Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

010047

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380334001

Issued 05/21/07
Expires 05/21/08
Revenue Code 3157

Establishment:
JACK NICKOLITE
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 4 LOT 3
2626 STALLION CIR

FEES: $290.00

Permittee:
JACK NICKOLITE
2626 STALLION CIR
LINCOLN NE 68523

TOTAL: $290.00

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: 0738033400 1 of

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:

3.04 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 2626 W. STALLION CIR City LINCOLN NE, Zip 68523

LCR 357 (no rural route)

Legal Description 09-16-110-003-000 EQUESTRIAN ESTATES 1ST, BLOCK 4 LOT 3 T9N, R6E Sec 16

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 JACK NICKOLITE Signature John Nickolite

Address 2626 W. STALLION CIR City/State/Zip LINCOLN, NE 68523

☐ Check if owner designed system Home Phone 328-0032 CELL Work Phone 429-0061

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____ 429-1750

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

Designer Name TAYLOR DRAIN Firm RANDY JONES Work Phone 474-5213

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 0 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify SHOP - 1 ~~BATH~~ STOOL + SINK + SHOWER

Design flow in gallons per day 60 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 5/17/07 Date frwd 5/17/07	**ACTION** ☐ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5/21/07 Date frwd 5/21/07	**ACTION** ☐ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 5-20-07 Date frwd 5-21-07	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blough	

Installation Final Written Approval

By _____

Date _____ Installed Water Inspection

Business Office Use Only

Date Rec'd 05/21/07

Amt Paid 290.00

Rec'd By S Cash/Check No. 16458

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

JACK NICKOLITE
2626 W. STALLION CIR

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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 2626 W. STALLION CIR. (no rural route) City LINCOLN NE, Zip 68523

Owner Jack Nickolite Addresss 2626 W. STALLION CIR LINC. NE

Soil Type (SCS): BLACK DIRT Wymore Silty Clay Loam Percolation Rate: 45.6 min./inch

Date of Tests 6-10-07 to 6-11-07 Weather: Precipitation -0- Temperature 80°

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	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.0	45.1
2	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.5	46.1
3	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.5	46.1
4	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.0	45.1
5	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.5	46.1
6	36in	6/10	2:30pm	6/11	10:30AM	6/11	11:00AM	6	6/11	3:00pm	240	4.5	46.1

Person Conducting Percolation Tests

Name: RANDY JONES / MATT TAYLOR

Phone: 474-5213

Address 2201 SEWELL
LINCOLN, NE

Sum of Percolation Rates: 274

Average of Rates: 45.6

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

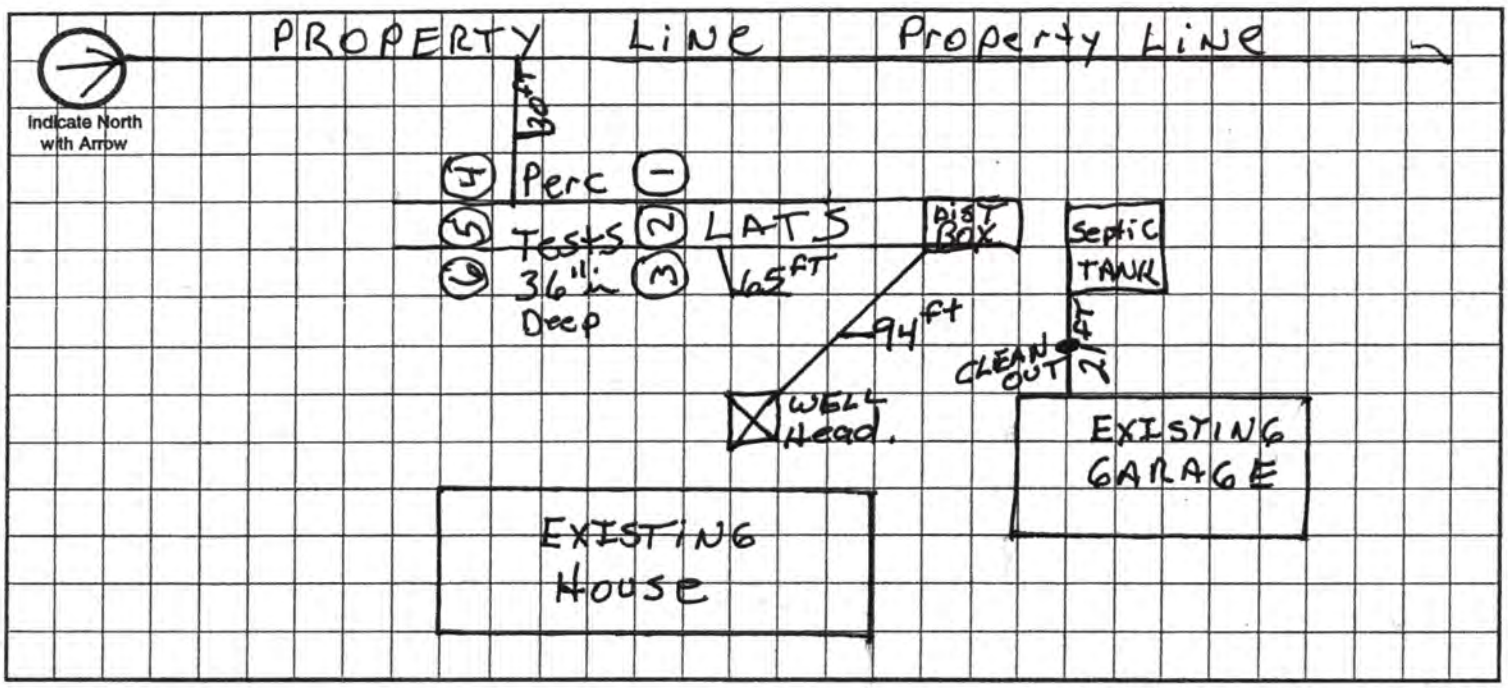
Lincoln-Lancaster County Health Department
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C

