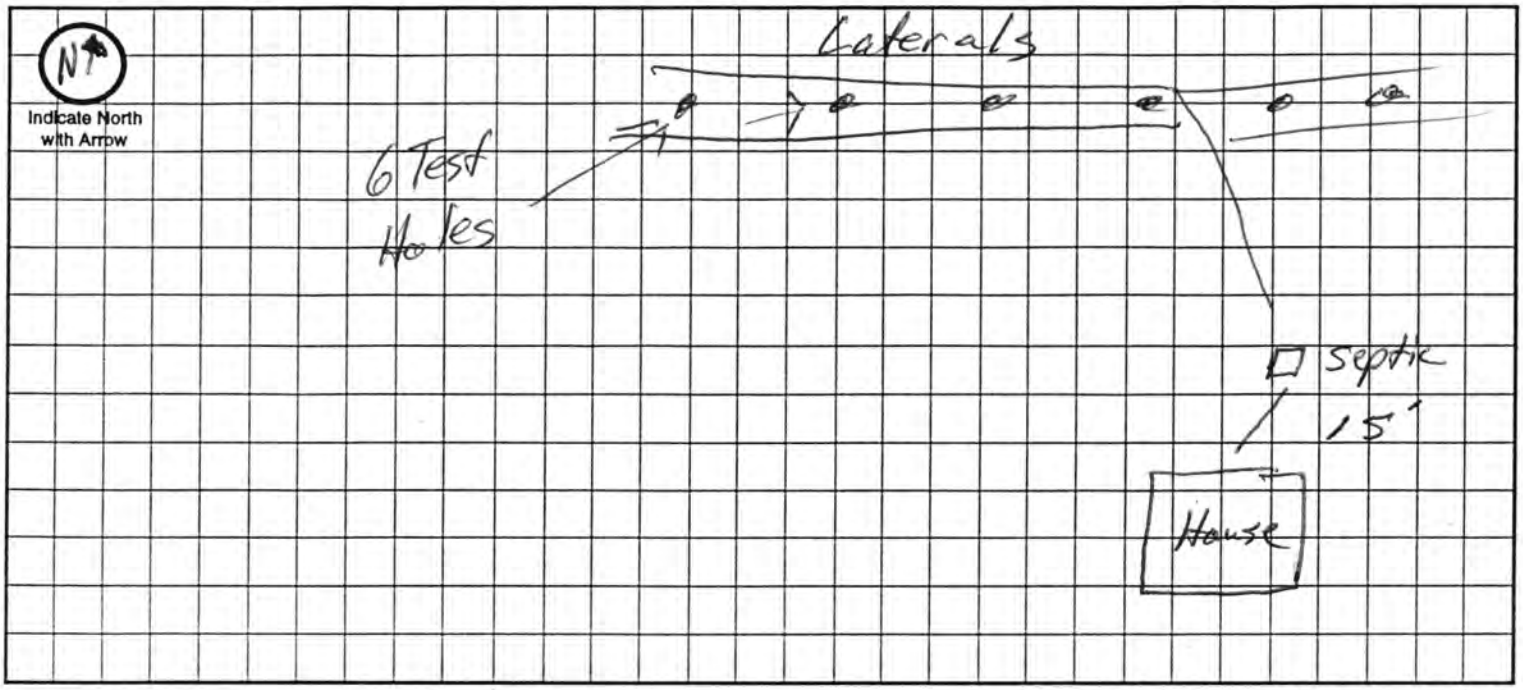
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02380244

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 _____

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

Percolation Rate 13 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 215 ft. Number of Trenches _____ Trench Width 3'

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 Mosby Date 4-5-02

Installer _____ Date _____

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Phone: 402-441-8022

JUN 0 4 2002

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 16600 Hickman Ridge Rd. (no rural route) City Roca NE, Zip NE 68430

A. Building Sewer

1. Material: Schedual 40 PVC.
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line _____ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 60 ft.

