LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380168801

SEWAGE INSTALLATION
LAGOON

Issued 11/19/97
Expires 05/19/98
Revenue Code 3157

Establishment

GAIL LUDTKE
T8N R8E SEC 31 QTR SE
11500 STAGECOACH RD-HICKMAN

FEES: $150.00

Permittee

GAIL LUDTKE
11500 STAGECOACH RD
HICKMAN NE 68372

TOTAL $150.00

Gregg Wright MD.

Issued By M. Jane Ford
Health Director

5481

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: 97380168801

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 11500 Stagecoach Rd (no rural route) City Hickman NE, Zip 68372

Legal Description SW 1/4 of SE 1/4 31 Section 8N Township 8E 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 Gail Ludtke Signature _____

Address 11500 Stagecoach Rd. City/State/Zip Hickman Ne 68372

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 So 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 3 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 11/19/97 Date frwd 11/19/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____ Date frwd _____	**ACTION** ☐ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd _____ Date frwd _____	**ACTION** ☐ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Paul Wiltrout

Date 7-9-98

Business Office Use Only

Date Rec'd 11/19/97

Amt Paid 150 ck

Rec'd By ds Cash/Check No. 2790

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

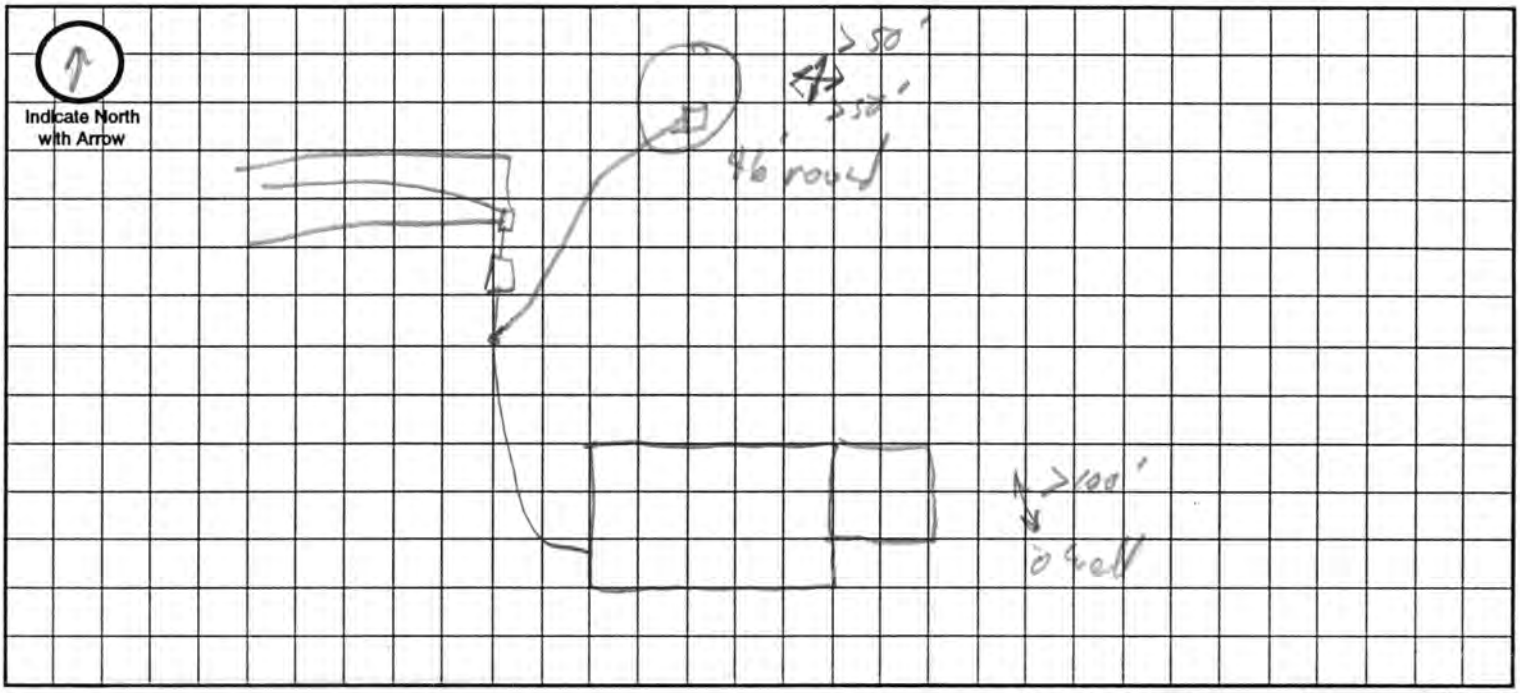
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 97380168801

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) 11500 Stagecoach Rd 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 _____

Installer Southwick Date _____

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: 9738016880 /

Sewage Disposal System

As Built Plans & Specifications

Date 7-8-98

System Location (Indicate correct number and street)

Address 11500 Stagecoach (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: ✓ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 500 + ft.
   stream — ft.
   pressure line 75+ 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

