LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96380152001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 12/02/96
Expires 06/02/97
Revenue Code 18754

Establishment

GILES HEDDERICH
T9N R8E SEC 6
LOT 18
3100 S 112 STREET

FEES: $150.00

TOTAL $150.00

Permittee

GILES HEDDERICH
3117 S 30 ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

2844

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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 3100 S. 112th St (no rural route) City WALTON NE, Zip 68461

Legal Description 6 9 NORTH 8 EAST OF 6th P.M. 18
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 Giles + Lynne Hedderich Signature Lynne Hedderich

Address 3117 S. 30th St City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 421-7877 Work Phone _____

C. Contractor

Name BRAD Southwick Company Name SOUTHWICK SEWER + DRAIN

Address 17201 S. 72 HICKMAN City/State/Zip _____

☐ Check if contractor designed system Work Phone 792-2462 / 475-2462

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

Designer Name B. Southwick Firm Southwick Work Phone 475-2462 / 430-7606

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4-5 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 11-19-96# Date frwd 11/20/96 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/20/96 Date frwd 11/20/96 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-20-96 Date frwd 11-20-96 ACTION ☒ Approved ☐ Disapproved Signature _____

10/3/97 I.C.H. Sewer, tank, distribution box & lateral

Installation Final Written Approval

By Jerrold C. Hood

Date October 8, 1997

Business Office Use Only 3019

Date Rec'd 11-19-96

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 2123

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

AUG 1 9 1997

B

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

Permit Number: 963801520

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3100 South 112th (no rural route) City Lincoln NE, Zip 68

Owner Giles & Lynne Hedderich Addresss 3117 South 30th Lincoln, NE

Soil Type (SCS): Juc Percolation Rate: 20 min./inch

Date of Tests 5-26 to 5-27-97 Weather: Precipitation 0 Temperature 70

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"	5/26	7:00	5/27	10:30	5/27	2:30	28	5/27	3:00	30	1 3/4	18
2			AM		AM		PM	29 1/2		PM		1 1/2	20
3								27 3/4				1 5/8	19
4								28 1/8				1 3/8	23
5								29 1/8				1 1/2	20
6								30				1 3/4	18

Sum of Percolation Rates: 118
Average of Rates: 19-20
Rate Used for Calculation: 22

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 792-2462
Address 17201 So 72
Hickman, Ne

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

OCT 8 1997

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 Walton NE, Zip 68461
(no rural route)

Owner Giles Heddenich Addresss _____

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

Date of Tests 7-8 to 7-9-97 Weather: Precipitation 0 Temperature 80s

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	7/8	7:30	7/9	6:30	7/9	10:05	30	7/9	10:35	30	1 3/4	18
2			A		AM		AM	31				1 3/4	18
3								31 1/4				1 7/8	16
4								30 3/4				1 3/4	18
5								30 7/8				1 5/8	23
6								29 3/4				1 7/8	16
7								30				1 3/4	18
8	↓							31 1/8				1 5/8	23

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So. 72
Hickman, Ne 68372

Sum of Percolation Rates: 150
Average of Rates: 19
Rate Used for Calculation: _____

Size for 5 Bdrm.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: S112 & Vandorn st. Walton S/2 of NW/4

Location: Township 9 ; Range 8 ; Section & ¼ Section 6 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-5 to 10-6-95 . Weather: Precip. _____ Temp. _____ .

OWNER: Giles Hedderich

Address: 3117 So 30 Lincoln

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10/5	10:00	10/6	10:15	10/6	1:35	28½	2:05	29	30	½	60
2	↓		A		A		PM	29⅞	PM	30⅛	↓	½	60
3								30⅞		31⅛		½	60
4								28⅛		28¾		⅝	48
5								30⅞		31¼		⅝	48
6	↓							25¼		25¾	↓	½	60

