LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 99380195101

Issued 03/25/99
Expires 09/25/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

JOHN ANKERSON
T8N R7E SEC 28 QTR NE
LOT 13IT
17705 S 68 ST-HICKMAN

Permittee

JOHN ANKERSON
6800 COUNTRYVIEW RD
LINCOLN NE 68516-9245

Issued By Health Director
Lincoln-Lancaster County Health Department

009019

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 99 38019561

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 17705 South 68th (no rural route) City Hickman NE, Zip 68372

Legal Description NE 28 8N 7E 13 I,T
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 JOHN ANDERSON Signature [signature]

Address 6800 Countryview Rd City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 423/5674 Work Phone 560-1004

C. Contractor

Name Southwick Company Name Southwick Sewer & Drain

Address 17201 S 72nd City/State/Zip Hickman NE 68372

☑ Check if contractor designed system Work Phone 792-2462

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

Designer Name Southwick Sewer & Drain Firm _____ Work Phone 792-2462

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 3/24/98 Date frwd 3/24/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-22-99 Date frwd 3-22-99 ACTION ☒ Approved ☐ Disapproved Signature Annette Hood
3. **City or County Engineer** Date rec'd 03/24/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By _____

Date 6-17-99

Business Office Use Only
Date Rec'd 3/24/99.
Amt Paid #150.00
Rec'd By _____ Cash/Check No. 3983.

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

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 17705 South 68th St (no rural route) City Hickman NE, Zip 68372

Owner John Akkerson Addresss 6800 Coventry View Rd Lincoln NE 68516

Soil Type (SCS): WTC2 Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Seeded Lagoon

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

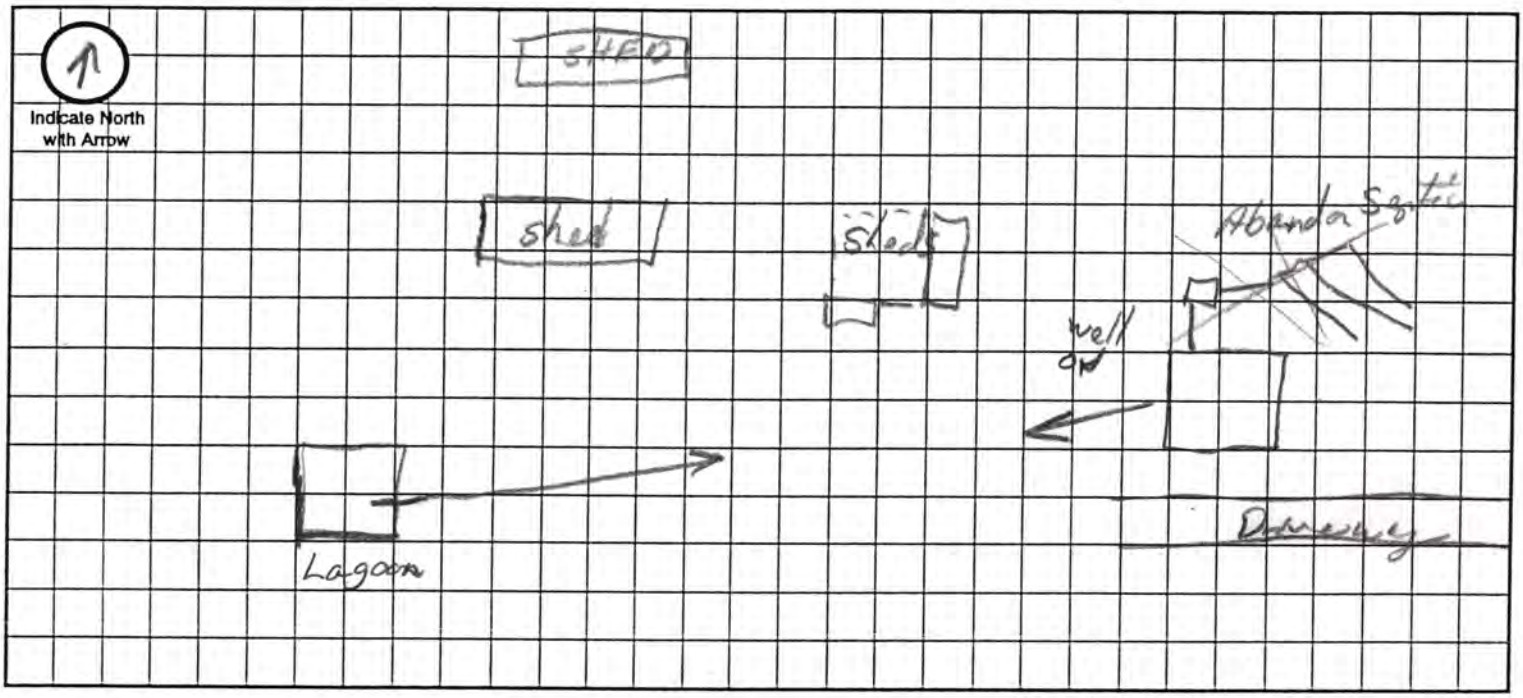
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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) 17205 S 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 _____ (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 _____ Date 3/15/99

