Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: LAGOON

No. HS000004

Situs: No Situs

Permit Fee: $170.00

Legal Description:

Owner:

Total Fees: $170.00

Issued: 09/05/2008
Expires 09/05/2009

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: LAGOON

No. HS000004

Situs: No Situs

Permit Fee: $160.00

Legal Description:

Owner:

Total Fees: $160.00

Issued: 09/27/2007
Expires 09/26/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: LAGOON

No. HS000004

Situs: No Situs

Permit Fee: $160.00

Legal Description:

Owner:

Total Fees: $160.00

Issued: 09/27/2007
Expires 09/26/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

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

SEP 1 1 2007 **A**

Permit Number: HS000004

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 10600 S. 14th St (no rural route) City Lincoln NE, Zip 68512

Legal Description NW 36 9 6 52
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 Doug Lee Signature Doug Lee

Address 10600 S. 14th St City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-420-5210 Work Phone 402-525-4206

C. Contractor

Name DOUGLAS K Lee Company Name CONDOC INC.

Address 10600 South 14th City/State/Zip Lincoln Nebraska 68512

☐ Check if contractor designed system Work Phone 402-525-4206

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

Designer Name Lloyd Jakoubek Firm Kirkpatrick Consulting, Inc. Work Phone 402-464-6609

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 9/18/07 Date frwd 9/18/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/07 Date frwd 9/20/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Lagoon to be 1 foot above flood plain Date rec'd 9-20-07 Date frwd 9-20-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Flowerday

