Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009738

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380327801

Issued 11/13/06
Expires 11/13/07
Revenue Code 3157

Establishment: GARY KVASNICKA
T8N R7E SEC 36
WAGON TRAIN ESTS LOT 1
S 96 & WAGON TRAIN RD-HICKMAN

FEES: $290.00

Permittee: GARY KVASNICKA
130 W 1 ST
CORTLAND NE 68331

TOTAL: $290.00

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: 06380327801 12H

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 South 96th City Hickman NE, Zip
Corner of 9 (not rural route) Wagon Train Rd.
Legal Description 36 8 7 Wagon Train Estates 1
LOR 5895 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 Gary Krasnicka Signature Gary Krasnicka - Don Johnson Homes
Address 130 W 1st City/State/Zip Cortland NE 68331
☐ Check if owner designed system Home Phone 798-7313 Work Phone

C. Contractor

Name Don Johnson Homes Company Name Don Johnson Homes
Address 5901 N 27th City/State/Zip Lincoln NE 68521
☐ Check if contractor designed system Work Phone 450-1701

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

Designer Name Mel Eagner Firm Eagner Const. Work Phone 432-5698

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 11/13/06 Date frwd 11/13/06	ACTION ☒ Approved ☐ Disapproved Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 11-13-06 Date frwd 11-13-06	ACTION ☐ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 11-13-06 Date frwd 11-13-06	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By
Date

Business Office Use Only
Date Rec'd 11/13/06
Amt Paid 290.00
Rec'd By AW Cash/Check No. 19744

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 _____ City Hickman NE, Zip 68372
(no rural route)

Owner Gary Kvasnicka Addresss _____

Soil Type (SCS): Black - clay mix Percolation Rate: 60 min./inch

Date of Tests 5-17 to 5-18 Weather: Precipitation Dry - Sunny Temperature 70°

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	24"	5-17	9:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60
2	24"	5-17	9:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60
3	24"	5-17	9:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60
4	24"	5-17	9:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60
5	24"	5-17	9:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60
6	24"	5-17	3:30	5-18	9:30	5-18	9:30	6"	5:18	10:00	30	½	60

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Paul Weber

Phone: (402) 791-3008 580-8311

Address 10133 Willow Cove Lane
Firth Ne 68358

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

B

Permit Number: 063803278

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address South 96th (no rural route) City Hickman NE, Zip

Owner Gary Kvasnicka Addresss 130 W 1st Cortland NE 68331

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

Date of Tests 10-28 to 10-29 Weather: Precipitation 0 Temperature 52

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	32	10/28	10:16	10/29	12:11	10/29	12:14	6	10/29	12:45	30	0	
2	30	"	"	"	"	"	"	"	"	"	"	1/8	
3	32	"	"	"	"	"	"	"	"	"	"	0	
4	30	"	"	"	"	"	"	"	"	"	"	0	
5	31	"	"	"	"	"	"	"	"	"	"	0	
6.	29	"	"	"	"	"	"	"	"	"	"	0	
												--	