Brad Sorthe
Signature of Person Conducting Test

Address 17201 S. 172 Hickman Phone 475-2462

Sum of Percolation Rates: 336
Average of Rates: 56
Mean of Rates: _____

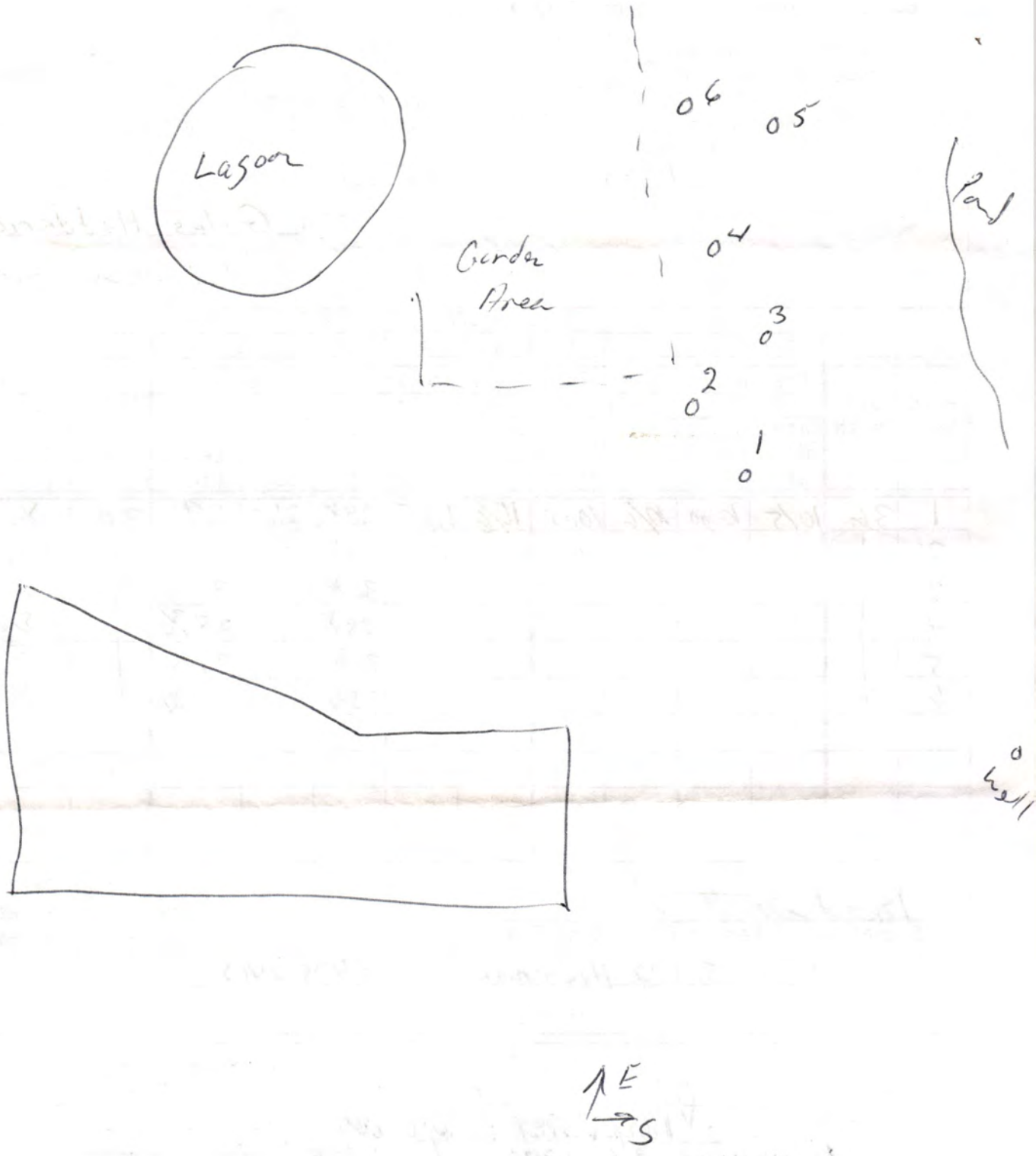
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: NOVEMBER 20, 1996