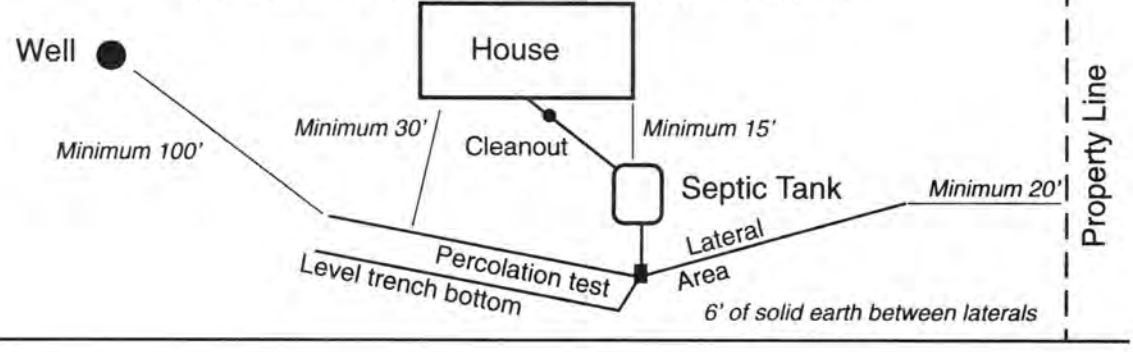
(Provide as-built drawings on back of this form)

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

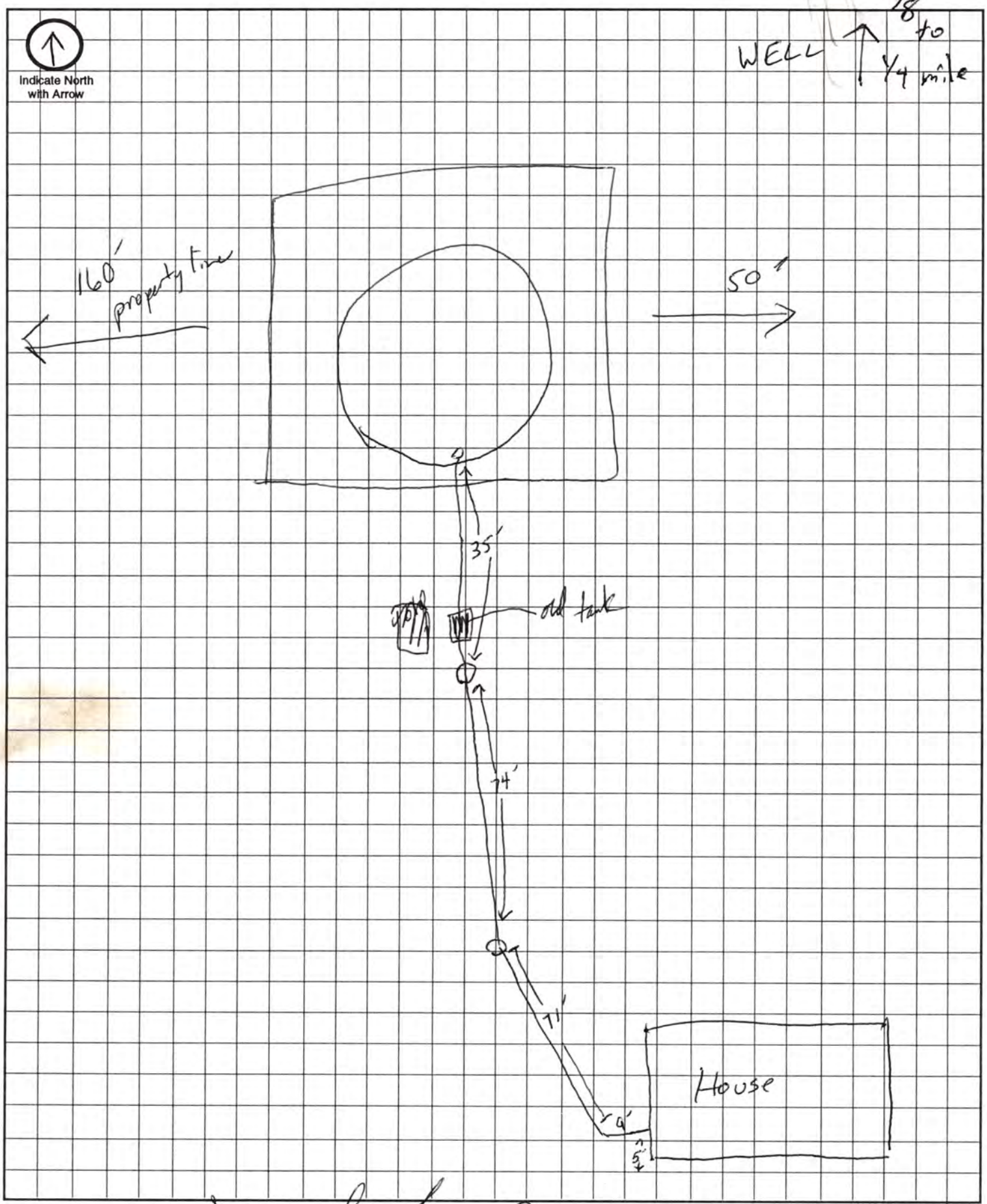
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s