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. 97380154201

Issued 03/05/97
Expires 08/05/97
Revenue Code 18754

Establishment

CRAIG HUNDT
T10N R7E SEC 36
LOT 36
10120 VAN DORN STREET

FEES: $150.00

TOTAL $150.00

Permittee

CRAIG HUNDT
5100 S 75 ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

3371

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 1020 Van Dorn (no rural route) City Lincoln NE, Zip 68520

Legal Description 36 10N 7E 36
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 Craig Hundt Signature Craig Hundt

Address 5100 S. 75 City/State/Zip Lincoln,

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor Brad Southwick

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 12201 S. 72 City/State/Zip Hickman Ne 68372

☒ Check if contractor designed system Work Phone 475-2462 / 430-7606

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

Designer Name Mike Mazzeo Firm Michael Builders Work Phone 489-6161

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 3/4/97 Date frwd 3/5/97	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 3/5/97 Date frwd 3/5/97	ACTION ☒ Approved ☐ Disapproved Signature TK	
3. City or County Engineer	Date rec'd 3-5-97 Date frwd 3-5-97	ACTION ☒ Approved ☐ Disapproved Signature RD Mat	

Installation Final Written Approval

By Paul Dustman

Date 7-16-97

Business Office Use Only 3056

Date Rec'd 3/04/97

Amt Paid 150 cc

Rec'd By _____ ~~Cash~~/Check No. 3885

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 10100 Van Dorn (no rural route) City Lincoln NE, Zip 68520

Owner Craig Hundt Addresss 5100 S. 75th Lincoln, Ne 68506

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

Date of Tests 3-10 to 3-11 97 Weather: Precipitation 0 Temperature 40-50

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	3/11	10:00	3/12	9:30	3/12	1:40	5½	3/12	2:10	30	1¾	18
2			AM		AM		P	7¼		P		1¼	24
3								8½				2	15
4								4½				1¾	18
5								3¾				1¼	24
6								4				1½	20
7								5				2	15

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462/430-7606
Address 17201 So 72
Hickman, Ne 68372

4Bdrm

Sum of Percolation Rates: 134
Average of Rates: 19.14 (20 min/in)
Rate Used for Calculation: 20

215' of 4' wide ½ round Lateral
(3-equal 75' lengths)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood Date MARCH 18, 1997

FORM 23-101 10-96

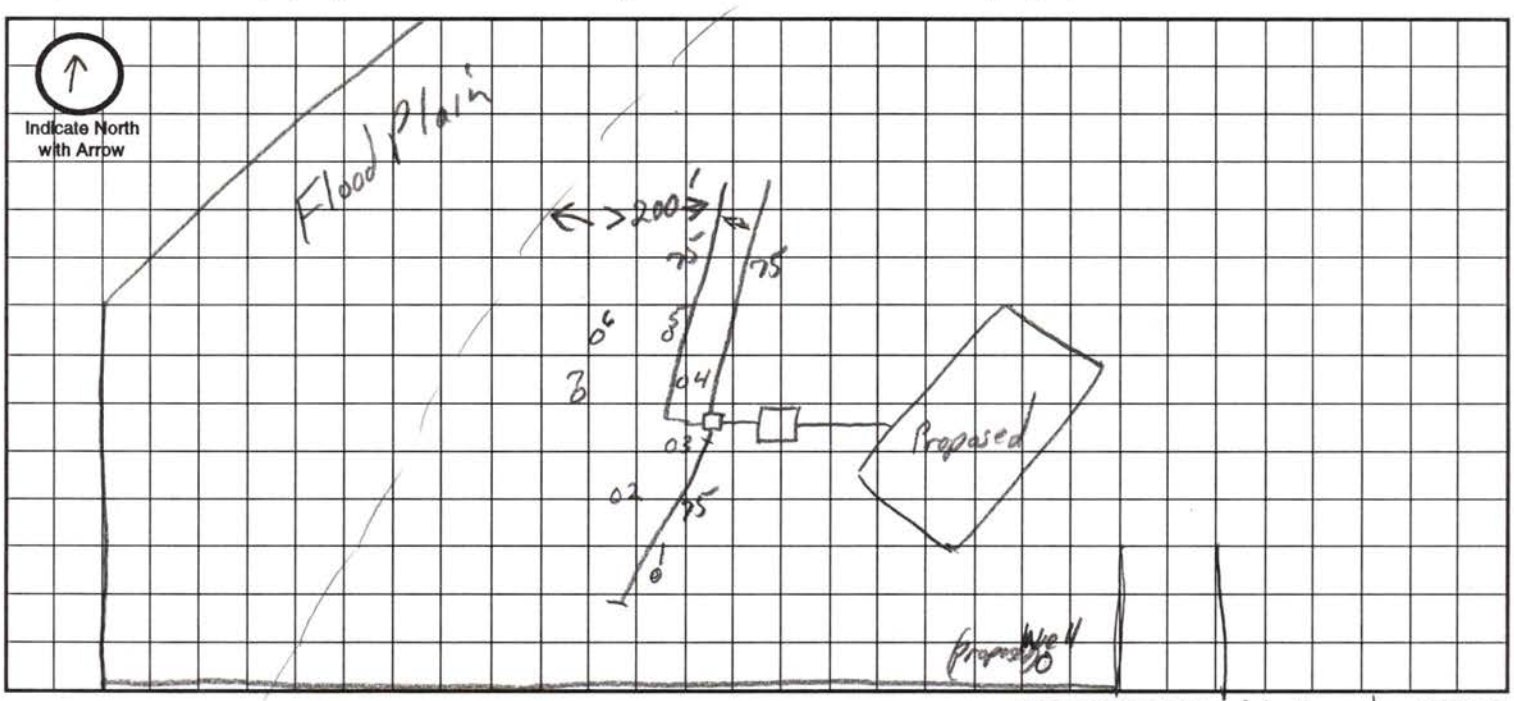
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10010 E. Van Dorn City Lincoln NE, Zip 68520

