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

A

Permit Number: 3004

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 25705 SW 72 (no rural route) City Hallam NE, Zip 68368

Legal Description E½ SE¼ 23 7N 5E
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 Douglas A. Rejcha Signature Douglas A. Rejcha

Address 25705 SW72 City/State/Zip Hallam Ne 68368

☐ Check if owner designed system Home Phone 787-0212 Work Phone 787-0212

C. Contractor

Name Lorin Oosting Company Name Oosting Well & Plumbing

Address 220-7th City/State/Zip Adams Ne 68301

☐ Check if contractor designed system Work Phone 988-2055

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 4/3/97 Date frwd 4/3/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-4-97 Date frwd 4-4-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/03/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

10/3/97 J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 3, 1997

Business Office Use Only 3004

Date Rec'd 4/03/97

Amt Paid 150.00

Rec'd By LS Cash/Check No. 456

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

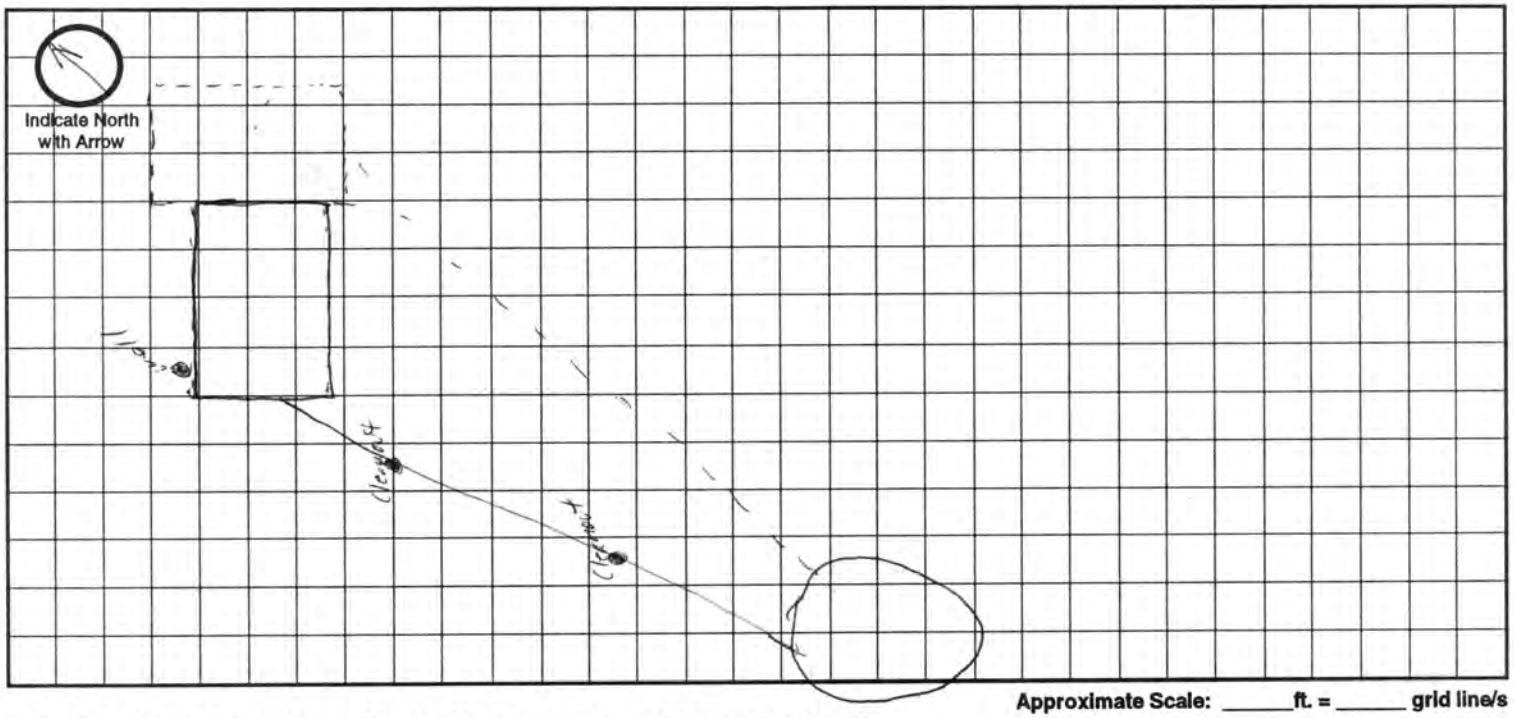
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 25705 SW 72 City Hallam NE, Zip 68368

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 Douglas A. Rayburn Date 3-18-97

Installer @ existing well & Plbg. Date 3-22-97

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 97380156101

Issued 04/04/97
Expires 10/04/97
Revenue Code 18754

Establishment
DOUGLAS REJCHA
T7N R5E SEC 23

FEES: $150.00

TOTAL $150.00

Permittee
DOUGLAS REJCHA
25705 SW 72 ST
HALLAM NE 68368

Issued By M. Jane Ford
Health Director

3486

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-5-23 Location 25705 SW 72nd

Owner/Requestor Douglas Rejcha

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- X Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Inspected new sewer line from house addition. Lagoon already has a pipe into from pre-existing house. No fence around lagoon yet. Instructed owner to put in concrete pad, block and measuring stick

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gata, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: _____

Date: 4-17-97

WA1002

Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDDY 402-441-6284

COPY

September 17, 1997

Douglas Rejcha
25705 SW 72nd St.
Hallam, NE 68368

Re: Sewage Installation Permit #973801561

Dear Mr. Rejcha:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its revie.. of sewage installation permits that never received final approval. This file indicates that the Sewage Installation Permit expires October 4, 1997.

