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

A

Permit Number: HS000749

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 7301 SW 61st (no rural route) City Denton NE, Zip 68339

Legal Description 24 9N 5E Yankee Lake Acres 1 1
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 Zach Davis Signature Zachary a Davis

Address ~~2751 Washington St.~~ 7300 Jacobs Creek DR #225 City/State/Zip ~~Lincoln, NE 68502~~ Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-405-2565 Work Phone _____

C. Contractor

Name Justyn Peterson Company Name Ernest W. Dillon Jr. Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 ✓Garbage Grinder

☐ 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 5/6/13 Date fwd 5/6/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-6-13 Date fwd 5-6-13 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-6-2013 Date fwd 5-6-2013 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

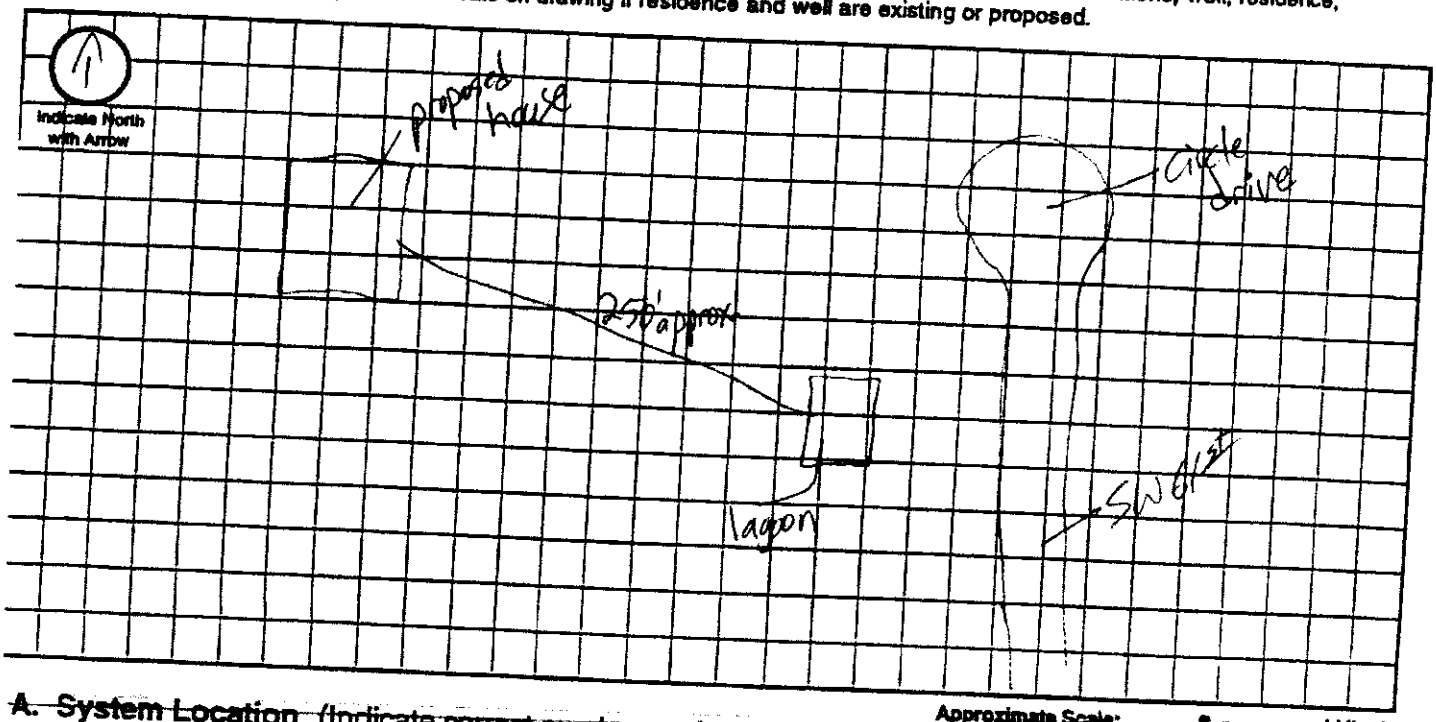
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2301 SW 61st City _____ NE, Zip _____

B. Proposed Septic Tank/s Going to try for Septic System when weather allows for Perk Test, permit for lagoon so they can get started.

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 Zachary Anderson Date 5/3/13

Installer _____ Date 5/3/13

RM 23-102 10-96

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

A

Permit Number: H5000749

Sewage Disposal System

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A. System Location (Indicate correct number and street)

Address 7301 SW 61st (no rural route) City Denton NE, Zip 68339

Legal Description 24 (1/4) 9N (1/4) 5E (Section, Township, Range) Yankee Lake Acres (Subdivision) 1 (Addition) 1 (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 Zach Davis Signature Zachary a Davis

Address ~~2751 Washington St.~~ 7300 Jacobs Creek DR #225 City/State/Zip ~~Lincoln, NE 68502~~ 68516

☐ Check if owner designed system Home Phone 402-405-2565 Work Phone _____

C. Contractor

Name Justyn Peterson Company Name Earnest Wall Building Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 ✓Garbage Grinder

