# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007648

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380301401

Issued 05/04/05
Expires 05/04/06
Revenue Code 3157

Establishment: DOUG HUNTER
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 4 LOT 1
17000 LEISURE CT-HICKMAN

FEES: $200.00

Permittee: THAD LIENEMANN CONSTRUCTION
7100 NATNEY 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: 05380301401

# 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 17000 Liesure Court (no rural route) City Hickman NE, Zip 68372

Legal Description 22 8N 7E Hickman Ridge Estates 4 1
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 Doug Hunter Signature Doug Hunter

Address _____ City/State/Zip Hickman, NE. 68372

☐ Check if owner designed system Home Phone _____ Work Phone 416-1320

### C. Contractor

Name Thad Lienemann Company Name Lienemann Const.

Address 7100 Nathey St City/State/Zip Roca, Ne. 68430

☐ Check if contractor designed system Work Phone 416-8473

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

Designer Name Gordon Lukes Firm G&A Work Phone _____

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~8~~ 5 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 5/4/05 Date frwd 5/4/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-4-05 Date frwd 5-4-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/04/05 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

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

Date FEBRUARY 13, 2006

***Business Office Use Only***

Date Rec'd 5/4/05
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 1036

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

1st

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 Lioux Lane (no rural route) City Hickman NE, Zip _____

Owner Hunters Address _____

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

Date of Tests May 18 to May 19 Weather; Precipitation _____ Temperature 90°

### 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 | 28" | 18 | 9:30 | 18 | 2:30 | 19 | 9:30 | 24" | 19 | 11:00 | 65 | — | |
| 2 | ↓ | | | | | | | | | | 60 | — | |
| 3 | | | | | | | | | | | 60 | 1/4 | |
| 4 | | | | | | | | | | | 60 | 1/2 | |
| 5 | | | | | | | | | | | 60 | — | |
| 6 | ↓ | | | | | | | | | | 60 | 1/8 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Lorraco Hoger / Cody Buss

Phone: 432-2204

Address _____

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

#2

B

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

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

Owner Hunter Address _____

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

Date of Tests July 7 to July 8 Weather: Precipitation _____ Temperature _____

### 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 | 30' | 7/7 | 9:40 | 7/7 | 4:30 | 7/8 | 9:30 | 24" | 7/8 | 11:30 | 100 | 1 1/2 | |
| 2 | 30' | | | | | | | | | | 100 | 1 | |
| 3 | 30' | | | | | | | | | | 100 | — | |
| 4 | 30' | | | | | | | | | | 100 | — | |
| 5 | 30' | | | | | | | | | | 100 | — | |
| 6 | 30' | | | | | | | | | | 100 | 1 | |
| 7 | 30' | | | | | | | | | | 100 | 1 1/4 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Lenora Cooley

Phone: 432-2204

Address _____

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 10-98

#3

B

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

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

Owner Hunter Address _____

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

Date of Tests July 25 to July 26 Weather: Precipitation _____ Temperature 98°

### Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | 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 | 30" | 7/25 | 8:30 | 7/25 | 5:30 | 7/26 | 8:45 | 12" | 7/26 | 10:30 | 40 | 1" | |
| 2 | | | | | | | | 12" | | | 40 | 1" | |
| 3 | | | | | | | | 12" | | | 40 | 1 1/2 | |
| 4 | | | | | | | | 12 | | | 40 | 3/4" | |
| 5 | | | | | | | | 12 | | | 45 | 1" | |
| 6 | | | | | | | | 12 | | | 60 | — | |
| 7 | | | | | | | | 12" | | | 40 | 1 3/4" | |
| 8 | | | | | | | | 12" | | | 60 | — | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Conrad Harpster & Dale

