Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006017

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM-VARIANCE FEE OF $100 EXTRA
ENGINEER DESIGNED SYSTEM

Permit # 04380294101

Issued 12/13/04
Expires 06/13/05
Revenue Code 3157

Establishment

CINDY M ROSE
T8N R7E SEC 27 QTR NE
W 1/2 OF NE 1/4 LOT 33
7733 MARTELL RD-HICKMAN

FEES: $200.00
$100.00

Permittee

CINDY M ROSE
7601 MARTELL RD
HICKMAN NE 68372

TOTAL: $300.00

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: ~~04-08~~

Sewage Disposal System

0436029410

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 7733 MERTEL ROAD (no rural route) City HICKMAN NE, Zip 68372

Legal Description W½ OF NE¼ 27 T8N R7E 33
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 DANA AND CINDY ROSE Signature Cindy Rose (Cindy Rose)

Address 7101 MERTEL ROAD City/State/Zip HICKMAN NE, 68372

☐ Check if owner designed system Home Phone 440 4276 Work Phone _____

C. Contractor

Name MARK RESSEGUIE Company Name INNOVATIVE HOMES AND DESIGN INC.

Address 3700 VILLAGE DRIVE SUITE 100 City/State/Zip LINCOLN, NE. 68516

☐ Check if contractor designed system Work Phone 402 610-0886

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

Designer Name JEREMY WILLIAMS Firm DESIGN ASSOCIATES Work Phone 474-3900

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 12/13/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-13-04 Date frwd 12-13-04 ACTION ☒ Approved ☐ Disapproved Signature Mary Vetta
3. **City or County Engineer** Date rec'd 12-15-04 Date frwd 12-15-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By _____

Date 3/22/05

Business Office Use Only
Date Rec'd 12-14-04
Amt Paid $300.00
Rec'd By _____ Cash/Check No. 18512

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

C

Permit Number: 04-08

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) 7733 MARTEL ROAD 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 1500 gals Number of Absorption Beds: FOUR Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

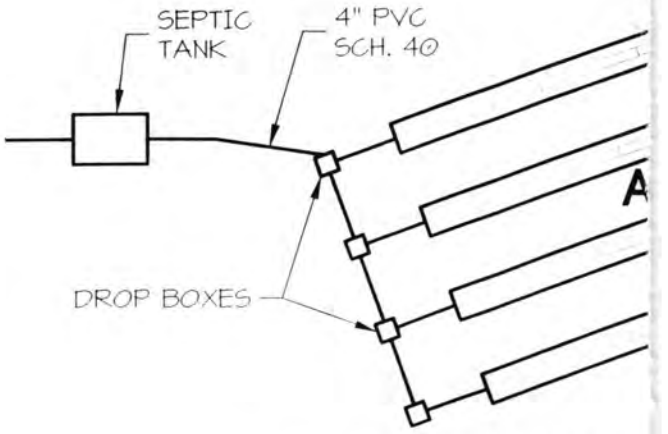
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

