Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380245301

Issued 04/16/02
Expires 10/16/02
Revenue Code 3157

Establishment
RON LANNIN
T8N R7E SEC 22
HICKMAN RIDGE ESTS-1 BLK 4 LOT 4
17100 LEISURE CT-HICKMAN

FEES: $200.00

Permittee
RON LANNIN
17100 LEISURE CT
HICKMAN NE 68372

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002020

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

A

Permit Number: 02380245 3

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 17100 Leisure COURT (no rural route) City HICKMAN NE, Zip _____

Legal Description 22 8N 7E HICKMAN RIDGE ESTATES 4 4
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 RON & SHERRY LANNIN Signature _____

Address 17100 Leisure COURT City/State/Zip _____

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

C. Contractor

Name KRAMER Enterprises LLC Company Name _____

Address 4600 Renfro Dr. City/State/Zip LINCOLN NE 68526

☐ Check if contractor designed system Work Phone 489-9209 - 430-6358

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 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 4/16/02 Date frwd 4/16/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/16/02 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/16/02 Date frwd 4/16/02 ACTION ☒ Approved ☐ Disapproved Signature _____

8/26/02 J.C.H. Sewer tank, 1 lateral. 8/27/02 J.C.H.

Installation Final Written Approval

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

Date NOVEMBER 5, 2002

Business Office Use Only

Date Rec'd 04/16/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3478

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 17100 Leisure CT (no rural route) City Hickman NE, Zip 68372

Owner _____ Addresss _____

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

Date of Tests 7-15 to 7-16 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	36	7/15	7:30	7/16	8:05	7/16	8:05	12 1/4	7/16	8:35	30	1/2	60
2			PM				AM	14 1/2		AM		7/8	34
3								14				1/2	60
4								13 7/8				5/8	48
5								21 1/4				5/8	48
6								22 1/2				1/2	60

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 792-2462
Address 17201 So 72nd St
Hickman, Ne 68372

Sum of Percolation Rates: 250
Average of Rates: 42
Rate Used for Calculation: 60

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: 023802453

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) 17100 Leisure court City Hickman NE, Zip _____

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

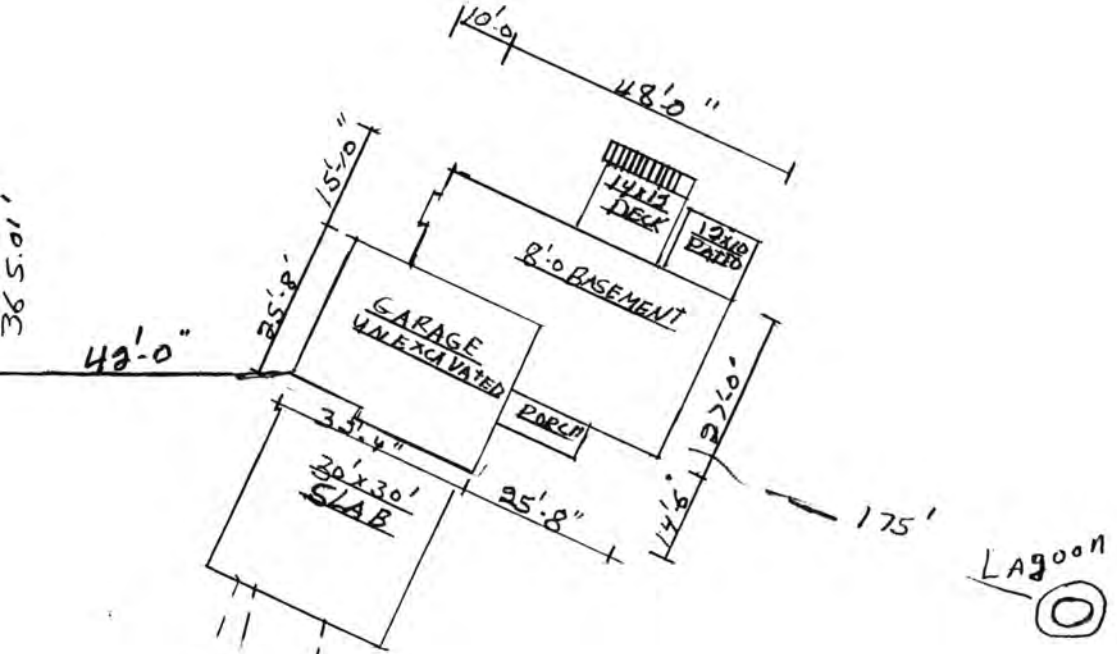
Home Building Contractor /s/ Kramer Enterprises LLC Date 4-16-02

Installer Brad Sodlewick Date _____

350.01'

N

LEGAL:
Lot 4
BLK 4
HICKMAN RIDGE ESTATES
No Scale
4-9-02
A New Residence
FOR:
Ron + Sherry LANNIN



365.01'

435.01'

130'