Phone: 432-2704

Address _____

Sum of Percolation Rates: 21.25

Average of Rates: _____

Rate Used for Calculation: _____

330' 3 bdrm

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

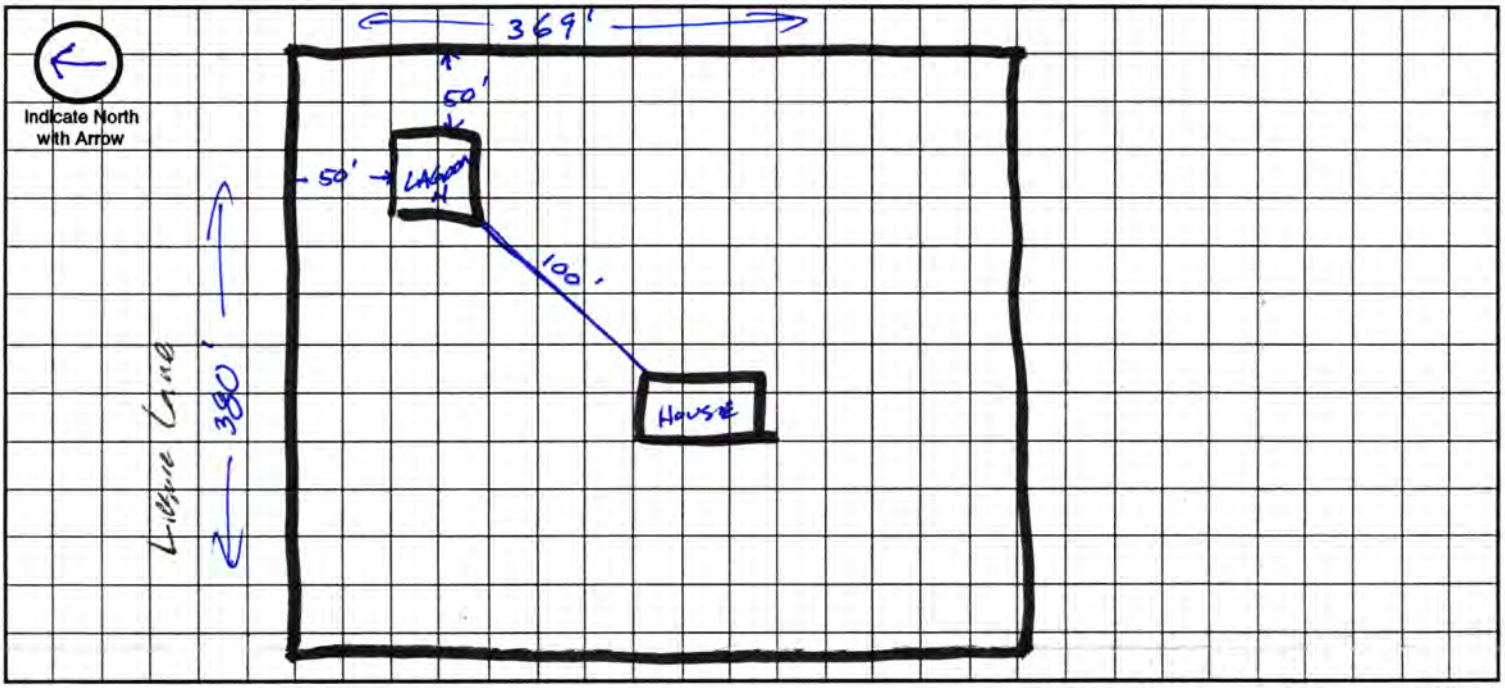
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 053803014