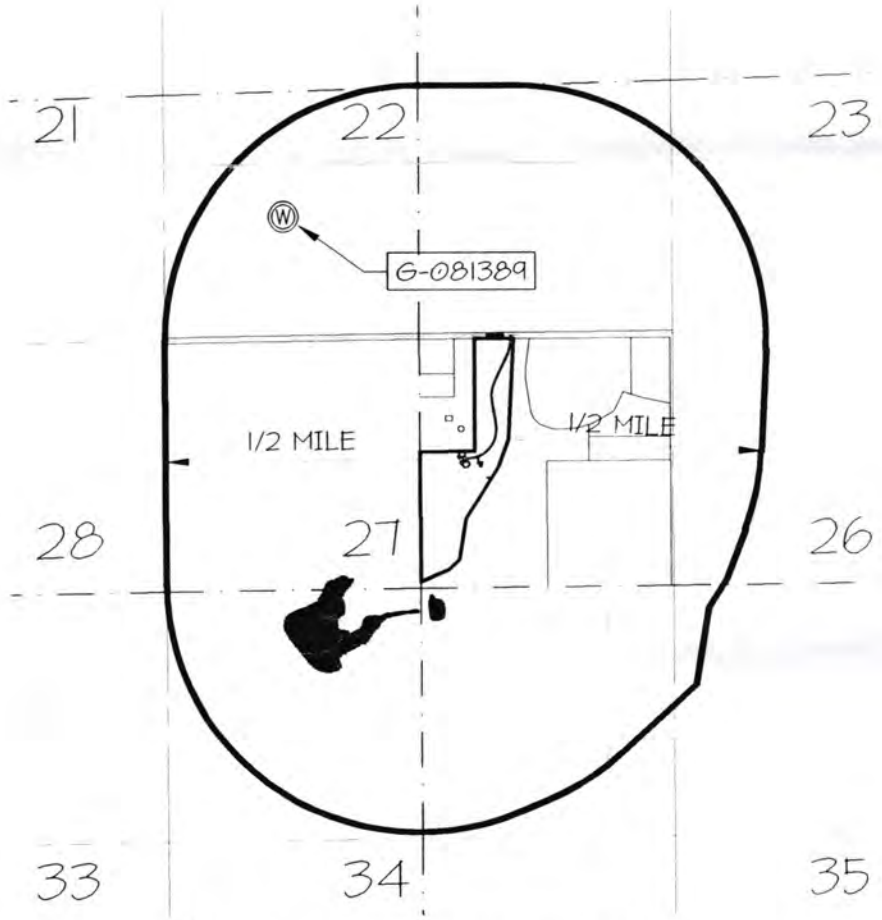
Home Building Contractor _____ Date _____

Installer _____ Date 12-10-04



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INFILTRATION T

NOT TO SCALE



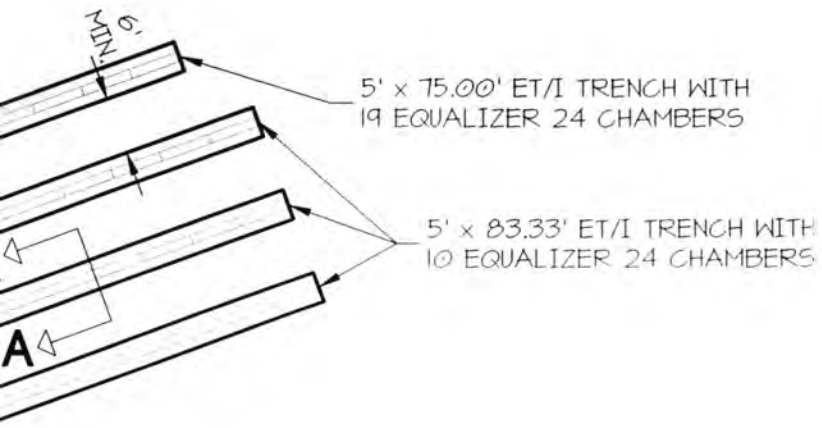
REGISTERED WELLS

SCALE: 1" = 2000'

