Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380230001

Issued 04/10/01
Expires 10/10/01
Revenue Code 3157

FEES: $200.00

Establishment

PAT MAAE
T8N R7E SEC 28 QTR NE
E1/2 OFSW1/4 OFNE1/4
S 68 ST-HICKMAN

TOTAL: $200.00

Permittee

PAT MAAE
5511 NW FAIRWAY DR
LINCOLN NE 68521

Acting
Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014674

APR 1 2 2001

APR 9 2001

A

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

Permit Number: 01380230O

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 S. 68th Street HICKMAN (no rural route) City HICKMAN NE, Zip 68372

Legal Description E1/2, SW1/4, NE1/4 Section 28-8-7 LLCN
(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 PAT MAAS Signature Pat Maas

Address 5511 N.W. FAIRWAY RD. City/State/Zip LINCOLN NE. 68521

☐ Check if owner designed system Home Phone _____ Work Phone 402-420-6363

C. Contractor

Name RON HINKLEY Company Name TOWN & COUNTRY CONSTRUCTION CO. INC.

Address _____ City/State/Zip LINCOLN, NE. 68504

☐ Check if contractor designed system Work Phone 402-466-1686

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

Designer Name STAN KROESS Firm DIRT WORKS PLUS Work Phone 466-6092 CELL 560-1208

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 4/9/01 Date frwd 4/12/01 ACTION ☐ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-11-01 Date frwd 4-11-01 ACTION ☒ Approved ☐ Disapproved Signature Tommy Vitta
3. **City or County Engineer** Date rec'd 4-13-01 Date frwd 4-13-01 ACTION ☒ Approved ☐ Disapproved Signature Jim Ploog

5/23/01 Need Drawing. J.C.K.

Installation Final Written Approval

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

Date MAY 31, 2001

Business Office Use Only

Date Rec'd 04/10/01
Amt Paid 200.00
Rec'd By LO Cash/Check No. 379

FORM 23-100 9-00 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

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 50 68TH ST (no rural route) City HICKMAN NE, Zip 68377

Owner PAT MAAE Address 5511 NW Fairway Road LNK NE 68521

Soil Type (SCS): Clay Wymore Silty Clay Loam Percolation Rate: _____ min./inch

Date of Tests 5-1-01 to 5-2-01 Weather: Precipitation 0 Temperature 80's

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	27	5/1	1200 PM	5/2	1200 PM	5/2	1200 PM	6	5/2	400 PM	30	3/4	40 MIN/IN
2	26	5/1	1200 PM	5/2	1200 PM	5/2	1200 PM	6	5/2	400 PM	30	1	30 MIN/IN
3	28	5/1	1200 PM	5/2	1200 PM	5/2	1200 PM	6	5/2	400 PM	30	1	30 MIN/IN
4	28	5/1	1200 PM	5/2	1200 PM	5/2	1200 PM	6	5/2	400 PM	30	3/4	40 MIN/IN
5	30	5/1	1200 PM	5/2	1200 PM	5/2	1200 PM	6	5/2	400 PM	30	3/4	4 MIN/IN

Person Conducting Percolation Tests

Name: Steve Kraus
Phone: 560-1202
Address 7324 Ballard
LNK NE 68507

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 44 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hoof Date _____

