Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003676

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380278901

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

Establishment: DAN PAULSEN
T7N R7E SEC 20 QTR NE
20 ACRES LOT 14IT

FEES: $200.00

Permittee: DAN PAULSEN
4710 M ST
LINCOLN NE 68510

TOTAL: $200.00

Bruce D. Dart

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: 043802789O1

4 BEDROOM

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: 20 ACRES

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 25455 SOUTH 54TH STREET (no rural route) City _____ NE, Zip _____

Legal Description NE (1/4) 1/4 20 (Section) 7N (Township) 7E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 14 (Lot) I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DAN PAULSEN Signature c/o Kevin Wolfe

Address 4710 M City/State/Zip LINCOLN 68510

☐ Check if owner designed system Home Phone 327 9136 Work Phone _____

C. Contractor

Name STAN KROESE Company Name DIRTWORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 4 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 3/3/04 Date frwd 3/3/04 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/3/04 Date frwd 3/3/04 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/3/04 Date frwd 3/3/04 **ACTION** ☒ Approved ☐ Disapproved Signature _____

3/11/05 ~~Needs signs again + drawing~~ J.C.H

Installation Final Written Approval

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

Date APRIL 7, 2005

Business Office Use Only

Date Rec'd 3/3/04

Amt Paid $200.00

Rec'd By CW Cash/Check No. 16635

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

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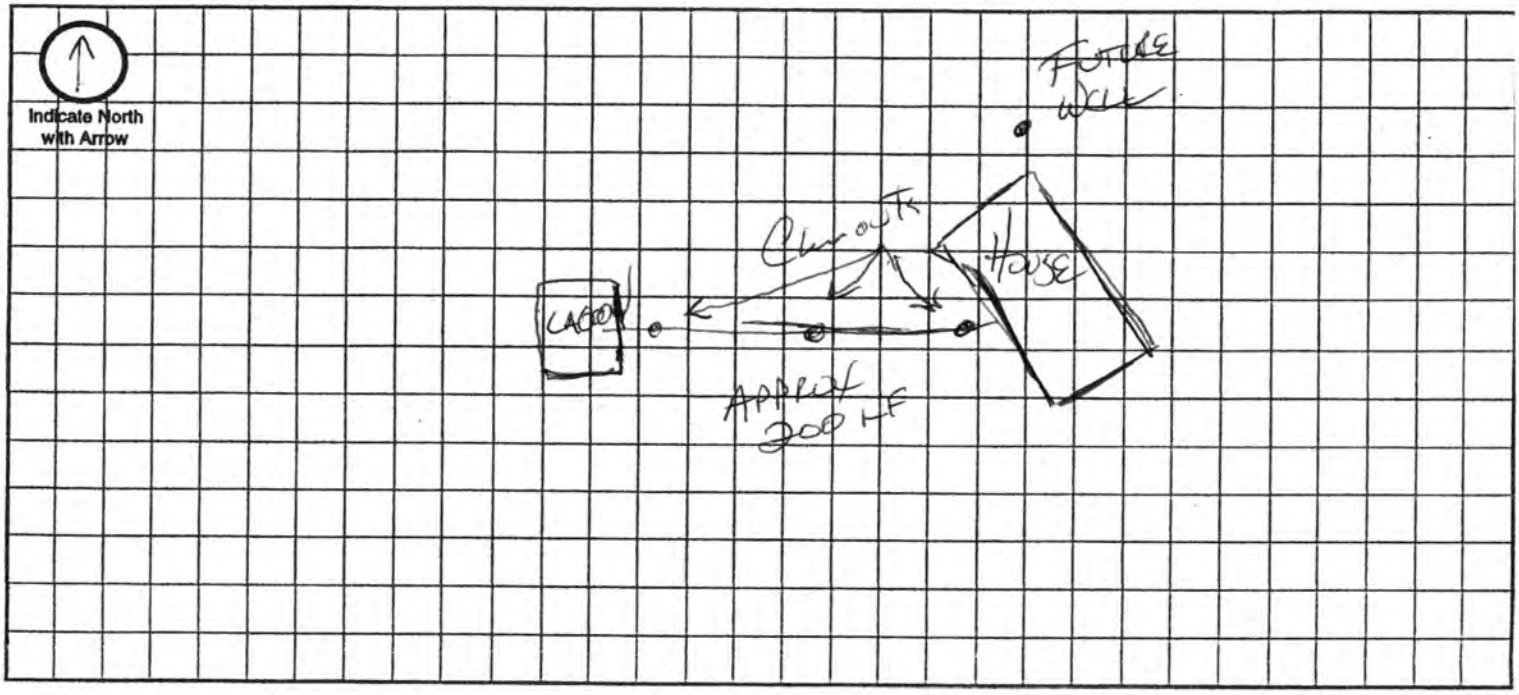
C

Permit Number: 043802789

Sewage Disposal System
Preliminary Plan Specifications

DAN PAULSON

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 Kim Wolfe Date 3/2/04

Installer _____ Date 3/2/04