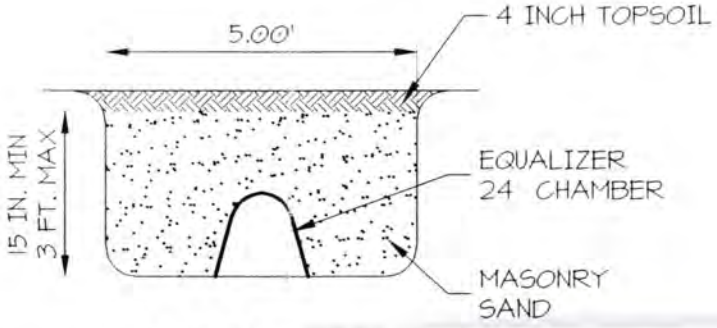


HIGH WA

NO SCALE

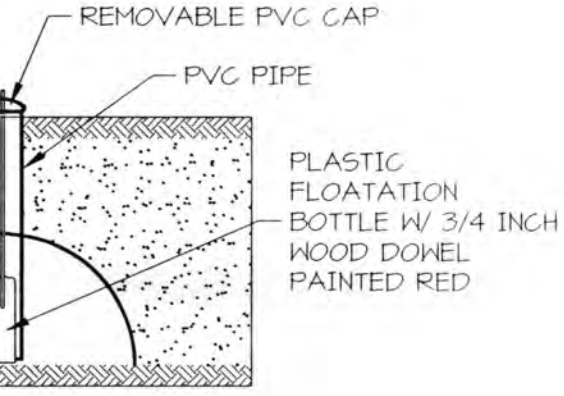


RATION/
RENCH PLAN



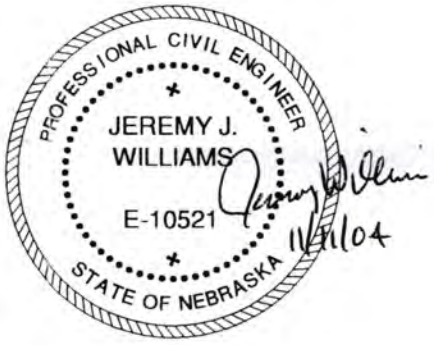
SECTION A-A

NO SCALE



TER INDICATOR

(REQUIRED ON END
OF EACH LATERAL)



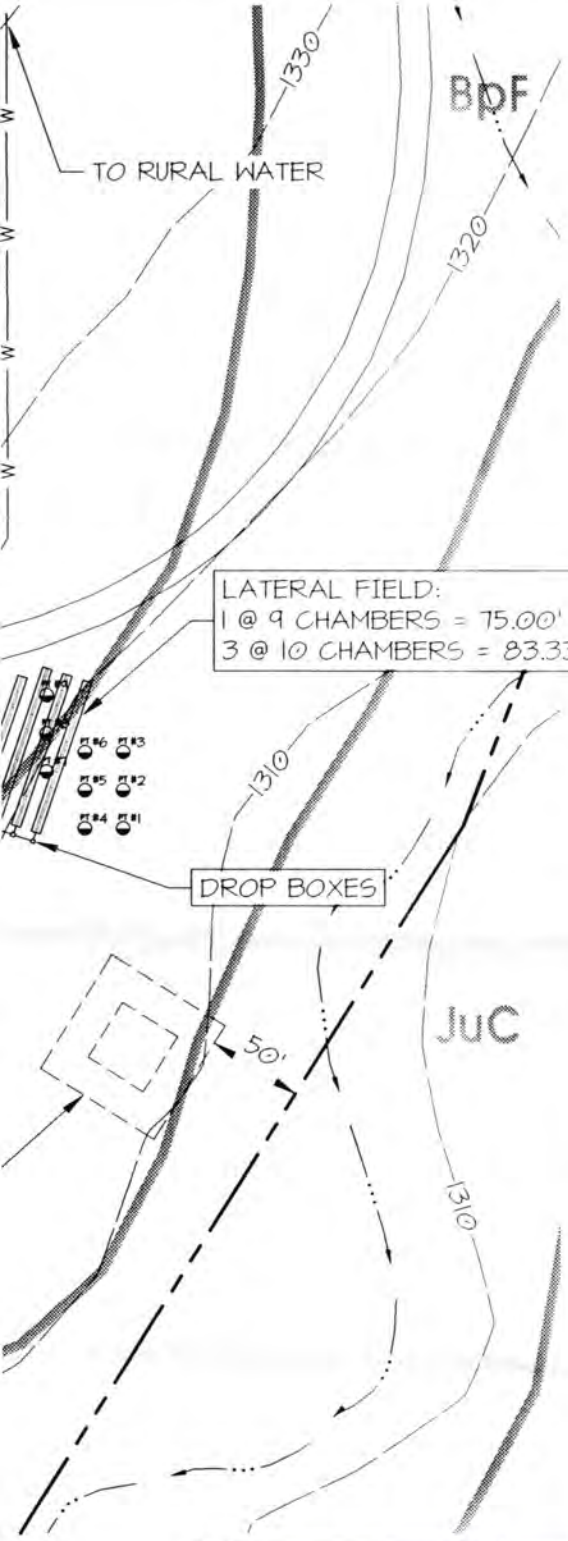
date: 27 SEP 2004
revised: 11 NOV 04

ROSE RESIDENCE
7733 MARTELL ROAD
HICKMAN, NEBRASKA

project no:
sheet name: ON-SITE WASTEWATER TREATMENT SYSTEM

PERSHING SQUARE
1609 "N" STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
desassoc@inebraska.com
DESIGN ASSOCIATES OF LINCOLN, INC

sheet no: 2 OF 2



PLAN

1" = 100'



N

VICINITY MAP

NOT TO SCALE

GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS NAD MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

2. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

3. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR CAN MONITOR USE AND ENSURE THAT NO MORE THAN 750 GALLONS PER DAY IS BEING USED.