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Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832

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2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-6-13 Date frwd 5-6-13 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-6-2013 Date frwd 5-6-2013 ACTION ☑ Approved ☐ Disapproved Signature Kenneth D. Schroeder

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 5-7-13

Amt Paid 355.00

Rec'd By BH Cash/Check No. 6867 CC Visa

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector 003321

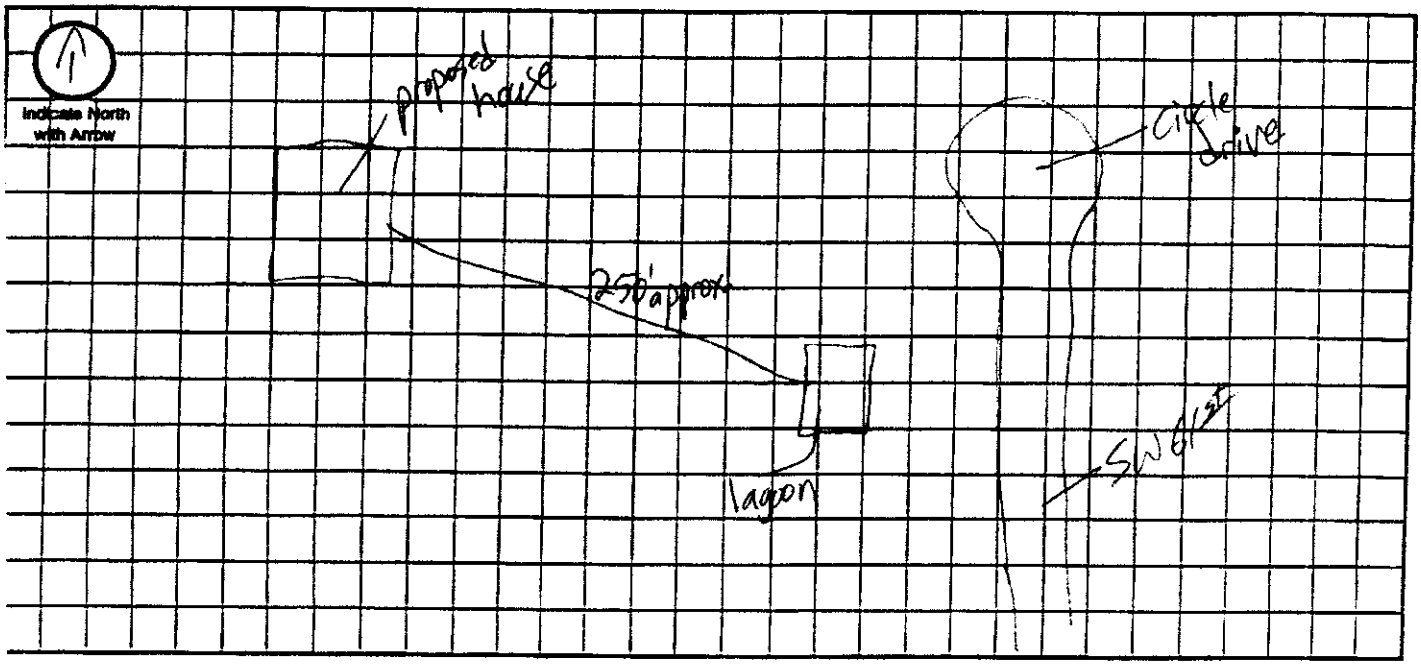
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Zachery a Bond Date 5/3/13

Installer _____ Date 5/3/13

RM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000749

System Type: Lagoon

Situs: 7301 SW 61 ST, RURAL, NE

Issued: 5/14/2013

Expires: 5/14/2014

Description: YANKEE LAKE ACRES, BLOCK 1, Lot 1

Owner: DAVIS, ZACHARY W & KRISTA N
7300 JACOBS CREEK DR
LINCOLN, NE 68512

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

ZACH DAVIS
7300 JACOBS CREEK DR
APT NO. 225
LINCOLN, NE 68512

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

SCANNED

A

Permit Number: HS000749

Sewage Disposal System

Request for Site Clearance and Permit

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

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Address 7301 SW 61st (no rural route) City Denton NE, Zip 68339

Legal Description 7373 (1/4) 24 (Section) 9N (Township) 5E (Range) Yankee Lake Acres (Subdivision) (Addition) 1 (Block) 1 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Zach Davis Signature Zachary an Davis

Address ~~2751 Washington St.~~ 7300 Jacobs Creek DR #225 City/State/Zip ~~Lincoln, NE 68502~~ Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-405-2565 Work Phone _____

C. Contractor

Name Justyn Peterson Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

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☐ 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 5/6/13 Date frwd 5/6/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-6-13 Date frwd 5-6-13 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-6-2013 Date frwd 5-6-2013 ACTION ☐ Approved ☐ Disapproved Signature _____

10/9/13 – Needs fence

Installation Final Written Approval

By _____

Date 11/12/13

Business Office Use Only

Date Rec'd 5-7-13
Amt Paid 355.00
Rec'd By BH Cash/Check No. CC Visa 6867

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

00332/