Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009841

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment:
TOD STERTZ
T7N R7E SEC 16
LOT 32
24311 S 68 ST

Permittee:
TOD STERTZ
6030 S 81 ST
LINCOLN NE 68516

Permit # 06380328701

Issued 12/14/06
Expires 12/14/07
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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ENVIRONMENTAL PUBLIC HEALTH DIVISION

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Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380328701

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 24311 S. 68th (no rural route) City Lincoln NE, Zip 68516

Legal Description 1 (1/4) 1/4 16 (Section) 7 (Township) 7 (Range) — (Subdivision) — (Addition) 32 (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 Ted Stertz Signature X _____

Address 6030 S. 81 City/State/Zip Lincoln 68516

☐ Check if owner designed system Home Phone _____ Work Phone 429-6996

C. Contractor

Name Kurt Virgil Company Name Virgil Contracting

Address 4600 W. Mary Louise Ln City/State/Zip Lincoln Ne 68528

☐ Check if contractor designed system Work Phone 525-6681

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 400 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 12/14/06 Date frwd 12/14/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/14/06 Date frwd 12/14/06 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-14-06 Date frwd 12-14-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Needs Lagoon Fence

Date 12/15/06

Business Office Use Only

Date Rec'd 12/14/06
Amt Paid 290.00
Rec'd By CW Cash/Check No. 3363

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

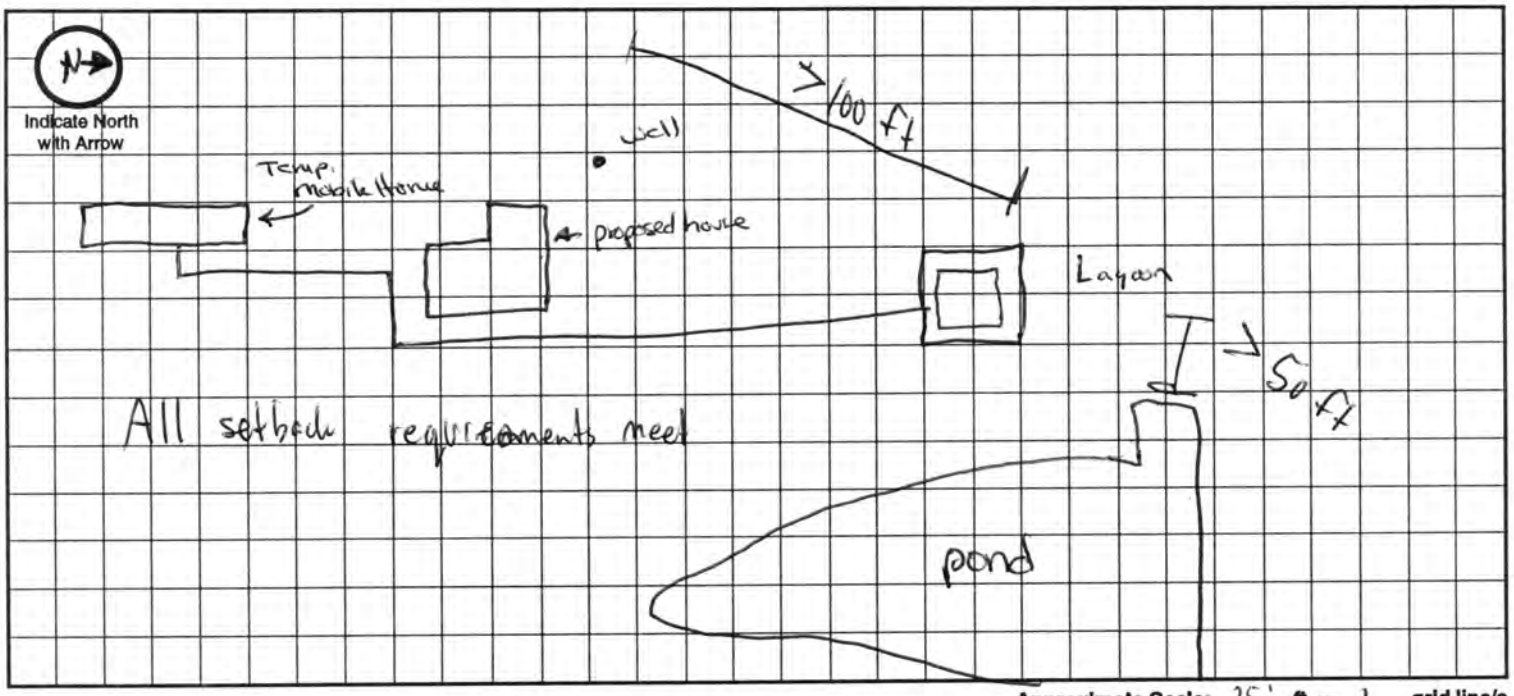
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803287

