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

A

Permit Number HS002081

Existing Home

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 12000 Emmawalter Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description SW (1/4) SE (1/4) 9 (Section) 11N (Township) 7E (Range) View Pointe North (Subdivison) ____ (Addition) 1 (Block) ____ (Lot)

PID 18-09-401-001-000

B. Owner

Name Roger Korth Signature [signature]

Address 12000 Emmawalter Rd City/State/Zip Lincoln, NE 68517

Home Phone 402-467-1248 Work Phone 402-450-2841 (Cell)

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number ____

Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 4.76

Garbage Grinder? ☑ 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. 02-30

1. Health Department ACTION ☐ Approved ☐ Disapproved

Site visits ____ Date rec'd ____ Signature ____

Date fwd ____

Comments ____

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments ____ Date rec'd ____ Signature ____

Date fwd ____

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments ____ Date rec'd ____ Signature ____

Date fwd ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Received 8-19-20 Amount Paid $430.00

Received By JAD Cash/Check No. CC5040

Lincoln Health Department Engineering Review Fire Building & Safety

Form A Updated 1.15

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 _____ City LINCOLN NE, Zip 68517

(no rural route)

Owner Kramer Homes Addresss _____

Soil Type (SCS): SHC Percolation Rate: _____ min./inch

Date of Tests 3-8 to 3-9-05 Weather: Preciptation — Temperature 40s

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	3/8	12:00	3/9	11:00	3/9	2:30	28	3/9	3:00	30	1 1/8	28
2	"		P		AM		PM	27 1/2		PM		1	30
3	"							29 1/4				3/4	40
4	"							29				1 1/8	28
5	"							29 5/8				1 1/4	24
6	✓							31				3/4	40

Sum of Percolation Rates: 190
Average of Rates: 32
Rate Used for Calculation: 40

3 Bdrm = 1,000 gallons : 825 sq ft

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 475-2468
Address 17201 S. 72nd St
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

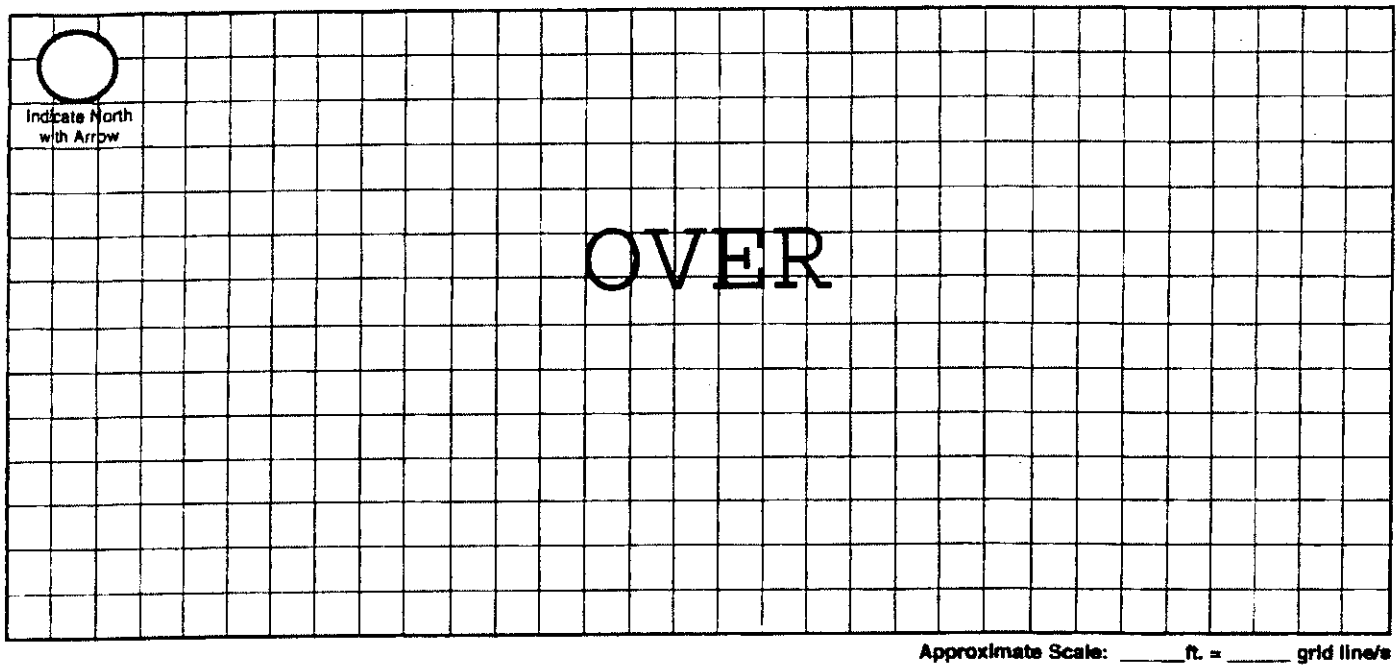
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12000 Emmawalter Rd City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 32 (min/inch = mpi) No. of Bedrooms 4 Soil Type SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 920 Existing 225 New sq.ft.

