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

A

Permit Number:

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 2605 W. Olive Creek Rd. City Martell NE, Zip 68404
(no rural route)

Legal Description NW 16 7N 6E
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 Gerald Plambeck Signature _____

Address 2605 W. Olive Creek Rd. City/State/Zip _____

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

C. Contractor

Name Brad Southwick Company Name Southwick Sept + Drain

Address 17201 So 72 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 2 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 6/22/99 Date frwd 6/22/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date JULY 1, 1999

Business Office Use Only

Date Rec'd 06/22/99

Amt Paid 150 ck

Rec'd By ms Cash/Check No. 3561

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-21-99 Lagoon

System Location (Indicate correct number and street)

Address 2605 W. Olive Creek Rd (no rural route) City Mactell NE, Zip 65404

A. Building Sewer

1. Material: Orangburg & Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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

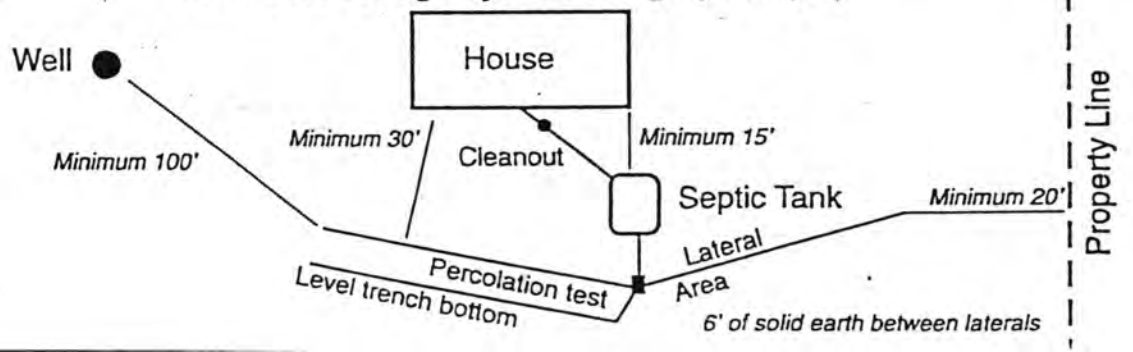
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

9906290021

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

old LCR 407 New LCR 4086

Legal Description of Property: Street Address 2605 W Olive Creek Rd

Twp 7N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot 9 Addition Lot 9 NW¼ 16-7-6

Directions to Property _____

Location of Well Check with Owner Tap Location: Inside ☐ Outside ☐

Location of Sewage System New lagoon to be installed Year Installed 1999

	NAME	ADDRESS	PHONE
Present Owner:	Plambeck, Gerald B	SAME 2605 W Olive Crk Rd Martell 68404	797-3080
Tenant/Buyer:	Brian Ahl	17901 O St. 68520	781-2513
Return to:	Ron Evanesi	7141 A ST Lincoln NE 68510	

Signature of Applicant Ron Evanesi Address 7141 A St, Lincoln NE 68510 Date 06/01/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/9/99
Initials LS
Amount $150.00
Check No. 1190

DATA ENTRY

Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Gerald G. Hoot **DATE:** 6/11/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits

Date 6/18/99 by LC
Date 6/28/99 by LC
Date ___/___/___ by ___

Comments: TO BUILD LAGOON. PRESENTLY RUNNING OUT. Lagoon Completed 6/28/99 L.C.H. OWNER SAYS OLD WELL IN PIT HAS BEEN PROPERLY ABANDONED. PROVISIONAL APPROVAL ON SEWAGE SYSTEM BECAUSE SEWER BETWEEN HOUSE AND NEW ATTACHMENT PREDATES REGULATIONS AND INSPECTIONS. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Gerald G. Hoot R.E.H.S. Date 6/28/99

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

JUN 15 1999

Laboratory Report Printed on June 14, 1999

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P8525-34**
Sampled By: **HOOD, JERROLD**
Location: **NG**
Sample Point:

Date Collected: **11-Jun-1999 03:25 PM**
Date Received: **11-Jun-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	06/12/99	KC		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	06/12/99	KC		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

GERALD B PLAMBECK
T7N R6E SEC 16
2605 W OLIVE CREEK RD

Permitee

GEARLD PLAMBECK
2605 W OLIVE CREEK RD
MARTELL NE 00006-8404

Permit # 99380202301

Issued 06/23/99
Expires 12/23/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010604

As Built Drawing