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 20 (min. per inch) Soil Type: JUC Land Slope: _____ %

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

Total Square Feet of Field Required: 860 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 225 ft. Number of Trenches 3 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 Brad Smith Date 3-15-97

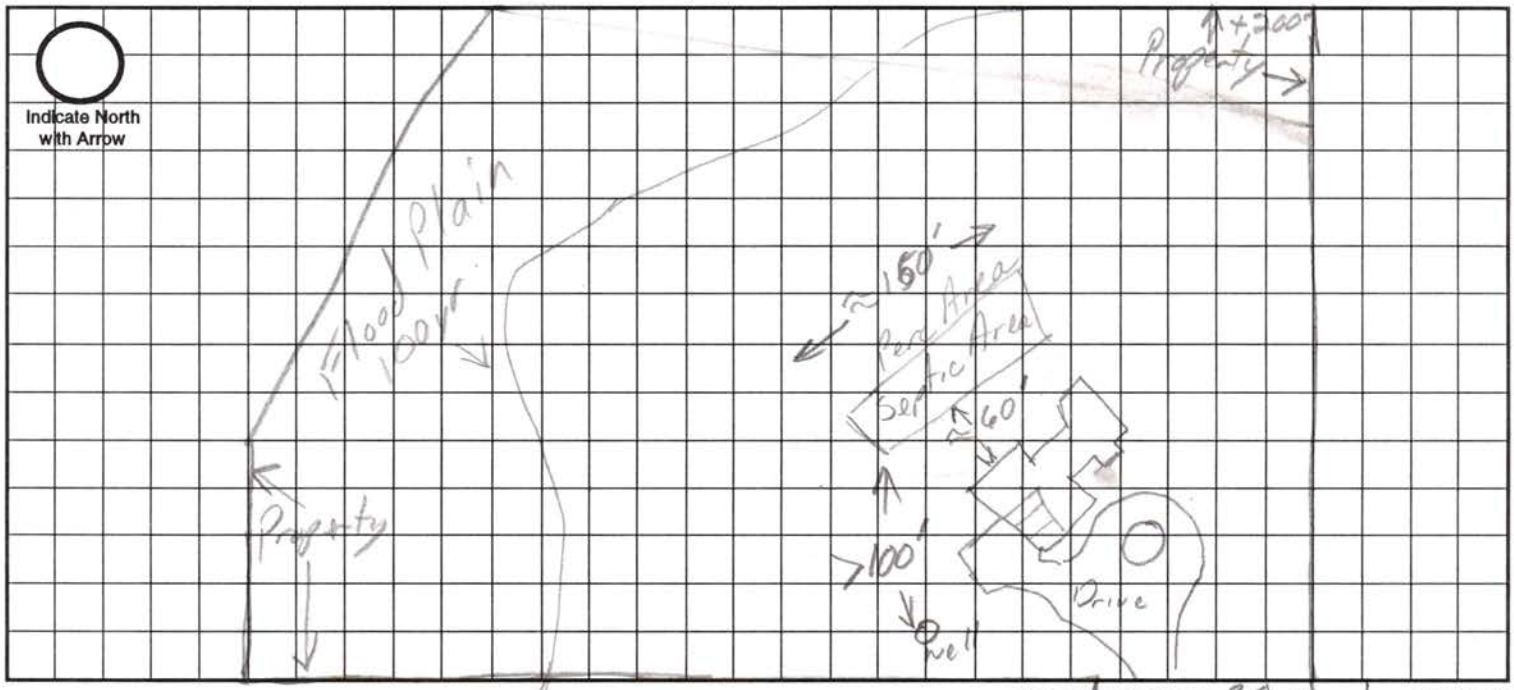
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10120 Van Dorn City Lincoln NE, Zip 68520
Lot 36 Sec 36-10-7