Total length of laterals 254 Existing (Chambers) 50 New (EZFlow) Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 3 Existing 1 New Width 40" (new) No. of drop boxes 1 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

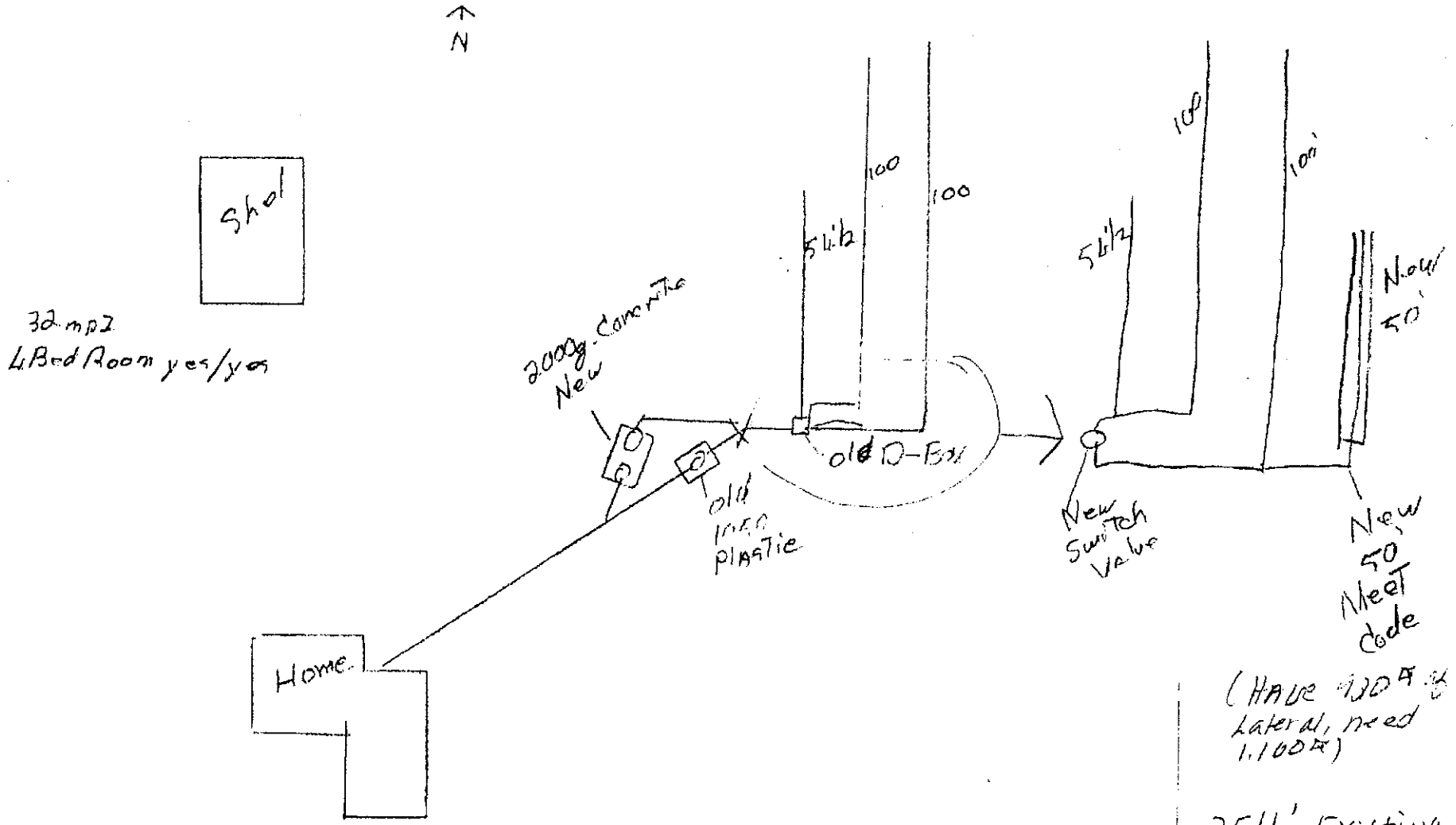
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer Dana L. Jakowchak Date 8/19/20



