Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

C AARON SPICER
T7N R7E SEC 16 QTR SW
NW 1/4 OF SW1/4
24400 S 54 ST-PRINCETON

Permittee

C AARON SPICER
BOX 144
HICKMAN NE 68372

Permit # 01380231401

Issued 05/08/01
Expires 11/08/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015698

MAY 8 2001

A

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

Permit Number: 013802314

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 24400 So 54th (no rural route) City Princeton NE, Zip 68404

Legal Description NW (1/4) SW (1/4) 16 (Section) 7 (Township) North 7 E (Range) East of the 6th P.M. (Subdivision) Lancaster City (Addition) Ne (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 Aaron Spicer Signature _____

Address PO Box 144 City/State/Zip Hickman Ne 68372

☐ Check if owner designed system Home Phone _____ Work Phone 432-2716

C. Contractor

Name BNL Plumbing ← Company Name → Roger Marquardt

Address _____ City/State/Zip Lincoln

☐ Check if contractor designed system Work Phone 610-0893

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 5/8/01 Date frwd 5/14/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-23-01 Date frwd 5-23-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Subject To Lagoon Construction Above Flood Plain

Installation Final Written Approval

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

Date NOVEMBER 24, 2003

Business Office Use Only

Date Rec'd 05/08/01 ck# 1023 5/14/01 #50.00 rdf

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1021

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

MAY 8 2001

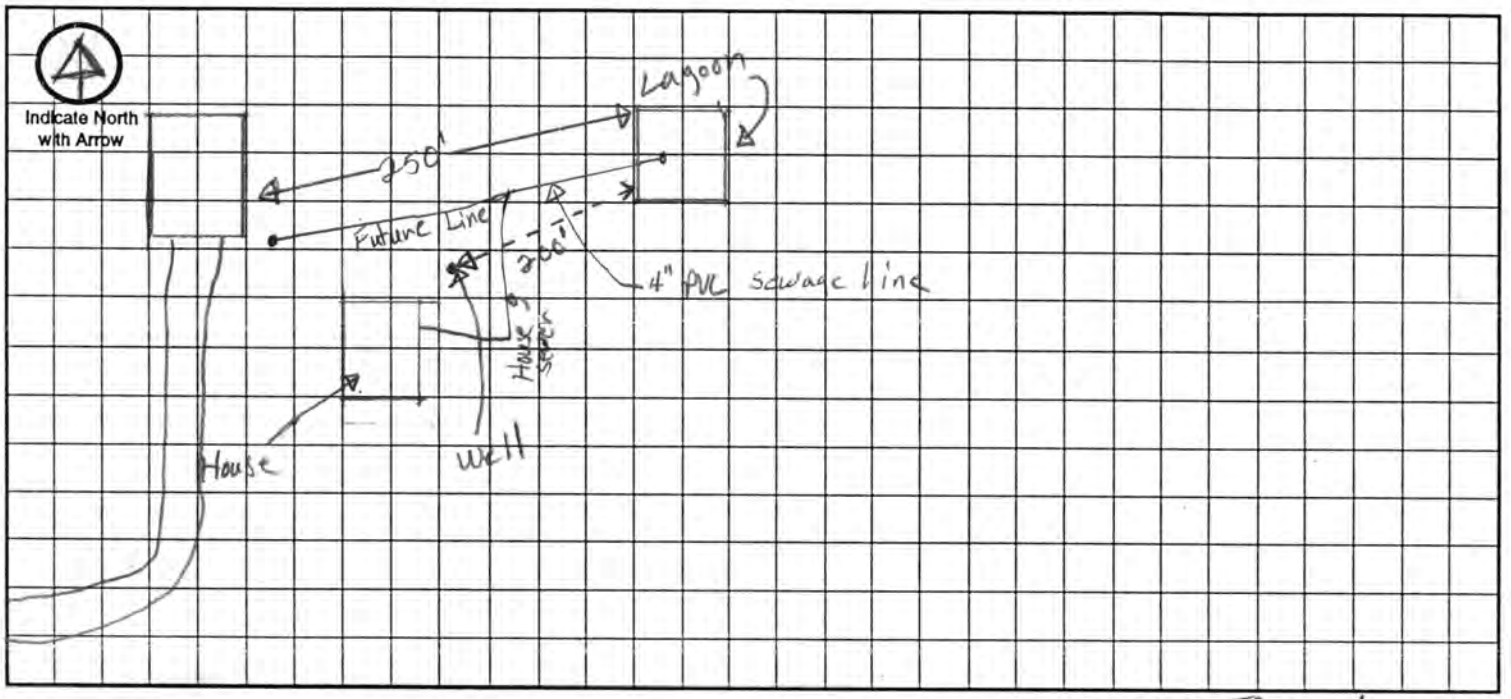
C

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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.



