LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380188301

Issued 11/04/98
Expires 05/04/99
Revenue Code 3157

Establishment

MARK ELIKER
T9N R8E SEC 22 QTR NW
15500 MIDWAY-BENNET

FEES: $150.00

PAID

TOTAL $150.00

Permittee

MARK ELIKER
15500 MIDWAY RD
BENNET NE 68317-2045

Issued By Health Director
Lincoln-Lancaster County Health Department

008259

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 15500 MIDWAY City BENNET NE, Zip 68317
(no rural route)

Legal Description NW 22 T9N R8E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude S 89° 34' 35" E Latitude

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

B. Owner

Name MARK/FAY ELIKER Signature Fay B. Eliker

Address 1550 MIDWAY RD. City/State/Zip BENNET NE 68317

☐ Check if owner designed system Home Phone 782-2084 Work Phone

C. Contractor

Name OWNER Fay B. Eliker 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 MELVIN WAGNER Firm WAGNER CONST Work Phone 432-5698

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 10/21/98 Date frwd 10/21/98 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/21/98 Date frwd 10/21/98 ACTION ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 10/21/98 Date frwd 10/21/98 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul Dillman

Date 10-23-98

Business Office Use Only

Date Rec'd 10-21-98
Amt Paid 150.00
Rec'd By TW Cash/Check No. 2120

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

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 15500 MIDWAY RD. (no rural route) City BENNET NE, Zip 68317

Owner MARK + JAY ELIKER Addresss 15500 MIDWAY RD.

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: 30 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature 60

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	32	10/15	4:00	10/16	2:00	10/16	3:00	6	10/16	3:30	30	1	30 MIN/IN
2	34	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN
3	31	"	"	"	"	"	"	"	"	"	"	1 1/8	27 MIN/IN
4	35	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN
5	33	"	"	"	"	"	"	"	"	"	"	1 1/8	27 MIN/IN
6	34	"	"	"	"	"	"	"	"	"	"	1 1/8	27 MIN/IN
7	36	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN
8	34	"	"	"	"	"	"	"	"	"	"	1	30 MIN/IN
9	32	"	"	"	"	"	"	"	"	"	"	1 1/8	27 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Melvin J Hagen

Phone: 432-5698

Address 4810 W CLAIRE AVE. LIN NE. 68523.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood Date October 21, 1998

