Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002120

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380261901

Issued 04/15/03
Expires 10/15/03
Revenue Code 3157

Establishment JON ENGELHARDT
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 4 LOT 3
17101 S 72 ST-HICKMAN

FEES: $200.00

Permittee JON ENGELHARDT
2118 STOCKWELL ST
LINCOLN NE 68502

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: 03380219

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 17101 S. 72nd (no rural route) City Hickman NE, Zip 68372

Legal Description 1/4 22 1/4 Section 8N Township 7E Range Hickman Ridge Estates Subdivision 4 Addition 3 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 Jon Engelhardt Signature Jon Engelhardt

Address 2118 Stockwell City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 423-4996 Work Phone 465-5811

C. Contractor

Name Mike Goings Company Name Goings Custom Homes

Address 4300 W. High Ridge Rd City/State/Zip Lincoln NE 68522

☐ Check if contractor designed system Work Phone 610-0027

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

Designer Name Brad Southwick Firm Southwick Sewer Work Phone 475-2462

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 4/15/03 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 4-15-03 Date frwd 4-15-03	ACTION ☒ Approved ☐ Disapproved Signature Tony Vitale	
3. City or County Engineer	Date rec'd 4-16-03 Date frwd 4-16-03	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

~~6/17/03 Need drawing of C.A.~~

Installation Final Written Approval

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

Date SEPTEMBER 10, 2003

Business Office Use Only

Date Rec'd 4-15-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 1828

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: 033802619

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17101 So 72nd (no rural route) City Hickman NE, Zip 68372

Owner Jon Engelhardt Addresss 2118 Stockwell Lincoln NE 68502

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

Date of Tests 3-26 to 3-27-03 Weather: Precipitation T Temperature 40-50

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	3/26	7:30	3/27	6:15	3/27	6:15	24 1/2	3/27	6:45	30	1/4	120
2			AM		AM		A	19 5/8		A		1/4	120
3								20				1/8	240
4								19 1/4				1/4	120
5								25 3/8				3/8	80
6								18 5/8				1/8	240

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462

Address 17201 So 72nd.
Hickman, Ne 68372

Sum of Percolation Rates: 920

Average of Rates: 154

Rate Used for Calculation: _____

→ Did not average 60 min. or less. Requires alternative system I.E. Sewage Lagoon

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

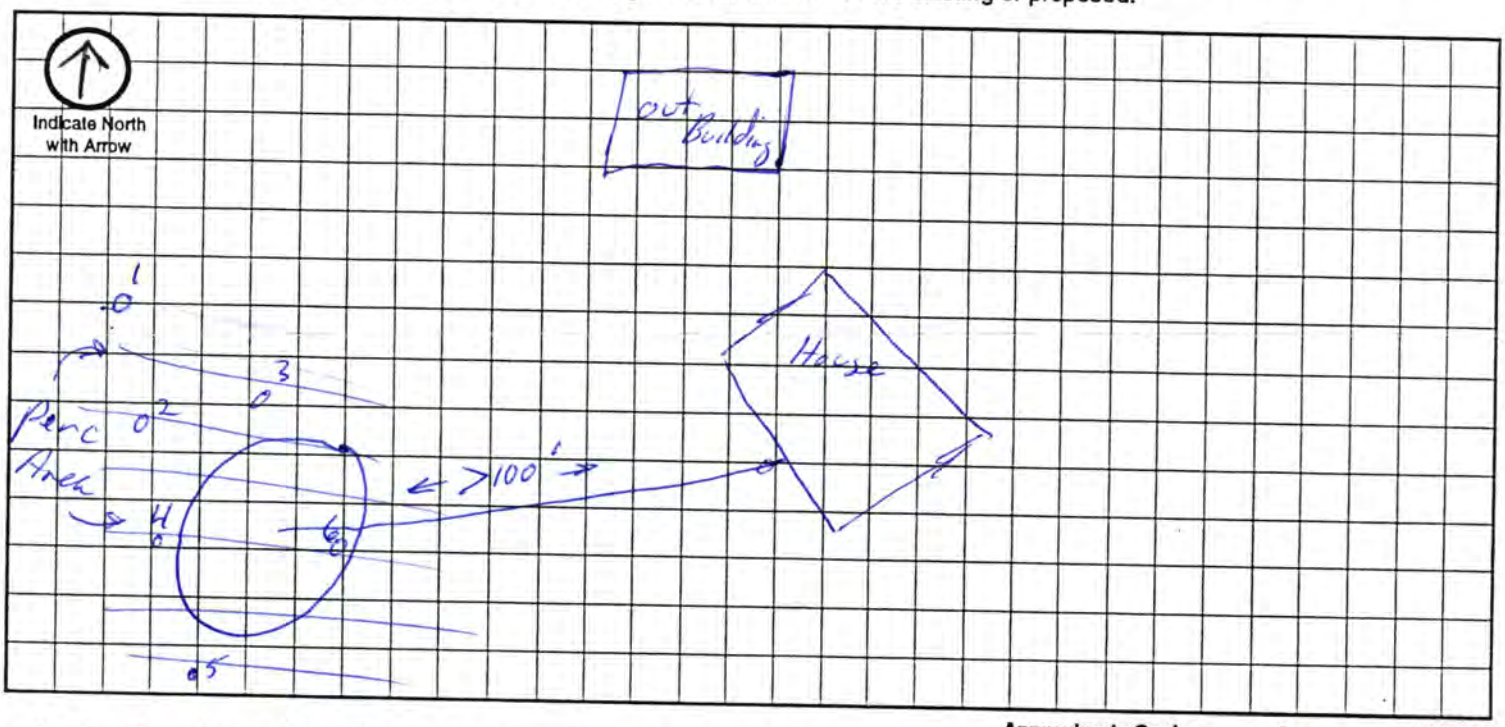
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802619