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Mel Gagner

Phone: 432-5698

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

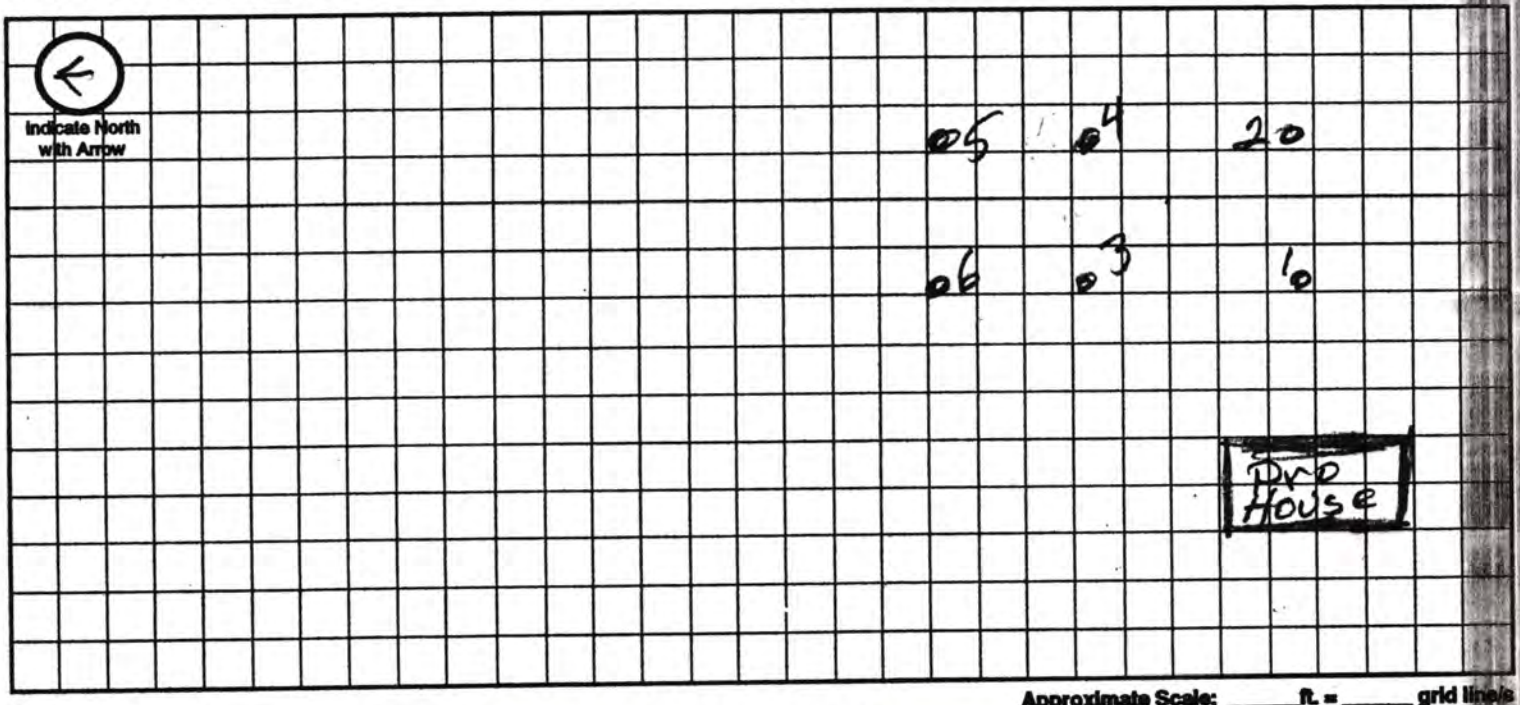
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 06380328

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) South 96th 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 _____ Date _____

Installer Melvin F. Eagner Date 10/30/06

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:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Schedule 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 50" ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 30 ft.
   stream — ft.
   pressure line > 25 ft.
   property line > 300 ft.

B. Septic Tank

1. Material: Cement
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade — in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line > 30 ft.
   Stream — ft.
   Pressure line > 25 ft.
   Property line > 300 ft.

C. Distribution Box

1. Material: Cement
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

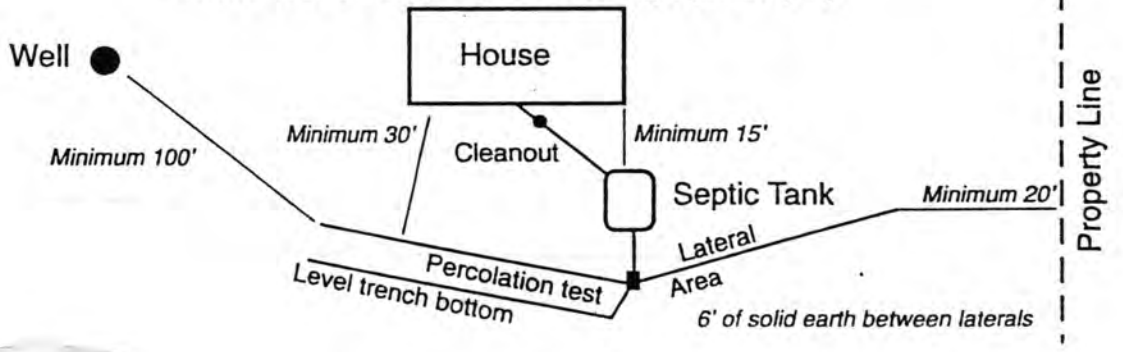
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: 360' Number 4
   Length of each line: 90 ft. 90 ft.
   90 ft. 90 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope < 1 in/100 ft.
   Average depth 48 in
4. Filter material: —
   Depth of material [illegible] in.
5. Distances to: Well or suction line > 30 ft.
   Stream — ft.
   Pressure line > 25 ft.
   Property line > 300 ft.

