Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007668

(402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 05380301901

Issued 05/09/05
Expires 05/09/06
Revenue Code 3157

Establishment
JERALD & KRISTI ACTON
T8N R8E SEC 31 QTR SE
NATURE MEADOWS LOT 4
11950 STAGECOACH RD-HICKMAN

FEES: $200.00

Permittee
JERALD & KRISTI ACTON
423 VILLAGE VW
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:

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 11950 Stagecoach Road (no rural route) City Hickman NE, Zip NE 68372

Legal Description Southeast 1/4 (1/4) 31 (Section) 8N (Township) 8E (Range) Nature Meadows (Subdivision) (Addition) 4 (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 Jerald & Kristi Acton Signature Jerald R Acton

Address 423 Village View City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone 402-792-3181 Work Phone 402-416-1770

C. Contractor

Name Gruber Contracting LLC Company Name Steve Gruber

Address 2112 RD 16 City/State/Zip Waco NE 68460

☐ Check if contractor designed system Work Phone 402-525-8110

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

Designer Name Brad Southwick Firm _____ Work Phone 475-2462

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 5/9/05 Date frwd 5/9/05	**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 _____

Date _____

Business Office Use Only

Date Rec'd 5/9/05

Amt Paid $200.00

Rec'd By L Cash/Check No. 1426

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:

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 Jerald Acton Address 423 Village View Hickman

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

Date of Tests 4-8 to 4-9-05 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	34	4/8	6:30 PM	4/9	11:00 AM	4/9	12:35 PM	11 3/4	4/9	1:05 PM	30	1/4	120
2								9 1/2				1/8	240
3								10 3/4				—	
4								12 1/4				1/8	240
5								12 3/4				1/4	120
6								10 3/8				1/8	240

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Bob Sorensen
Phone: 475-2462
Address 12201 So 72nd
Hickman, Ne 68372

Will not Accept Septic Systems as normally built. Needs to have Sewage Lagoon or System Designed by Civil Engineering Firm

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

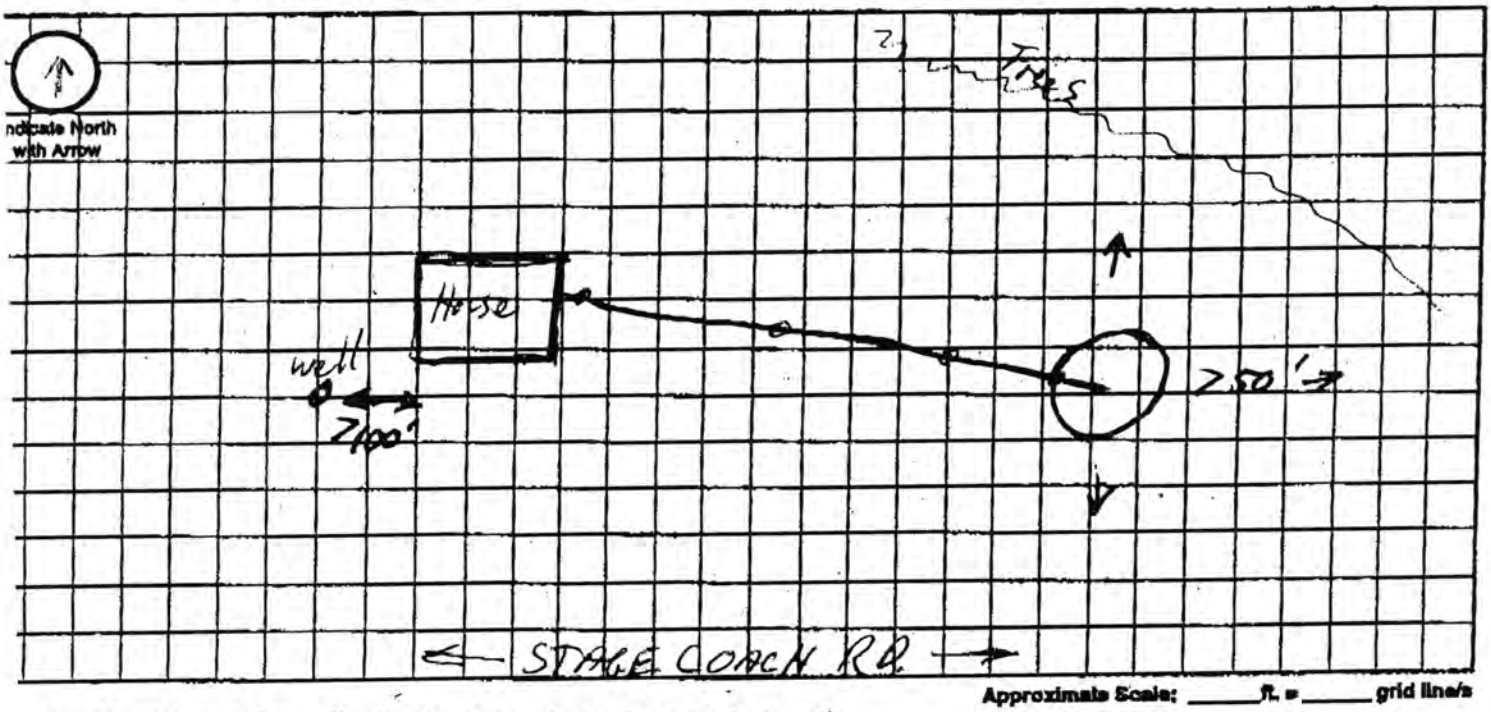
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) Stage Coach Rd City Hickman NE, Zip 68372