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


Lagoon
Garden
Area
06
05
04
03
02
01
Land
E
S

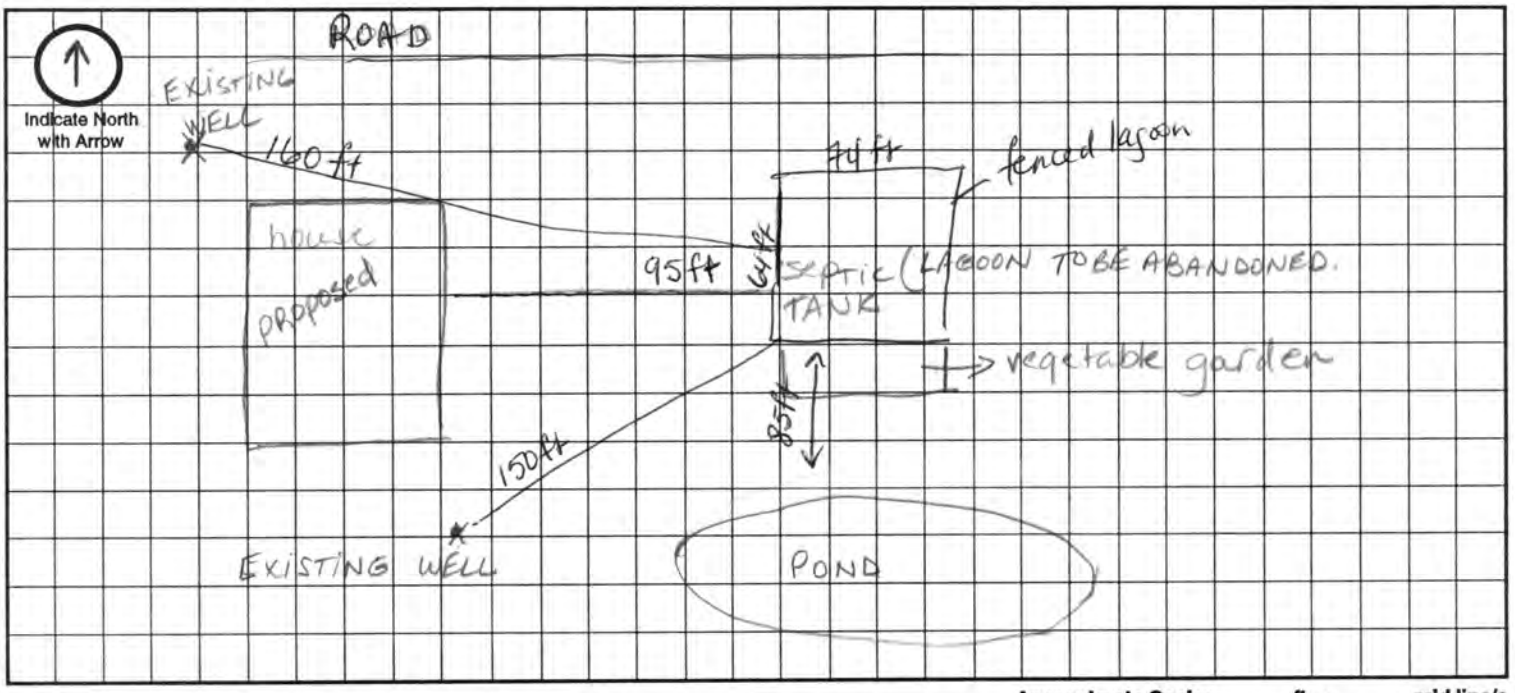
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1589 1030 sq. ft.

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

Capacity of Septic Tank 1500 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 Robert P. Fridley Date 11/19/96

