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 3-17-2000

System Location (Indicate correct number and street)

Address 5w 29th 26201 (no rural route) City Martell NE NE, Zip 68404

Weber Well Service Installed Pipe

A. Building Sewer

1. Material: Plastic Pipe.
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 540' ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line 500' ft.
   stream None ft.
   pressure line _____ ft.
   property line 200' 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

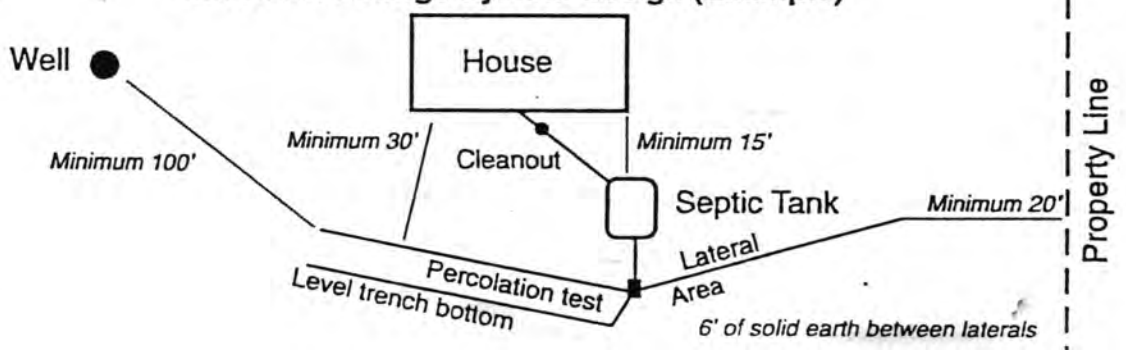
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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A

Permit Number: 993802101

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 26201 SW 29th (no rural route) City Hallam NE, Zip 68368

Legal Description SE Quarter 20 7N 6E (40 acres) 8 Lt.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude E of the 6 PM Latitude

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Carl Weis Signature Carl Weis

Address 5601 Parkcrest 2 City/State/Zip Lincoln NE 68516

☑ Check if owner designed system Home Phone 402-420-7097 Work Phone 560-6168

C. Contractor

Name Dan Kuber Company Name Vantage Point Homes

Address 9901 Saltillo RD City/State/Zip Roca NE 68430

☑ Check if contractor designed system Roca NE Work Phone 560-2124 425-3045

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 10/19/99 ACTION ☒ Approved ☐ Disapproved
   Date frwd 10/19/99 Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 10/20/99 ACTION ☒ Approved ☐ Disapproved
   Date frwd 10/20/99 Signature
3. **City or County Engineer**
   Date rec'd 10/20/99 ACTION ☒ Approved ☐ Disapproved
   Date frwd 10/20/99 Signature

Installation Final Written Approval

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

Date APRIL 18, 2000

Business Office Use Only
Date Rec'd 10/20/99
Amt Paid 150.00
Rec'd By CDW Cash/Check No. 1310

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

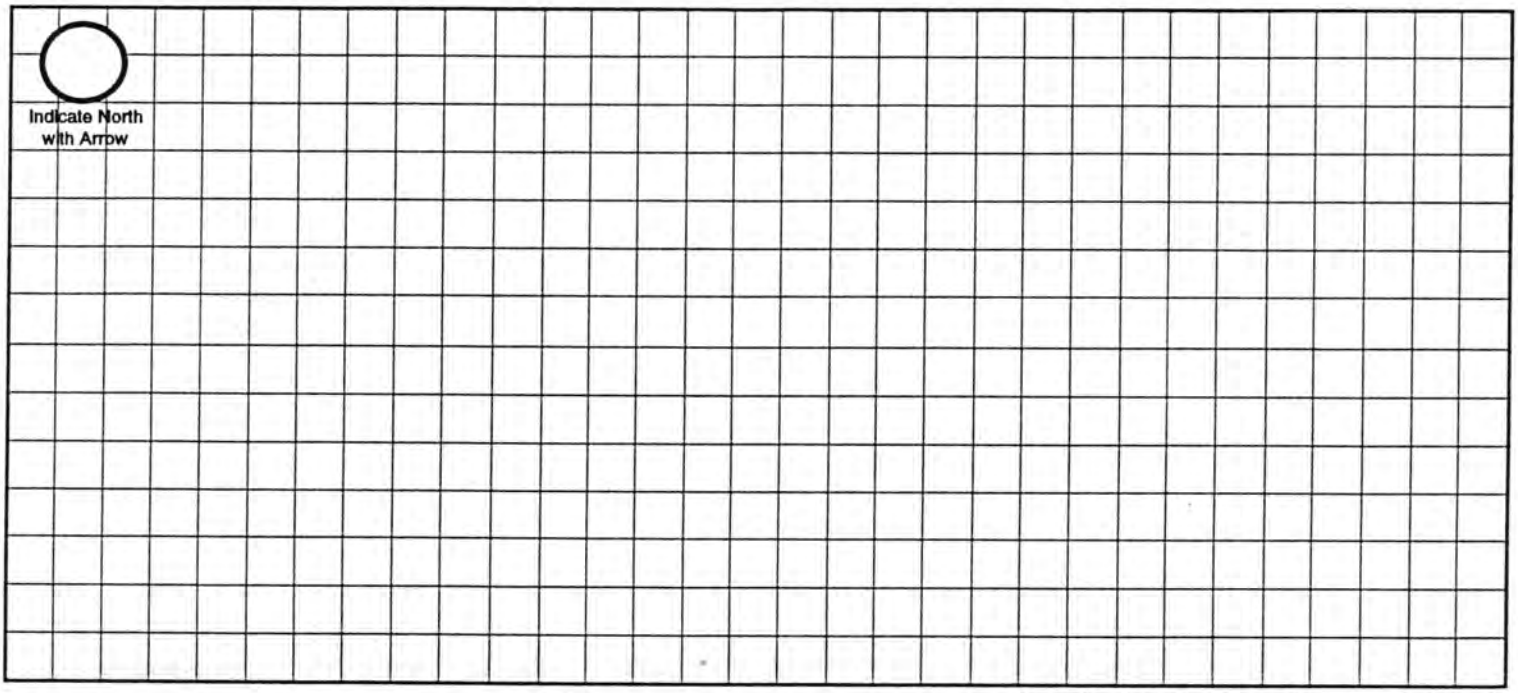
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C

Permit Number: 99380210 1

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 Dayn Huber Carl J Veis Date 10-19-99

Installer Carl J Veis Date 10-19-99

FORM 23-102 10-96

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CARL WEIS
T7N R6E SEC 20 QTR SE
40 ACRES
26201 SW 29 ST-HALLAM

Permitee

CARL WEIS
5601 PALACE CT
LINCOLN NE 68516

Permit # 99380210101

Issued 10/20/99
Expires 04/20/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011089

As Built Drawing