# 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) 17000 Leisure Court City Hickman NE, Zip 68372

## 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 ☐ | ☐ |

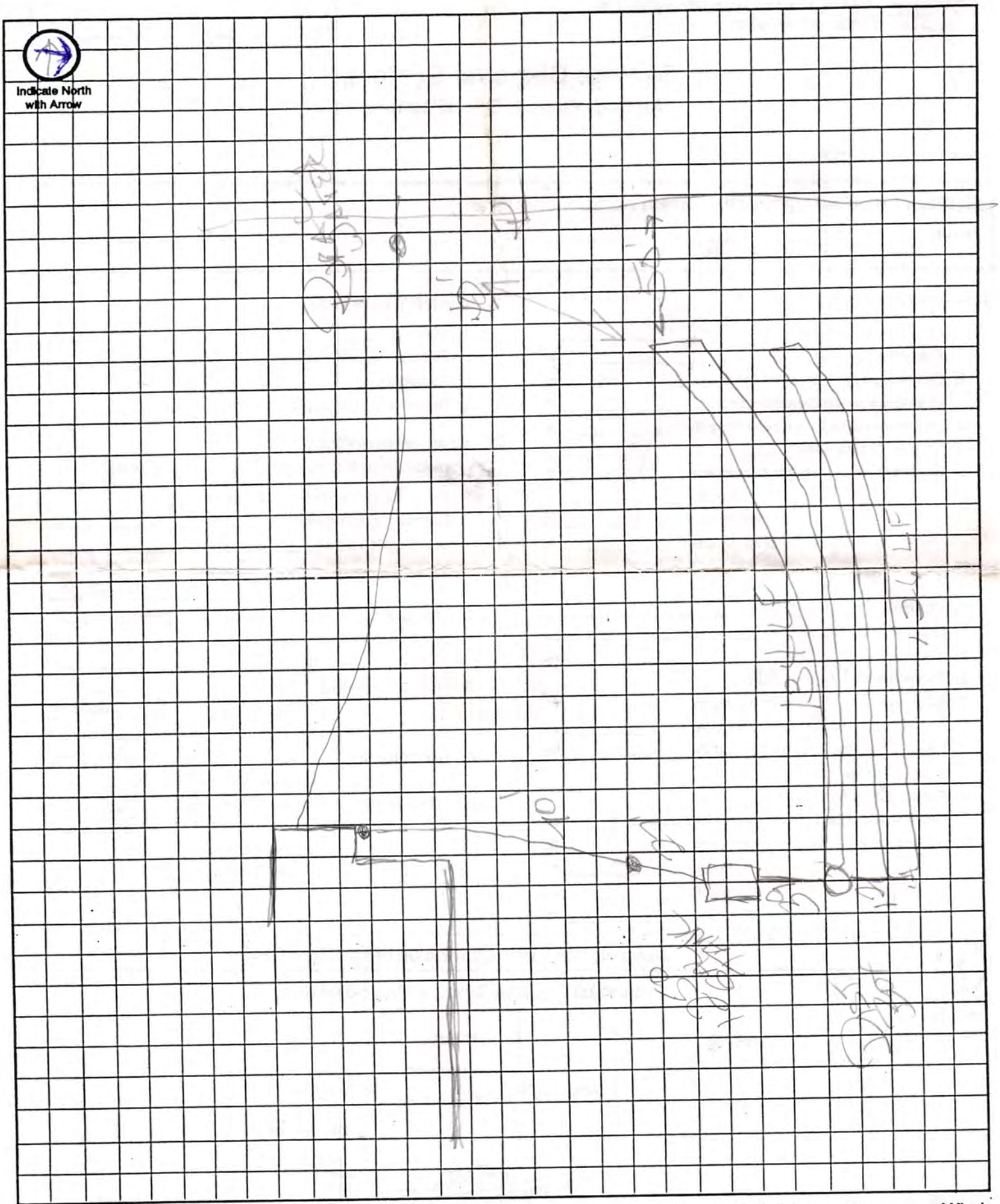
## E. Required Signatures

Home Building Contractor Gordon Lukes Date 5/1/05

Installer _____ Date _____

FORM 23-102 10-96

# As Built Drawing

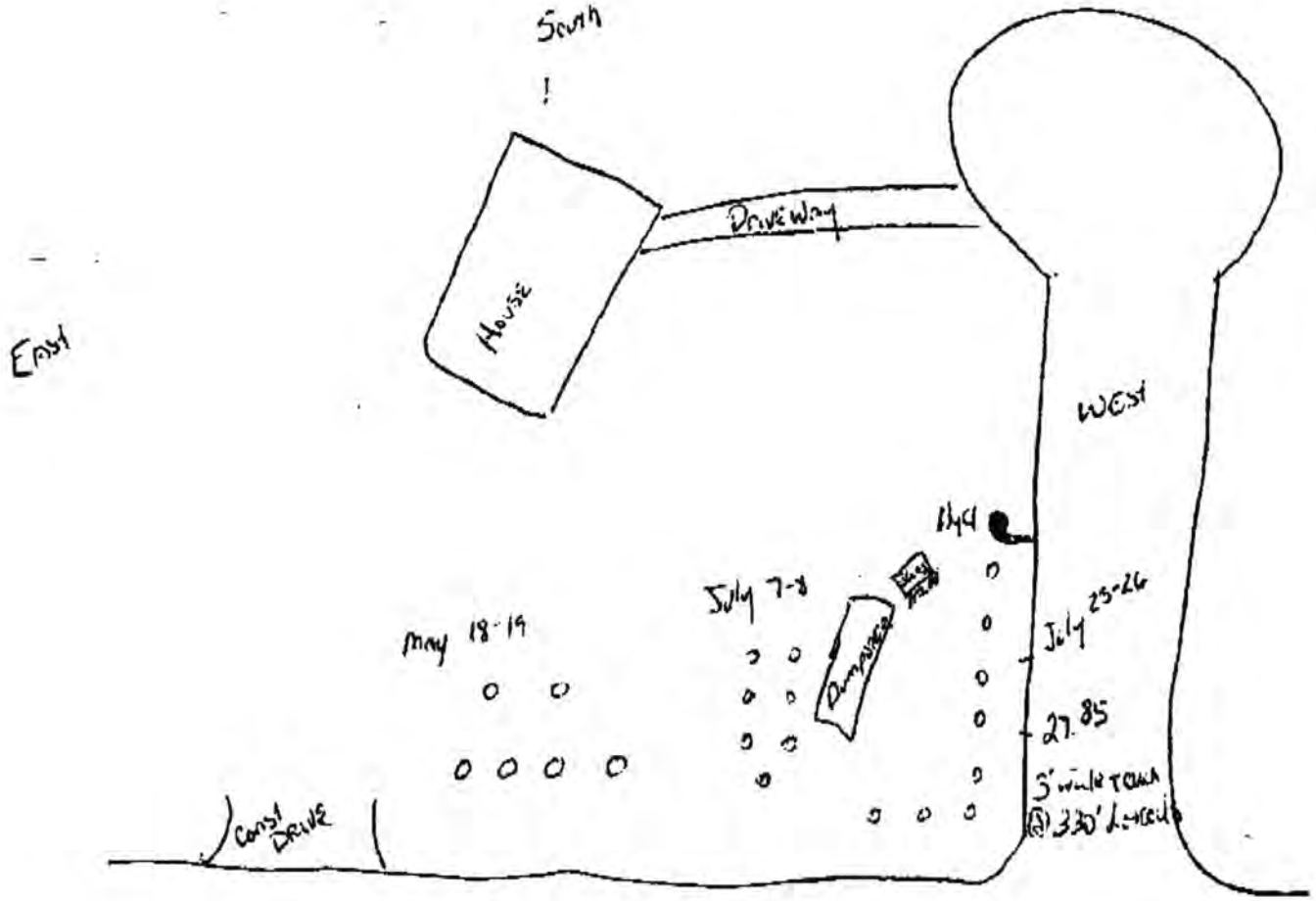



Approximate Scale: _____ft. = _____ grid line/s

**HARPER WELL & PLUMBING INC.**
P.O. BOX 15
ADAMS, NE 68301
OFFICE (402) 988-2055
HOME (402) 782-8715

Hunters ② Hickman
Lewis Lavine

Perk Test
May 18-19 2005
July 7-8 2005
July 25-26 2005



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 9/16/05

**System Location (Indicate correct number and street)**

Address 17600 LEISURE CIR City _____ NE, Zip _____
(no rural route)