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: 25' ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2431 S. 68th City Lincoln NE, Zip 68516

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 N/A	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 ☒	☒

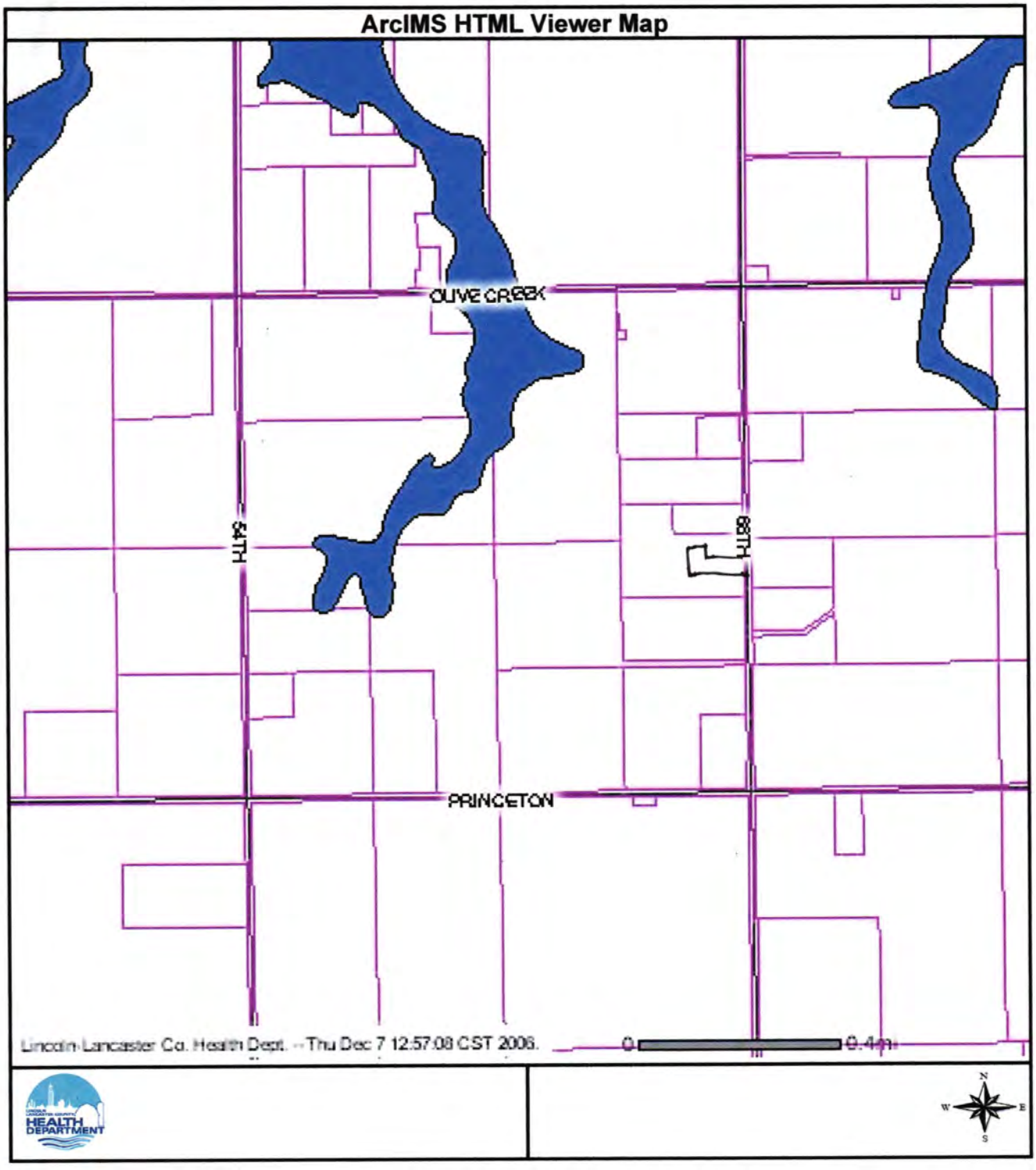
E. Required Signatures

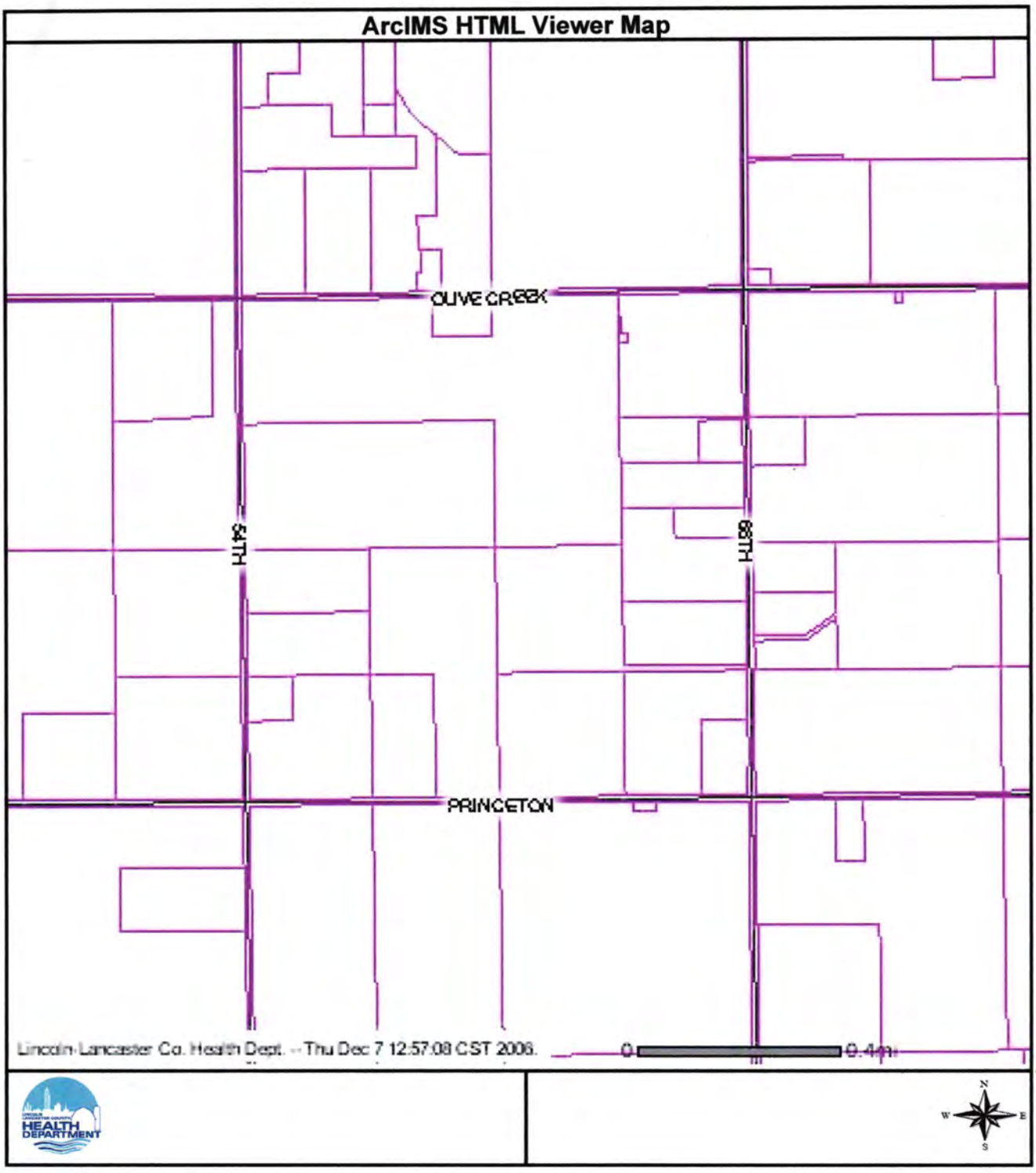
Home Building Contractor X Starz Family Homes Inc. Date 12-13-2006