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

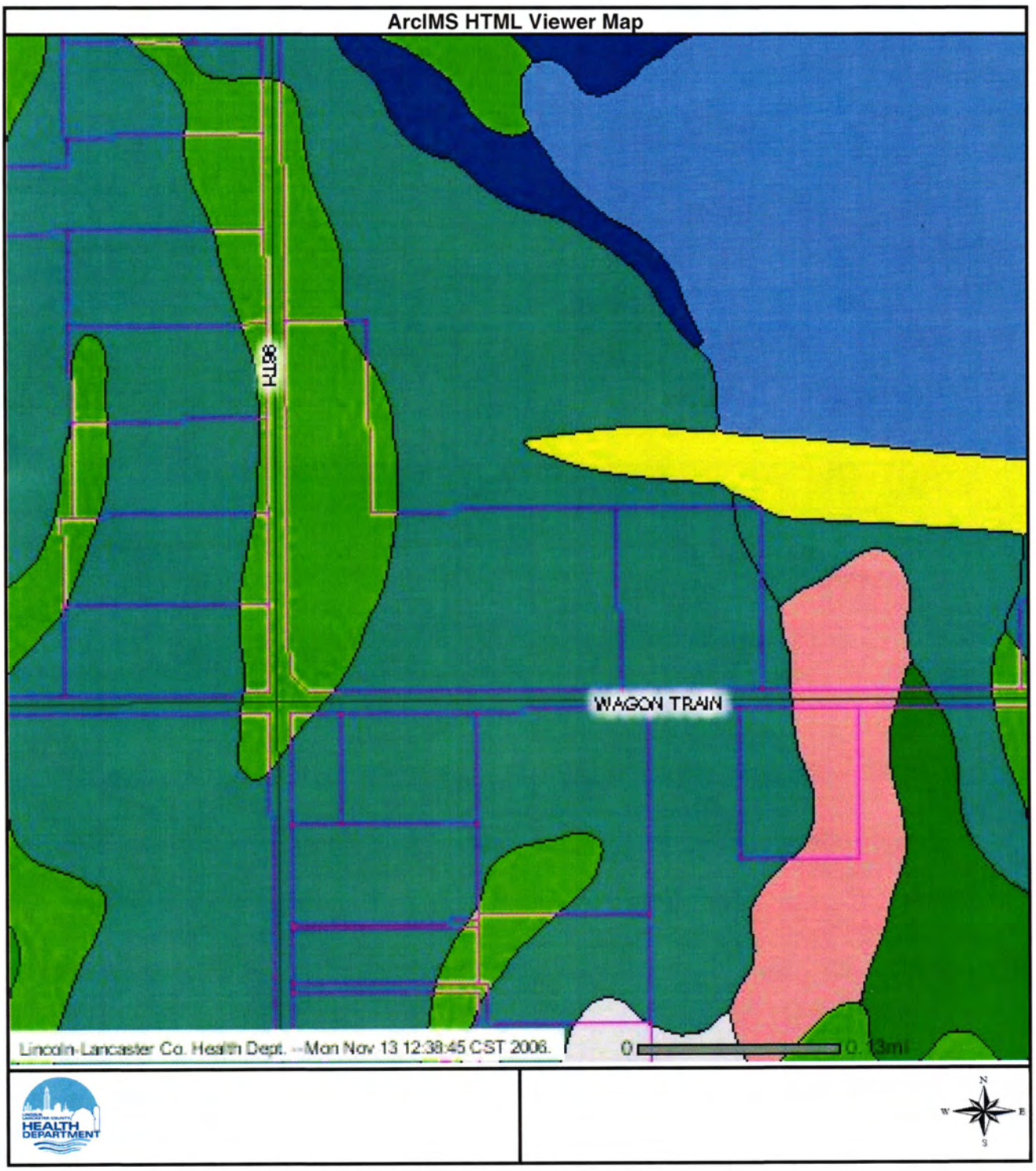
