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

A

Permit Number: 06380317001

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 12626 West Gage Rd (no rural route) City Wilber NE, Zip 68465

Legal Description SW SW 32 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 Mary Jo Johnsen Signature Mary Jo Johnsen

Address 29300 SW 128th City/State/Zip Wilber NE 68465

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Willis RAP Company Name Willis RAP CONST.

Address PO Box 31 City/State/Zip HICKMAN NE 68372

☒ Check if contractor designed system Work Phone 402 430 6736

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 3/22/06 Date frwd 3/22/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/22/06 Date frwd 3/22/06 ACTION ☒ Approved ☐ Disapproved Signature _____
   NEED TO OBTAIN BUILDING PERMIT.
3. **City or County Engineer** Date rec'd 3-22-06 Date frwd 3-22-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date MAY 24, 2006

Business Office Use Only
Date Rec'd 3/22/06
Amt Paid $275.00
Rec'd By _____ Cash/~~Check~~ No. CASH

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

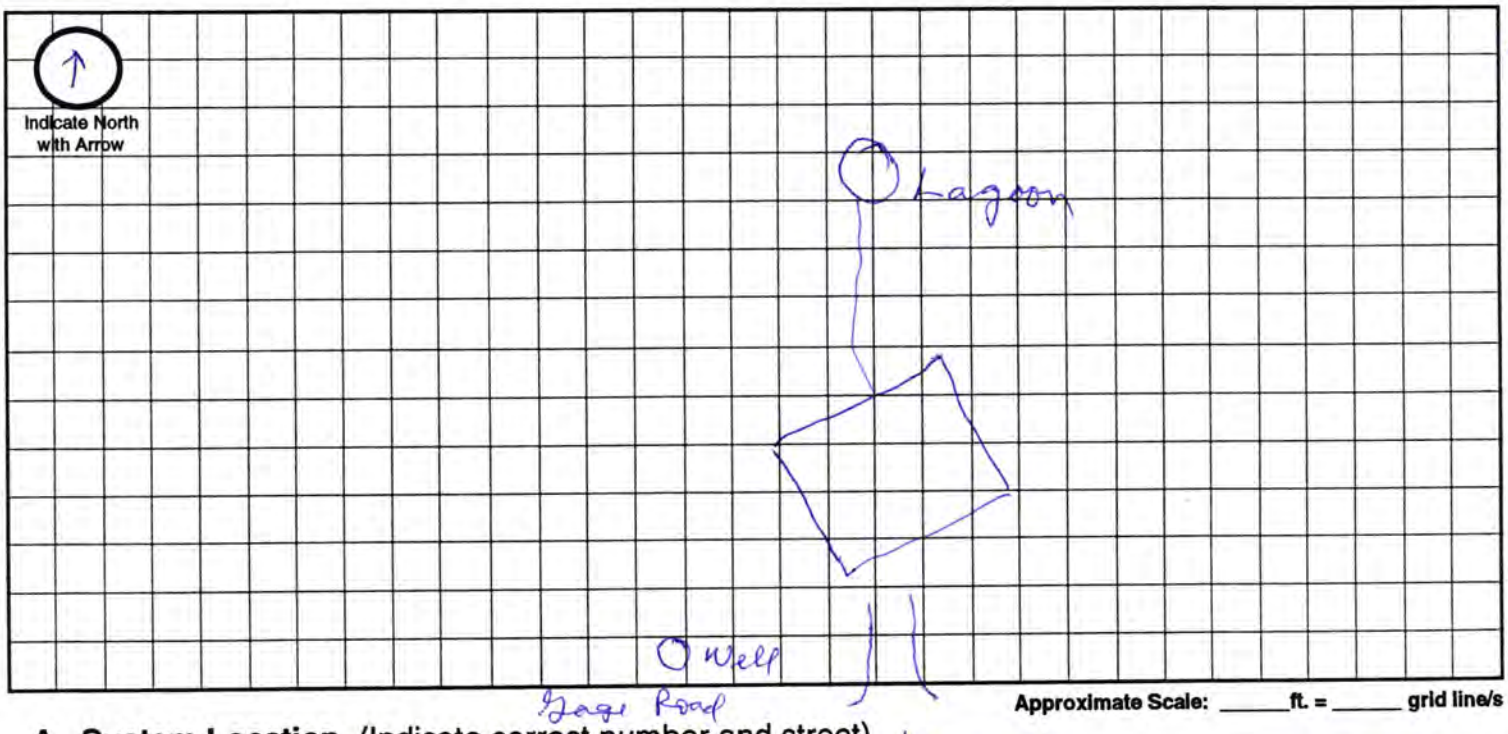
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 063803170

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) 12626 West Gage Rd City Wilber Ne NE, Zip 68465

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: Gentle %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Lagoon

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 Willis Rop Date _____

Installer Willis Rop Date 3-22-06

FORM 23-102 10-96

$\frac{3}{16}$ Per hour in all 3 test Halls

$5\frac{1}{2}$" Per 24 hr

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008692

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 06380317001

Issued 03/22/06
Expires 03/22/07
Revenue Code 3157

Establishment MARY JO JOHNSEN
T7N R5E SEC 32 QTR SW
SW1/4 OF SW1/4
12626 W GAGE RD-WILBER

FEES: $275.00

Permittee MARY JO JOHNSEN
29300 SW 128 ST
WILBER NE 68465

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY