# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003321

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380276901

Issued 01/20/04
Expires 07/20/04
Revenue Code 3157

Establishment: DAN TEACHOUT
T8N R7E SEC 33 QTR NE
IRREGULAR TRACT LOT 58IT
210 W 3 ST-HICKMAN

FEES: $200.00

Permittee: DAN TEACHOUT
210 W 3 ST
HICKMAN NE 68372

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: 04380276901

# 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 210 W 3rd ST (no rural route) City HICKMAN NE, Zip 68372

Legal Description NE QUARTER 33 8N 7E IRREGULAR TRACT 58 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 DAN TEACHOUT Signature K. Dan Teachout

Address 210 W 3rd City/State/Zip HICKMAN NE 68372

☐ Check if owner designed system Home Phone 402-792-2845 Work Phone 402-335-5148

### C. Contractor

Name Scott Haes Company Name HAES CONTRACTING INC.

Address 10600 S 40 City/State/Zip ROCA NE 68430

☑ Check if contractor designed system Work Phone 402-499-1166

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

Designer Name HAES CONTRACTING INC. Firm _____ Work Phone 402-499-1166

### 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 1/20/04 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/22/03 Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature Cheryl Scott
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature NO JURISDICTION

TO BE BUILT ABOVE FLOOD PLAIN LEVEL C.H.
8/11/04 need to complete ~~forms~~ + drawing L.C.H.

### Installation Final Written Approval

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

Date SEPTEMBER 17, 2004

8/23/04 ~~Need drawing~~ + lock L.C.H.

***Business Office Use Only***
Date Rec'd 01/20/04
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 4170

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:

# Sewage Disposal System
## As Built Plans & Specifications

Date 9-15-04

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

Address 210 W 3rd (no rural route) City HICKMAN NE, Zip 68372

## A. Building Sewer

1. Material: PLASTIC / LIFT PUMP
   Diameter: 2" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 4' in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 75 ft.
   stream 150 ft.
   pressure line 15 ft.
   property line 150 ft.

## B. Septic Tank

1. Material: N/A
   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: N/A
   Number available outlets:
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ft.

## D. Absorption Field N/A LA

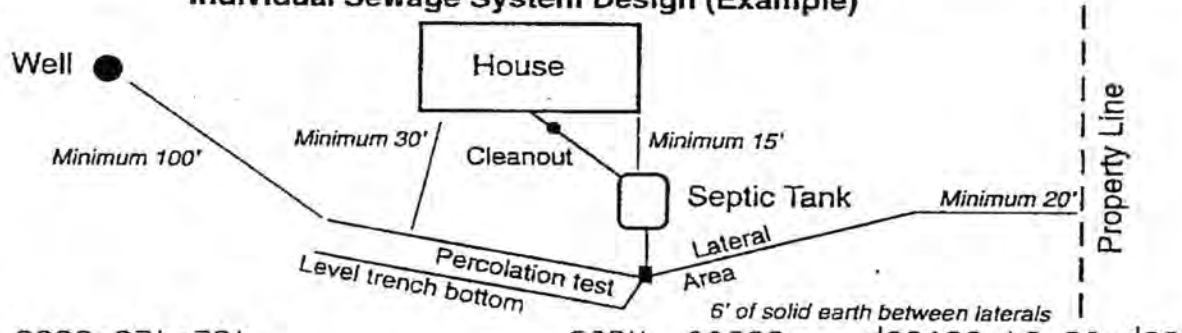
*(Provide as-built drawings on back of this form)*

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.