Indicate North with Arrow

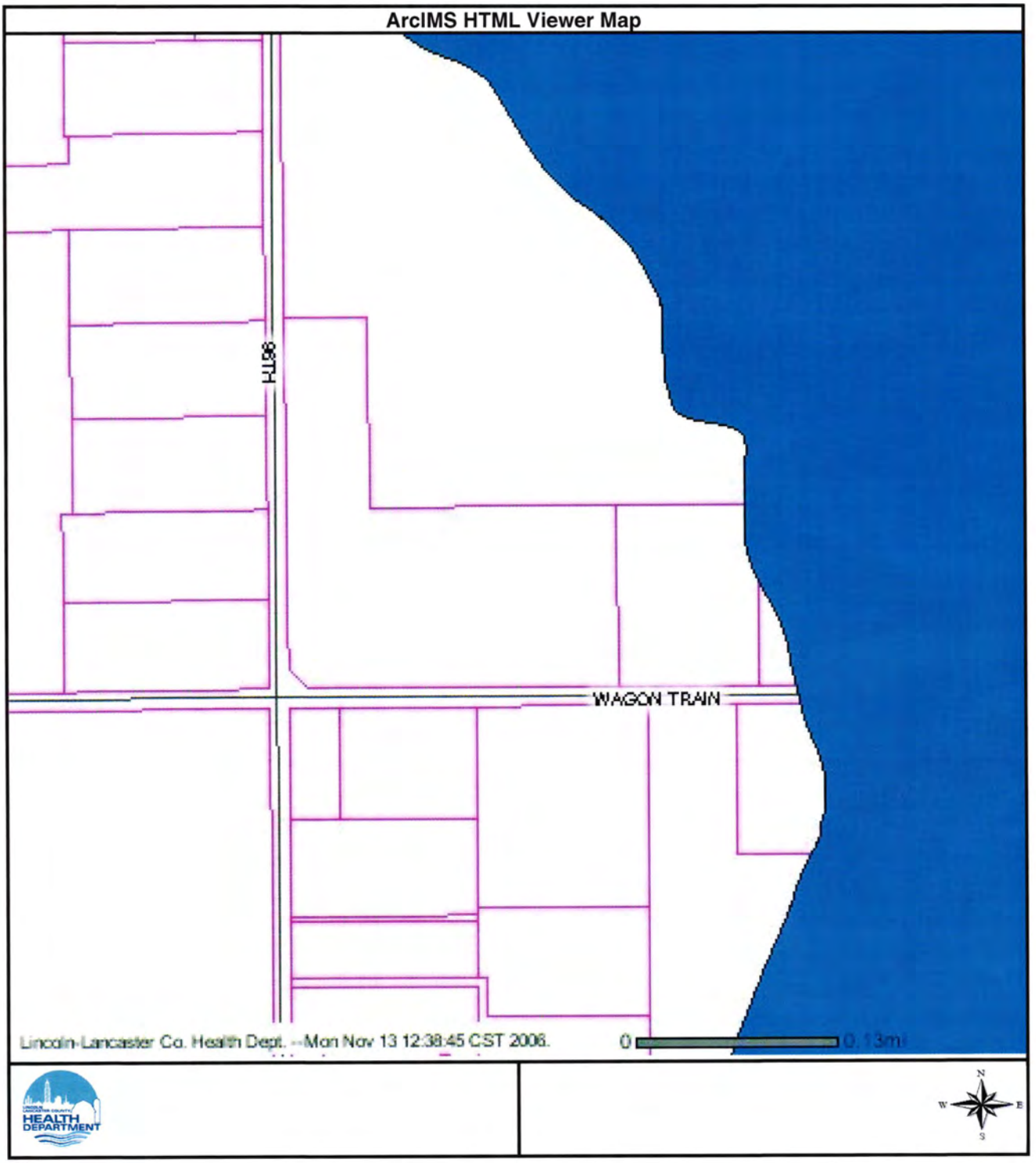
Individual Sewage System Design (Example)

