**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 2601 W Princeton RD. (no rural route) City Princeton NE, Zip

Legal Description NW ¼ ¼ 21 7N R6E — 20.65 Acres (gradual sweep) Part of Lot 1 I.T.
(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 DAVID SULLIVAN Signature

Address ~~5336~~ ~~Alberico~~ City/State/Zip

☐ Check if owner designed system Home Phone 464-1794 Work Phone

### C. Contractor

Name Kramer construction Company Name

Address 4600 Renfro Dr. City/State/Zip Lincoln NB 68526

☐ Check if contractor designed system Work Phone 489-9209

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

Designer Name LARRY SCHWARCK Firm Work Phone 489-7294

### 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 6/22/99<br>Date frwd 6/22/99 | ACTION ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Wood | |
| 2. Supt. Bldg. Insp. or Village Clerk | Date rec'd 6.22.99<br>Date frwd 6.22.99 | ACTION ☒ Approved ☐ Disapproved<br>Signature | |
| 3. City or County Engineer | Date rec'd 6/22/99<br>Date frwd 6/22/99 | ACTION ☒ Approved* ☐ Disapproved<br>Signature | |

*Verify system is out of flood plain; high ground work

### Installation Final Written Approval

By Jerrold C. Wood P.E. & L.S.

Date OCTOBER 1, 1999

**Business Office Use Only**

Date Rec'd 06/22/99
Amt Paid 150.00
Rec'd By Cash/Check No. 2129

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

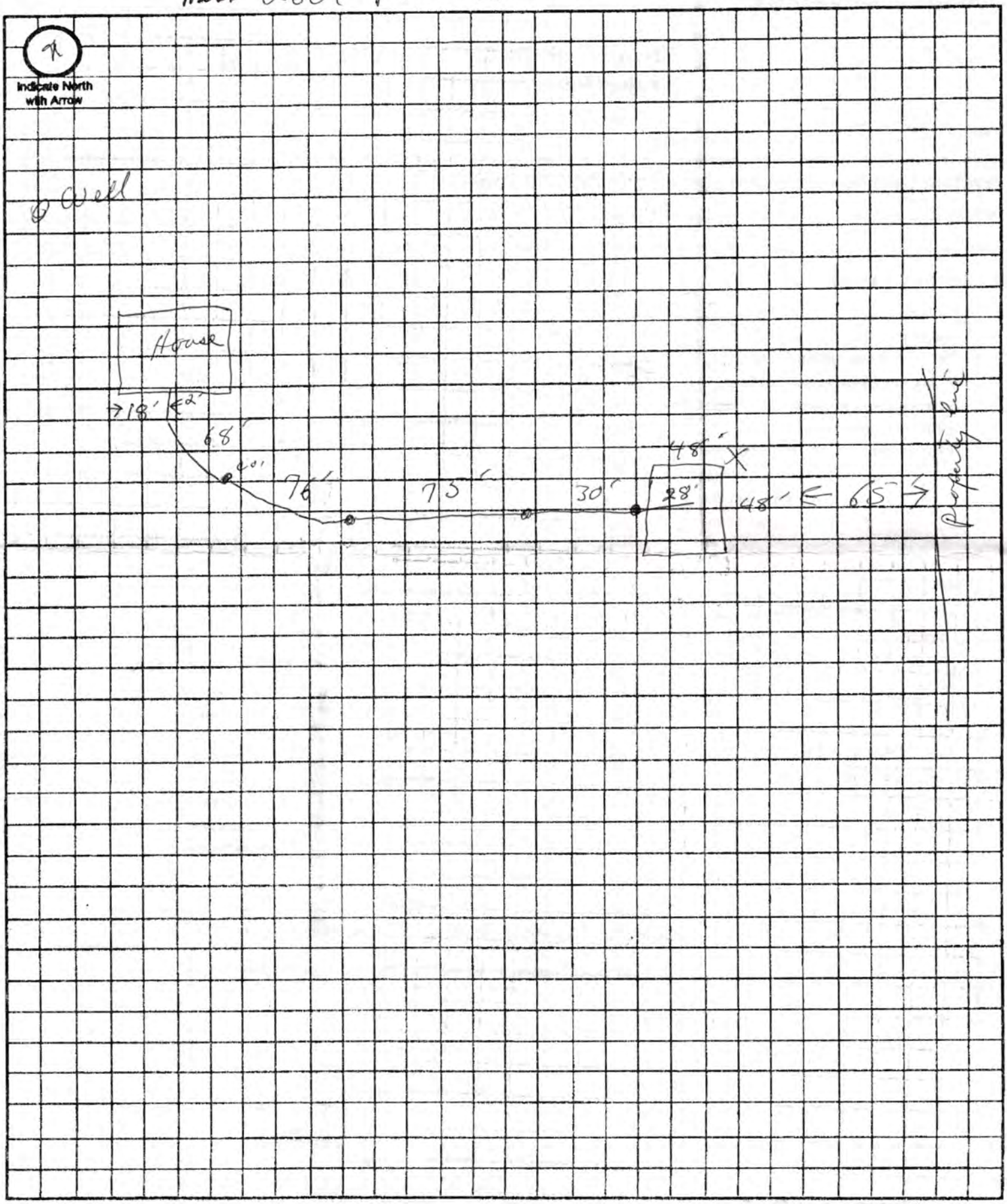
Also well NOT Needed

John Kramer

# As Built Drawing

by Larry Schwarck

West 2601 Princeton Rd




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

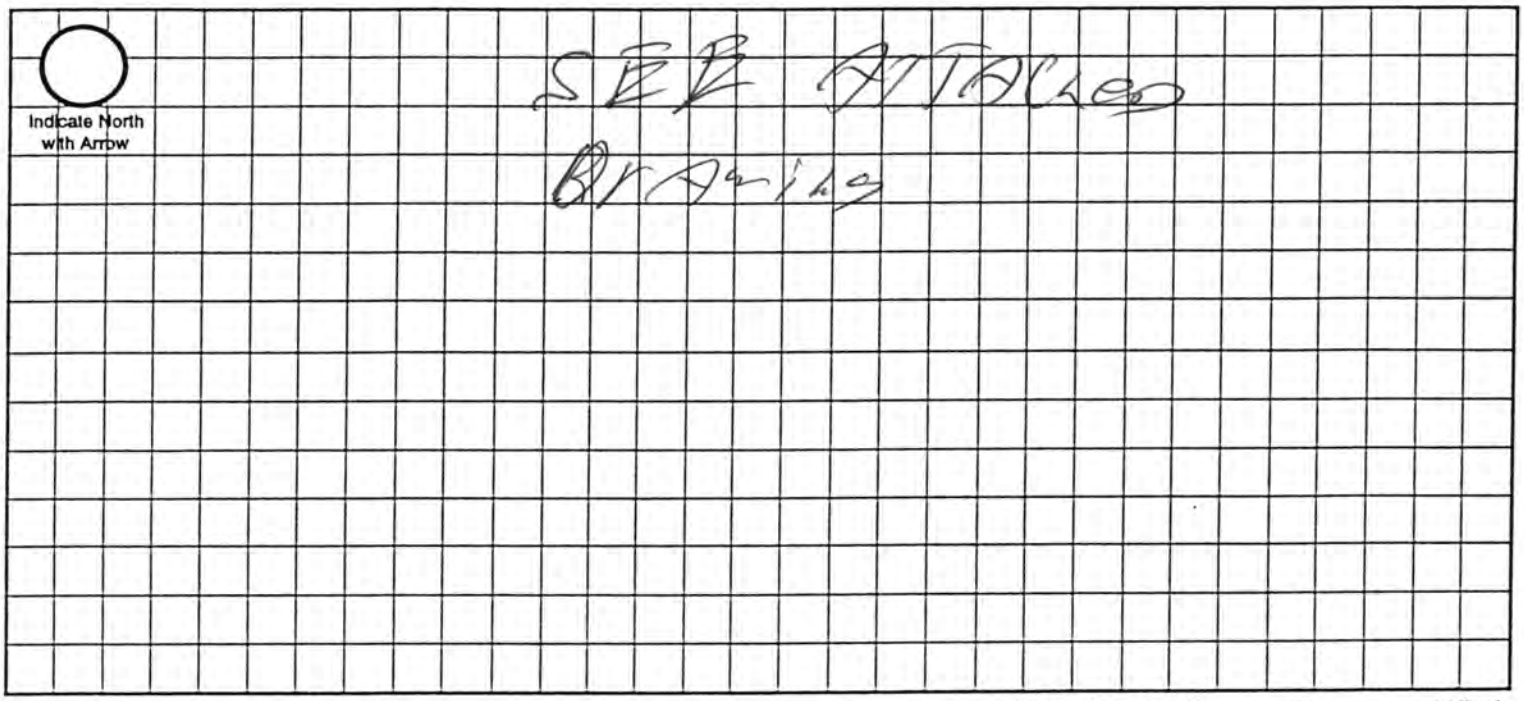
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C