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

e of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

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

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

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
poon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

e Building Contractor Gruber Contracting (402)525-8110 Date 5/3/05

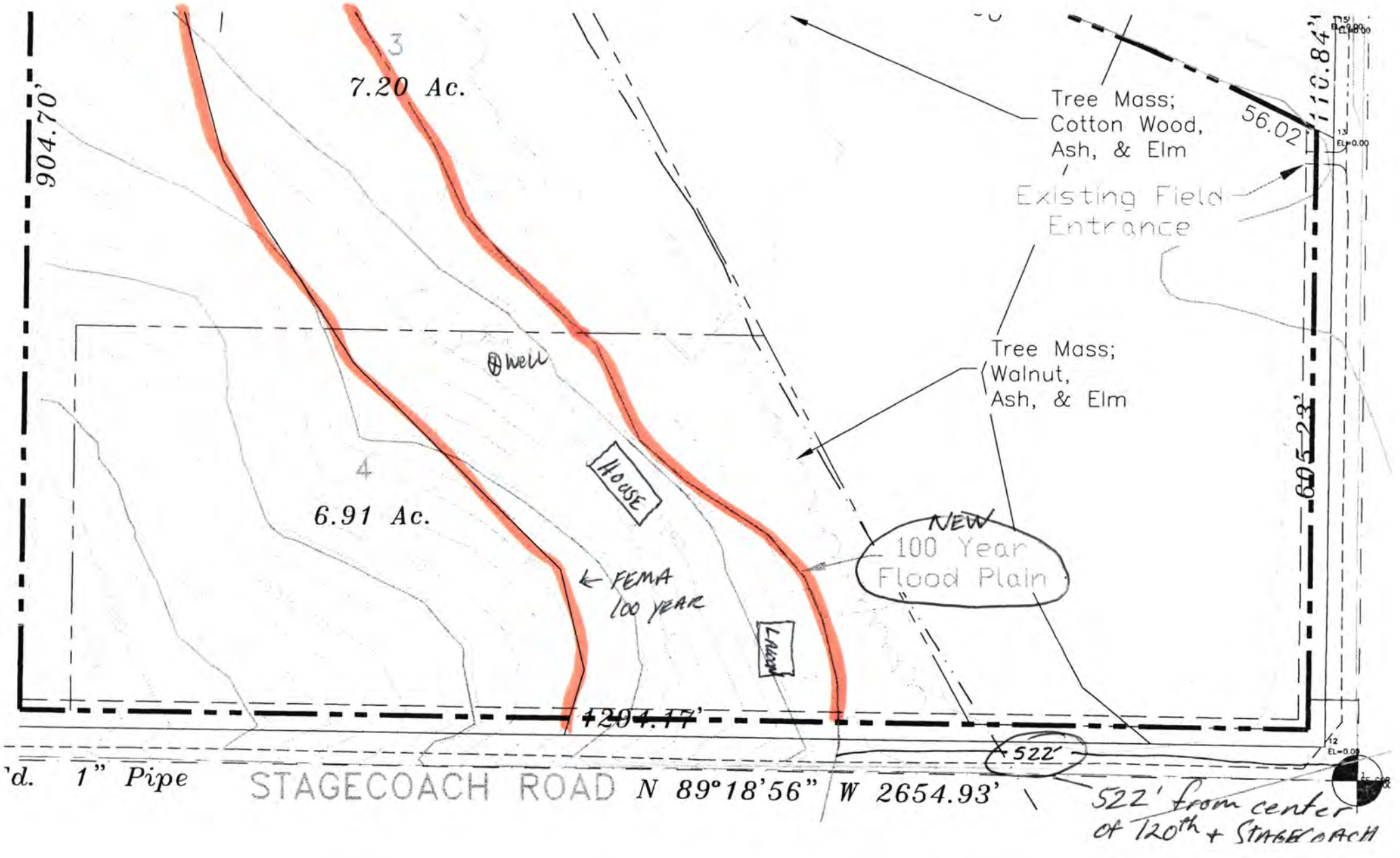
aller Brad Southwick #24 # P1178 Date 5-3-05