Permit Number:

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) 2626 W. STALLION CIR City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 46/1 (min. per inch) Soil Type: Loam 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 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 100 ft. Number of Trenches 2 Trench Width 3'

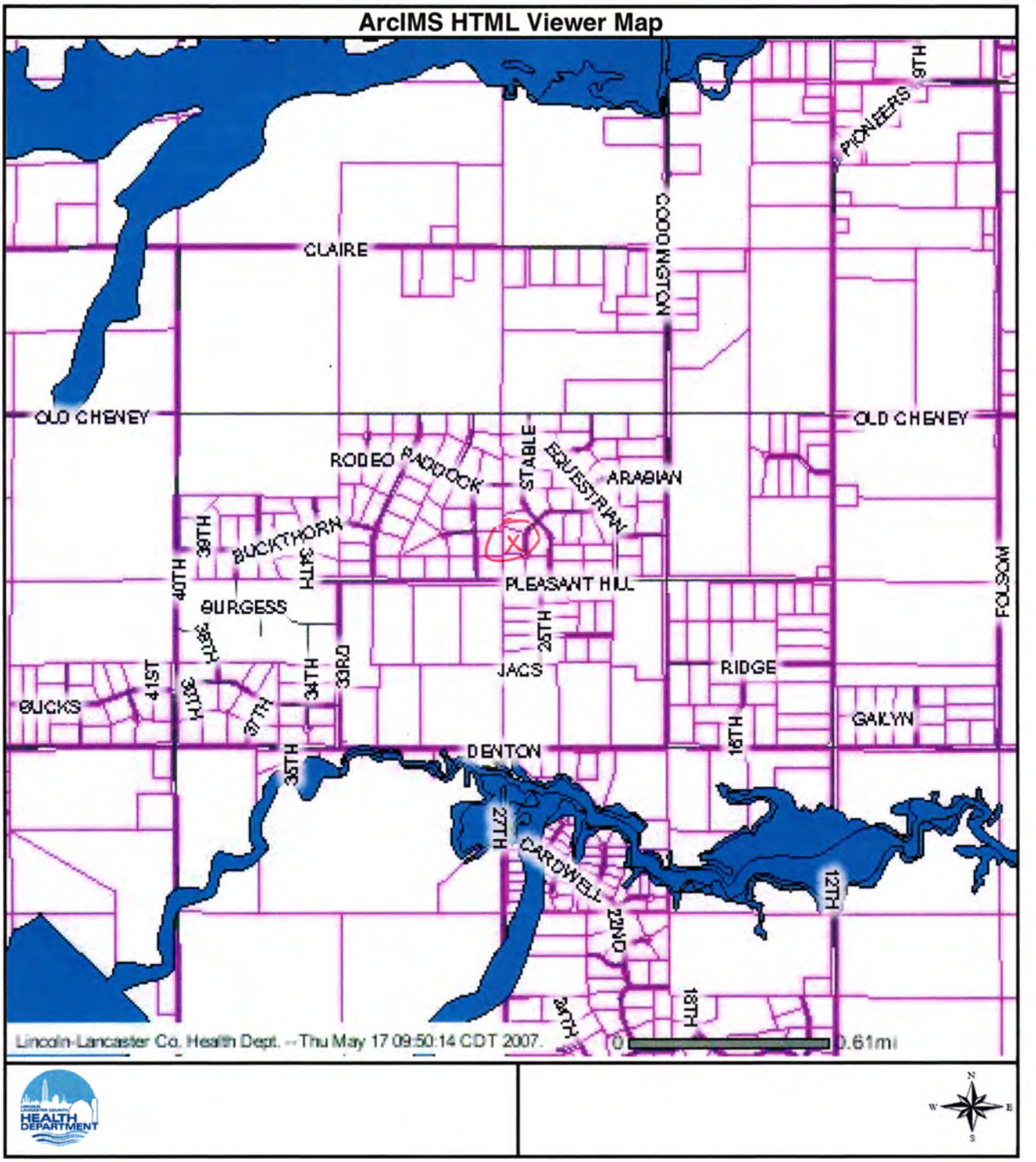
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