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

LLCHD HS000004

SEP 1 1 2007

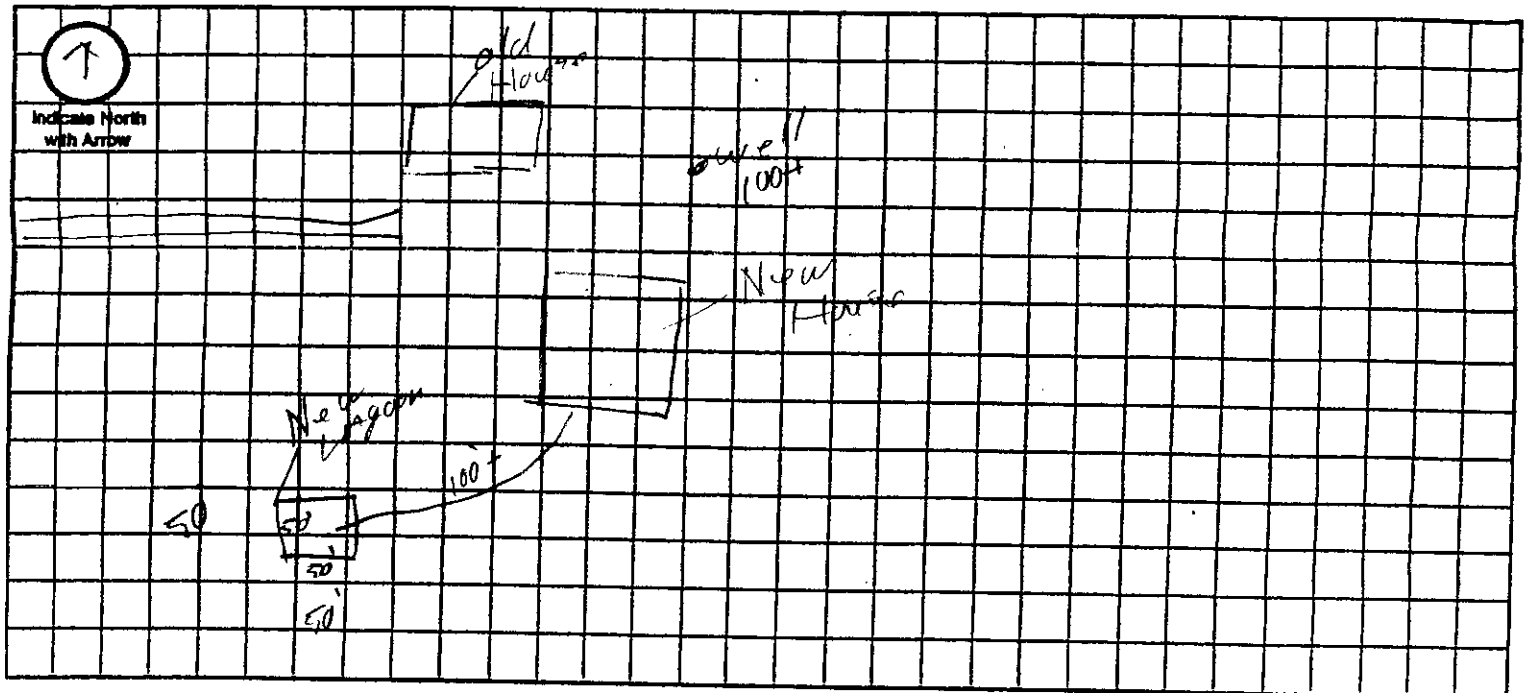
C

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) 10600 S. 14th St City Lincoln NE, Zip 68512

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: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank _____ 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 Daylight Date 9-1-07

Installer _____ Date 9-10-07

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

SEP 1 1 2007 **A**

Permit Number: HS000004

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 10600 S. 14th St (no rural route) City Lincoln NE, Zip 68512

Legal Description NW 36 9 6 52
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 Doug Lee Signature Doug Lee

Address 10600 S. 14th St City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-420-5210 Work Phone 402-525-4206

C. ~~Contractor~~

Name DOUGLAS & Lee Company Name CONDOC INC.

Address 10600 South 14th City/State/Zip Lincoln Nebraska 68512

☐ Check if contractor designed system Work Phone 402-525-4206

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

Designer Name Lloyd Jakowbek Firm Kirkpatrick Contracting, Inc. Work Phone 402-796-6609

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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

