LLCHD HS000576

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

+ Repair A +

Permit Number HS000576

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 3400 N ~~[illegible]~~ 102nd St City Lincoln, NE Zip 68527
(no rural route)

Legal Description 12 10 7 Lot 29 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Thomas Miller Signature [signature]
Address 3400 N 102 St City/State/Zip Lincoln, Ne, 68527
Home Phone 402- [illegible] 432-2167 Work Phone _____

C. Certified Installer

Name: Kurt Virgil Excavating Signature [signature]
Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne, 68528
Work Phone _____

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

Used 300 gpd

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.25

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

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 Clayton Thompson Date rec'd 12/19/11 **ACTION** ☑ Approved ☐ Disapproved
Site visits 12/21/11 Date frwd 12/19/11 Signature [signature]
Line + Lagoon

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

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received 12-20-11 Amount Paid 190.00
Received By [illegible] Cash/Check No. 2589

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

Form A Updated: 5/10

1-4-2012 13:20: 9

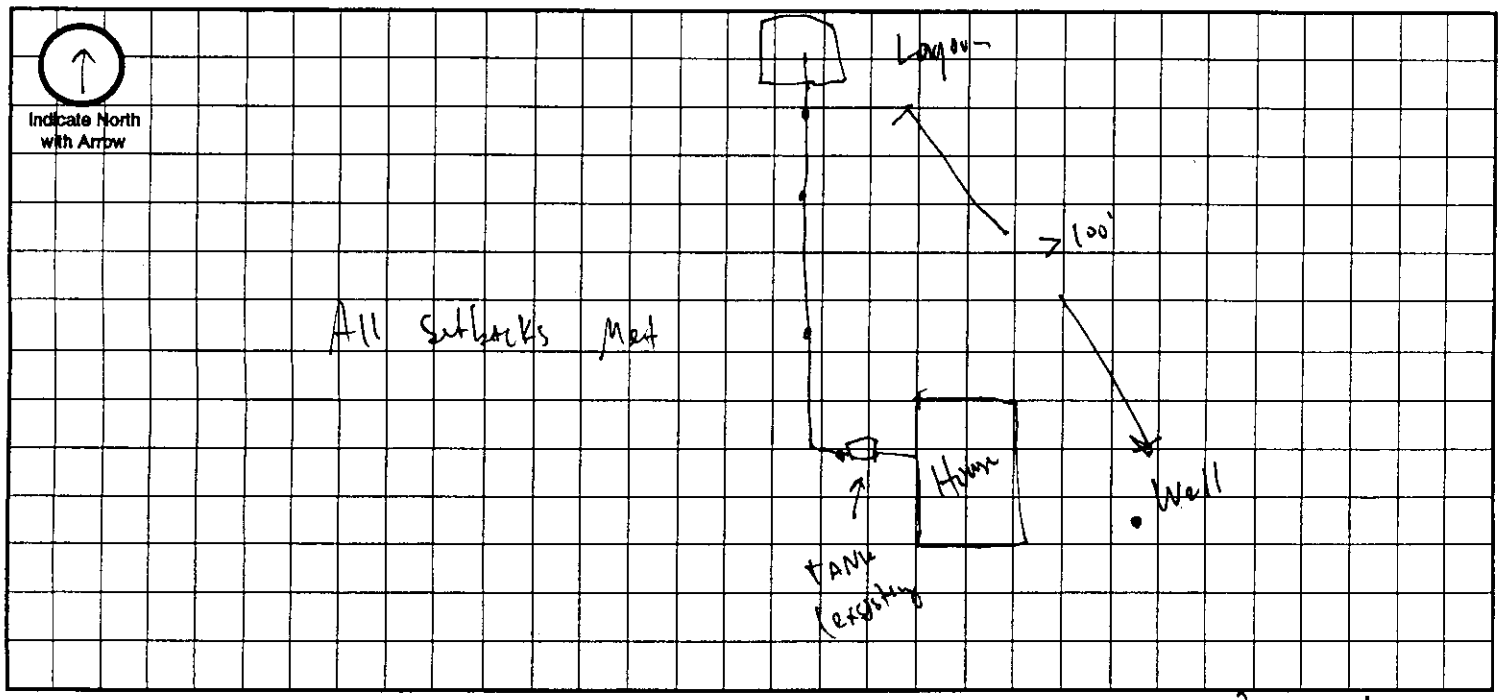
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 3400 N 10th St City Lincoln NE, Zip 68521