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Soil Perc to be taken when weather cooperates

Percolation Rate 19 (min. per inch) Soil Type: JUC - JUD Land Slope: 1-2 %

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

Total Square Feet of Field Required: 824 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 ☐	☐

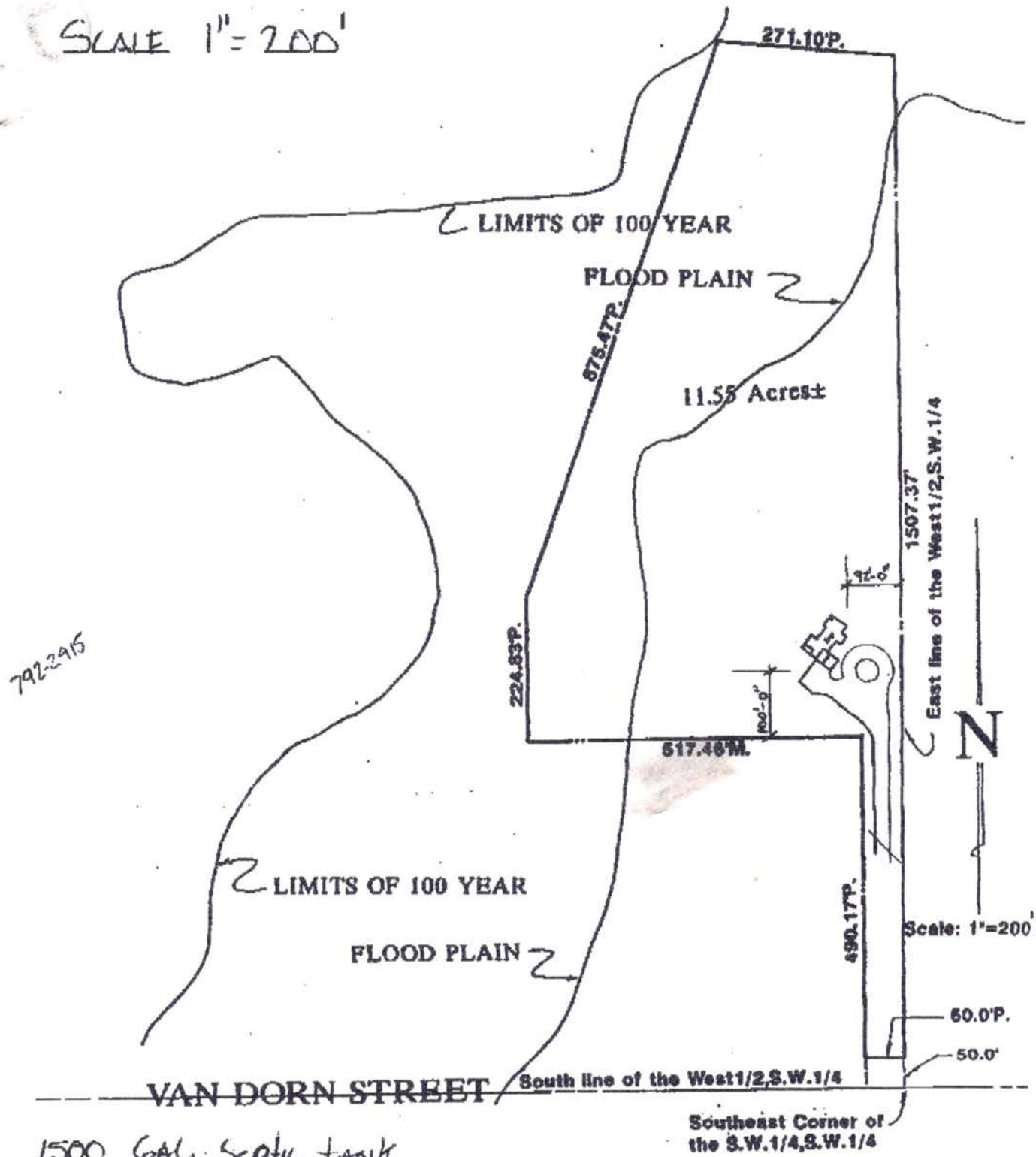
E. Required Signatures

Home Building Contractor Mil Mezd Date 3-4-97

Installer Brad Southwick DBA Southwick Sewer & Drain Date 3-4-97

HUNDT RESIDENCE
10120 VANDORN
LOT 36 SECTION 36-10-7

SCALE 1" = 200'



1500 GAL. Septic tank

TO: BRAD SOUTHWICK	FROM: MIKE MANZITTO	DATE: 2/26/1997 PAGES INCLUDING THIS PAGE:	
FAX #: 792-2415	FAX #: 469-6161	PHONE #: 450-4625	1