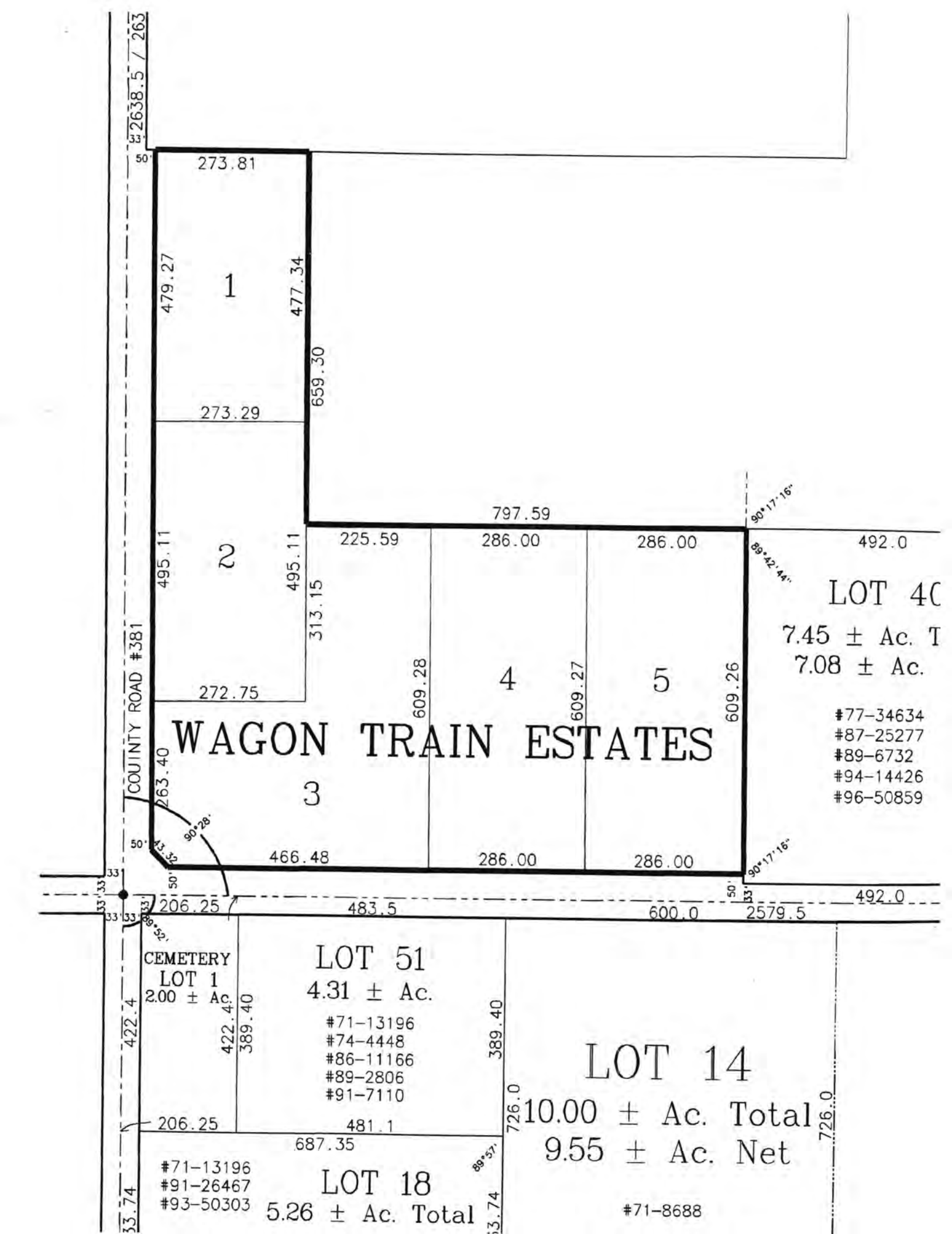


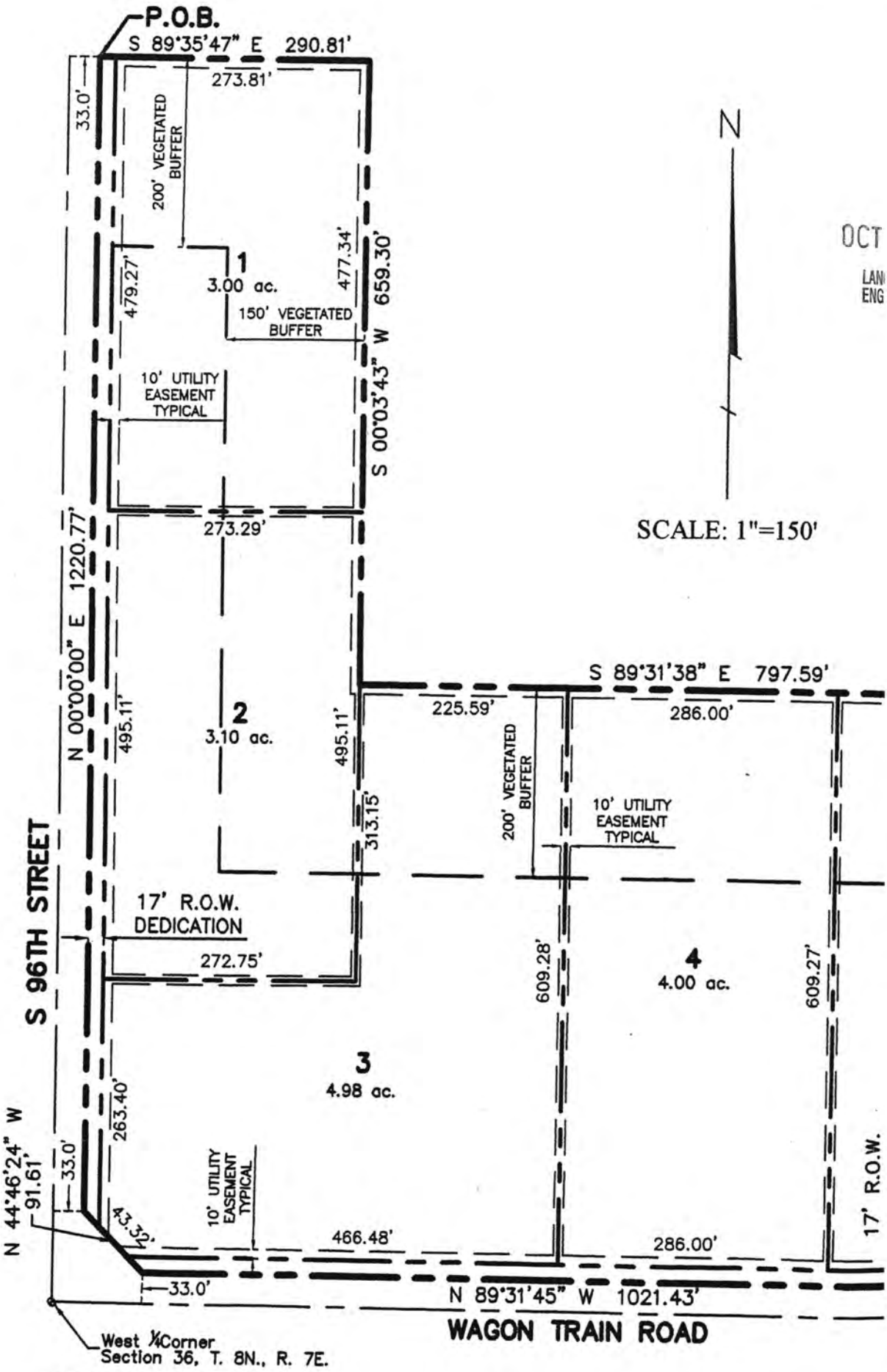
FORM 23-103 10-96


ArcIMS HTML Viewer Map
98TH
WAGON TRAIN
Lincoln-Lancaster Co. Health Dept. --Mon Nov 13 12:38:45 CST 2006.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
88TH
WAGON TRAIN
Lincoln-Lancaster Co. Health Dept. --Mon Nov 13 12:38:45 CST 2006.
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ArcIMS HTML Viewer Map
98TH
WAGON TRAIN
Lincoln-Lancaster Co. Health Dept. --Mon Nov 13 12:38:45 CST 2006.
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HEALTH DEPARTMENT