Installer Brad Southwick Date 11/19/96

FORM 23-102 10-96

AUG 1 9 1997

C

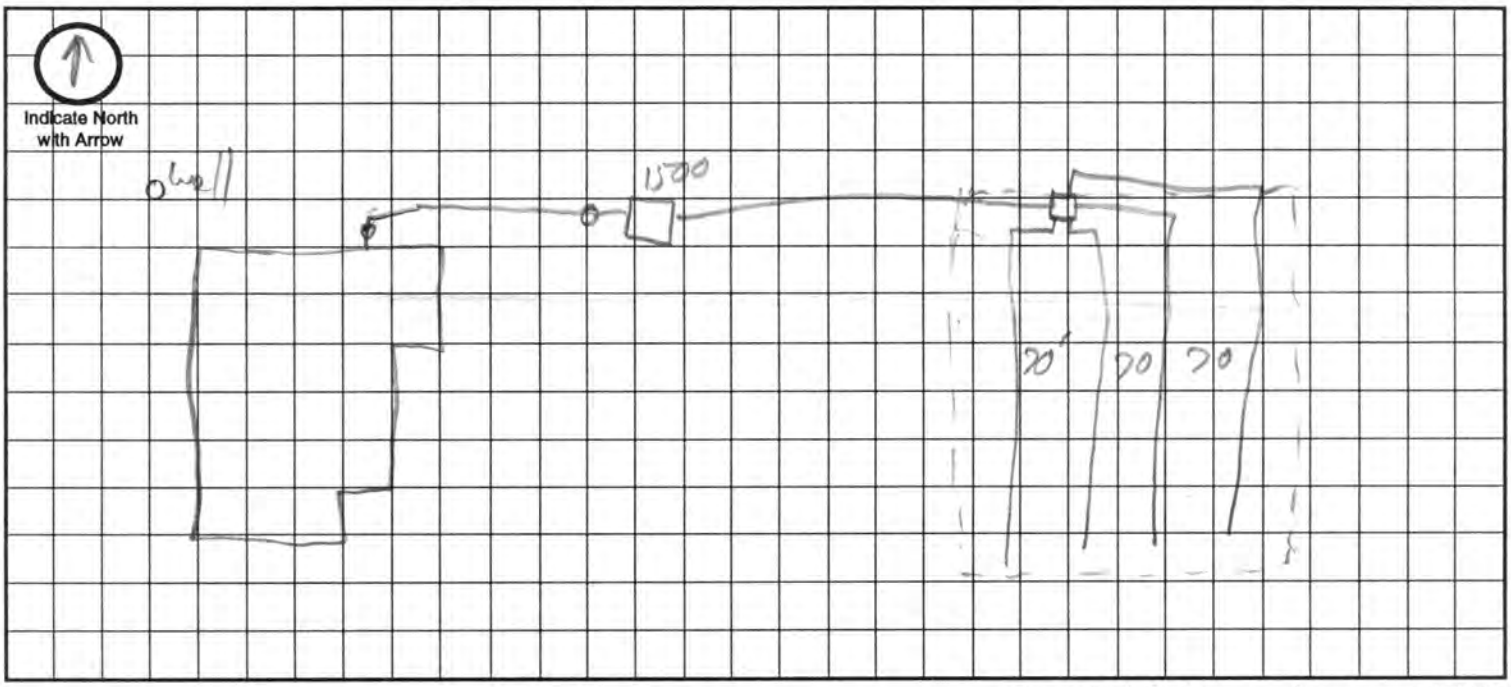
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 963801520

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) 3100 So 112th City Lincoln NE, Zip 68505

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 22 (min. per inch) Soil Type: JUC Fill into ob Lagoon Land Slope: _____ %

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

Total Square Feet of Field Required: 1024 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 240 ft. Number of Trenches 4 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 8/11/97

Installer _____ Date 7-12-97

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-6-97

System Location (Indicate correct number and street)

Address _____ City Walton NE, Zip 68
(no rural route)

A. Building Sewer

1. Material: PVC" Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 24 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line >50 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 10 in.
   Over outlet, diameter 15 in.
   Riser: ☐ above ☒ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line >100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45 ft.

D. Absorption Field

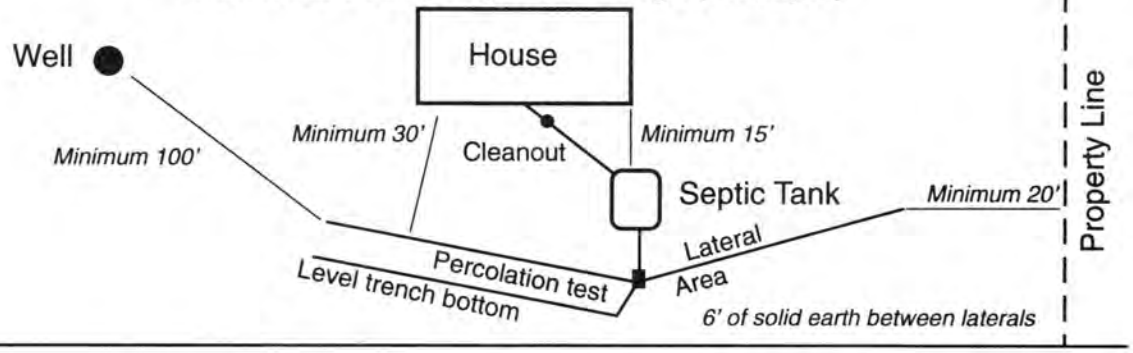
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 66 2/3 ft. 66 2/3 ft.
   72 ft. 75 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line >100 ft.
   Stream NA ft.
   Pressure line >20 ft.
   Property line >20 ft.