4. 100-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.002".

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
11/11/04

RECEIVED
NOV 12 2004

Pollution Control Project
04-OWT-037

Nebraska DEQ

APPROVED

DEC 01 2004 Charles Duerschner, P.E.

date: 27 SEP 2004
revised: 11 NOV 04

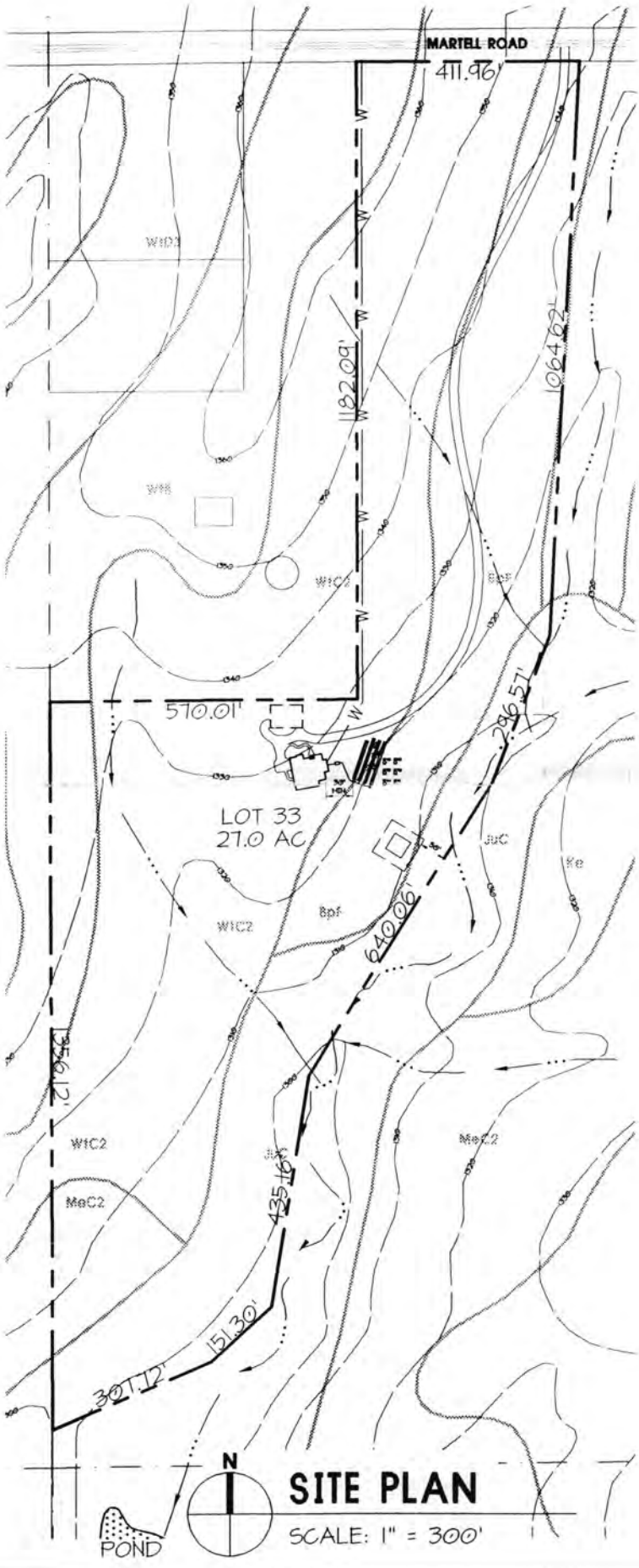
ROSE RESIDENCE
7733 MARTELL ROAD
HICKMAN, NEBRASKA