FORM 23-101 10-96

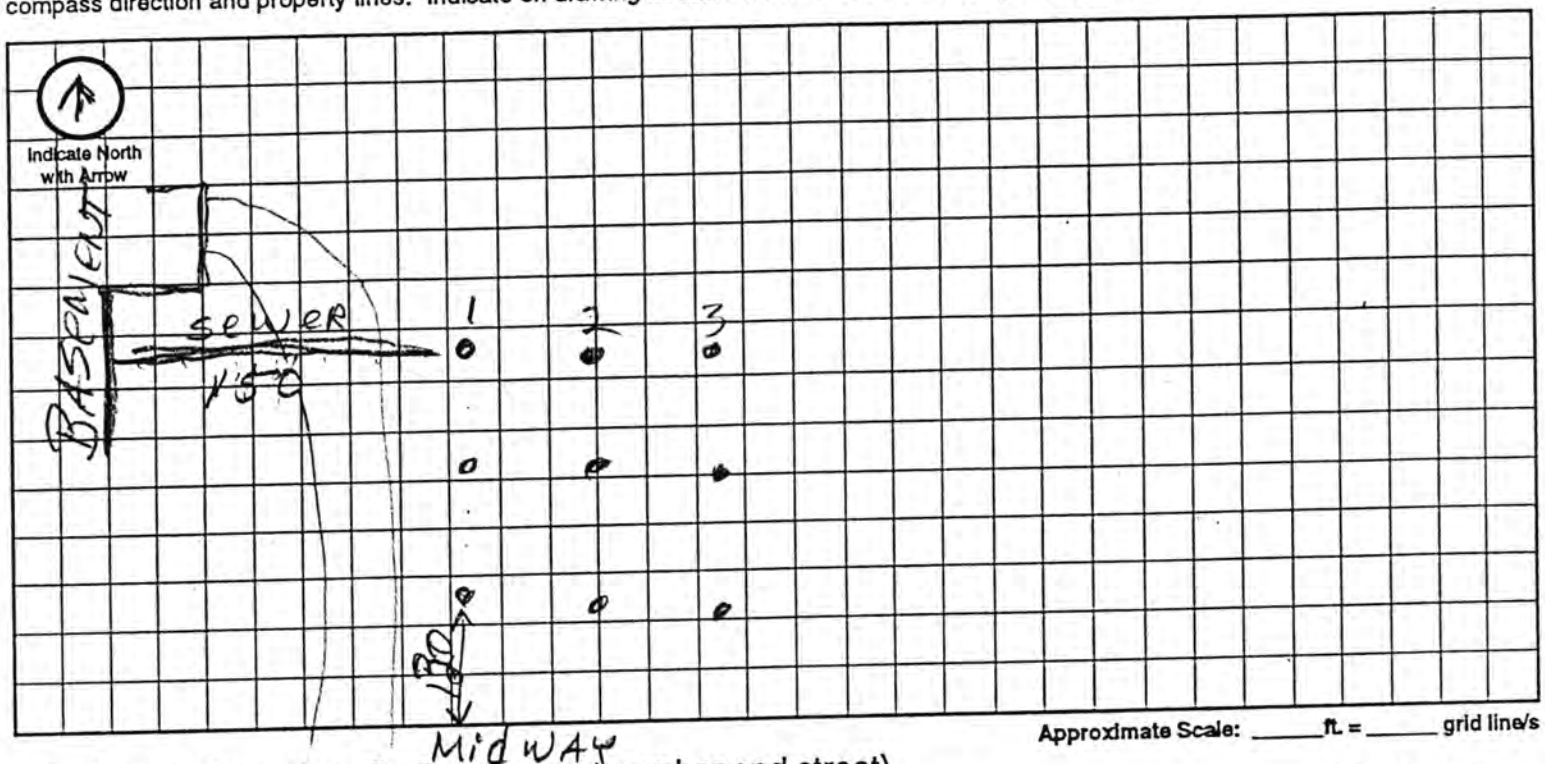
C

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

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) 17550 Midway Rd City BENNET NE, Zip 68317

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: JUDSON SILT LOAM Land Slope: 0-5 %

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

Total Square Feet of Field Required: 750 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 500 / 250 ft. Number of Trenches 5 Trench Width 36

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 ☐ N/A	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐ N/A	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor MOVE IN HOUSE Date _____

Installer Melvin F Hagen Date 21 OCT 98

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 22 Oct 98

System Location (Indicate correct number and street)

Address 15500 MidWAY Rd. (no rural route) City BENNET NE, Zip 68317

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 41 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 OVER ft.
   stream 200 OVER ft.
   pressure line N/A ft.
   property line Over 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100 OVER ft.
   Stream 200 OVER ft.
   Pressure line OVER 100 ft.
   Property line Over 20 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 108 ft.

D. Absorption Field

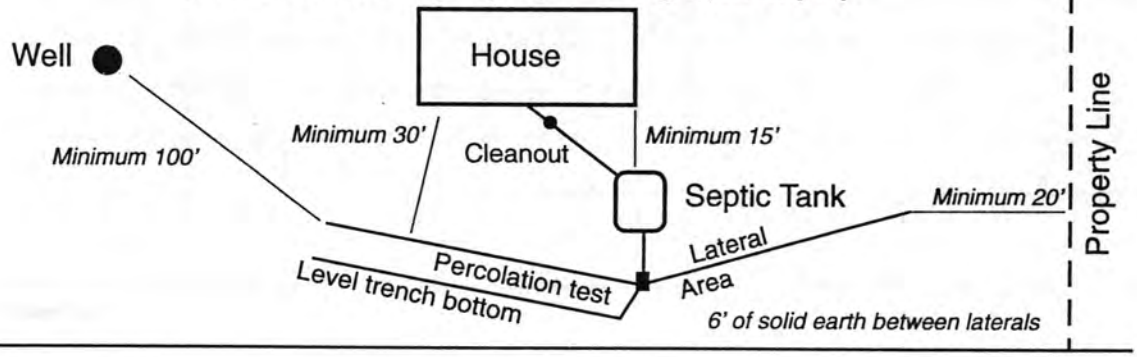
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 20 ft.
3. Trench dimensions: Width 3 ft.
   Slope 4" in/100 ft.
   Average depth 21 1/4 in
4. Filter material: Road Gravel
   Depth of material 12" in.
5. Distances to: Well or suction line 100 OVER ft.
   Stream 200 OVER ft.
   Pressure line N/A ft.
   Property line Over 20 ft.

