Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380255701

Issued 10/22/02
Expires 04/22/03
Revenue Code 3157

Establishment

JEFF S CARSTENS
T9N R6E SEC 17
HITCHING POST-2ND BLK 4 LOT 1
6000 HITCHING POST LN

FEES: $200.00

TOTAL: $200.00

Permittee

JEFF S CARSTENS
6000 HITCHING POST LN
LINCOLN NE 68523

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003022

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

A

Permit Number: 023802557

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 6000 HITCHING POST LN (no rural route) City LINCOLN NE, Zip 68523

Legal Description HITCHING POST HILLS 2nd Add. B4 L1 4 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 17 9N 6E Latitude

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

B. Owner

Name Jeff ~~Smith~~ Carstens Signature Jeffrey S. Carstens

Address 6000 HITCHING POST LN City/State/Zip LINCOLN, NE 68523

☐ Check if owner designed system Home Phone 477-6046 Work Phone 474-4554 610-0401 cell

C. Contractor

Name Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 1 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 10/22/02 Date frwd 10/22/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-22-02 Date frwd 10-22-02 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10/22/02 Date frwd 10/22/02 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Brock

Date 10/30/02

Business Office Use Only

Date Rec'd 10/22/02

Amt Paid 200.00

Rec'd By es ~~Cash~~/Check No. 3459

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 023802557

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6000 HITCHING POST LN (no rural route) City LINCOLN, NE, Zip NE, 68523

Owner Jeff Carstens Addresss 6000 HITCHING POST LN LINCOLN, NE 68523

Soil Type (SCS): ~~Loam~~ WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 9-28-02 to 9-29-02 Weather: Precipitation Dry Temperature 75

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	36"	9-28	7 am	9-29	7am	9-29	7am	6	9-29	11 am	30	7/8	34
2	"	"	"	"	"	"	"	6	"	"	30	1/2	60
3	"	"	"	"	"	"	"	6	"	"	30	7/8	34
4	"	"	"	"	"	"	"	6	"	"	30	1/2	60
5	"	"	"	"	"	"	"	6	"	"	30	1/2	60
6	"	"	"	"	"	"	"	6	"	"	30	1/2	60

Sum of Percolation Rates: 308
Average of Rates: 51
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Jeff Carstens
Phone: (402) 610-0401 cell
Address: 3019 Ryons St. at time of test
LINCOLN, NE 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Hood R.E.H. Date

FORM 23-101 10-96

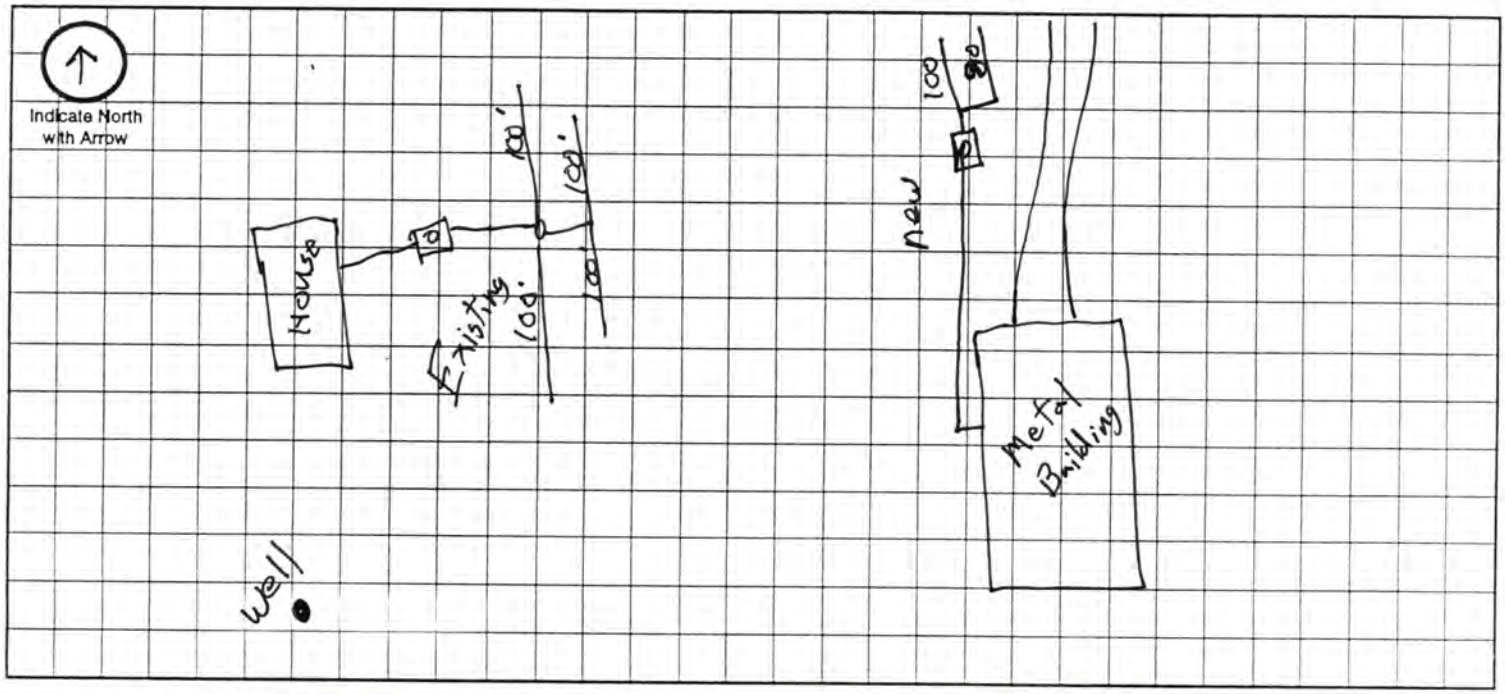
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C