FORM 23-101 10-96

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

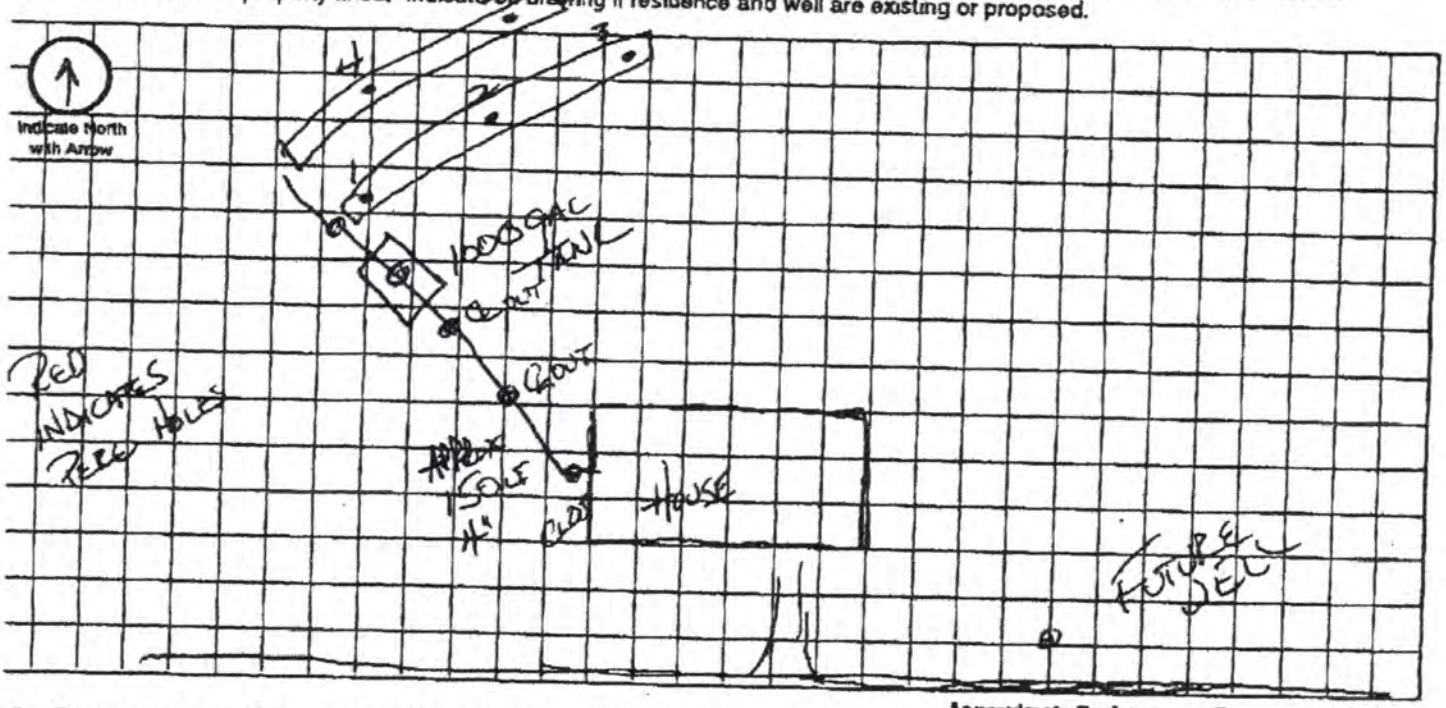
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications PAT MAAE

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 5 68TH ST 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 44 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: ____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Eyelyer - Gravel less

Capacity of Septic Tank 1250 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

Total Length of Laterals 206 ft. AS NEEDED Number of Trenches 2 Trench Width 4

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 Ron Hackley Date 5-3-01

Installer ____ Date 5-3-01

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 5-24-01 DAT MAAE

System Location (Indicate correct number and street)

Address 5 68TH St (no rural route) City HICKMAN NE, Zip 68372

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 141 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream 200 + ft.
   pressure line 80 ft.
   property line 200 + 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 2 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 200 + ft.
   Pressure line 200 + ft.
   Property line 200 + ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 49.5 ft.

