Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011082

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380336901

Issued 07/20/07
Expires 07/20/08
Revenue Code 3157

Establishment: MARK & JENNY CICH
T12N R8E SEC 2
N OF SE CORNER-LOT14
22801 N 176 ST-GREENWOOD

FEES: $290.00

Permittee: MARK & JENNY CICH
17740 N 3 ST
DAVEY NE 68336

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number
07380336901

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 22801 North 176th Street (no rural route) City Greenwood, NE Zip

Legal Description 2 12 8 1092 FT. North of SE corner of Lot 14 I.T.
LCR 6014 | 1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: Latitude:

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

B. Owner

Name Mary Ann Denny Clch Signature

Address 17740 N 3 St. City/State/Zip Davey

☐ Check if owner designed system Home Phone 785-2429 Work Phone

C. Contractor

Name: Nelson Family Homes, Inc. Company Name Nelson Family Homes, Inc.

Address 8240 East Woods Drive City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone (402) 432-1638

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

Designer Name Don Anderson Firm AWJ Work Phone (402) 443-7161

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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department Date rec'd 7/23/07 **ACTION** ☐ Approved ☐ Disapproved
Site visits - Proposed Property is outside of Floodplain. Date frwd 7/23/07 Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd 7-31-07 **ACTION** ☑ Approved ☐ Disapproved
Comments Date frwd 7-31-07 Signature

3. City or County Engineer Date rec'd 7-31-07 **ACTION** ☑ Approved ☐ Disapproved
Comments Date frwd 7-31-07 Signature

Installation Final Written Approval
By
Date 11/1/07

Business Office Use Only
Date Received 07/20/07 Amount Paid 290
Received By m Cash/Check No. 4228

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

* System looks very good and should work well if that pantscreen soil. NA

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

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 22801 North 176th Street City Greenwood NE, Zip

(no rural route)

Owner Mark and Jenny Gist Addresss

Soil Type (SCS): Percolation Rate: 22.5 min./inch

Date of Tests 7-5-07 to 7-6-07 Weather: Precipitation -0- Temperature 90°

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	3'-0"	7-5	9:00 AM	7-6	9:00 AM	7-6	9:00 AM	6"	7-6	10:00 AM	60 min	3	20
2	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	2	30
3	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	2	30
4	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	3	20
5	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	3	20
6	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	4	15

Person Conducting Percolation Tests

Name: Alan Don Anderson

Phone: (402) 443-7161

Address P.O. Box 246

Mead, NE 68041

Sum of Percolation Rates: 135

Average of Rates: 22.50

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

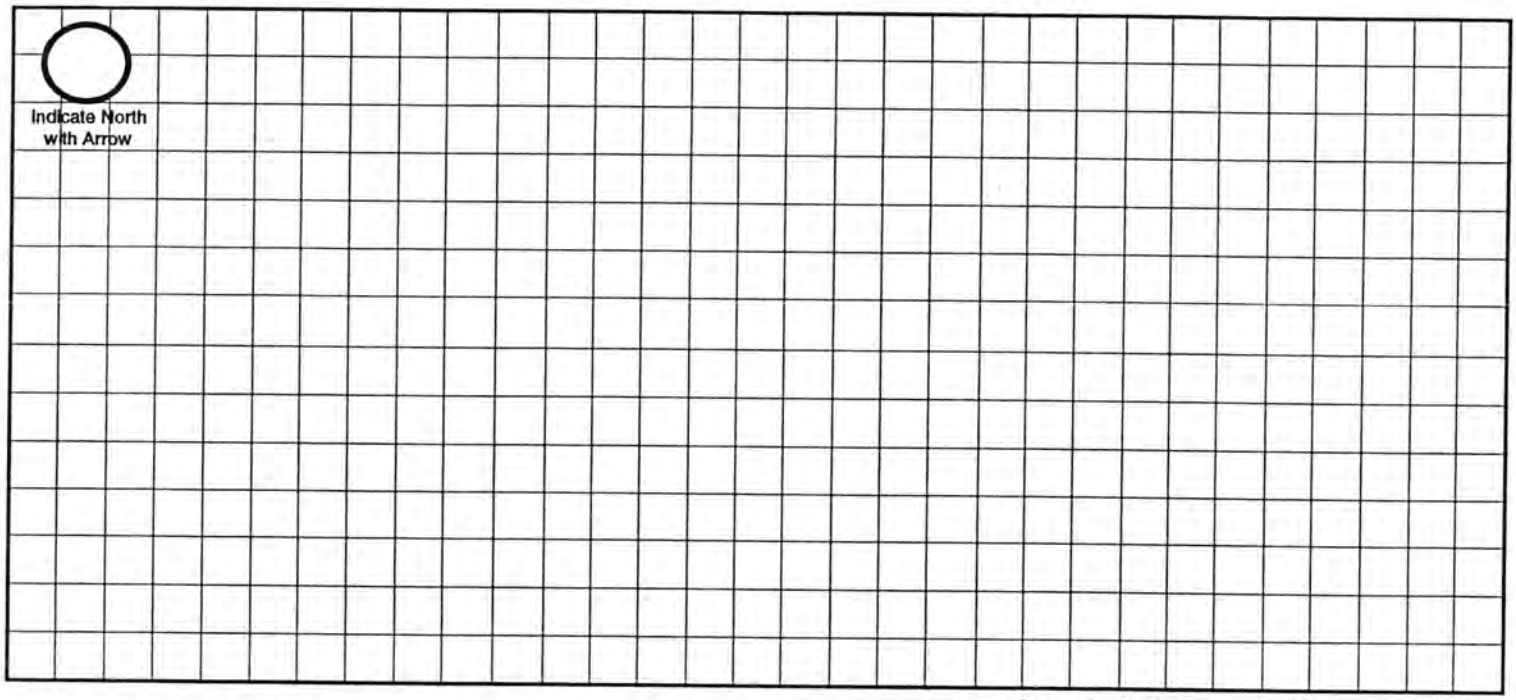
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 22801 N. 126th St. City Gretna NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 22.5 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: _____ sq. ft. 3 BR Home,

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 3' Infiltrators

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: — Number of Distribution Laterals per Bed _____

Total Length of Laterals 187.5 ft. Number of Trenches _____ Trench Width _____

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

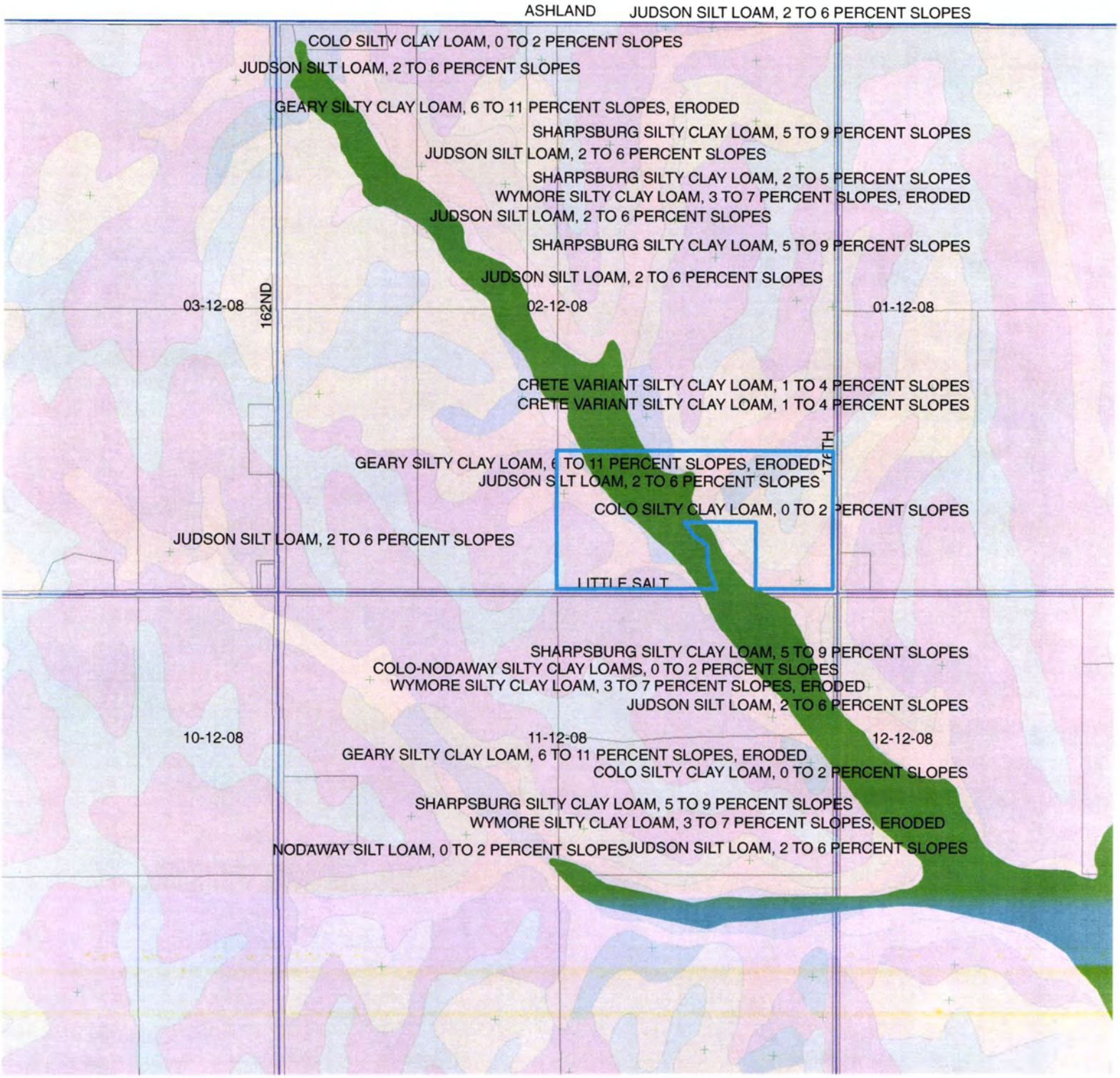
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor Meighbor Family Homes Inc Date 7/17/97

Installer AWS Don Anderson Date _____

FORM 23-102 10-96


ASHLAND
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
162ND
03-12-08
02-12-08
01-12-08
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
LITTLE SALT
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
10-12-08
11-12-08
12-12-08
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

22801 N 176th Street



0 255 510 1,020 Feet

Source M:\records

10/31/07 3:00 pm Inspection
@ 22801 N 176th St.
North and west of intersection of Little Salt and 176th
T12 R8 Sec 2
Installer Don Anderson AWS
443-7161

N
W E
S
LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Legend

streets arc