12000 Emmanuel
Lincoln NE. 68517

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

(Have 430 ft Lateral, need 1,100 ft)

254' Existing laterals / Infiltrator H-10 Gravelless Chambers

50' New laterals / EZ Flow

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002081

System Type: Standard

Situs: No Site Address Specified

Issued: 8/19/2020

Expires: 8/19/2021

Description: VIEW POINTE NORTH, Lot 1

Owner: KORTH, ROGER D & JANINE N
12000 EMMAWALTER RD
LINCOLN, NE 68517

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number HS002-081

Existing Home

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 12000 Emmawalter Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description SW (1/4) SE (1/4) 9 (Section) 11N (Township) 7E (Range) View Pointe North (Subdivison) (Addition) 1 (Block) (Lot)

PID 18-09-401-001-000

B. Owner

Name Roger Korth Signature [signature]

Address 12000 Emmawalter Rd City/State/Zip Lincoln, NE 68517

Home Phone 402-467-1248 Work Phone 402-450-2841 (Cell)

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 4.76
Garbage Grinder? ☑ 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. 02-30

1. Health Department
Site visits
Comments
Date rec'd 8/19/20
Date fwd 8/19/20
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

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

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

Installation Final Written Approval
By [signature]
Date 11/3/20

Business Office Use Only
Date Received 8-19-20 Amount Paid $430.00
Received By JAB Cash/Check No. 005040

4" built at

Public Health Specialist Review Engineer Fire Building & Safety

Form A Updated 7-13

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

D Exhibit 4

Permit Number: HS002081

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 18-09-401-001-000

Address or Legal Description or Parcel Identification Number (PID) 12000 Emmawalter Rd, Lincoln, NE 68517

Owner: Roger D Korth Address 12000 Emmawalter Rd, Lincoln, NE 68517

A. Wastewater Piping Existing

1. Material: Sch40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft. approx

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12-18 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 10 ft.+
   Foundation 50 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 13 ft. NE

(Drainfield Control Valve)

D. Drainfield/Absorption Field New

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other

   Material brand and inside width of Chamberless: EZFlow 1203H Bundles

2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 130 ft. ____ ft. ____ x 4 = 1000
4. Drainfield size: 1125 sq. ft. 250' of existing laterals, Infiltrator chambers are tied in.
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 10 ft.+
   Depth of Groundwater >10'

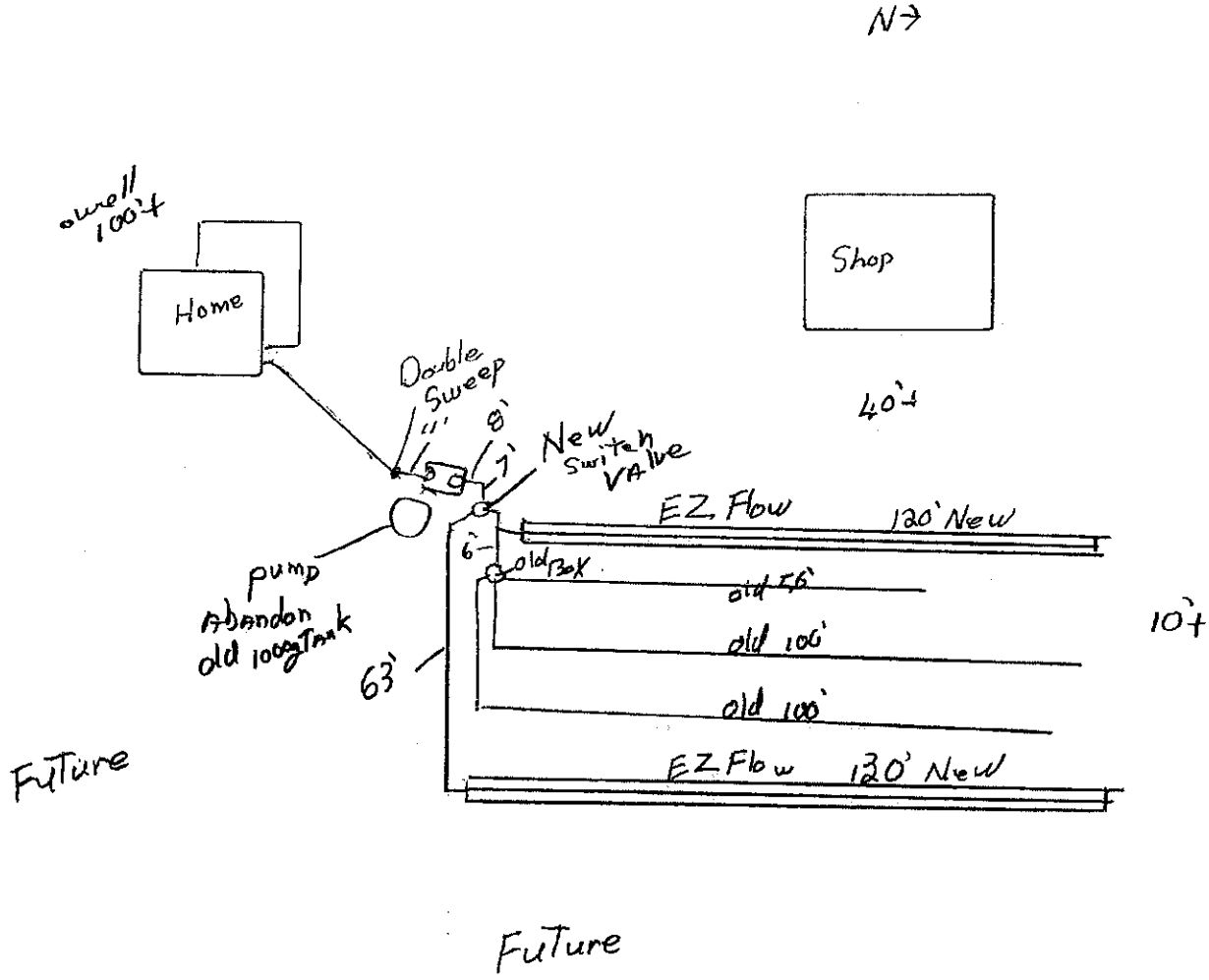
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially) unable to inspect prior to cover

