AUG 31 2007

A

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

Permit Number: HS000007

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:

20.0 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 7717 W. A St. (no rural route) City Lincoln NE, Zip 68532

Legal Description 35 10 5 6th PM 37 NW
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 Keith Christzinsen Signature _____

Address 601 W B City/State/Zip Lincoln, Ne 68522

☐ Check if owner designed system Home Phone 435-6870 Work Phone 430-3663

C. Contractor

Name Kurt T Virgil Company Name Kurt T Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Lincoln, Ne 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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

Designer Name _____ Firm _____ Work Phone _____

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 9/4/07 Date frwd 9/4/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-4-07 Date frwd 9-4-07 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/06/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 1738

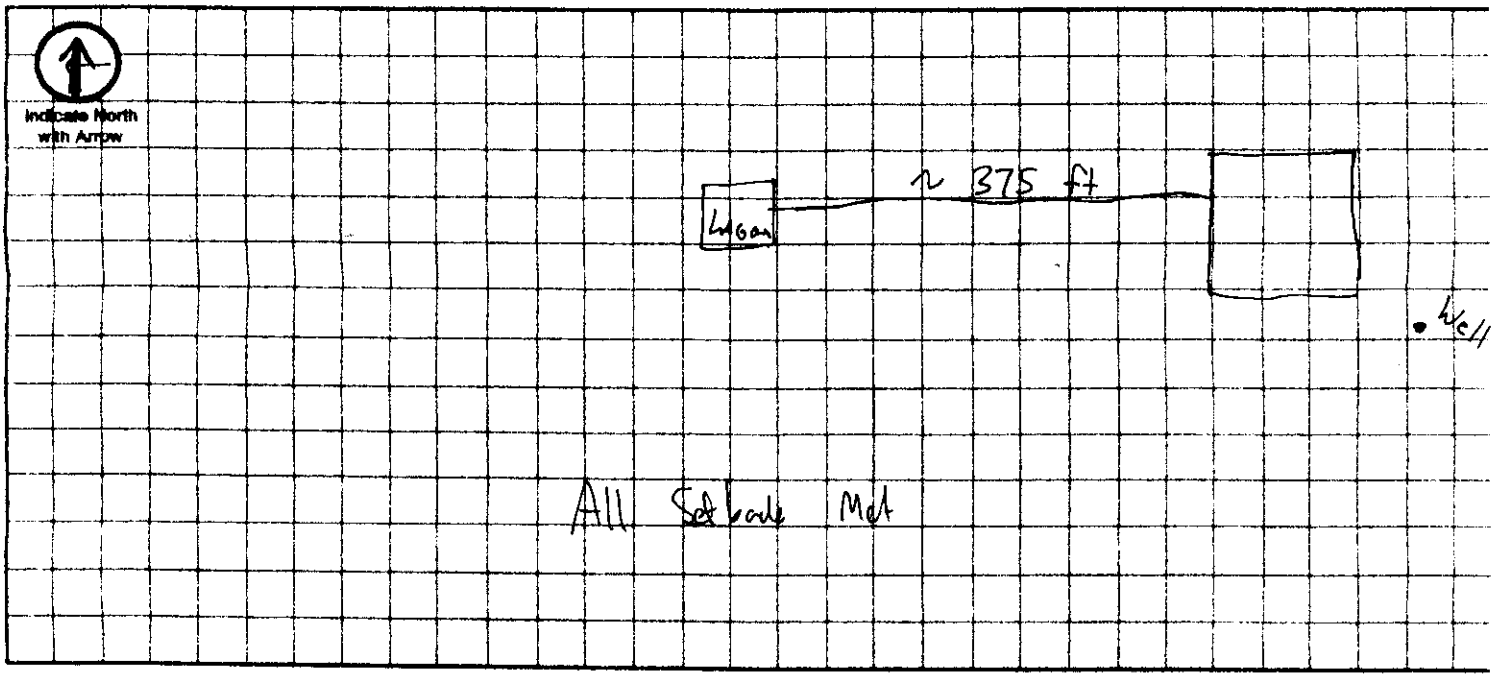
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 7717 W. A St. City Lincoln NE, Zip 68532

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: Br D 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 _____ Date _____

Installer Kit + VJ Date 8-28-07

003336

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000007

System Type: LAGOON

Situs: No Situs

Legal Description: T10N-R05E-S35-Lot:37 NW

Owner: CHRISTAINSEN KEITH
601 W B ST
LINCOLN NE
68532

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	09/07/2007
Expires:	09/06/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

CHRISTAINSEN KEITH
601 W B ST
LINCOLN NE 68532

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

NON-STANDARD
ON-SITE WASTE WATER SYSTEM
ANNUAL OPERATING PERMIT

No. HS000007

Situs: No Situs

Legal Description: T-R

Owner:

Permit Fee: $45.00

Total Fees: $290.00

Issued: 01/01/2100
Expires: 01/01/2101

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to operate a Non-Standard On-site Waste Water System at the location listed. Please contact this office if you make changes to, or remove this system, or if you have any questions about renewing this permit.

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
CONSTRUCTION - INSTALLATION PERMIT

No. HS000007

System Type: STANDARD

Situs: No Situs

Legal Description: T-R

Owner:

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00

Issued: 08/29/2007
Expires:

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director