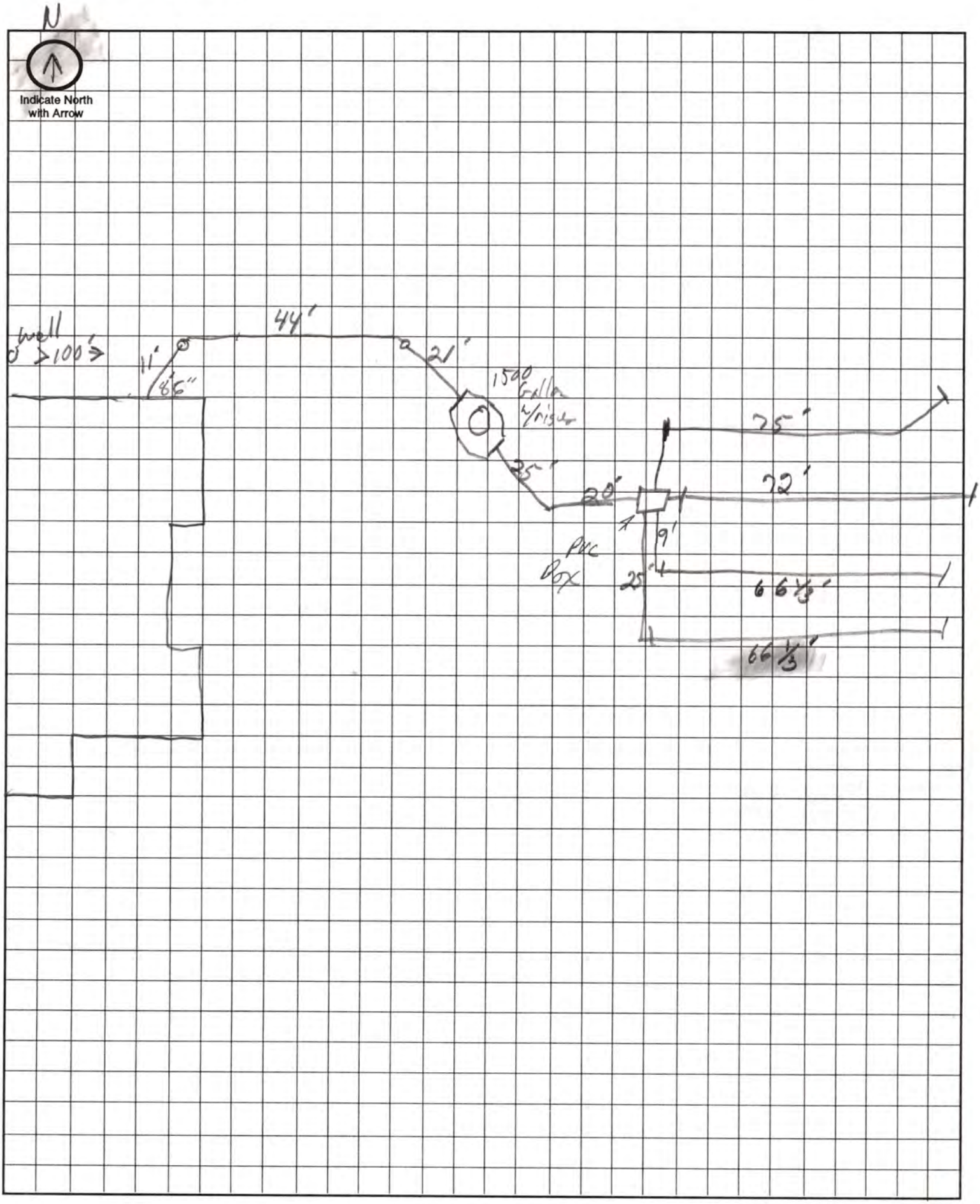
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s