Permit Number: 023802557

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) 6000 HITCHING POST LN. City LINCOLN NE, Zip NE 68523

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Loam Land Slope: 2 % %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 350 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1600 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 2

Total Length of Laterals 180 ft. Number of Trenches 2 Trench Width 4'

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

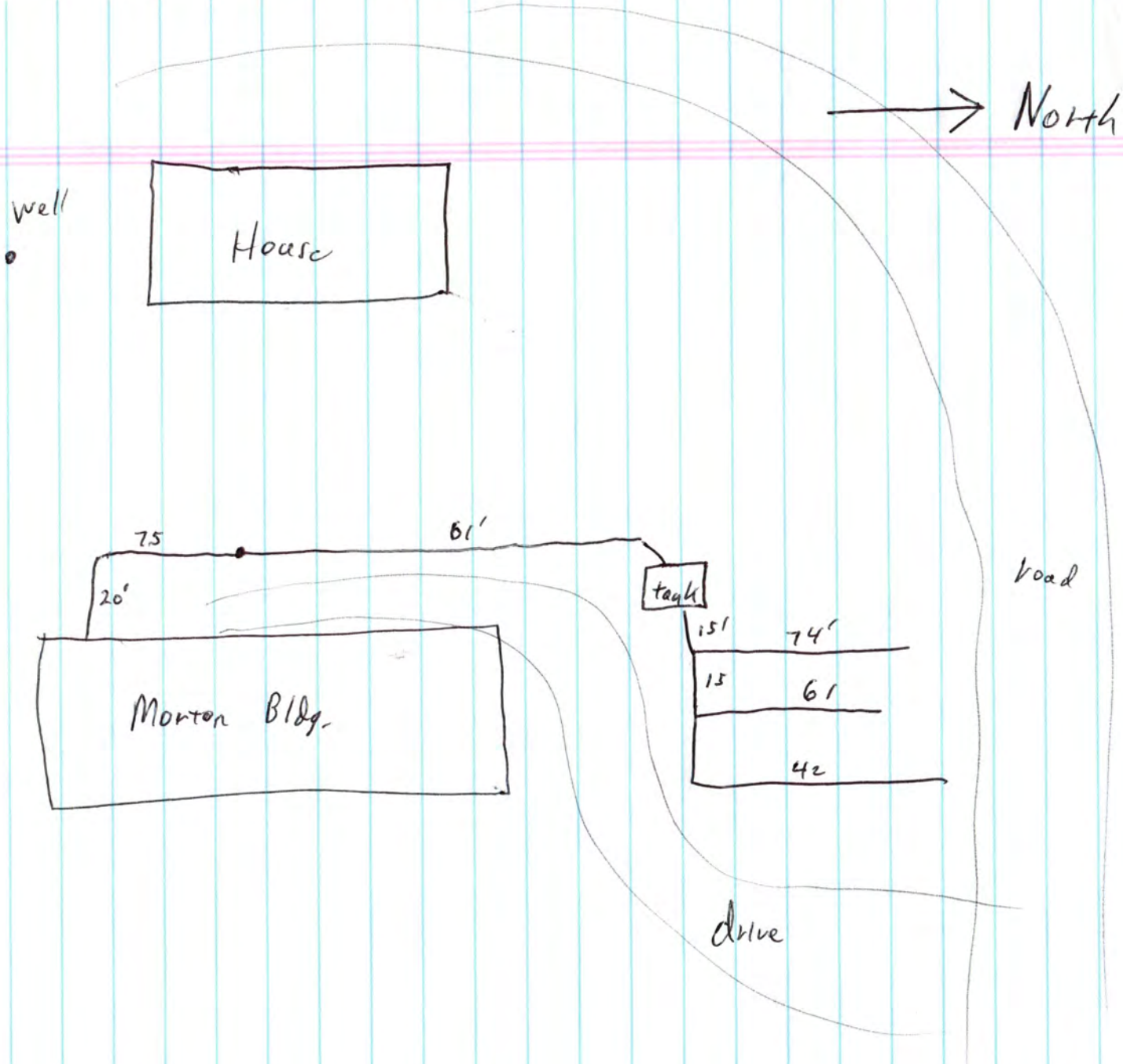
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Wellmann Plumbing Date 10-3-02

FORM 23-102 10-96



6000 Hatchin Pen