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) _____ City _____ NE, Zip _____

## 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

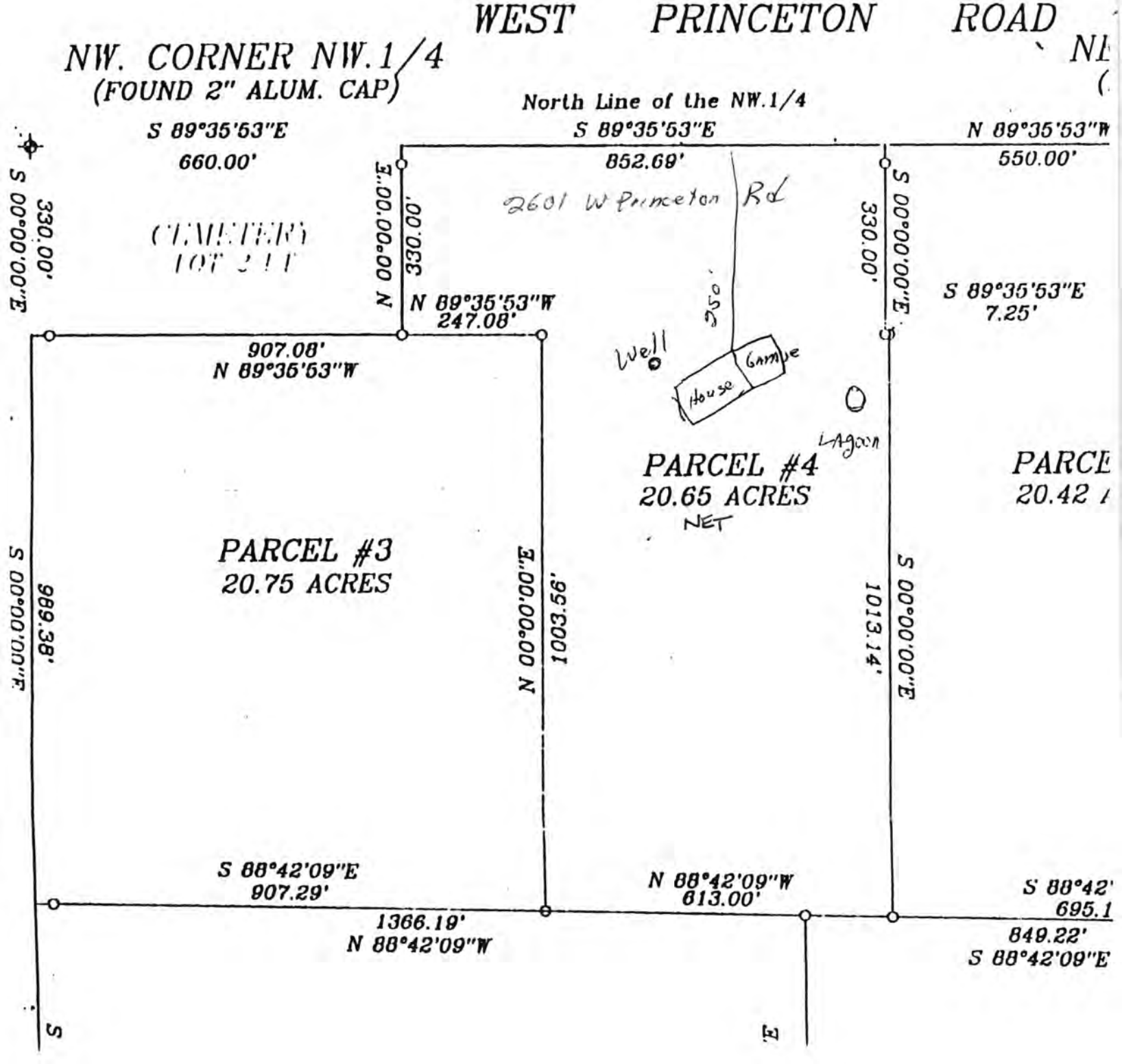
Home Building Contractor _____ Date _____

Installer Larry Schwarck Leg Branche Schwarck Date 6/23/99

FORM 23-102 10-96

# SURVEY OF THE NORTH

NW1/4 Sec 21 Twn 7N R 6E



NEBRASKA -- SHEET NUMBER 60