D. Absorption Field

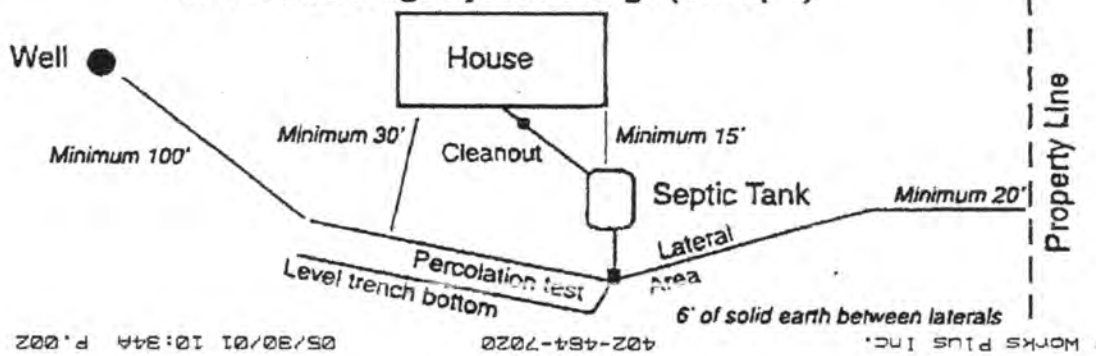
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other HIGH CAPACITY EQUALIZER
2. Lateral lines: Number 2
   Length of each line: 102 ft. 108 ft.
   ____ ft. ____ ft., 4 ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material ____ in.
5. Distances to: Well or suction line 200+ ft.
   Stream 200 + ft.
   Pressure line 200 + ft.
   Property line 200 + ft.

Indicate North with Arrow

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

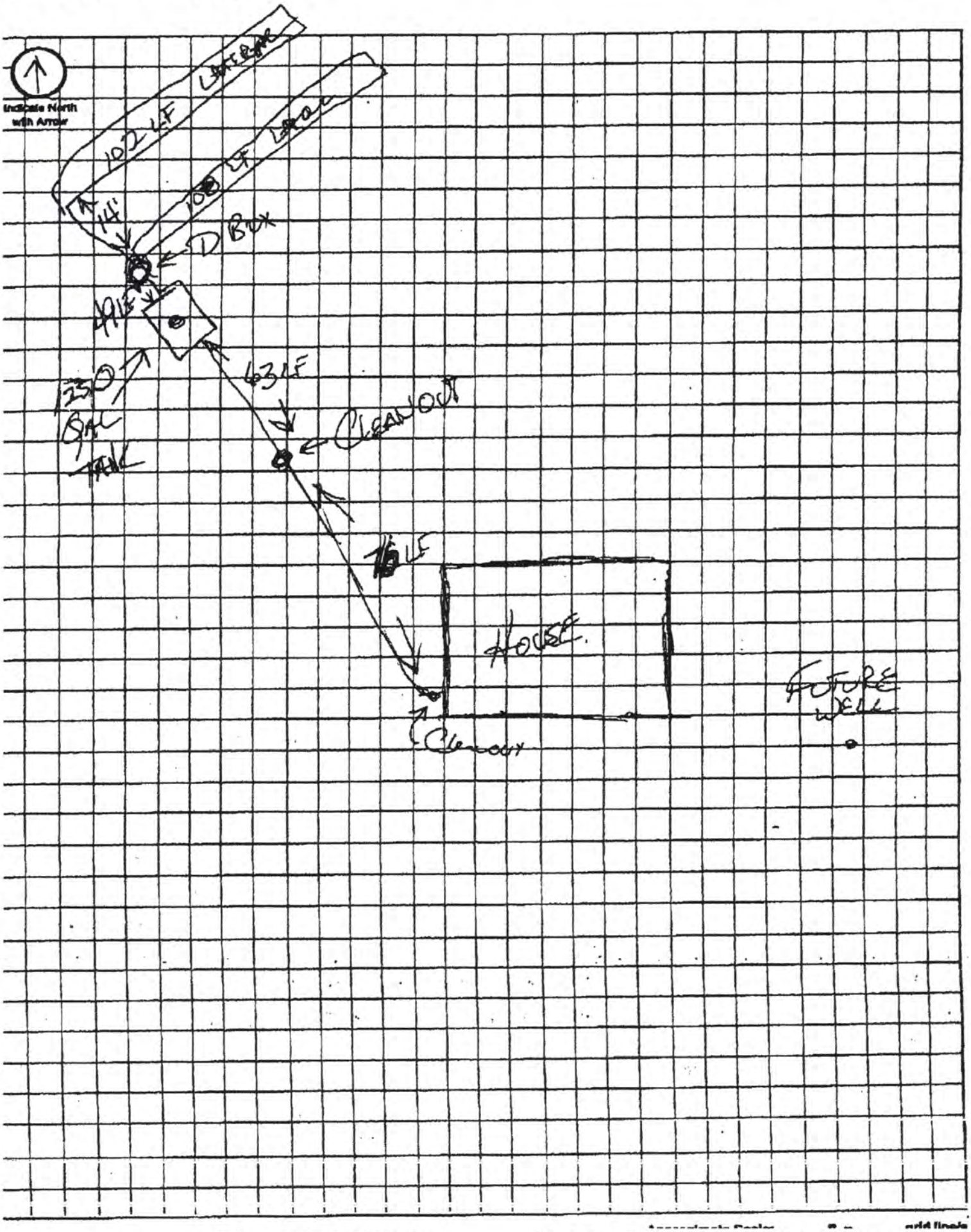
Individual Sewage System Design (Example)