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 10/19/20

Complete As-Built drawing on the back of this form.



Future

4 Bed Room yes/yes.
40mpI

12000 Emmawater Rd
Lincoln NE 68517

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

10/2020

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005843

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380292801

Issued 11/01/04
Expires 05/01/05
Revenue Code 3157

Establishment:
JOHN P KRAMER
T11N R7E SEC 9
VIEW POINTE NORTH LOT 1
12000 EMMA WALTERS RD

FEES: $200.00

Permittee:
JOHN P KRAMER
1742 NORMANDY LN
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED
OCT 29 2004

A

Permit Number: OH380292801

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 12000 Emma Walters Rd (no rural route) City Lincoln NE, Zip 68517

Legal Description Parcel # 18-09-401-001-000 ViewPointe North 1 1
1/4 1/4 Section 9 Township 11N Range 7E 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 John Pikramer Signature John Pikramer

Address 1242 Normandy Lane City/State/Zip Lincoln Ne 68512

☐ Check if owner designed system Home Phone 420-1640 Work Phone _____

C. Contractor

Name Terry Corey Company Name Corey Corwling Inc

Address PO Box 29187 City/State/Zip Lincoln NE 68529

☒ Check if contractor designed system Work Phone 440-1665

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 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 10/29/04 Date frwd 11/4/04 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
4-15-05 sm

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-4-04 Date frwd 11-4-04 ACTION ☒ Approved ☐ Disapproved Signature

3. **City or County Engineer** Date rec'd 11-4-04 Date frwd 11-4-04 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Ron Magnuson

Date 4-15-05

Business Office Use Only

Date Rec'd 11/01/04

Amt Paid 200.00

Rec'd By sb Cash/Check No. 4467

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

ALSO WELL

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 _____ (no rural route) City LINCOLN NE, Zip 68517

Owner Kramer Homes Addresss _____

Soil Type (SCS): SHC Percolation Rate: _____ min./inch

Date of Tests 3-8 to 3-9-05 Weather: Precipitation — Temperature 40s

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	3/8	12:00	3/9	11:00	3/9	2:30	28	3/9	3:00	30	1 1/8	28
2	↓		P		AM		PM	27 1/2		PM		1	30
3								29 1/4				3/4	40
4								29				1 1/8	28
5								29 5/8				1 1/4	24
6								31				3/4	40