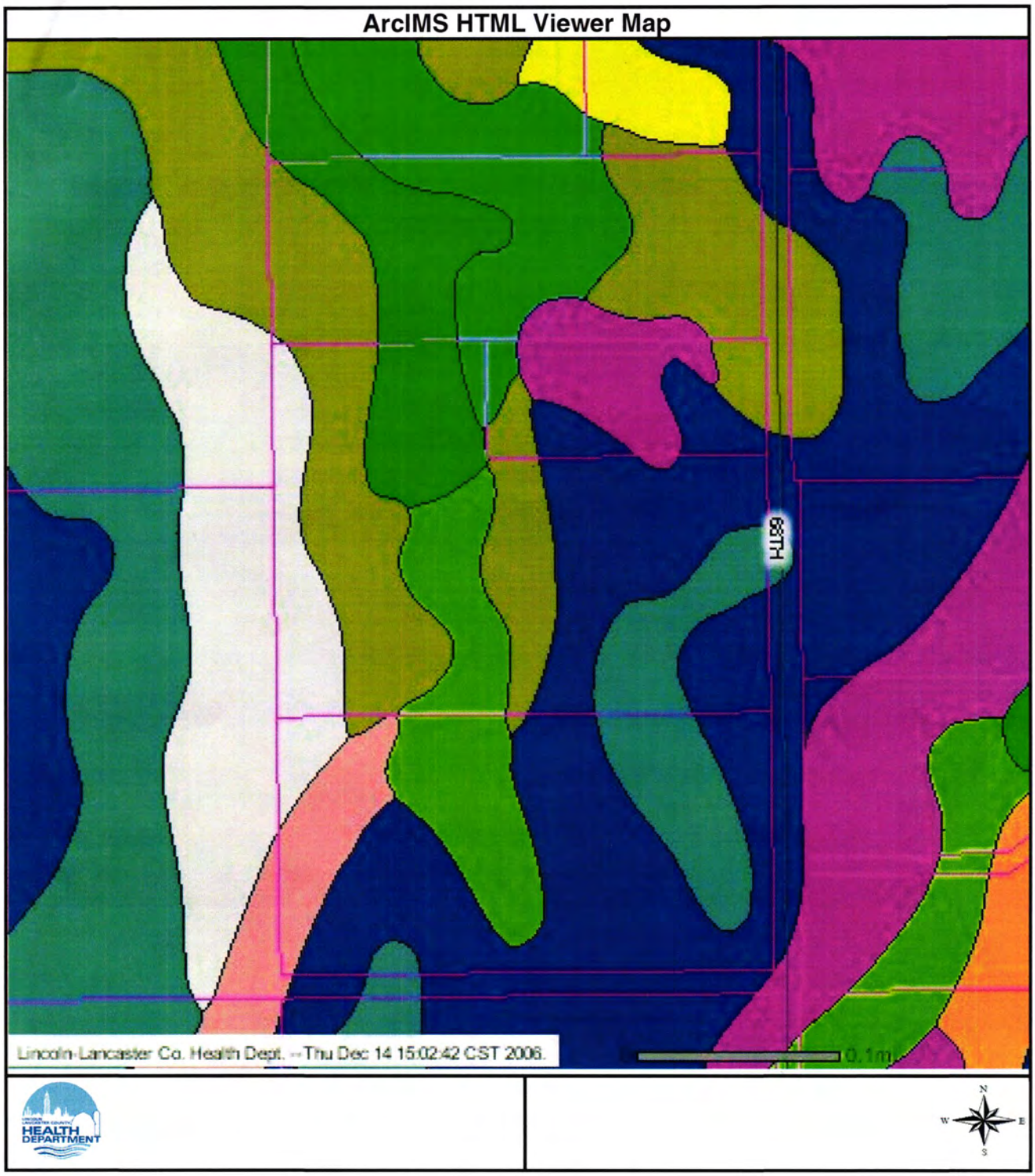
Installer X [signature] Date 12-13-2006

C1725

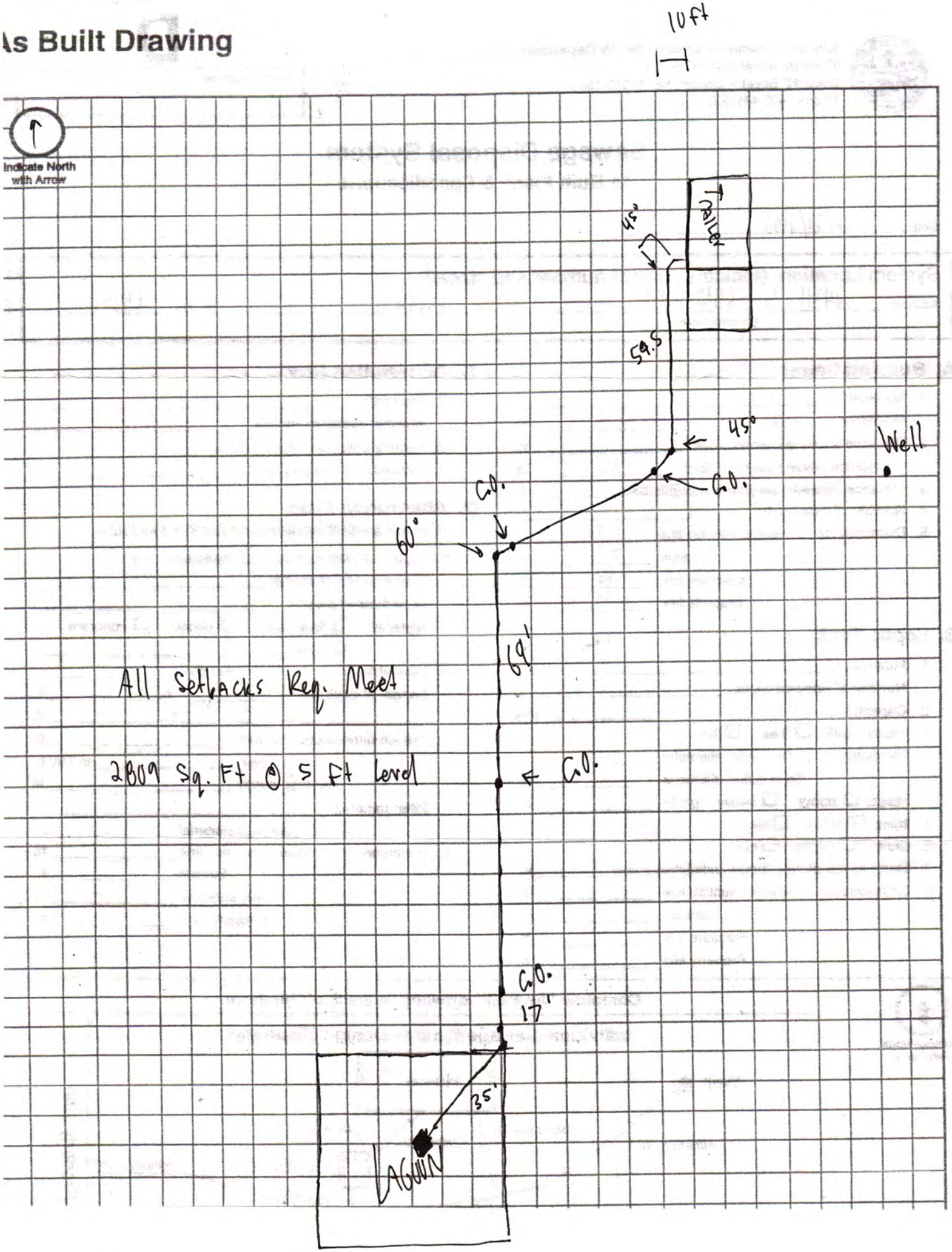
FORM 23-102 10-96


ArcIMS HTML Viewer Map
OLIVE CREEK
84TH
88TH
PRINCETON
Lincoln-Lancaster Co. Health Dept. -- Thu Dec 7 12:57:08 CST 2006.
0
0.4mi
HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
OLIVE CREEK
84TH
88TH
PRINCETON
Lincoln-Lancaster Co. Health Dept. -- Thu Dec 7 12:57:08 CST 2006.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
68TH
Lincoln-Lancaster Co. Health Dept. -- Thu Dec 14 15:02:42 CST 2006.
0.1mi
HEALTH DEPARTMENT
N
W
E
S

As Built Drawing



DEC 2 2 2006

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/20/2006

System Location (Indicate correct number and street)

Address 24311 S. 68th St (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: 36 in.
3. Distance between dwelling and ~~septic tank~~: 330 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 50 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.

ndicate North with Arrow

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

Individual Sewage System Design (Example)

