Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009056

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380321101

Issued 06/22/06
Expires 06/22/07
Revenue Code 3157

Establishment: RYAN VOELKER
T8N R8E SEC 26 QTR SE
PART-N 1/2 OF SE1/4

FEES: $275.00

Permittee: RYAN VOELKER
18233 S 176 ST
HICKMAN NE 68372

TOTAL: $275.00

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: 06380321101

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 18233 South 176th (no rural route) City Hickman NE, Zip 68372

Legal Description A part of the N½ of SE¼ 26, 8N, 8E, N½, N½, NE¼, SE¼
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 Ryan Voelker Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Willis Rapp Company Name Willis Rapp

Address P.O. Box 31 City/State/Zip Hickman NE

☐ Check if contractor designed system Work Phone 430-6736

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 2 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 6/22/06 Date frwd 6/23/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-26-06 Date frwd 6-26-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 06/23/2006 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

9/15/06 Sewer only. J.C.H.

Installation Final Written Approval

By _____

Date 1/24/07

Business Office Use Only
Date Rec'd 6-22-06
Amt Paid 275.00
Rec'd By CW Cash/Check No. 1223

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: 06380321 1

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18233 South 176th (no rural route) City Hickman NE, Zip Ne.

Owner Ryan Voelker Addresss

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

Date of Tests to Weather: Precipitation Temperature

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							
						—	9	9	0	n			

Sum of Percolation Rates: — 60 —

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
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3140 "N" Street • Lincoln, NE 68510-1514
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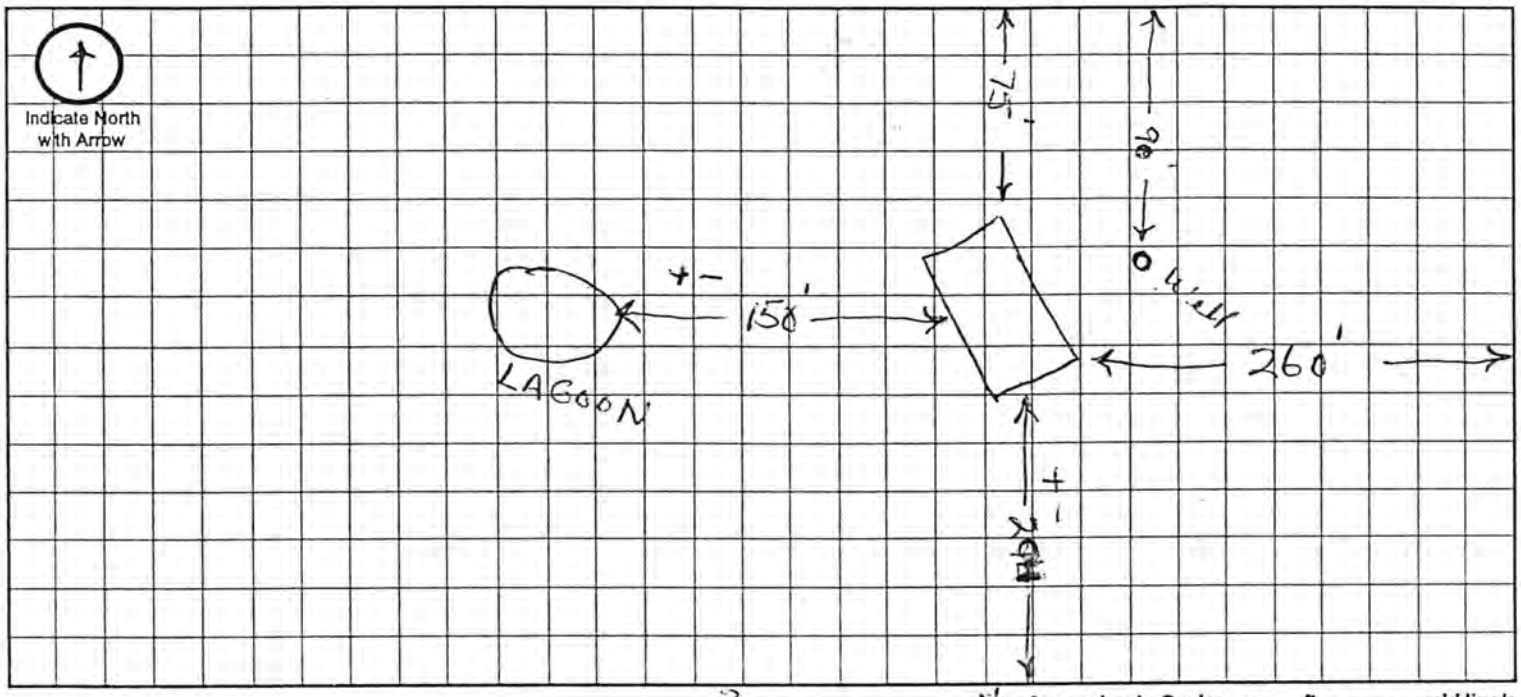
C

Permit Number: 06380321 1

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.