LLCHD HS000004

SEP 1 1 2007

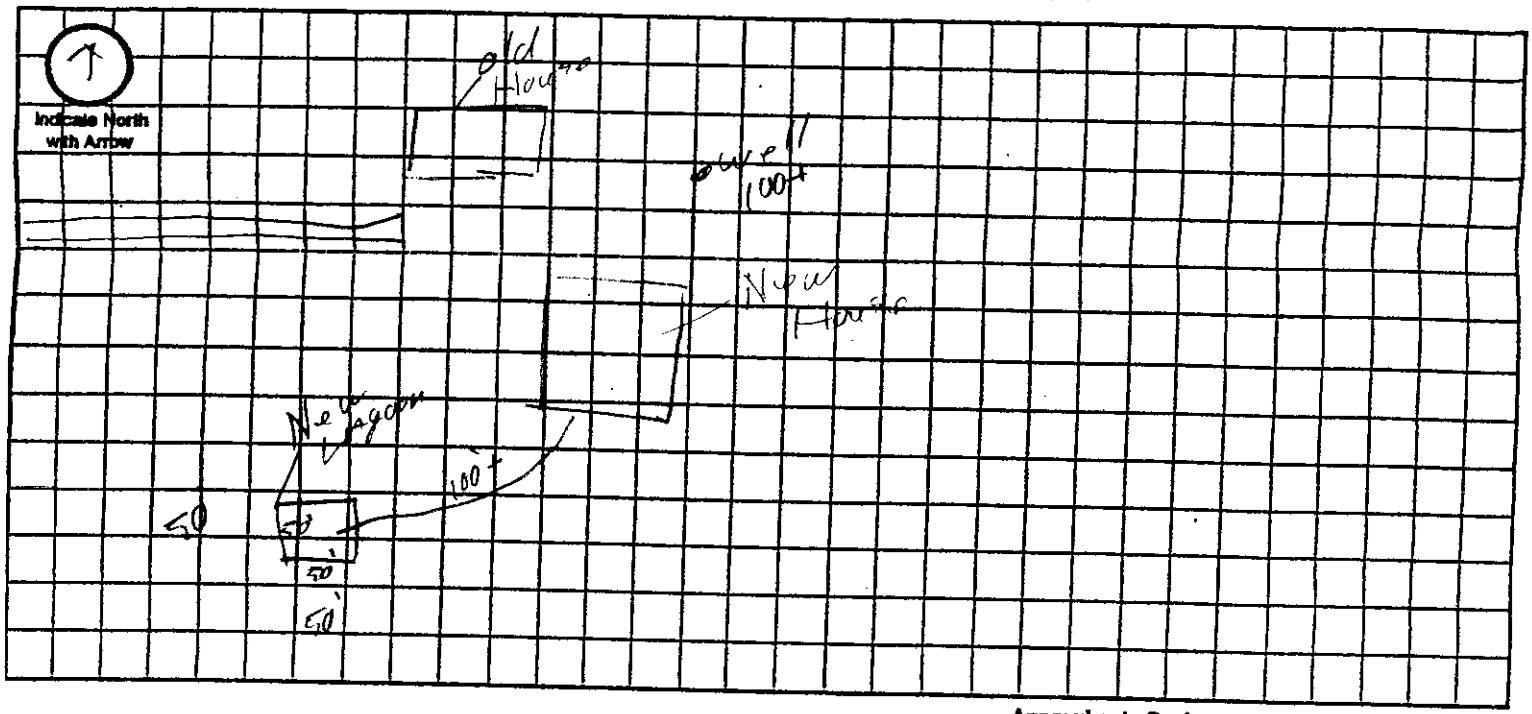
C

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) 10600 S. 14th St City Lincoln NE, Zip 68512

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: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank _____ 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 Daylight Inc Date 9-1-07

Installer _____ Date 9-10-07

9-13-2007 08:27:12

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

SCANNED

SEP 1 1 2007

A

Permit Number: H5000004

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 10600 S. 14th St (no rural route) City Lincoln NE, Zip 68512

Legal Description NW 36 9 6e 52
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 Doug Lee Signature Doug Lee

Address 10600 S. 14th St City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-420-5210 Work Phone 402-525-4206

C. Contractor

Name DOUGLAS K Lee Company Name CONDOC INC.

Address 10600 South 14th City/State/Zip Lincoln Nebraska 68512

☐ Check if contractor designed system Work Phone 402-525-4206

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc. Work Phone 402-792-6009

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 9/18/07 Date frwd 9/18/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/07 Date frwd 9/20/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-20-07 Date frwd 9-20-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Flanagan

Lagoon to be 1 foot above flood plain line lagoon existing corral fence used as fence until spring

Installation Final Written Approval

By Doug Amos

Date 2/14/08

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

SCANNED

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

SEP 1 1 2007

Permit Number: HS000004

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;

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A. System Location (Indicate correct number and street)

Address 10600 S. 14th St (no rural route) City Lincoln NE. Zip 68512

Legal Description NW 36 9 Le 52
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 Doug Lee Signature Doug Lee

Address 10600 S. 14th St City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-420-5210 Work Phone 402-525-4206

C. Contractor

Name DOUGLAS & Lee Company Name CONDOC INC.

Address 10600 South 14th City/State/Zip Lincoln Nebraska 68512

☐ Check if contractor designed system Work Phone 402-525-4206

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

Designer Name Lloyd Jakowbek Firm Raymond Contracting, Inc. Work Phone 402-792-4609

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 _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. City or County Engineer — Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/12/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 1036

FORM 2-3-100 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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2/14/08

Lee - LAGOON

System Location (Indicate correct number and street)

Address 10600 S. 14th St (no rural route) City Lincoln NE, Zip 68512

A. Building Sewer

1. Material: class 160 SDR26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48" in.
3. Distance between dwelling and septic tank: 265' ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

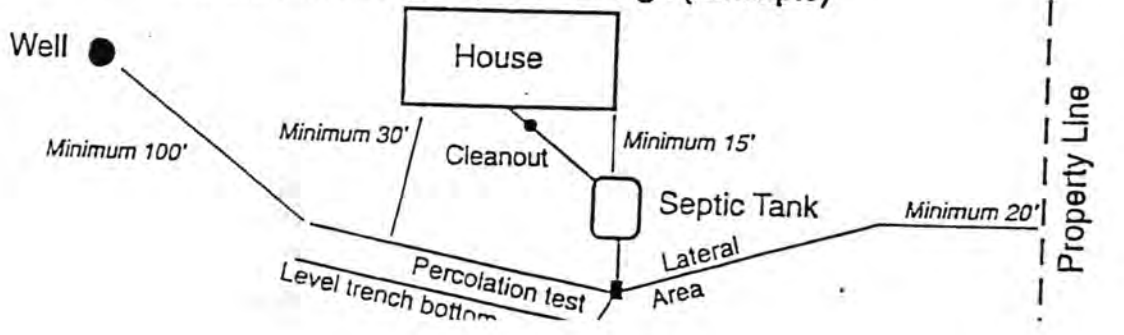
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