### A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: 70 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 77 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 60 ft.

### B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 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 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 60 ft.

### C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 43.5 ft.

### D. Absorption Field

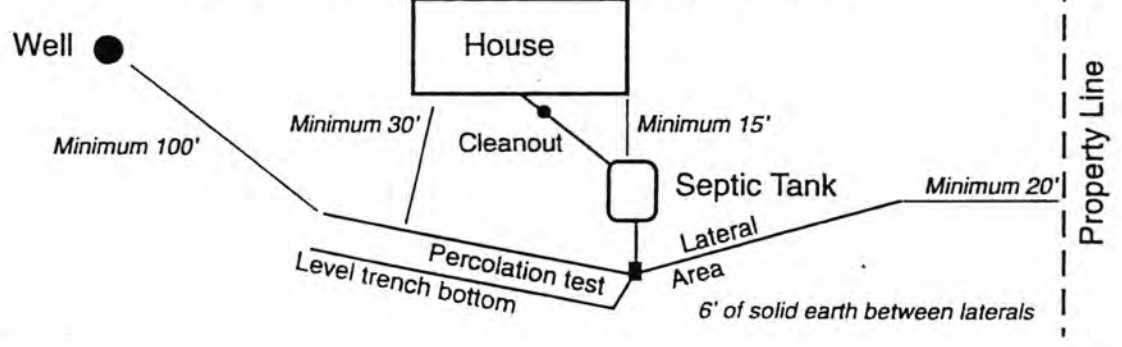
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other HI CAP INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 134 ft. 126 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 40 ft.
   Property line 40 ft.

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

Indicate North with Arrow

**Individual Sewage System Design (Example)**




FORM 23-103 10-96