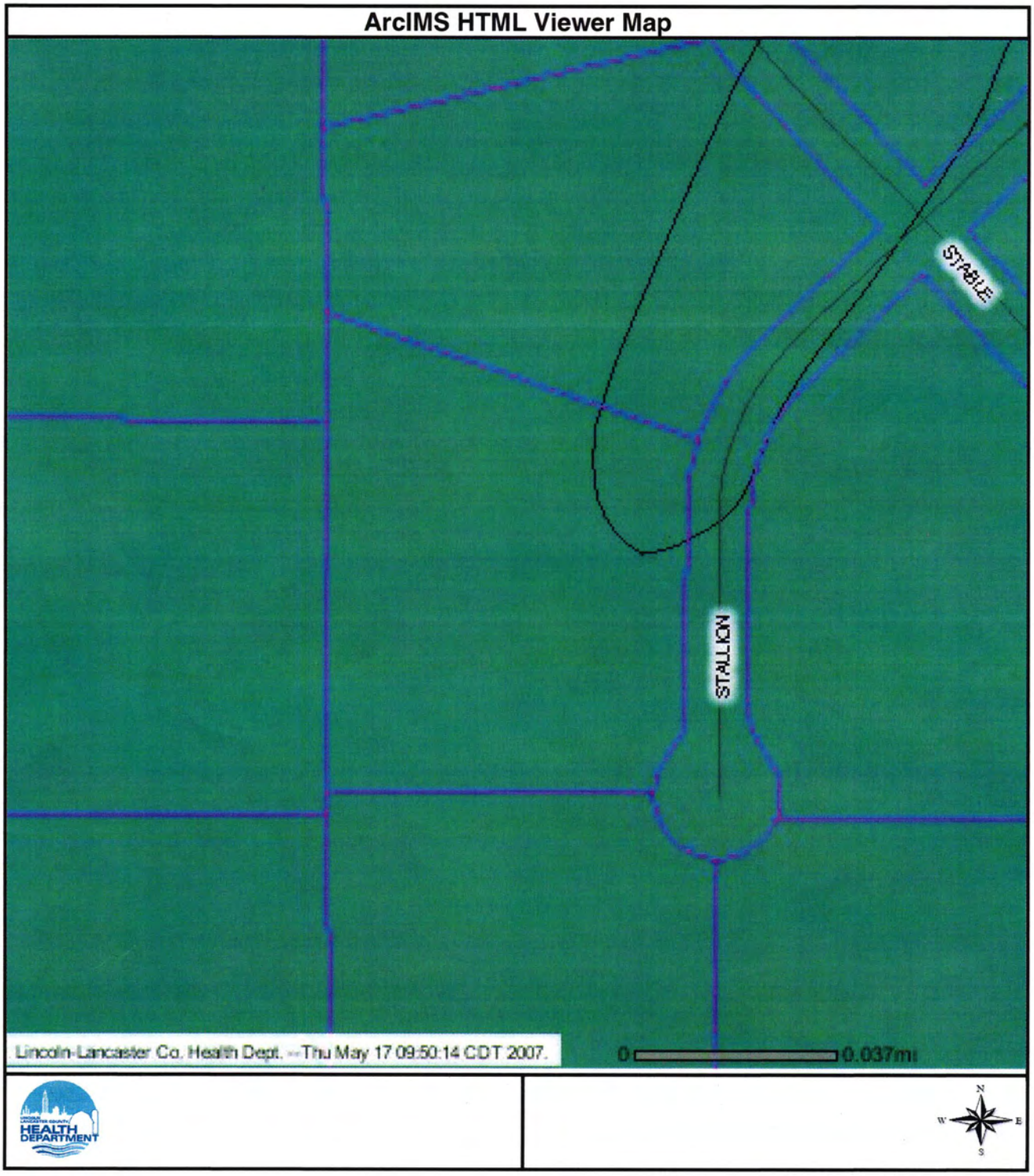
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☐	20 ☒	15 ☒	25 ☐	☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	30 ☐	20 ☒	30 ☒	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Randall J Jens Date _____


ArcIMS HTML Viewer Map
CLAIRE
COOLIDGE
PIONEERS
9TH
OLD CHENEY
OLD CHENEY
RODEO
PADDOCK
STABLE
EQUESTRIAN
ARABIAN
BUCKTHORN
39TH
40TH
34TH
PLEASANT HILL
FOLSOM
BURGESS
38TH
41ST
33RD
JACS
25TH
RIDGE
BUCKS
37TH
36TH
34TH
GALYN
16TH
DENTON
35TH
27TH
CARDWELL
22ND
12TH
18TH
24TH
Lincoln-Lancaster Co. Health Dept. -- Thu May 17 09:50:14 CDT 2007.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
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