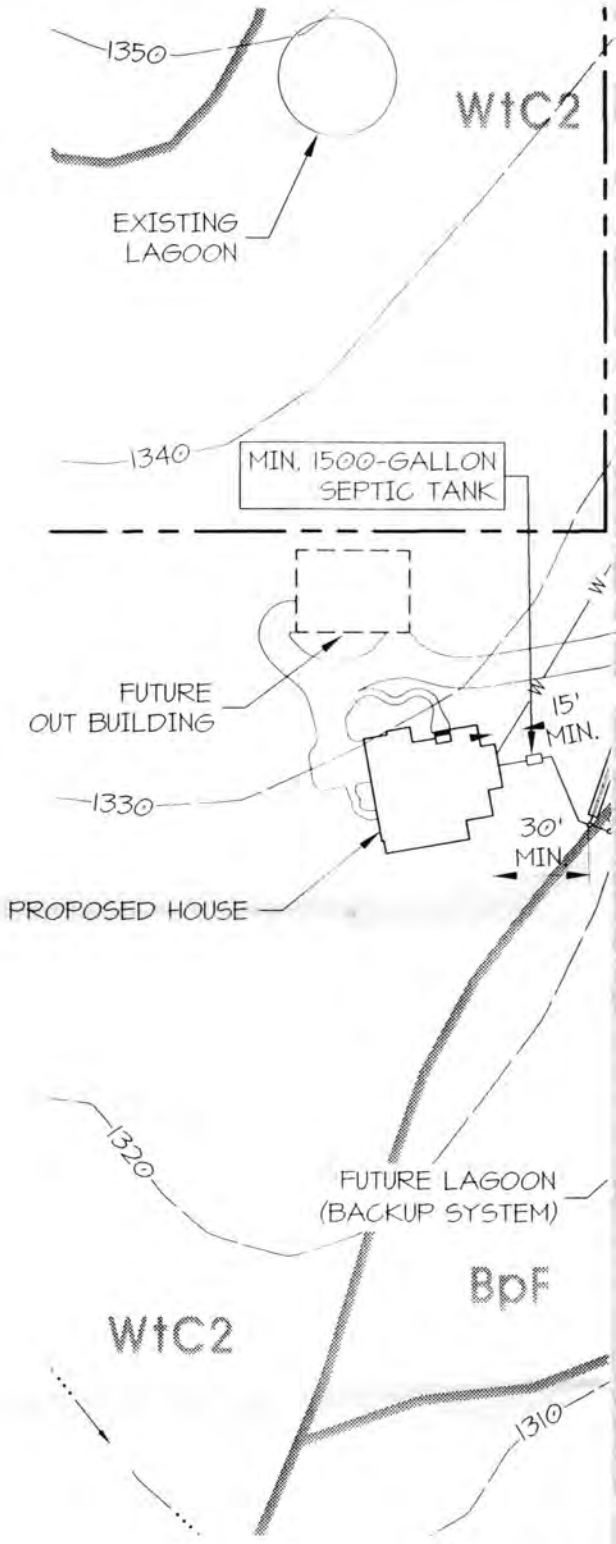
project no:
sheet name: ON-SITE WASTEWATER TREATMENT SYSTEM

PERSHING SQUARE
1609 "N" STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
desassoc@inebraska.com

DESIGN ASSOCIATES OF LINCOLN, INC

sheet no: 1 OF 2


MARTELL ROAD
411.96'
WtD3
WtB
WtC2
BpF
JuC
Ke
MeC2
1182.08'
1064.62'
570.01'
296.57'
640.06'
356.12'
435.16'
151.30'
301.12'
LOT 33
27.0 AC
POND
N
SITE PLAN
SCALE: 1" = 300'


1350
WtC2
EXISTING
LAGOON
1340
MIN. 1500-GALLON
SEPTIC TANK
FUTURE
OUT BUILDING
15'
MIN.
1330
30'
MIN.
PROPOSED HOUSE
1320
FUTURE LAGOON
(BACKUP SYSTEM)
BpF
WtC2
1310
N
SITE
SCALE

COPY

Nebraska Department of Environmental Quality

Operating Permit No. 04OWT037

is hereby issued to

Dana & Cindy Rose

Based upon the completion of construction in compliance with Construction Permit No. 04OWT037 for the

On-site Wastewater Treatment System

located at

Lot 33, 7733 Martell Road, Hickman
W½, NE¼, Sec. 27, T8N, R7E
Lancaster County, Nebraska

Operation shall be in compliance with Title 124 - Rules and Regulations for the Design, Operation, and Maintenance of On-site Wastewater Treatment Systems.

Pursuant to a Delegation Memorandum dated January 12, 1999, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed January 20 2005

Marty Link for

Patrick W. Rice, Assistant Director

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us