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2638.5 / 263
273.81
479.27
1
477.34
659.30
273.29
797.59
90°17'16"
495.11
2
495.11
225.59
286.00
286.00
492.0
89°42'44"
313.15
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7.45 ± Ac. T
7.08 ± Ac.
609.28
4
609.27
5
609.26
272.75
WAGON TRAIN ESTATES
#77-34634
#87-25277
#89-6732
#94-14426
#96-50859
COUNTY ROAD #381
263.40
3
90°28'
466.48
286.00
286.00
90°17'16"
206.25
483.5
600.0
2579.5
492.0
CEMETERY
LOT 1
2.00 ± Ac.
422.4
422.40
389.40
LOT 51
4.31 ± Ac.
#71-13196
#74-4448
#86-11166
#89-2806
#91-7110
389.40
LOT 14
10.00 ± Ac. Total
9.55 ± Ac. Net
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726.0
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LOT 18
5.26 ± Ac. Total
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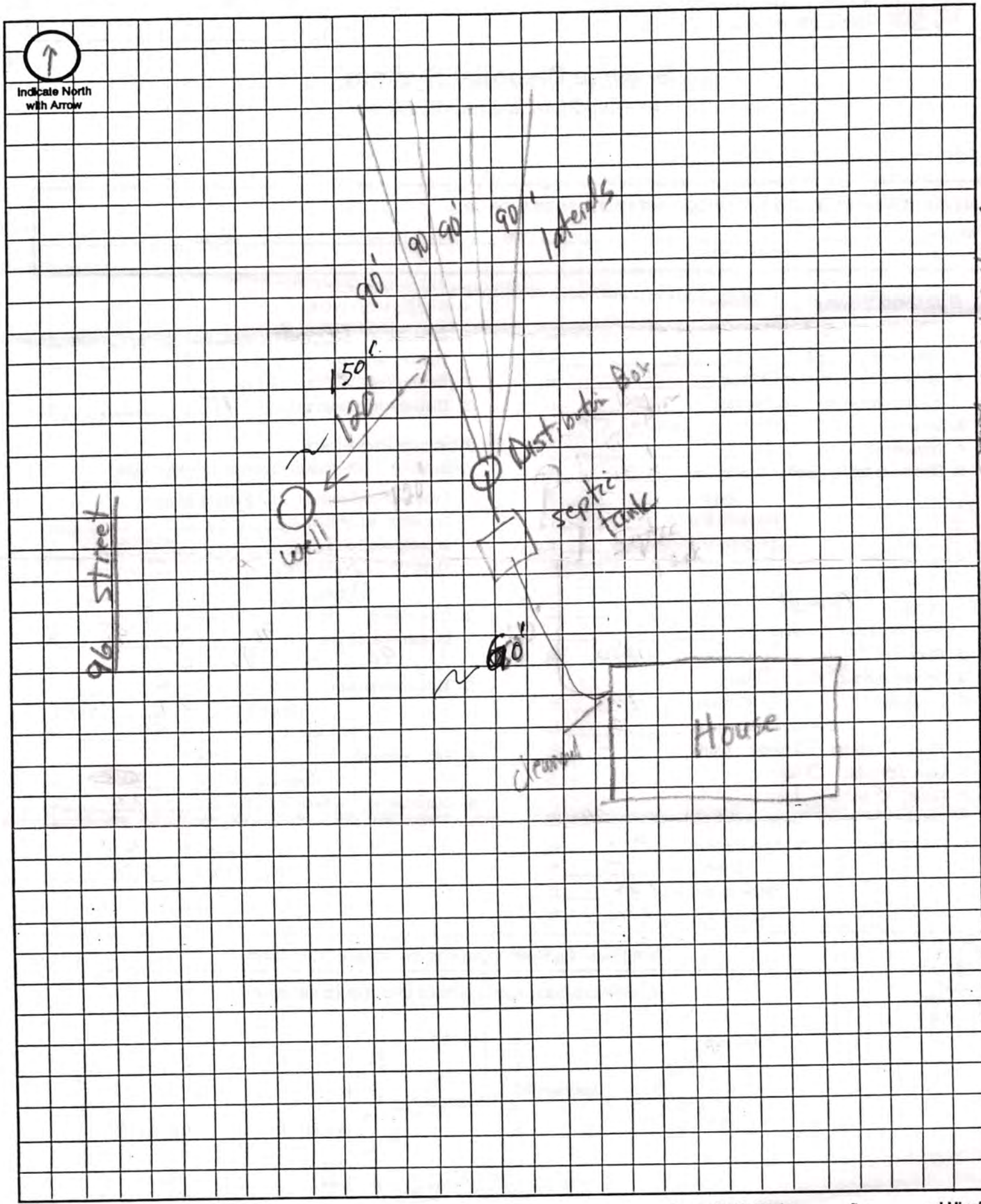
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DEDICATION

The foregoing plat known as "WAGON TRAIN ESTATES", and as described in the Su
Certificate is made with the free consent and in accordance with the desires of
undersigned, sole owners, and the easements shown thereon are hereby granted

As Built Drawing



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