FORM 23-103 10-96

05/30/01 10:34A P.002 402-464-7020 Dirt Works Plus Inc.

As Built Drawing



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005216

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380284801

Issued 06/22/04
Expires 12/22/04
Revenue Code 3157

Establishment:
ARNIE COLE
T8N R7E SEC 28 QTR NE
E1/2 OFSW1/4 OFNE1/4
18221 S 68 ST-HICKMAN

FEES: $200.00

Permittee:
ARNIE COLE
18221 S 68 ST
HICKMAN NE 68322

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: 043802848

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 18221 So. 68th (no rural route) City Hickman NE, Zip 68372

Legal Description: 1/4 = E½, 1/4 = SW¼, Section = 28, Township = 8N, Range = 7E, Subdivision = NE¼, 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 Arnie Cole Signature _____

Address 18221 So 68th City/State/Zip Hickman NE. 68372

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

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify STABLE

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 6/22/04 Date frwd 6/23/04 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/23/04 Date frwd 6/23/04 **ACTION** ☒ Approved ☐ Disapproved Signature _____

6/22/04 L.C.H.

Installation Final Written Approval

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

Date FEBRUARY 11, 2005

Business Office Use Only

Date Rec'd 6-23-04
Amt Paid $200.00
Rec'd By CW Cash/Check No. 8334

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

D

Permit Number: 043802848

Sewage Disposal System

As Built Plans & Specifications

Date 6-22-04

System Location (Indicate correct number and street)

Address 18221 So 68TH (no rural route) City _____ NE, Zip _____

A. Building Sewer

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

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☐ above ☐ below grade at grade in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 1" 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

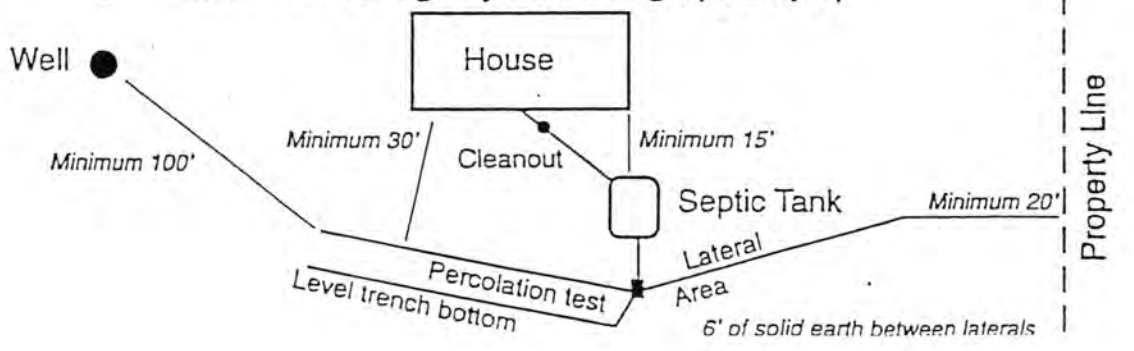
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 34
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 50 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope — in/100 ft.
   Average depth 3 in
4. Filter material: —
   Depth of material — in.
5. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — 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