23-102 10-96

GRUBER CONTRACTING LLC 525-8110

ACTON RESIDENCE

REVISED SITE PLAN



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008669

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380316401

Issued 03/07/06
Expires 03/07/07
Revenue Code 3157

Establishment: BUGBEE(TROY) HOMES
T8N R8E SEC 31
NATURE MEADOWS BLK 2 LOT 2
11660 STAGE COACH RD-HICKMAN

FEES: $275.00

Permittee: BUGBEE(TROY) HOMES
5901 N 27 ST
LINCOLN NE 68521

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

MAR 06 2006

A

Permit Number: 06380316401

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 11600 Stage Coach Rd (no rural route) City Hickman NE, Zip

Legal Description 31 8N 8E (Nature Meadows) 2 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

(outside 1 mile)

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Bugbee Homes Signature Troy Bugbee

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Bugbee Homes Company Name Troy Bugbee

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☑ Check if contractor designed system Work Phone 580-7339

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 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3-7-06 Date frwd 3-7-06 ACTION ☒ Approved ☐ Disapproved Signature James Plouzek

Site home in west 1/3 of Lot 2 Sewer, tank, & box + stub lateral. 5/26/06 J.C.H.

Installation Final Written Approval

By Doug Meyer

Date 7/27/06

Business Office Use Only

Date Rec'd 03/07/06

Amt Paid 200.00 75⁰⁰

Rec'd By Cash/Check No. 2577-2576

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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Sec 31 T8 R8
SE/4 of SE/4

System Location (Indicate correct number and street)

Address 5 Stage Coach Rd (no rural route) City Hickman NE, Zip 68372

Owner Bugbee Homes Address

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

Date of Tests 2/27 to 2/28/06 Weather: Precipitation ~~20-65~~ — Temperature ~~20-65~~°

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	26	2/27	8/00	2/28	7/30	2/28	9/00	18 3/4	2/28	9/30	30	5/8	48
2	26		AM		AM		AM	17 7/8		AM		1 1/8	~~8~~ 27
3	26							17 7/8				3/4	40
4	24							20 3/4				5/8	48
5	24							17				7/8	34
6	24							18 7/8				5/8	48

Sum of Percolation Rates: 245
Average of Rates: 41
Rate Used for Calculation: 50

3Bdrm - 1,000gallon Tank + 247.5' of Infiltrator Style Lateral

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address: 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. 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

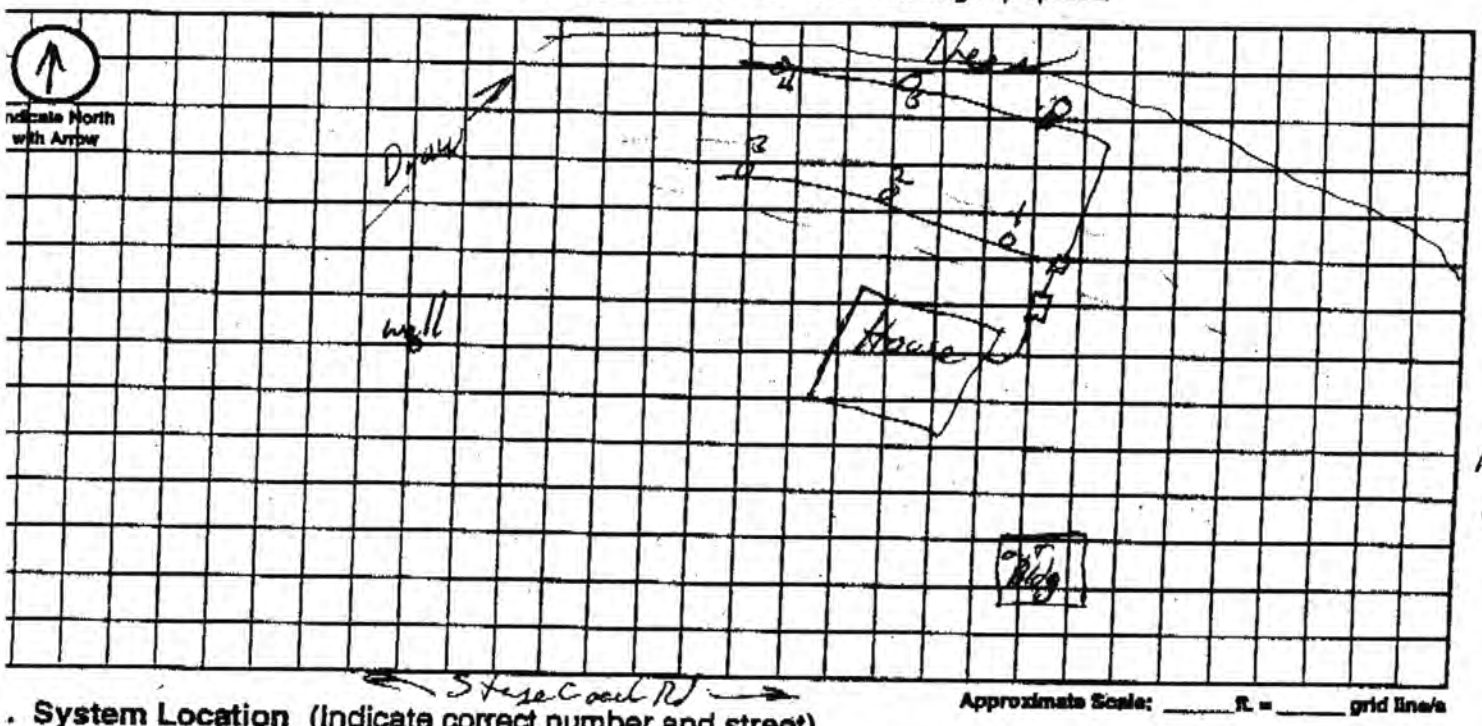
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C

Permit Number: 06380364

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



. System Location (Indicate correct number and street)

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

. Proposed Septic Tank/s

nk Material: ☒ Concrete ☒ Plastic ☐ Other

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 50 (min. per inch) Soil Type: WIC Land Slope: 8 %

e of Absorption System: ☒ Trench ☐ Bed ☐ Other

al Square Feet of Field Required: 990 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator H-10 or Equiv.

acity of Septic Tank 1000 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

al Length of Laterals 247.5 ft. Number of Trenches 2 Trench Width 4

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

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
eld (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
ppon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor X Date 2-28-06

ilder Date 2-28-06

23-102 10-96