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) 17101 So 72nd 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 ☒	☒

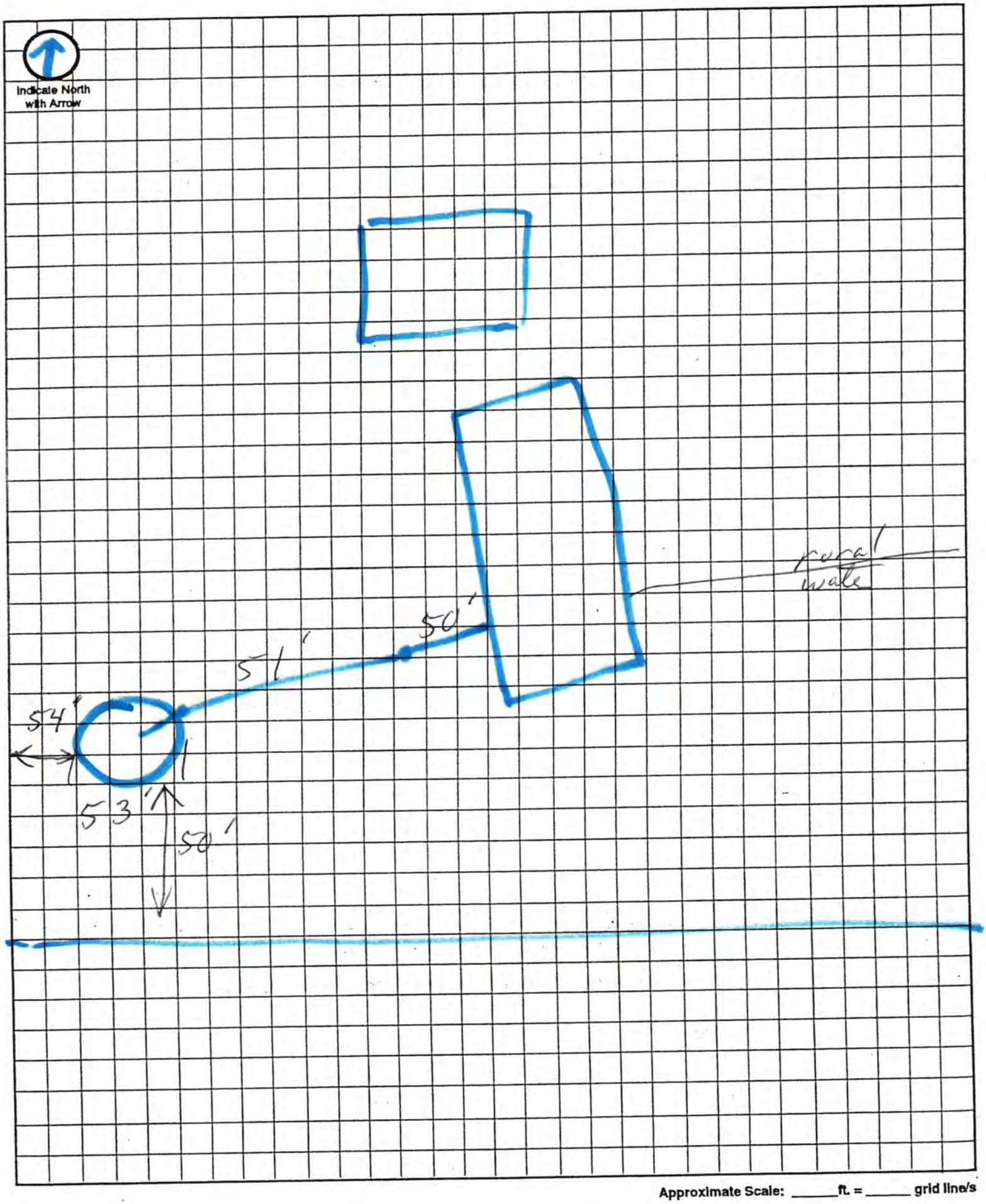
E. Required Signatures

Home Building Contractor Michael D. George Date 4-10-03

Installer Brad Smith Date 3-28-03

FORM 23-102 10-96

As Built Drawing



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

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-26-03

Lagoon

System Location (Indicate correct number and street)

Address 17101 So 72nd (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 31 in.
3. Distance between dwelling and septic tank: 101 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line >20' 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

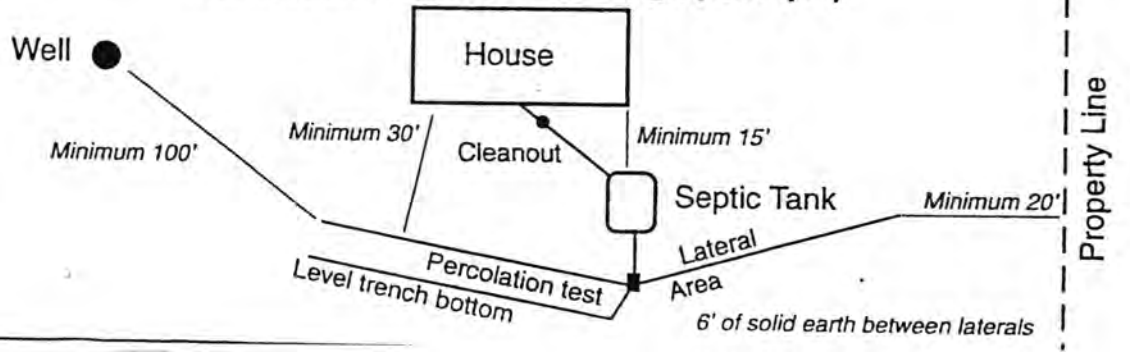
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96