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

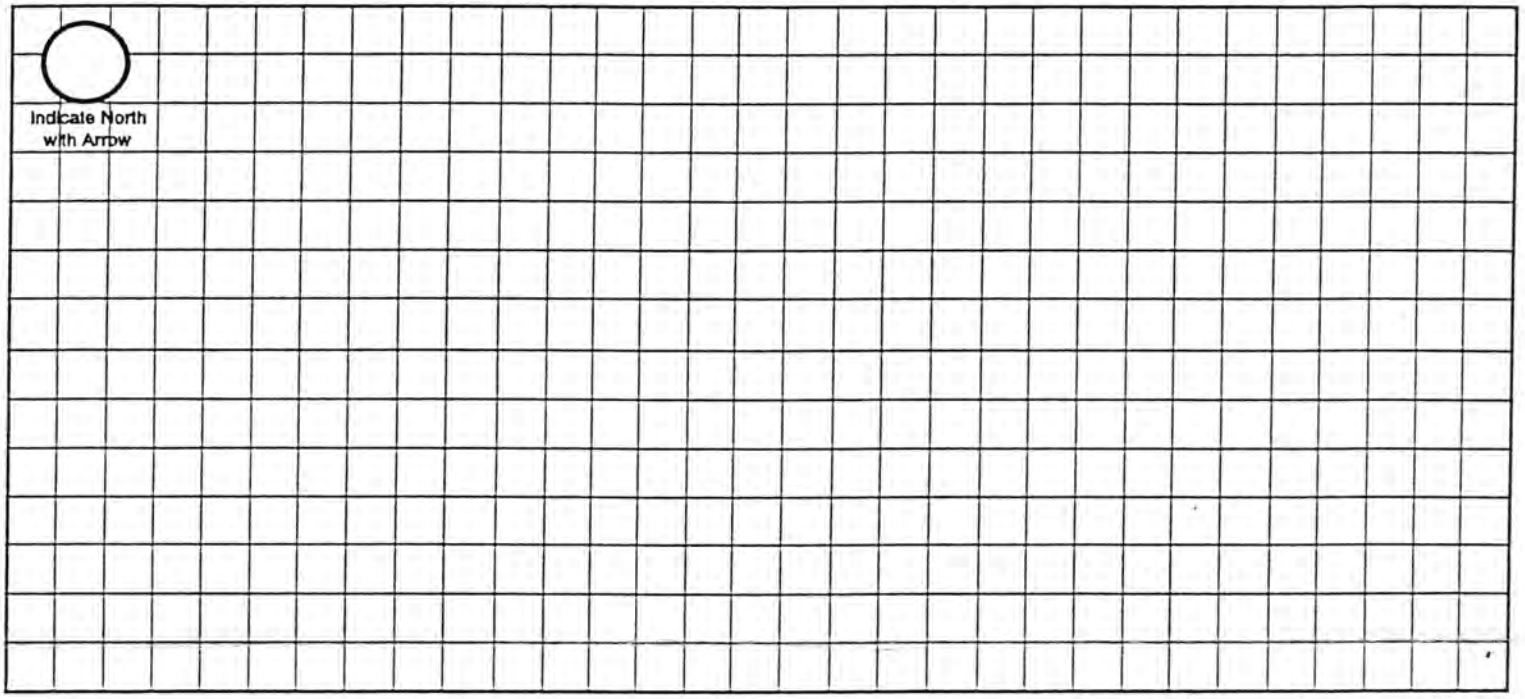
C

Permit Number: 043802848

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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 200 sq. ft.

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

Capacity of Septic Tank 1050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed —

Total Length of Laterals 50 ft. Number of Trenches 1 Trench Width 4 Feet

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 _____ Date _____

Installer Capital City Trenching Date 6-22-04

FORM 23-102 10-96

As Built Drawing