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 475-2468

Address 17201 S. 72nd St

Hickman, Ne 68372

Sum of Percolation Rates: 190

Average of Rates: 32

Rate Used for Calculation: 40

3 Bdrm = 1,000 gallon + 825 sq ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

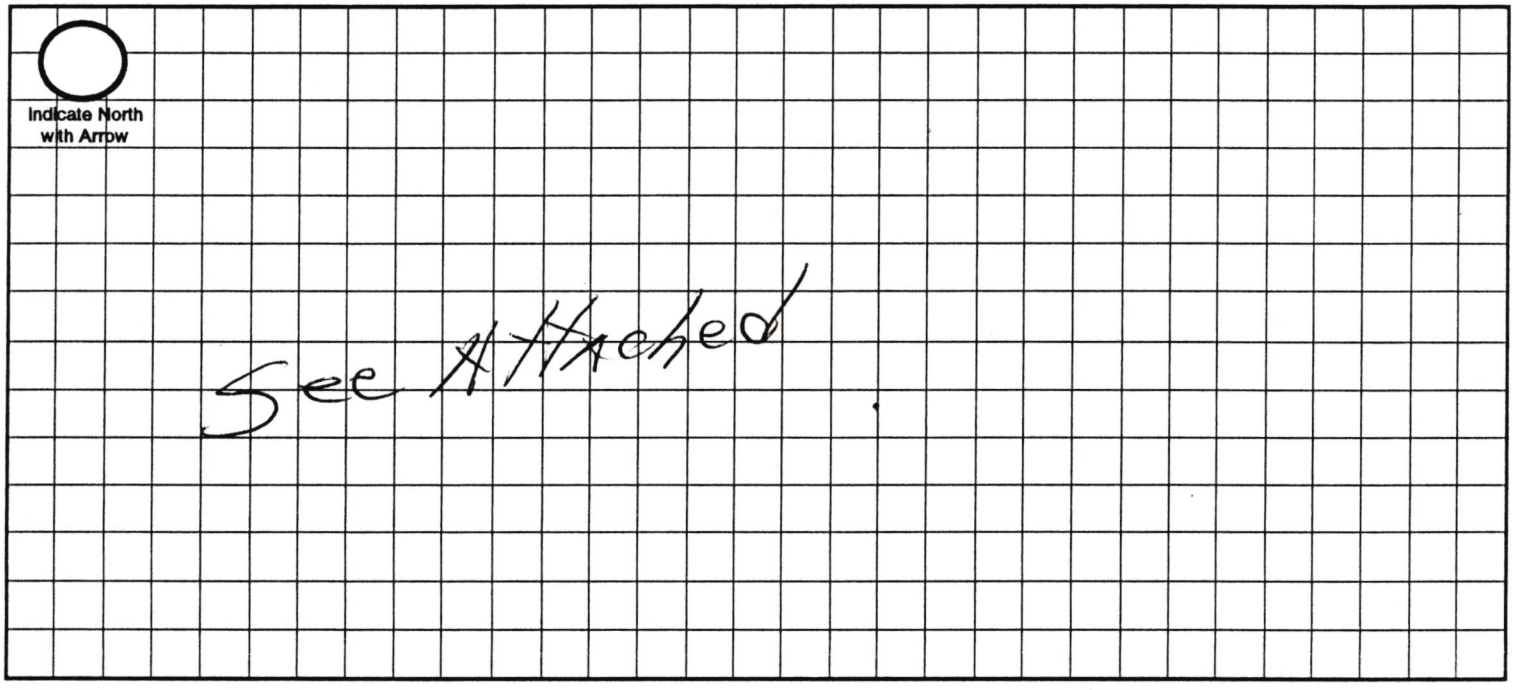
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380292 89

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) ~~#~~ 12000 Emmas Walters Rd City Lincoln NE, Zip 68517

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 John Pitzman Date 10-28-04

Installer Terry Corey Date 10-28-04

FORM 23-102 10-96

420-1640

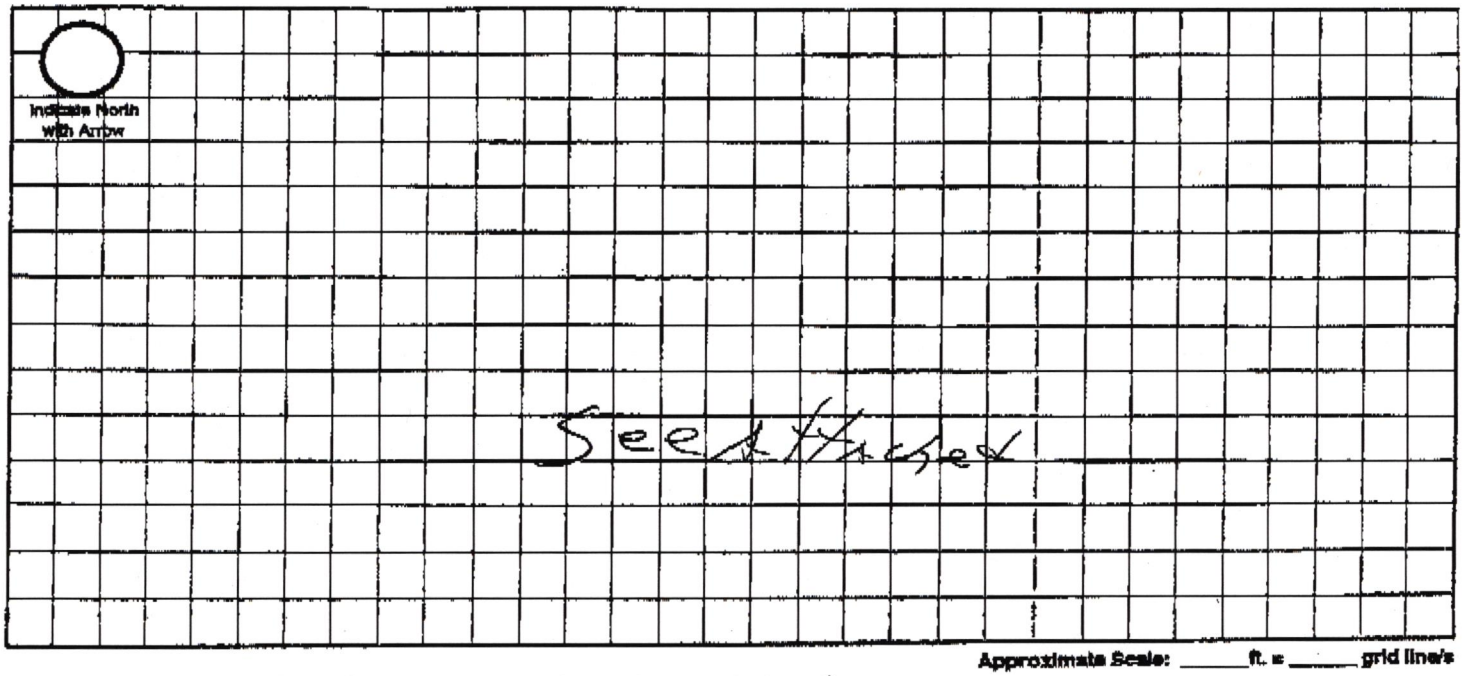
C

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

Permit Number: 04380292801

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) 12000 Emma Walters Rd. City Lincoln NE. Zip 68517

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 Kramer Construction LLC Jack Kramer Date 11-4-04

Installer Brad Southwick Date 11-4-04

SDPM (ft) 3m2 10-98

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 4-15-05

System Location (Indicate correct number and street)

Address 12000 Emma Walters Rd. (no rural route) City LINCOLN NE, Zip 68517

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 78 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Plastic Snyder Ind.
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 20 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

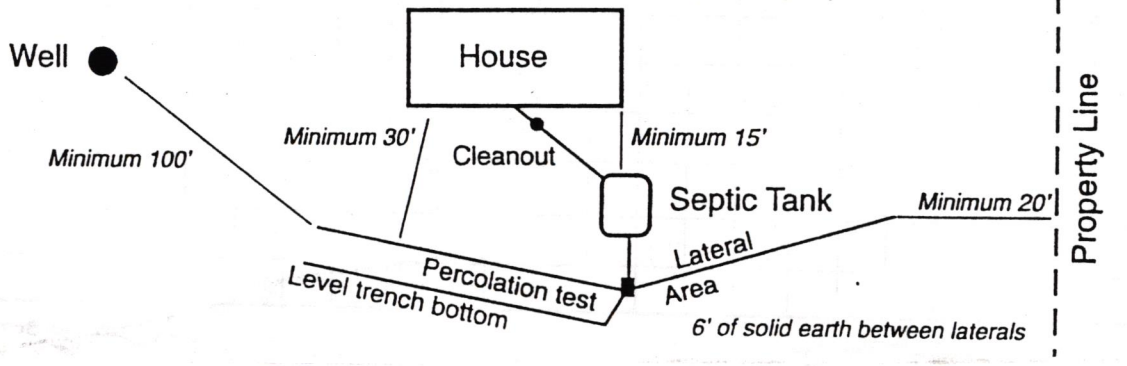
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator H-10
2. Lateral lines: Number 3
   Length of each line: 54 1/4 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 28-30 in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