D. Absorption Field

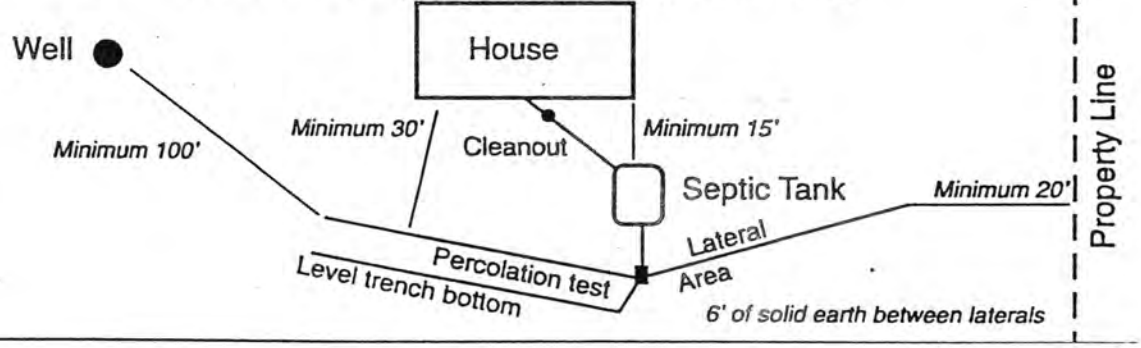
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100.8 ft. 84 ft.
   75.6 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line _____ ft.
   Stream 25 ft.
   Pressure line 100+ ft.
   Property line _____ ft.

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

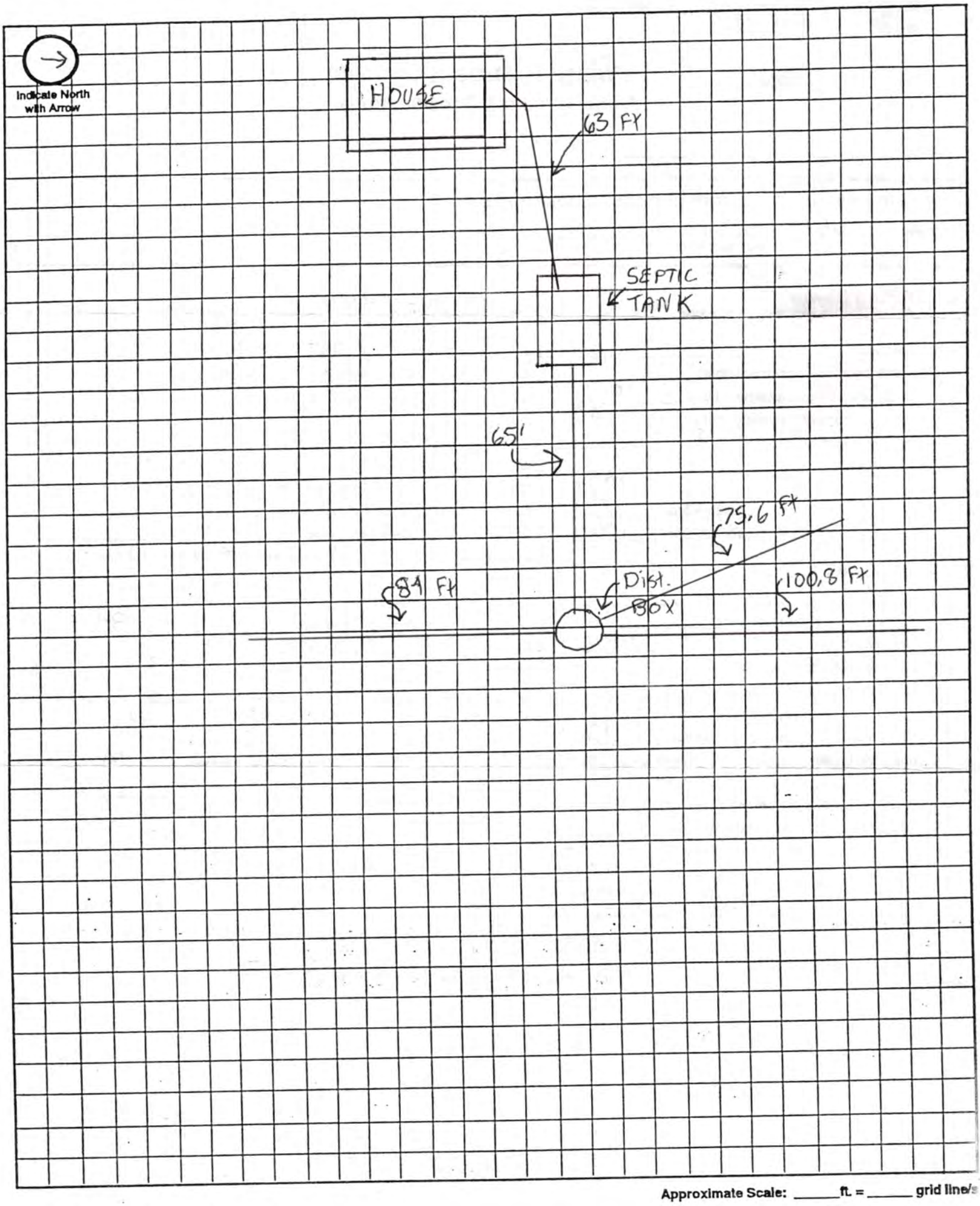
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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