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other & Existing

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

Percolation Rate NA (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 ☑	☑

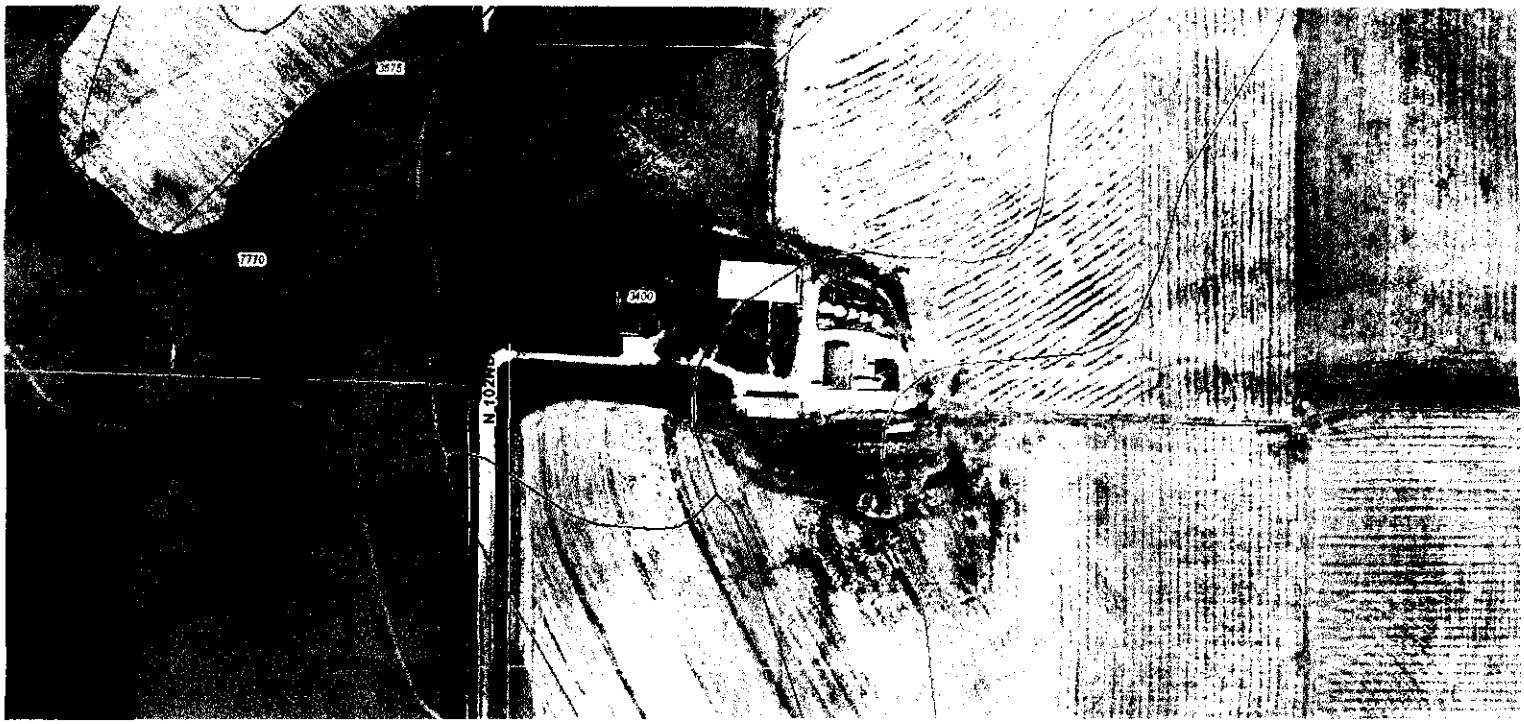
E. Required Signatures

Home Building Contractor NA Date _____

Installer _____ Date 12-15-11

FORM 23-102 10-96

City of Lincoln/Lancaster County GIS Map



Printed on Thu Dec 15 2011 09:54:53 AM.

