Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009049

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEWAGE DISPOSAL SYSTEM

Permit # 06380320801

Issued 06/21/06
Expires 06/21/07
Revenue Code 3157

Establishment:
JON BARBER
T8N R8E SEC 31
NATURE MEADOWS LOT 1
19955 S 120 ST

FEES: $275.00

Permittee:
JON BARBER
500 CONESTOGA 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: 063803208

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 19955 S. 120th Street (no rural route) City Hickman NE, Zip 68372

Legal Description SE 1/4 (1/4) 31 (Section) 8N (Township) 8E (Range) Nature Meadows (Subdivision) Lot 1 and Outlot A (Addition) part of (Block) E 1/2 (Lot)

Geographical Location (if known): Longitude N 89° 25' 10" Latitude E 2644.76'

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

B. Owner

Name Jon + Christina Barber Signature

Address 500 Conestoga City/State/Zip Hickman Ne 68372

☐ Check if owner designed system Home Phone (402) 792-2958 Work Phone

C. Contractor

Name Brad Southwick Company Name

Address 105 Locust st P.O.Box 191 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 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 6/19/06 Date frwd 6/20/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/20/06 Date frwd 6/20/06 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 06/22/06 Date frwd ACTION ☒ Approved * ☐ Disapproved Signature

* System And Components Must Be Constructed Above The 100Yr Flood plain. = line + lagoon need fence 10/17/06

Installation Final Written Approval

By

Date 2/20/07

Business Office Use Only
Date Rec'd 6/19/06
Amt Paid $275.00
Rec'd By LS Cash/Check No. 8076

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

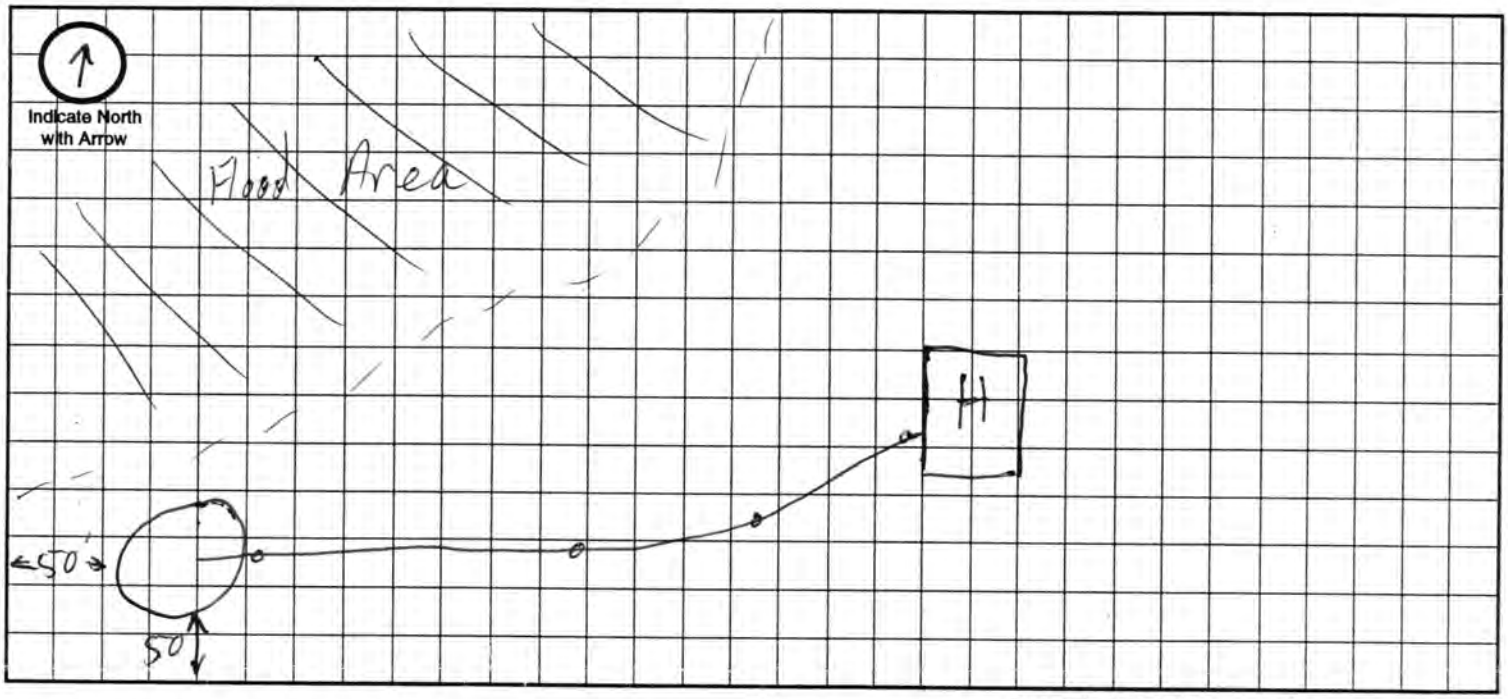
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C

Permit Number: 06380320B

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) 19955 S 120th St. 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 6-18-06

Installer Brad Smithmier Date 6-7-06

FORM 23-102 10-96