Please contact this office by October 4th if you wish to have this permit extended for another six months. If LLCHD is not contacted, the permit will be considered expired and the file closed.

Since this sewage system has not received final approval by LLCHD, future loan approvals or repair permits may be disapproved.

If you have any questions, please contact me at 441-8029.

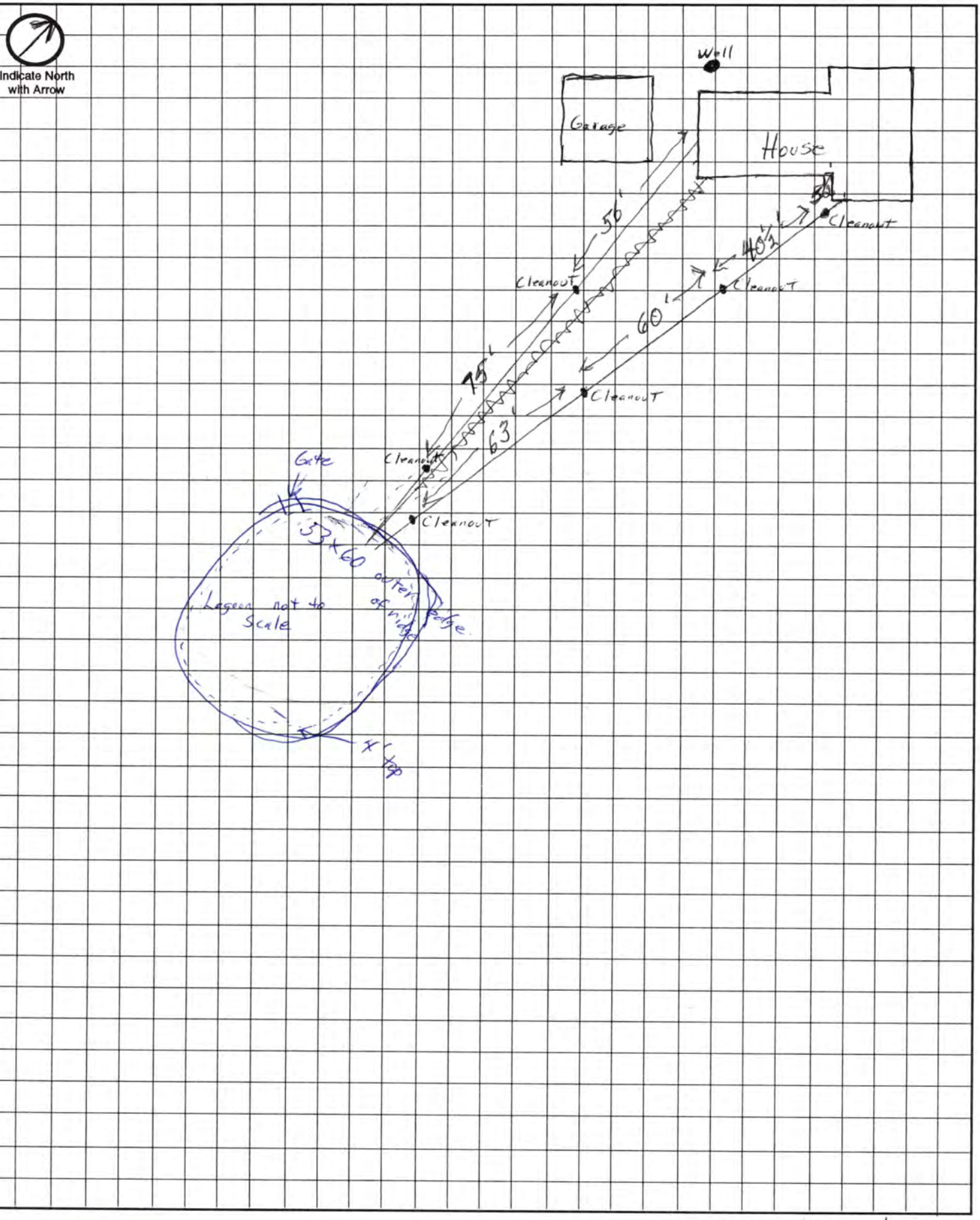
Sincerely,

Jerrold C. Hood

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

cc: EH File

As Built Drawing



53x60 fence to fence

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

D

Permit Number: 97380/561

Sewage Disposal System

As Built Plans & Specifications

Date 10-1-97

System Location (Indicate correct number and street)

Address 25705 SW 72 (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

1. Material: Sch 40
   Diameter: 45"x52" inside edge of top ____ in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 175 ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ 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)