Installer Brad Southwick Date 3/15/99

FORM 23-102 10-96

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

D

Permit Number: 99 3801951

Sewage Disposal System

As Built Plans & Specifications

Date 6-10-99

System Location (Indicate correct number and street)

Address 17705 So 68 (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: _____ in.
3. Distance between dwelling and ~~septic tank~~: 285 ft.
4. Number of clean-outs: 5 Lagoon
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

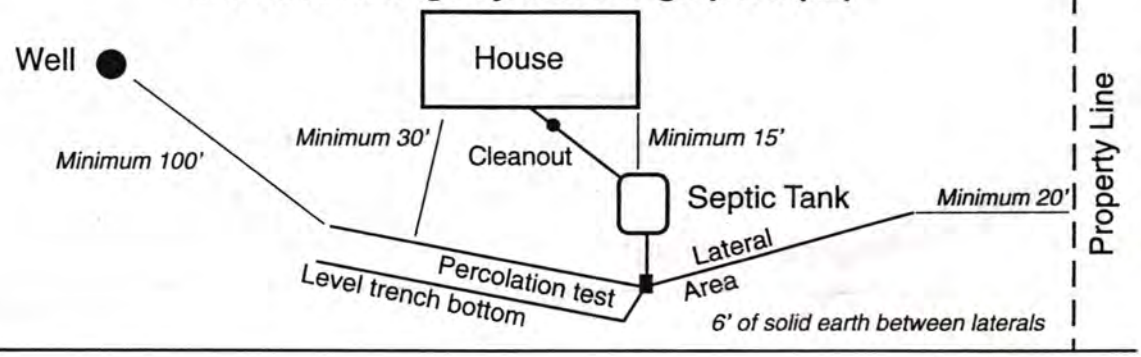
(Provide as-built drawings on back of this form)

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)

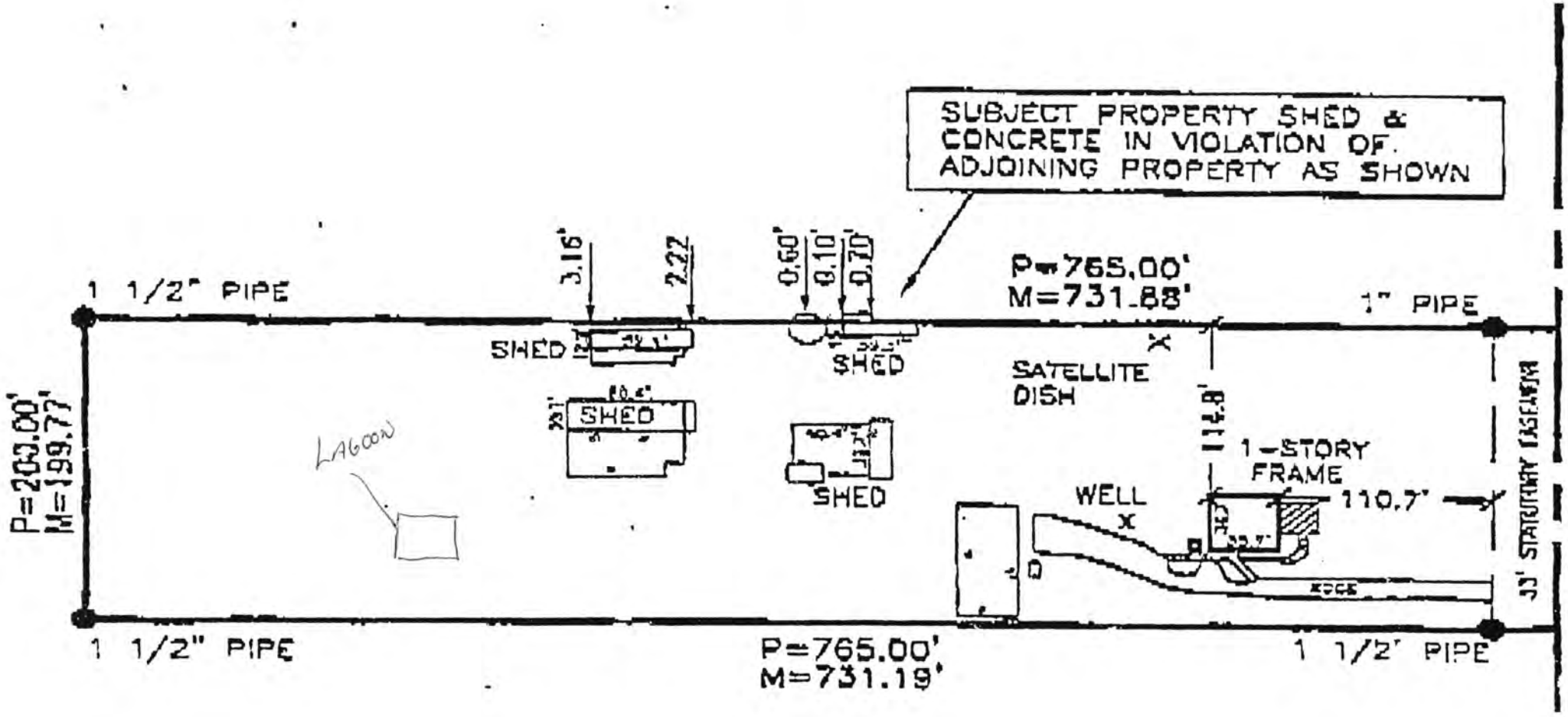


FORM 23-103 10-96

17705 SO. 80TH STREET, HICKMAN

Sec 25
T 8 N
R 7 E of the 6th P.M
Lot 13 NE 1/4

N



FAX - 489-3952

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

CR 3929

Legal Description of Property: Street Address 17705 S 68th

Twp 8N Range 7E Section 20 1/4 NW 1/4 Block ___ Lot 13 Addition ___

Directions to Property Highway 8 east to 56th South to Saltillo West to 68th Street South approx 1 1/2 miles property on west side of 68th

Location of Well 50' West of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Septic North of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Robert A. Ahonink	17705 S 68th Hickman, NE 68372	
Tenant/Buyer:	John E. Anderson		
Return to:	John E. Anderson	Property is vacant at present Realtor Pam Hansen has lock box key (430-0649)	423-5674

Signature of Applicant John Anderson Address 6800 Countryview Rd Lincoln 68516 Date 1/31/99

R2-3

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/2/99
Initials ___
Amount $150.00
Check No. 4265

DATA ENTRY

Date 2/11/99
Case No. 9902 11001
Initials ___

PRELIMINARY STATUS--By ___ **DATE:** 2/8/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria 2-10-99 via phone	☑ 0 /ml	☐ ___ /ml
Nitrate	☐ ___ ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF the tank has not been pumped recently it should be checked to see if it is needed. No visible evidence of sewage effluent on the ground, however house is vacant System appears to predate regulations, hence a provisional approval is given. An animal pen, no longer in use, is within 100 ft of the well. Please keep livestock pens at least 100 ft away from the well. ☐ See Attached Letter

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☑

Approved by 2-10-99 - From Hansen's statement that the RO system provides water to the house ☑ Date 2/10/99

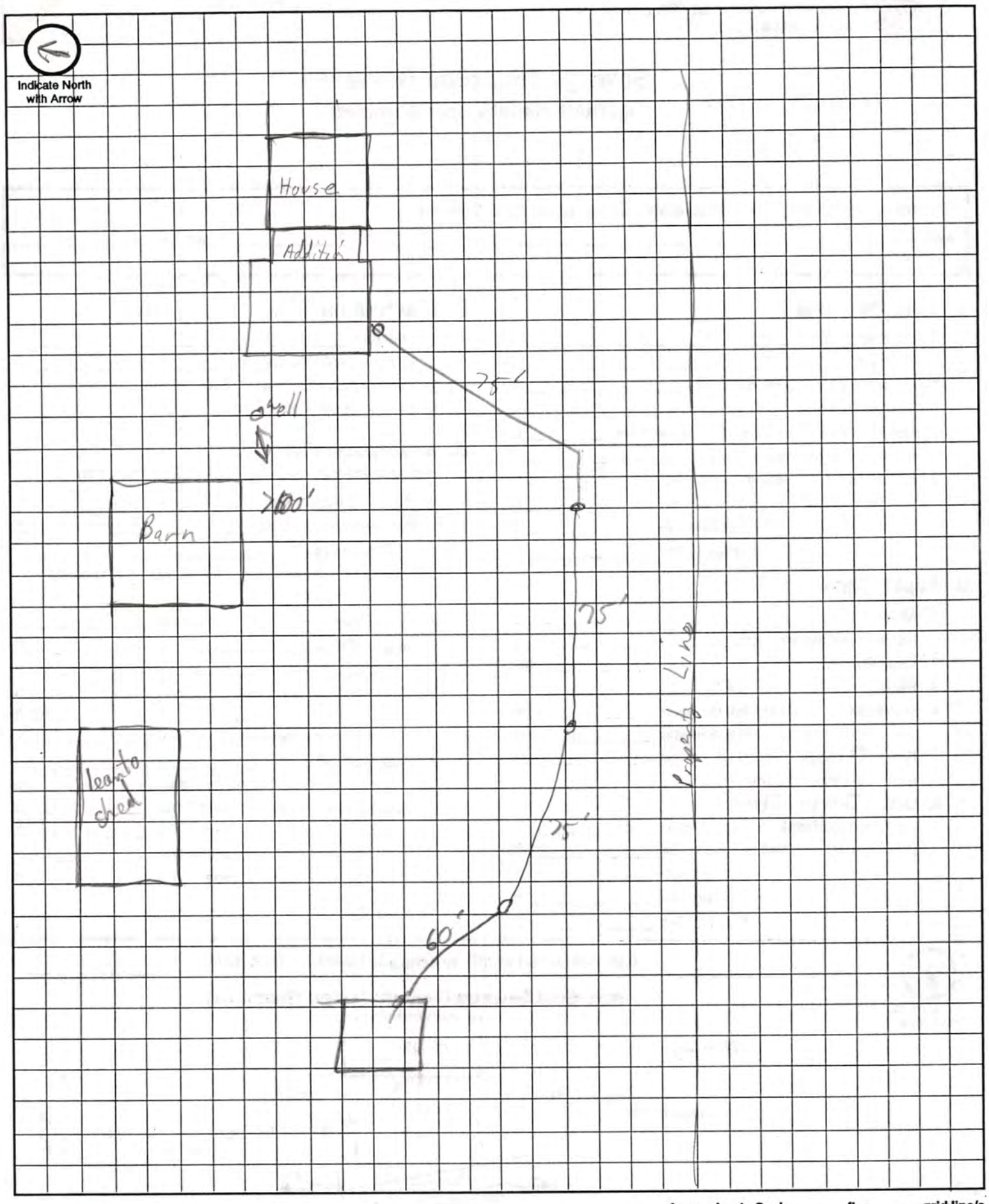
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

P6759-4

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s