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

Indicate North with Arrow

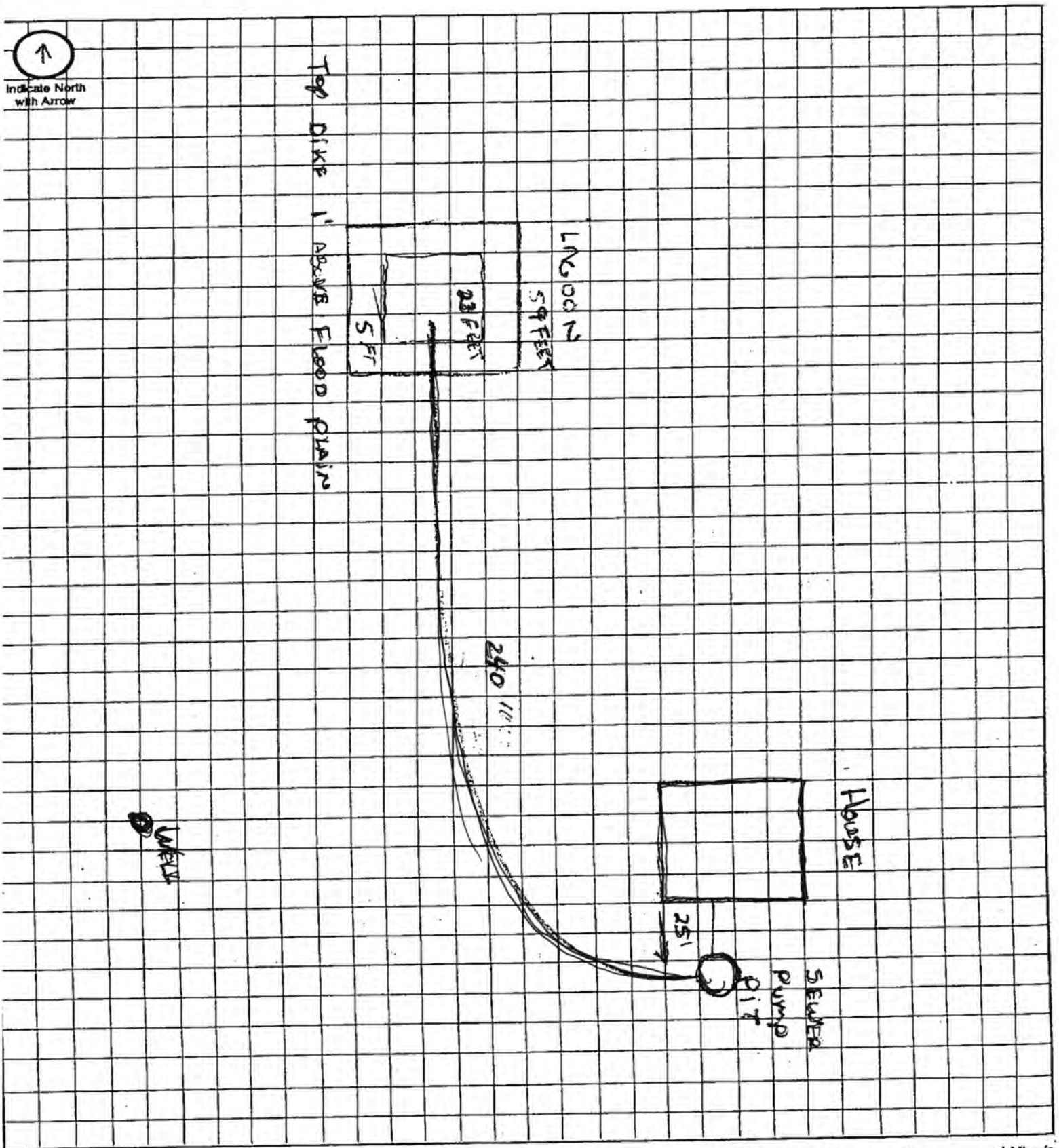
**Individual Sewage System Design (Example)**




ORM 23-103 10-96

Sep 16 04 03:05p Scott Haes 402-423-3553 p.1

# As Built Drawing




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

# 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

9

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 210 W. 3rd Hickman

Parcel ID 153-320-001000-_____-_____ (i.e. 99-99-999-999-999)

Twp 8N Range 7E Section 33 1/4 NE 1/4 Block ____ Lot 5 & 8 Addition Long tract to Hickman

Directions to Property South to Hickman, West to Maple at the Bank, South to property across RR tracks

Location of Well ~~Yes~~ NA Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon west of House Year Installed 9/17/04

Site Hazards (dogs, etc.) _____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | R.T.P Relo | | |
| Tenant/Buyer: | Ron + Melanie Leather Wood | 23518 W. C. R. #4 Hudson Co. 80642 | 303-536-9970 |
| Return to: | Kim Roberts | 7211 So 27th Home L.E. Lincoln NE 68512 | 430-8249 436-3299 (Fax) |

Signature of Applicant Kim Roberts Address _____ Date ____/____/____

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 3/9/05 Amount $200.00 Check No. 6990 Initials MS

**DATA ENTRY** Date ____/____/____ Case No. _____ Initials _____

**PRELIMINARY STATUS--By** Jerrold C. Wood **DATE:** 3/10/05

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | | Additional Site Visits |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved | ☒ | Date ____/____/____ by ____ |
| Bacteria | ☐ _____/ml | ☐ _____/ml | Provisional | ☐ | Date ____/____/____ by ____ |
| Nitrate | ☐ _____ppm | ☐ _____ppm | Disapproved | ☐ | Date ____/____/____ by ____ |