S 54 + H

Approximate Scale: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 24400 So 54th City Princeton NE, Zip 68

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 Aaron Spicer Date 5-7-01

Installer BNL Plumbing Date 5-3-01

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-7-16 SW¼ Location 24400 So 54th

Owner/Requestor Aaron Spicer

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Sewer pipe covered w/ soil + water due to heavy recent rain. Lagoon measured approx. 51' x 57'. No record of perc. test. No evidence of bentonite. Unable to verify area where sewer pipe enters lagoon. No depth marker. Needs fence, signs etc. Needs 'D' sheet completed and submitted for file

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

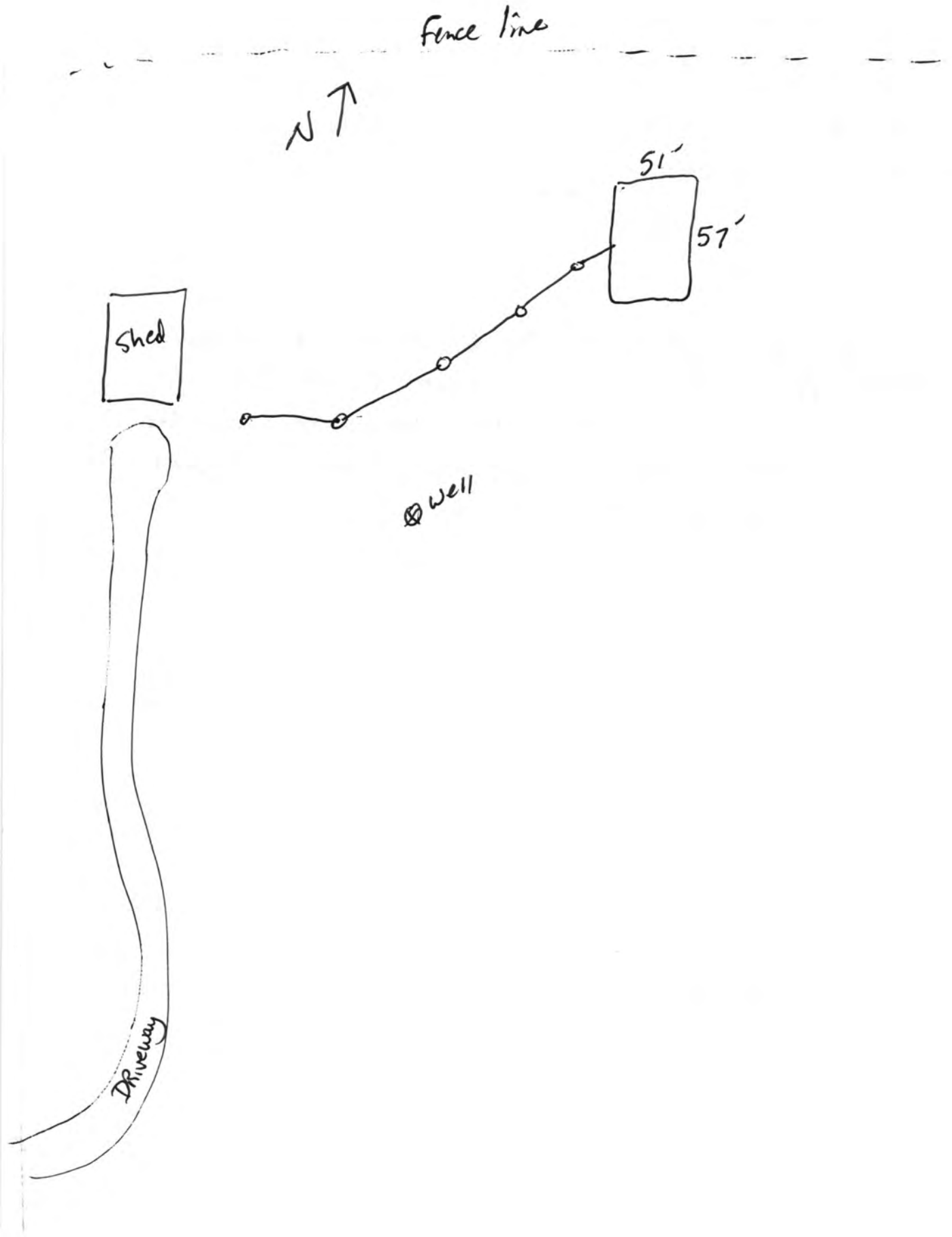
Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: ___

Date: 5-21-01

WA1002


Fence line
N
51'
57'
Shed
well
Driveway