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

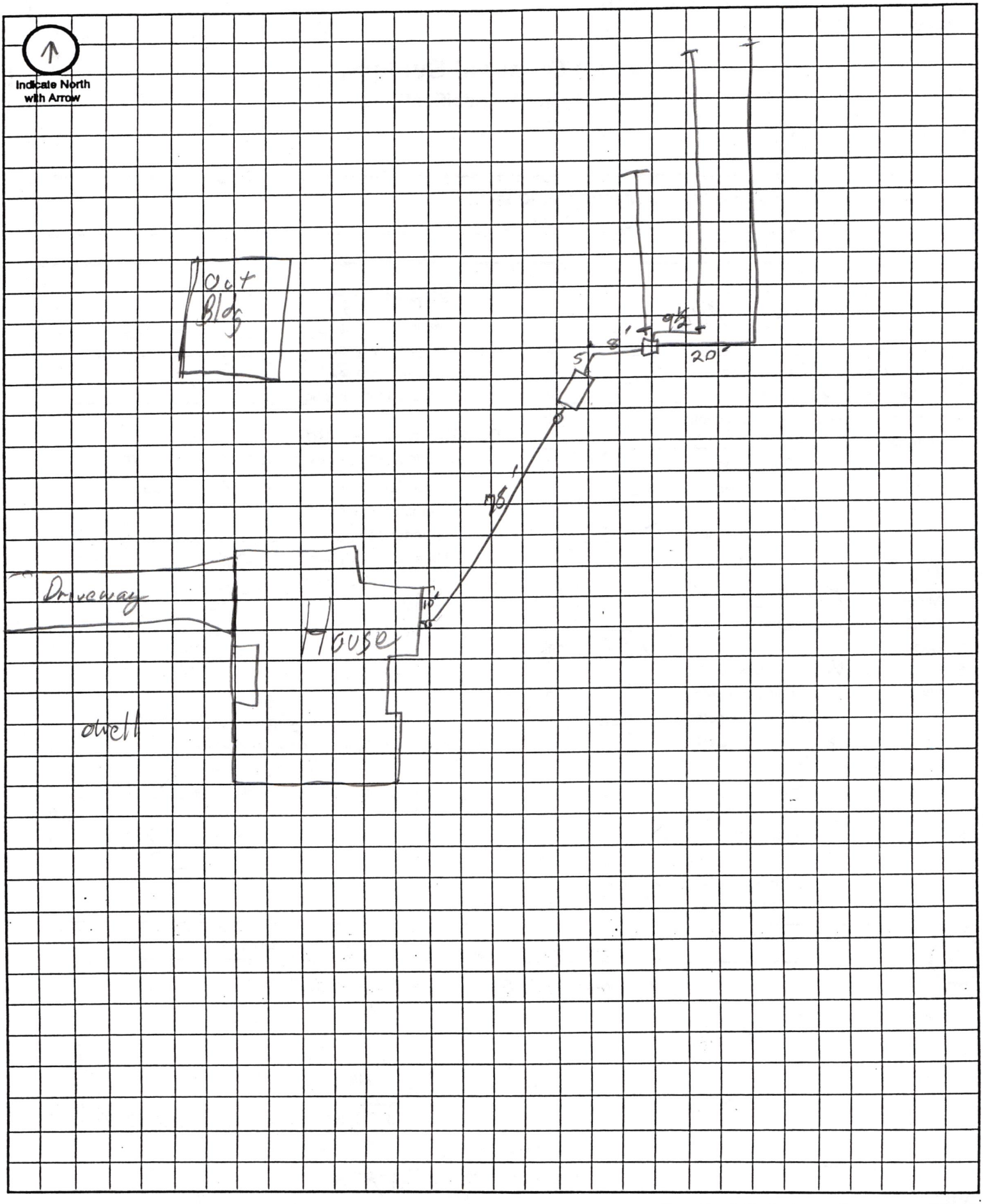
Indicate North with Arrow

Individual Sewage System Design (Example)



