Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380209901

Issued 10/12/99
Expires 04/12/00
Revenue Code 3157

FEES: $150.00

Establishment

DAVID TAYLOR
T8N R8E SEC 32 QTR NE
S 1/4 OF NE 1/4
19501 S 134 ST-HICKMAN

TOTAL: $150.00

Permitee

DAVID TAYLOR
19501 S 134 ST
HICKMAN NE 68372

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011070

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

A

Permit Number: 9938020 99

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 19501 So 134 (no rural route) City Hickman NE, Zip 68372

Legal Description ~~SW~~ NE 32 8N 8E 3 (T.L.)
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 David Taylor Signature _____

Address Same City/State/Zip _____

☐ 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 10/12/99 Date frwd 10/12/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-12-99 Date frwd 10-12-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/12/99 Date frwd 10/12/99 ACTION ☒ Approved ☐ Disapproved Signature _____

BUILT LIKE "C" SHEET INDICATES

Installation Final Written Approval

By Jerrold C. Hood P.E.H.D.

Date APRIL 18, 2001

Business Office Use Only

Date Rec'd 10/12/99

Amt Paid $150.00

Rec'd By CW Cash/Check No. 3689

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

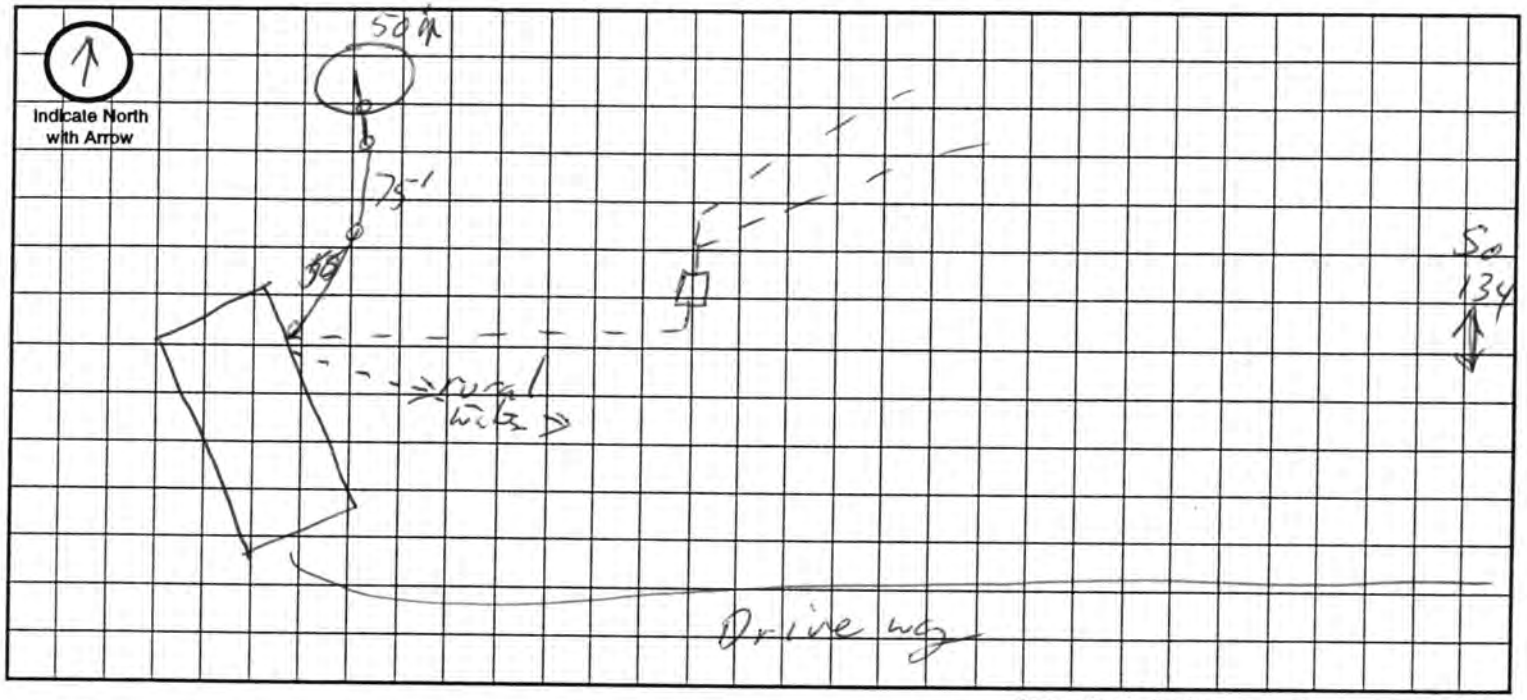
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number: 9938020 99

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) 19501 So 134 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 Brad Southard Date 10/12/99

FORM 23-102 10-96

014

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 9/10/91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 8E; SECTION 32 NW¼; BLOCK ____

LOT ____; ADDITION _____; Street Address 19501 South 134th Hickman, NE

Directions to Property From So 68th + Rock Rd go east to S. 134th + Rock Rd. then go 2.5 miles south on So. 134th (west side of road). See attached map.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Septic will be there (unknown to us) Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	GLENN + PHYLLIS ADKISSON	19501 South 134th Hickman, NE 68372	1-788-2547
Tenant/Buyer:	DAVID TAYLOR + LORRAINE LEISER		
Return to:	Harrington Assoc Inc	10 Wedgewood Dr Lincoln 68510	483-4141

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant [signature] Address 35 So. Woodcrest, Fargo, ND 58102

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 10, 1991 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT

PRELIMINARY STATUS--DATE 9/11/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☐	Approved:	☐	Date 9/11/91	by D.C.H
Bacteria	☐	☐	Provisional:	☒	Date _____	by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____	by ____

Comments: SEWAGE SYSTEM PREDATES REGULATIONS SO NO PLANS ON SYSTEM ARE AVAILABLE. NO EVIDENCE OF MALFUNCTION SO APPROVAL IS PROVISIONAL. See Attached Letter ☐

~~MRS. ADKISSON STATED SEPTIC TANK WAS PUMPED ONE~~ YEAR AGO.

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☐	Provisional Approval: ☒

APPROVED BY Leonard C. Hood R.S. DATE SEPTEMBER 12, 1991

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832