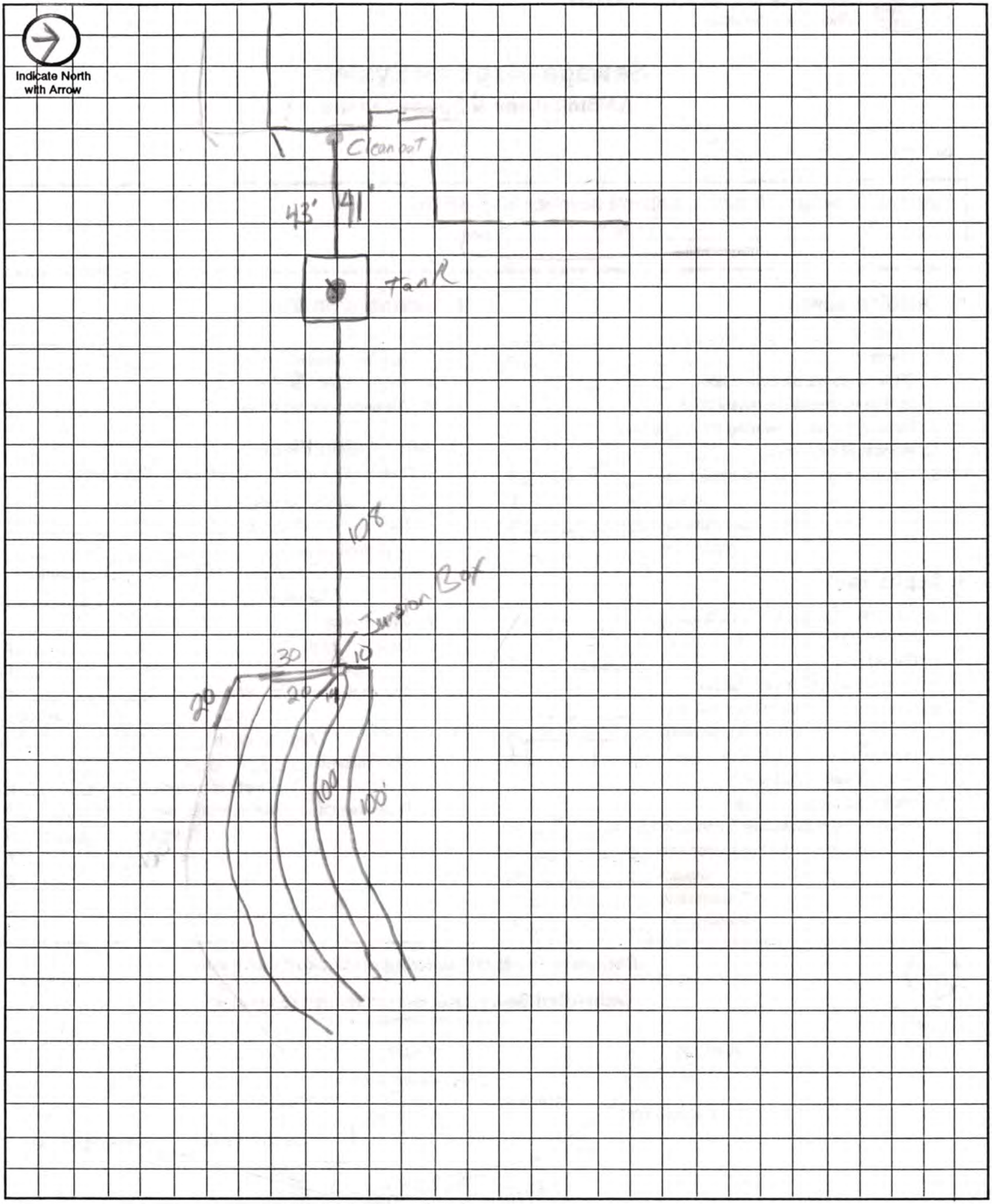
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390048601

Issued 12/07/95
Expires 06/07/96
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T9N R8E SEC 2
15500 MIDWAY ROAD

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 12-5-95

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. T9N; Range R8E; Section 2;
Block _____; Lot _____; Addition _____
Street Address 5500 Rideway Rd

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: addition of 144' of perforated pipe laterals (System requires 606 sq ft with additional system now has 640 sq ft of leach area)

5. Work to be done by: Owner ☐; or Contractor ☒, Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 400	00

Brad Southwick
Signature of Applicant (owner or lessee)

17201 S 72
Address
Hickman, Ne 68372

(Do not write below this line)