No Approximate Scale: ___ ft. = ___ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18233 So. 176th St 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 60 (min. per inch) Soil Type: _____ Land Slope: -3 %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other LAGOON

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 Willis RAP Date _____

Installer Willis RAP Date 1-22-06

#0638032/1

Official Survey Record

AA-12006

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 434-7696 ~~483-5000~~

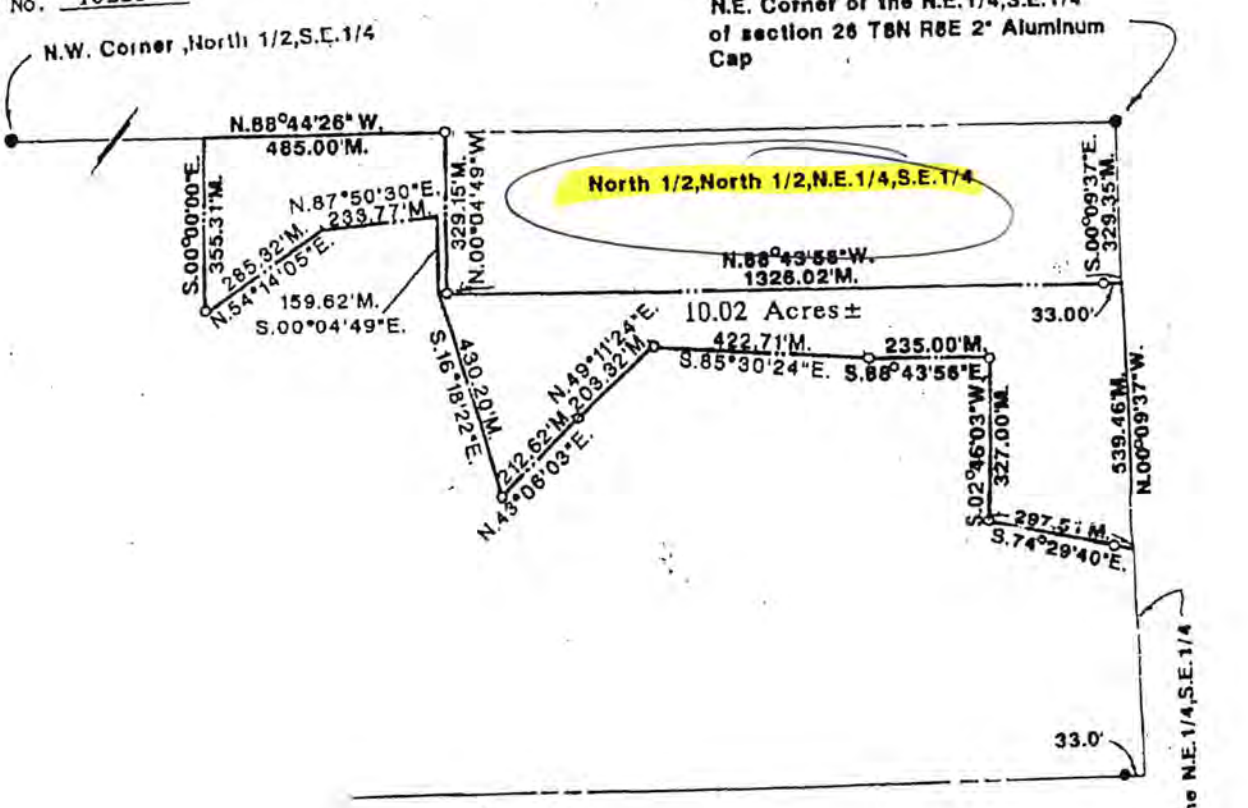
Sheet 1 of 2

urvey of a part of the North One-Half of the southeast Quarter

of Section 26 T 8 N, R 8 E of the 6th P.M.

July , 1992

ob No. 16223



RECEIVED
APR - 9 1993
LANCASTER COUNTY
ENGINEERING DEPT

N

Scale: 1"=300'

RECEIVED
MAR 22 1993
SURVEY RECORD REPOSITORY
$ 5.00
LANCASTER County
267-353 1/3

o = Set 1"x24" Iron Pipe

• = Monuments Found

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 21st , 19 92

NAME

Surveyor's License
Nebraska L.S. 343

PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS
STATE OF NEBRASKA

COPY

3-27-03

FOR A SECOND PERMIT! I (We) further agree, to relinquish any and all other accesses/driveways to the above referenced