Size at flow at 300 gpd

= 55' x 55'

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

No. HS000576

System Type: LAGOON

Situs: 3400 N 102 ST

Legal Description: T10N-R07E-S12-Lot 29

Owner: MILLER, THOMAS R & JENNIFER A
3400 N 102 ST
LINCOLN NE
68527

Permit Fee: $190.00

Total Fees: $190.00

Issued: 12/20/2011
Expires 12/19/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

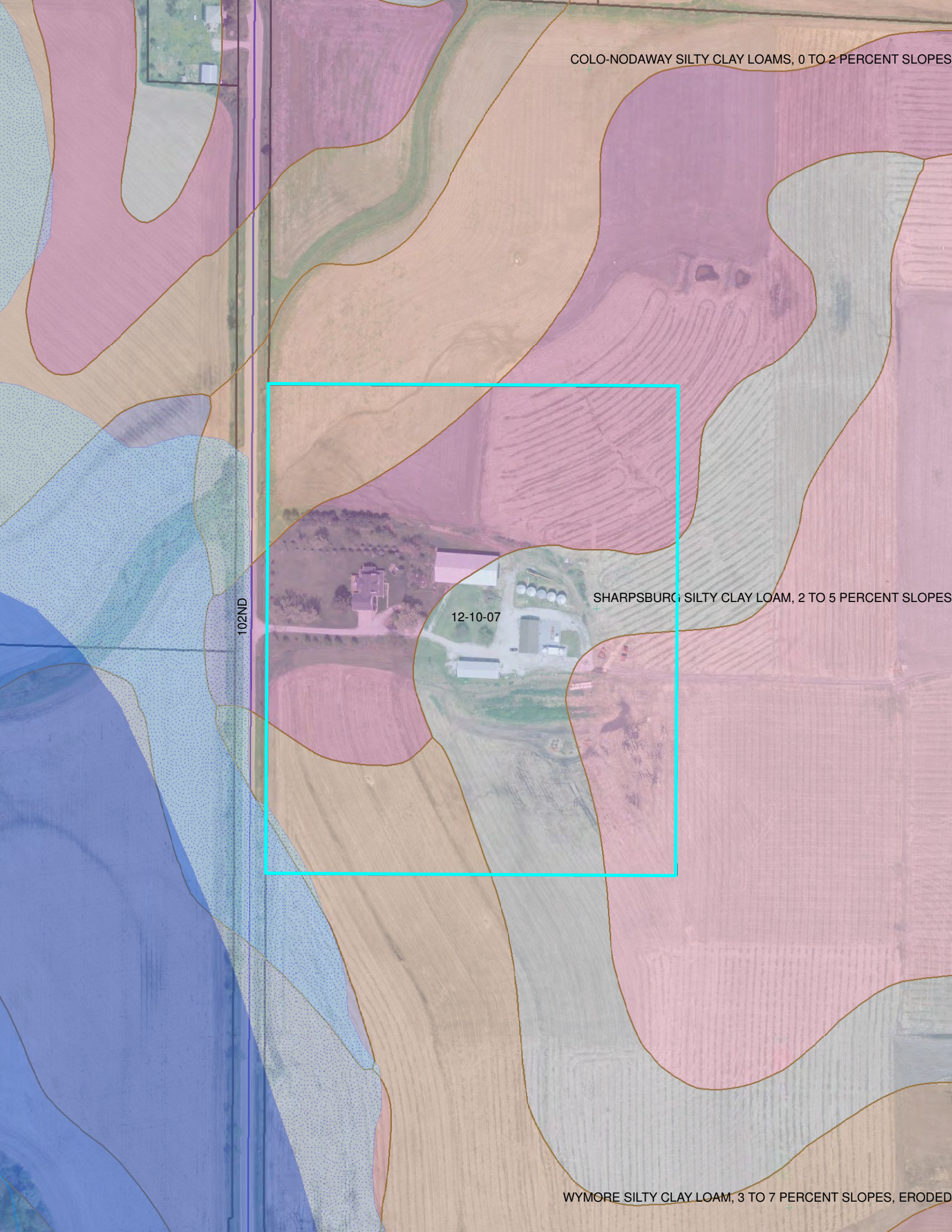
Dear Applicant:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

VIRGIL EXCAVATING
4620 W MARY LOUISE LN
LINCOLN NE 68528


COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
12-10-07
102ND
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED