LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380080801

Issued 03/16/92
Expires 09/16/92

ESTABLISHMENT

BURDETTE SWANSON
T7N R7E SEC 15 QTR SW

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

BURDETTE SWANSON
6000 SUMNER ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
3/18/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N ; Range 7E ; Section 15 ; S½ SW¼ 80 Acres
   Block _____ : Lot _____ : Addition _____
   Street Address ~~None~~ _____
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: — ft.

Signature of Applicant (Owner or Lessee)

6000 Sumner
Address
Lincoln, Ne 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/12/92. Date Frwd. 3/12/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobbe
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-12-92. Date Frwd. 3-12-92. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluym

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/12/92 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

RECEIVED MAR 16 1992

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

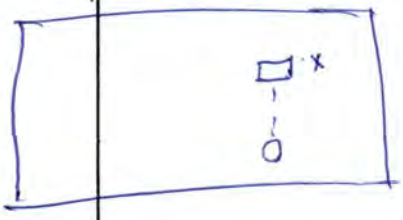
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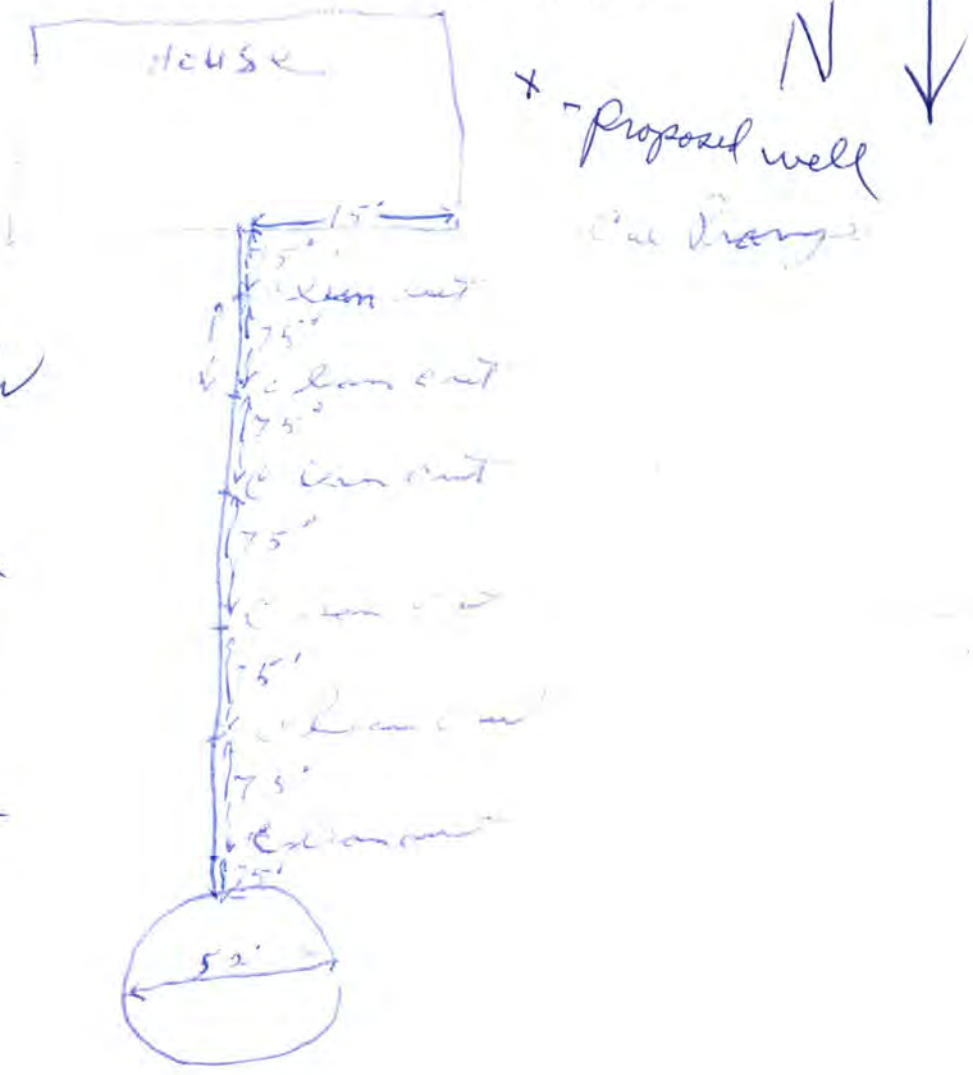
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

S½SW¼ 15-7-7





Residence is under construction. a well is proposed

x - proposed well

Swanson property

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003134

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
ORIG PERMIT 923800808

Permit # 03390076401

Issued 10/16/03
Expires 04/16/04
Revenue Code 3157

Establishment BURDETTE SWANSON
T7N R7E SEC 15 QTR SW
7100 PRINCETON RD-FIRTH

FEES: $100.00

Permittee BURDETTE SWANSON
3900 PINE LAKE RD #309
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 7N Range 7E Section 15 1/4 Section SW
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 7100 Princeton Rd. Firth, Ne 68372

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Move Lagoon approx. 100' South & West of its Present Location

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer & Drain

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

3900 PINE LAKE APT 309 68516

Print Name Burdette Swanson Address 7100 Princeton Rd. Phone 792-2225 H 441-7292
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 10/15/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/27/03 By J.C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/13/03 By Jerrold Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 10/16/03 Amount 100.00 Check No. 5259 Initials JS

White - Division Copy Pink - Business Office Revised 9/00

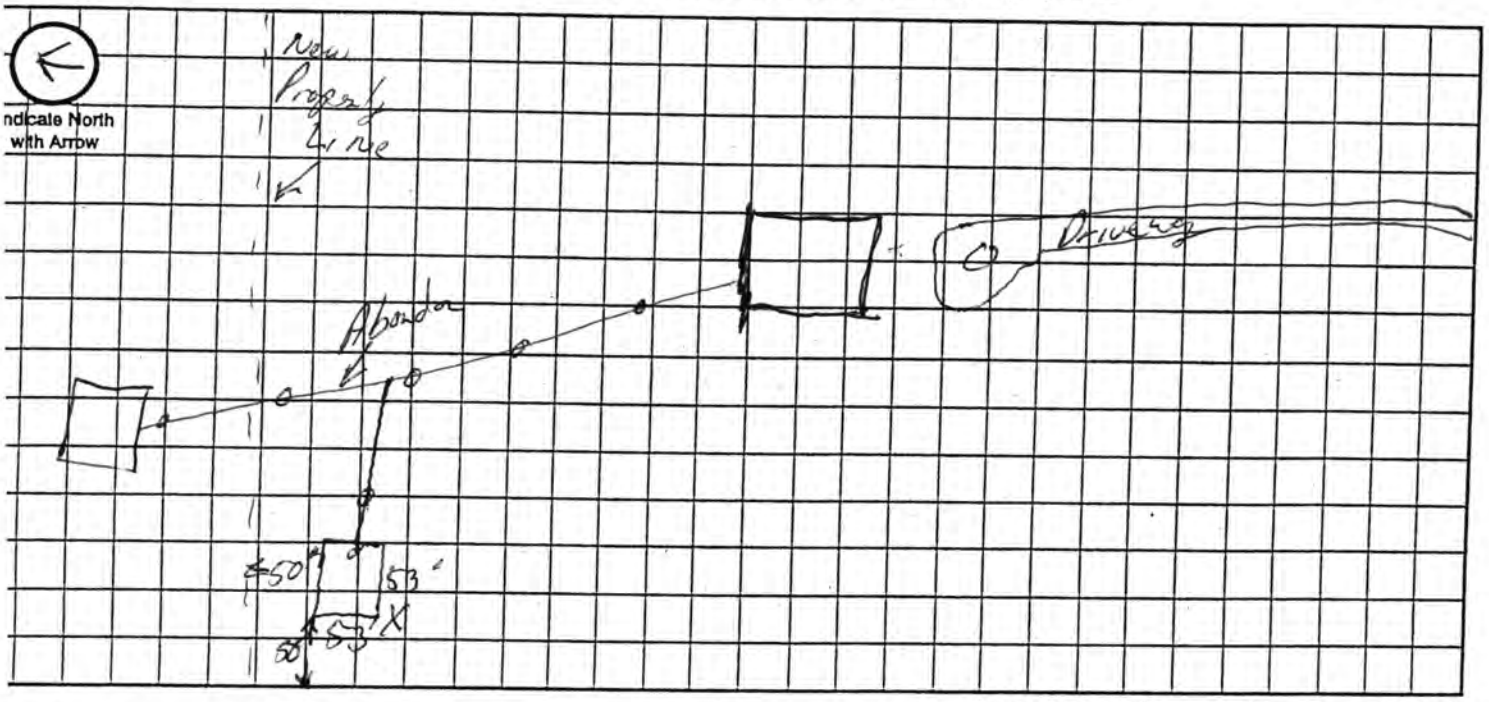
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0339 00764

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) _____ City _____ NE, Zip _____

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
goon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Smith Date 10-15-03

23-102 10-96

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 10-31-03

System Location (Indicate correct number and street)

Address 7100 Princeton Rd. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 200 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line NA ft.
   stream >50 ft.
   pressure line NA ft.
   property line >50 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

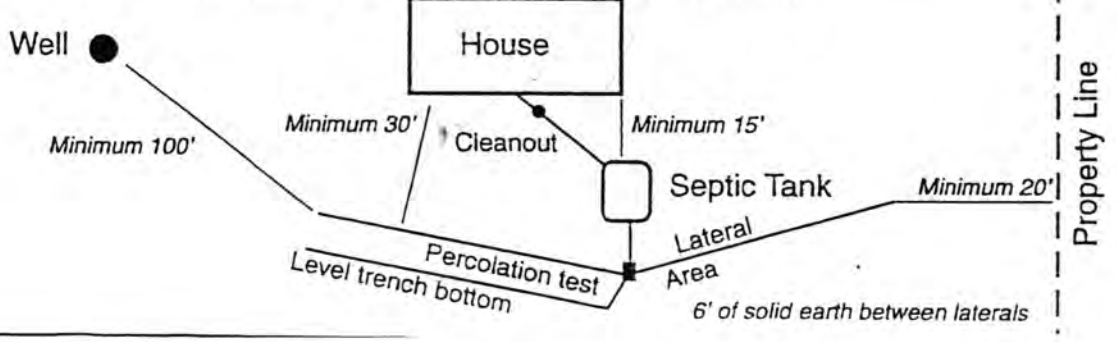
(Provide as-built drawings on back of this form)

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

TO:	Mike DeKalb	**DATE:**	October 28, 2003
DEPARTMENT:	Planning	**FROM:**	Chris Schroeder Doug Smith
ATTENTION:		**DEPARTMENT:**	Health
CARBONS TO:	EH File EH Administration	**SUBJECT:**	AFP # 03083 7100 Princeton RD

The Lincoln-Lancaster County Health Department (LLCHD) has reviewed the administrative final plat application with the following noted:

- The water well serving this property appears to meet construction standards. Bacteria and nitrate samples meet the requirements of a satisfactory drinking water supply.
- An onsite wastewater treatment system has been issued for the relocation of the lagoon to a location on the proposed subdivision. Final approval will be granted when construction and fencing is completed.
- The existing lagoon must be properly abandoned when the new lagoon is completed.
- The proposed development is located within the Hickman Wellhead Protection Area. Best management practices (BMP) should be utilized to decrease the risk of groundwater contamination. For example, being conscientious regarding the use of lawn chemicals/ fertilizers and ensuring the proper the storage of chemicals and/or fuels.
- All wind and water erosion must be controlled during construction. The Lower Platte South Natural Resources District should be contacted for guidance in this matter.
- During the construction process, the land owner(s) will be responsible for controlling off-site dust emissions in accordance with Lincoln-Lancaster County Air Pollution Regulations and Standards Article 2 Section 32. Dust control measures shall include, but not limited to application of water to roads, driveways, parking lots on site, site frontage and any adjacent business or residential frontage. Planting and maintenance of ground cover will also be incorporated as necessary.

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005896

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
LOWER EXISTING LAGOON LOCATION 3'

Permit # 04390081201

Issued 09/15/04
Expires 03/15/05
Revenue Code 3157

Establishment

BRYAN AREMAN
T7N R7E SEC 15 QTR SW
LOT 6IT
7100 PRINCETON RD

FEES: $100.00

Permittee

BRYAN AREMAN
8033 S 34 ST
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
SEP 15 2004

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number ~~2832~~

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 7 N Range 7 E Section 15 1/4 Section SW
   Block _____ Lot 6 ~~SE~~ I.T. Addition _____
   Parcel ID 14 - 15 - 300 - 010 - 000 (i.e. 99-99-999-999-999)
   Street Address 9100 PRINCETON RD.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** LOWER EXISTING LAGOON LOCATION APPROX. 3'

5. **Work to be done by:** ☐ owner ☒ contractor's name BUSS EXCAVATING WELLMAN PLUMBING

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name BRIAN AREMAN Address 8033 So. 34th 68516 Phone 420-2981
Applicant Signature (owner or lessee) Wright Construction by Jeri Wright

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 9 / 15 / 04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 12 / 6 / 04 By L. Hood
Date 12 / 8 bc By DS
Date ___ / ___ / ___ By ___

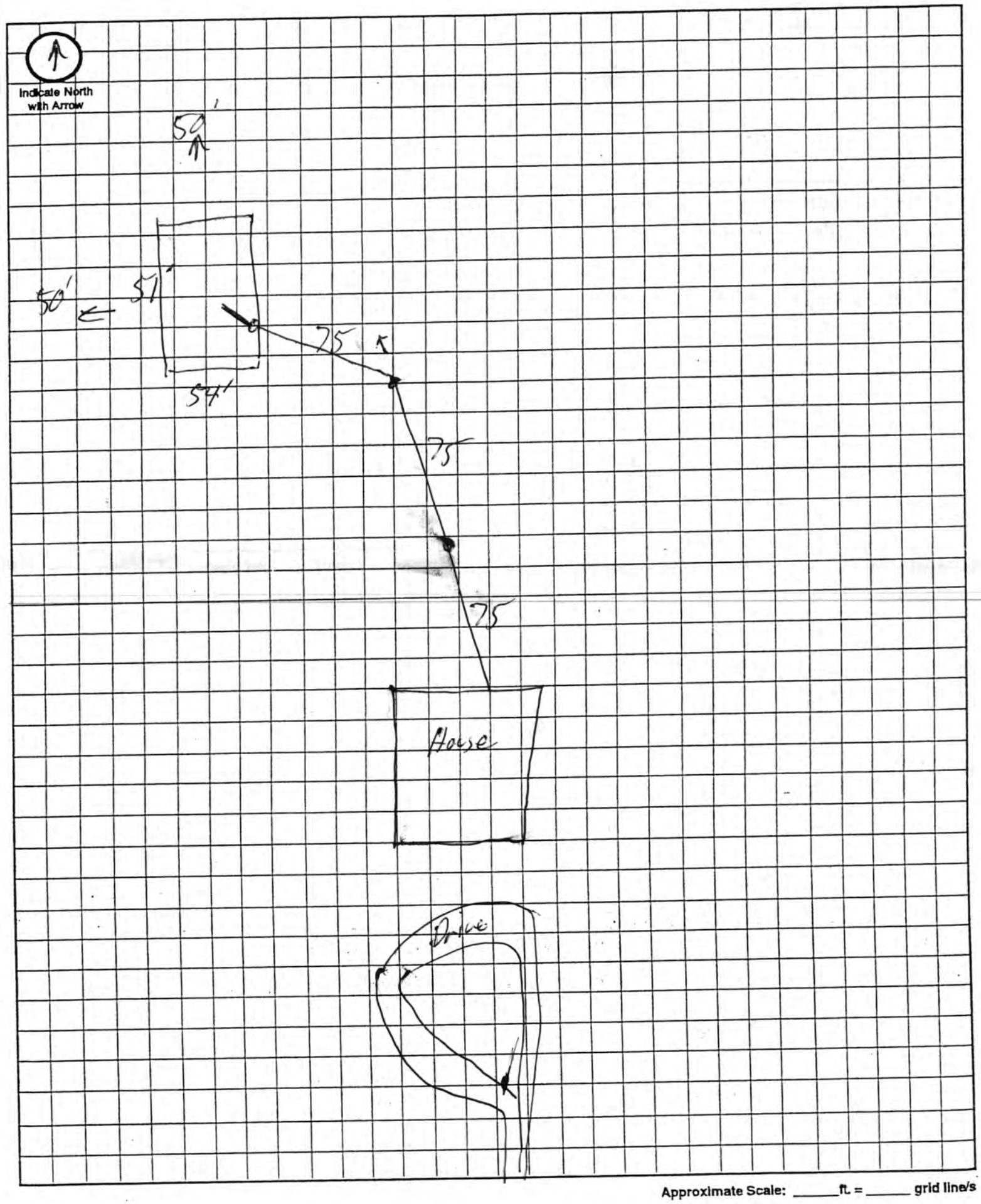
Installation final written approval
Date 4 / 22 / 05 By [signature]

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 9 / 15 / 04 Amount #100.00 Check No. 29421 Initials JCW

White - Division Copy Pink - Business Office Revised 9/00

As Built Drawing



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