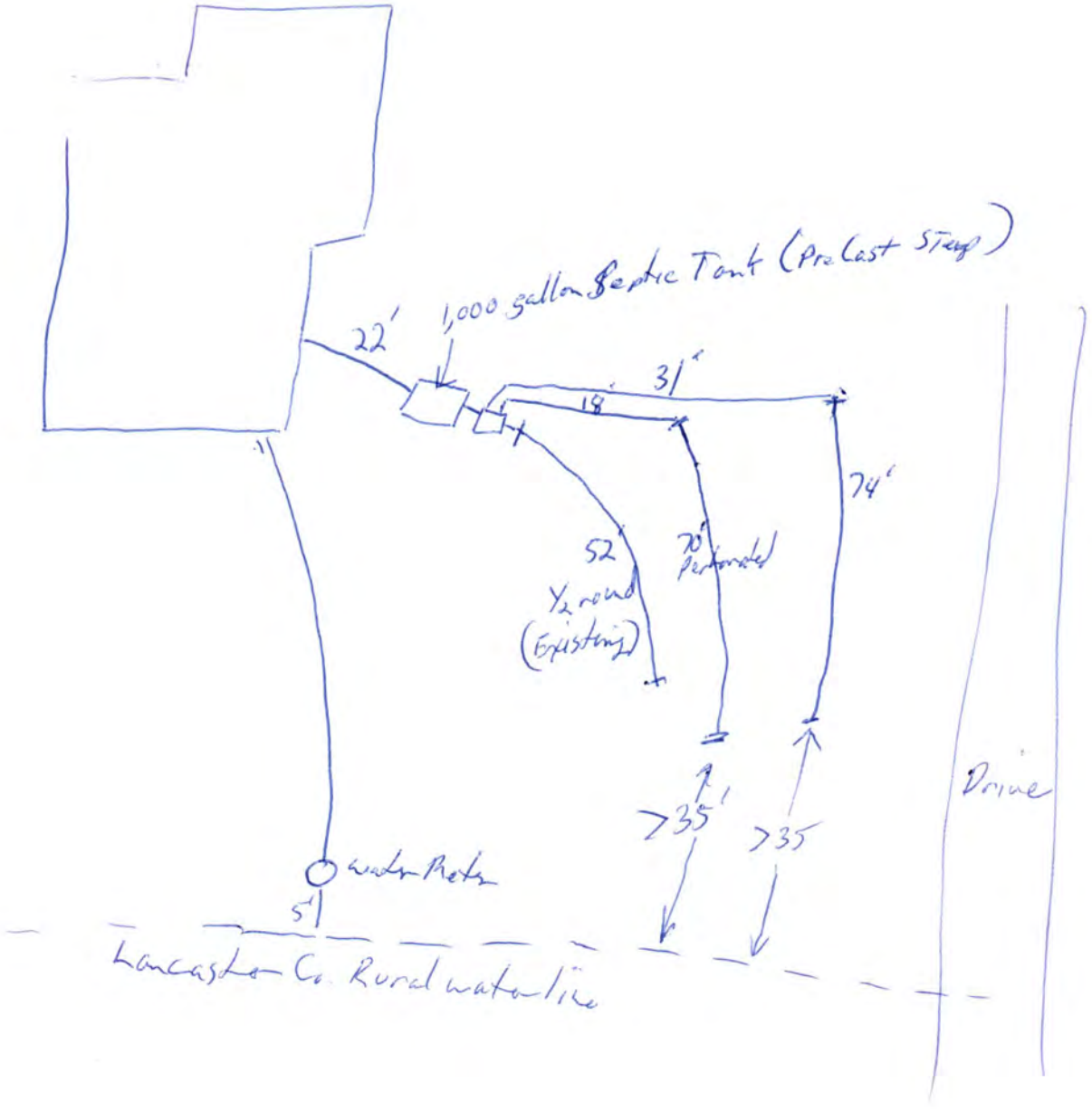
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: _____ by: 12-5-95
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/16/95 by: _____


N
1,000 gallon Septic Tank (Pre Cast Steel)
22'
31'
18'
74'
52'
Y2 round
(Existing)
20' perforated
>35'
>35
Drive
water Meter
5'
Lancaster Co. Rural water line

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 15500 Midway Rd

Location: Township 9N ; Range 8E ; Section & ¼ Section 22 .
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 ☐ . SUC
Dates of Tests: 10-23 to 10-24 95 . Weather: Precip. T Temp. 65 .

OWNER: Lincoln Actra Program

Address: _____

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	10/23	10:00	10/24	8:15	10/24	11:00	19½	11:15	21½	15	2	8 MIN/IN
2			AM		AM		AM	22¼	AM	24⅞		2 5/8	6 MIN/IN
3								23½		25½		2	8 MIN/IN
4								24½		27¼		2¾	5 MIN/IN
5								21		22¾		1¾	9 MIN/IN
6								15¾		17⅛		1 3/8	6 MIN/IN
7								16¾		17¾		1	15 MIN/IN

Brad Benthusich
Signature of Person Conducting Test

Address 17201 So. 72 Hickman Phone 475-2462

Sum of Percolation Rates: 13½
Average of Rates: 1.9
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: December 4, 1995

Approved Percolation Rate (a)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official