**Comments:** WELL ON PROPERTY IS BELOW FLOOD LEVEL. IF THE WELL IS NOT TO BE USED IT MUST BE PROPERLY ABANDONED. NOTE: CHECK OF WATER SYSTEM WAS NOT REQUESTED. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Wood R.E.H.S. Date 3/10/05

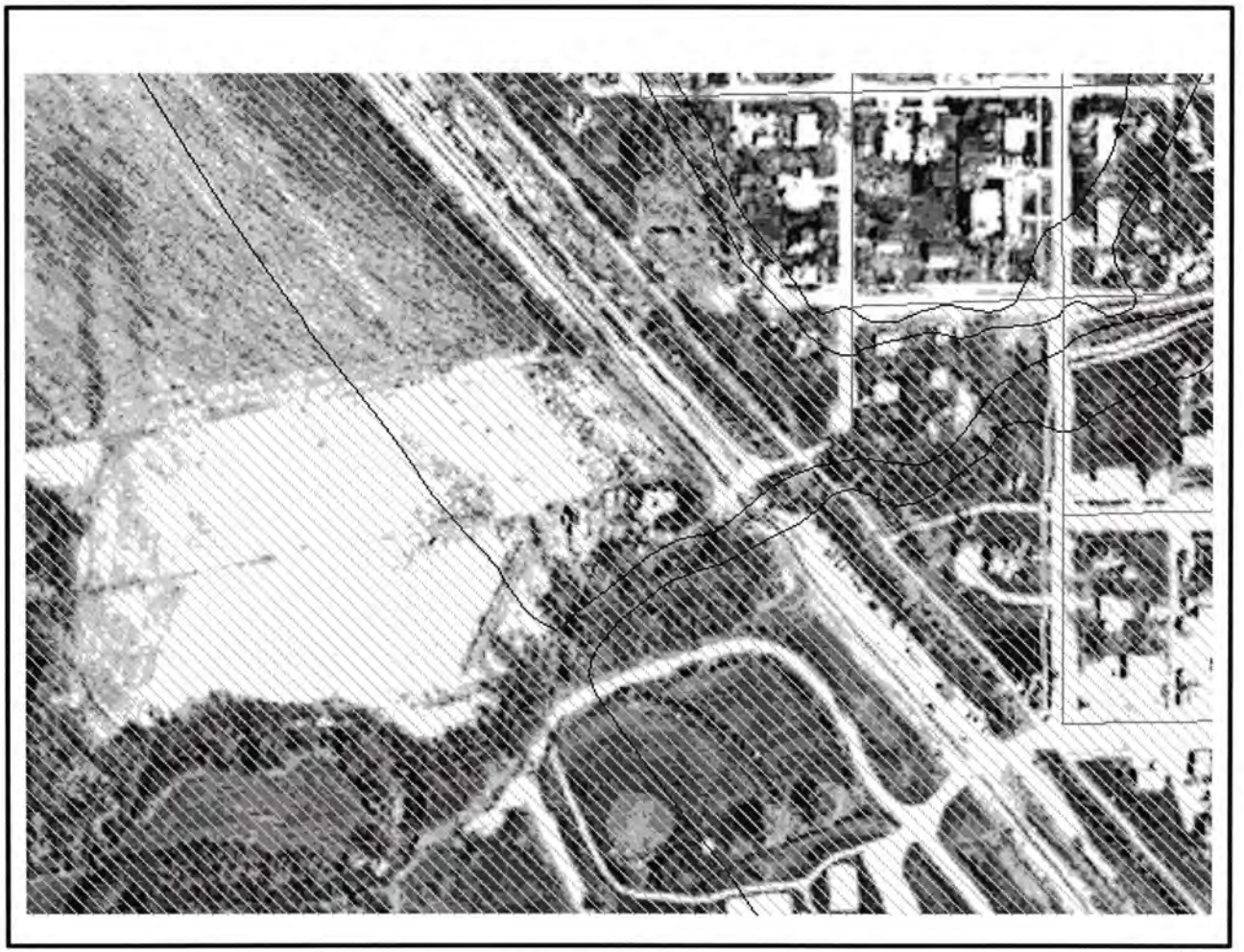
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

ESRI ArcExplorer 2.0

# Map Title



streets

flood1

N

Tuesday, Jan 20 2004