ROCK ROAD

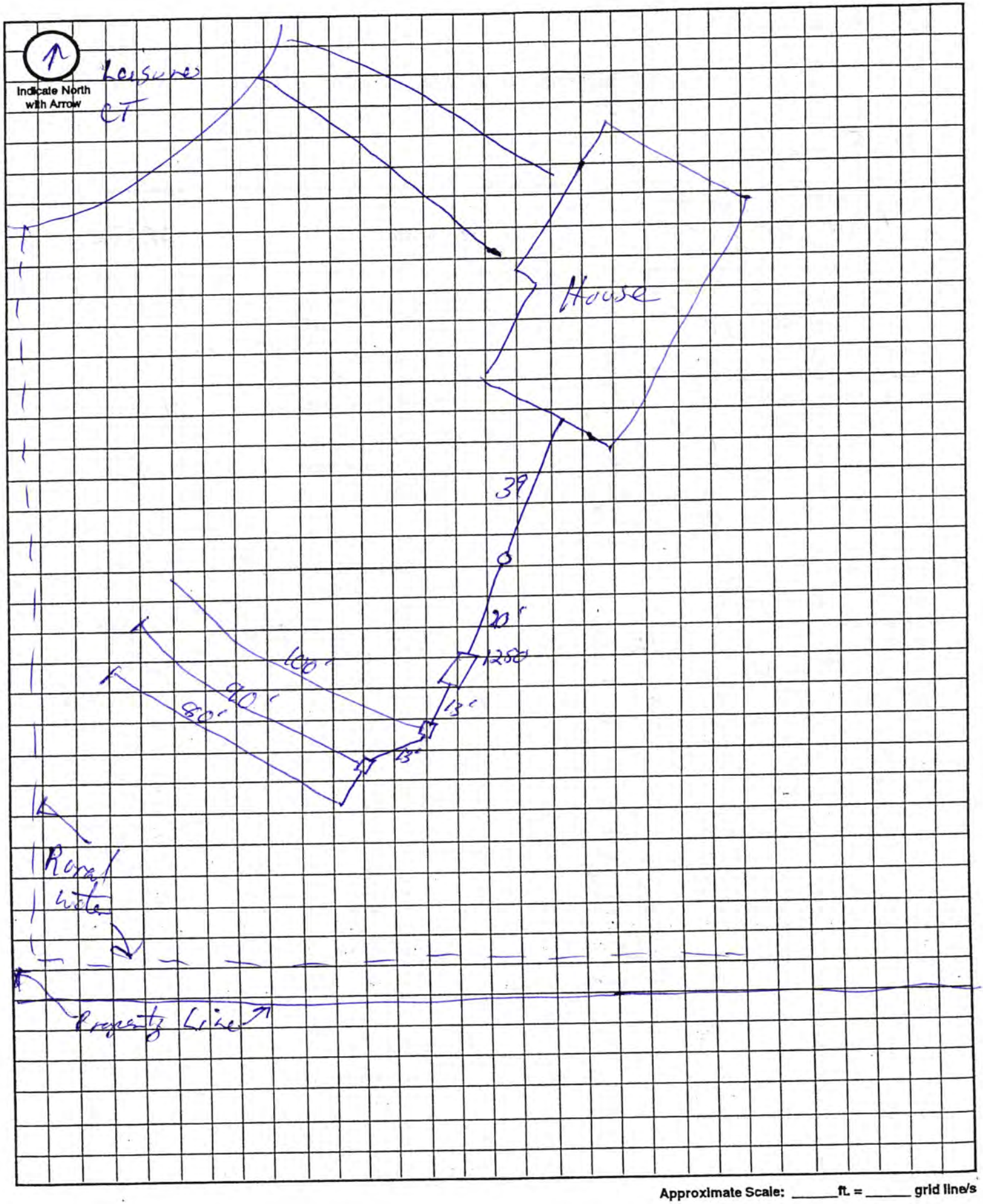
84.95'

17100 LEISURE COURT

KRAMER ENTERPRISES LLC

290.01'

As Built Drawing



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

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Ron & Sherry Lannin

Date 11-5-02

System Location (Indicate correct number and street)

Address 17100 Leisure CT (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: 11 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 30 ft.
   property line > 5 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 X 9 in.
   Over outlet, diameter 5 X 10 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 5 ft.

C. Distribution Box Drop Boxes (2)

1. Material: PVC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 + 26 ft.

D. Absorption Field

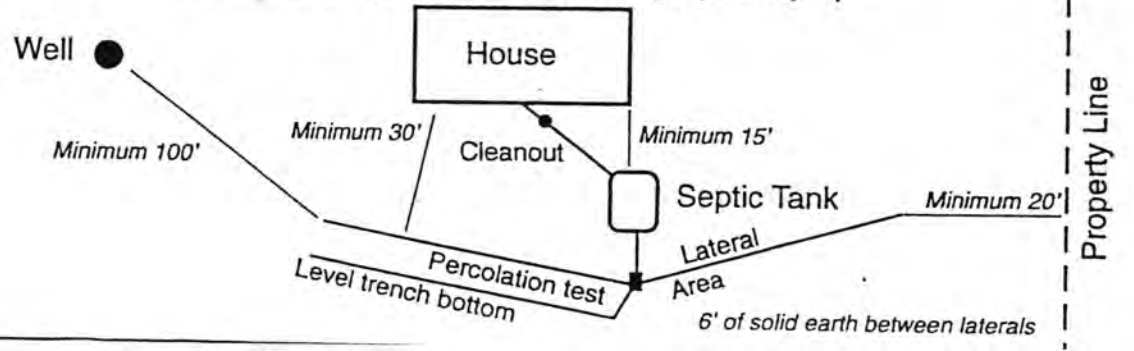
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 100 ft. 90 ft.
   80 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96