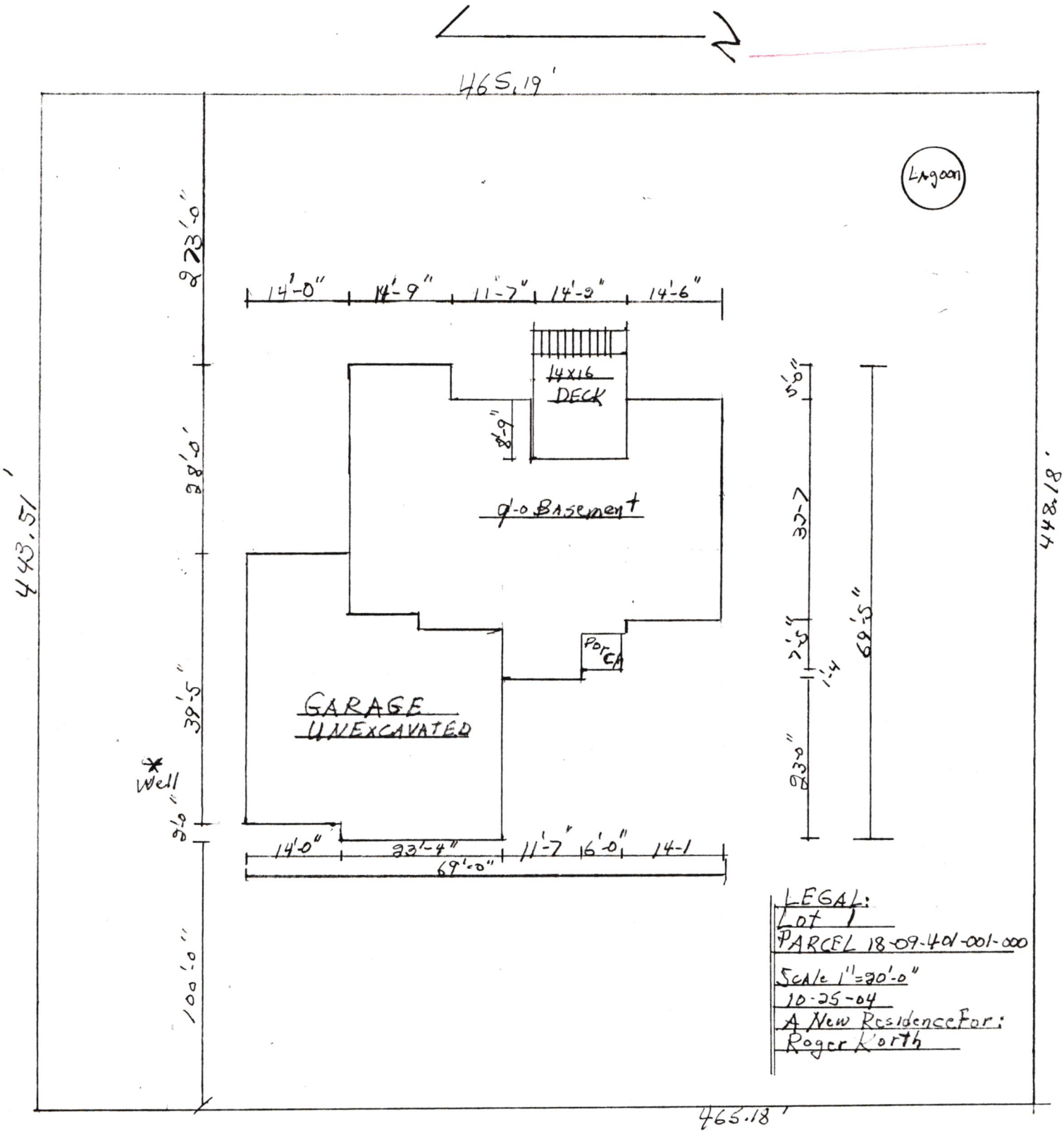
FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

RECEIVED
OCT 29 2004



12000 Emma Walters Road
Roger Korth

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

Permit No. 043802928O1

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:
- ☒ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 12000 Emma Walters Rd City Lincoln, NE Zip 68517
(No Rural Route Please)

Township ____ Range ____ Section ____ 1/4 Section ____
Block ____ Lot 1 Addition View Pointe North
Parcel ID 18-09-401-001-000 (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe ____

3. Distance to Public Water Supply ____ feet.

Signature of Owner John P. Kramm Print Name John P. Kramme
Current Address 6743 Normandy Lane Lincoln Ne. 68512
Current Home Phone ____ Work Phone 420-1640

Signature of Contractor Ben Ernest Print Name Ben Ernest
Address P.O. Box H Milford, NE. 68405
Home Phone 402-645-4766 Work Phone 761-2281 Cellular Phone 641-0095

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received ___/___/___ Date forwarded ___/___/___	ACTION Signature:	☐ Approved	☐ Disapproved
2. Building & Safety	Date received ___/___/___ Date forwarded ___/___/___	ACTION Signature:	☐ Approved	☐ Disapproved
3. City Engineer	Date received ___/___/___ Date forwarded ___/___/___	ACTION Signature:	☐ Approved	☐ Disapproved

REMARKS OR REASONS FOR DISAPPROVAL: ____

Site Visits
Date: ___/___/___ By ____
Date: ___/___/___ By ____
Date: ___/___/___ By ____

Nitrate Level ____ mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other ____

Installation Final Written Approval
Date: ___/___/___ By ____

Business Office Use Only
Received: Date: ___/___/___ Amount ____ Check No. ____ Initials ____

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector