Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003312

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380276601

Issued 01/14/04
Expires 07/14/04
Revenue Code 3157

Establishment:
CHRIS JONES
T7N R7E SEC 23
HILLTOP ESTS-N ADDN LOT 8
26404 S 84 ST CT-FIRTH

FEES: $200.00

Permittee:
CHRIS JONES
1924 S 15 ST
LINCOLN NE 68502

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: 04380276601

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 26404 So. 84th ST. CT. (no rural route) City Firth NE, Zip 68358

Legal Description 1/4 1/4 Section 23 Township 7N Range 7E Subdivision HILLTOP ESTATES 1st North Addition Add. Block 8 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Chris Jones Signature _____

Address 1924 S 15th City/State/Zip Lincoln NE 68502

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

C. Contractor

Name ~~Mike Knorr~~ Company Name _____

Address ~~235 E 2nd~~ City/State/Zip ~~Pawnee NE 68424~~

☐ Check if contractor designed system Work Phone ~~580-2714~~

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mike Knorr Firm _____ Work Phone 788-2696

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 1/14/04 Date frwd 1/15/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-12-04 Date frwd 1-12-04 ACTION ☒ Approved ☐ Disapproved Signature Mike Hefler
3. **City or County Engineer** Date rec'd 1-15-04 Date frwd 1-15-04 ACTION ☒ Approved ☐ Disapproved Signature _____

1/15/04 J.C.H. ~~Need drawing + No. of bedrooms~~

Installation Final Written Approval

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

Date JUNE 8, 2005

Business Office Use Only

Date Rec'd 01/14/04
Amt Paid 200.00
Rec'd By. _____ ~~Cash~~/Check No. 1466

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

2 Applicants

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

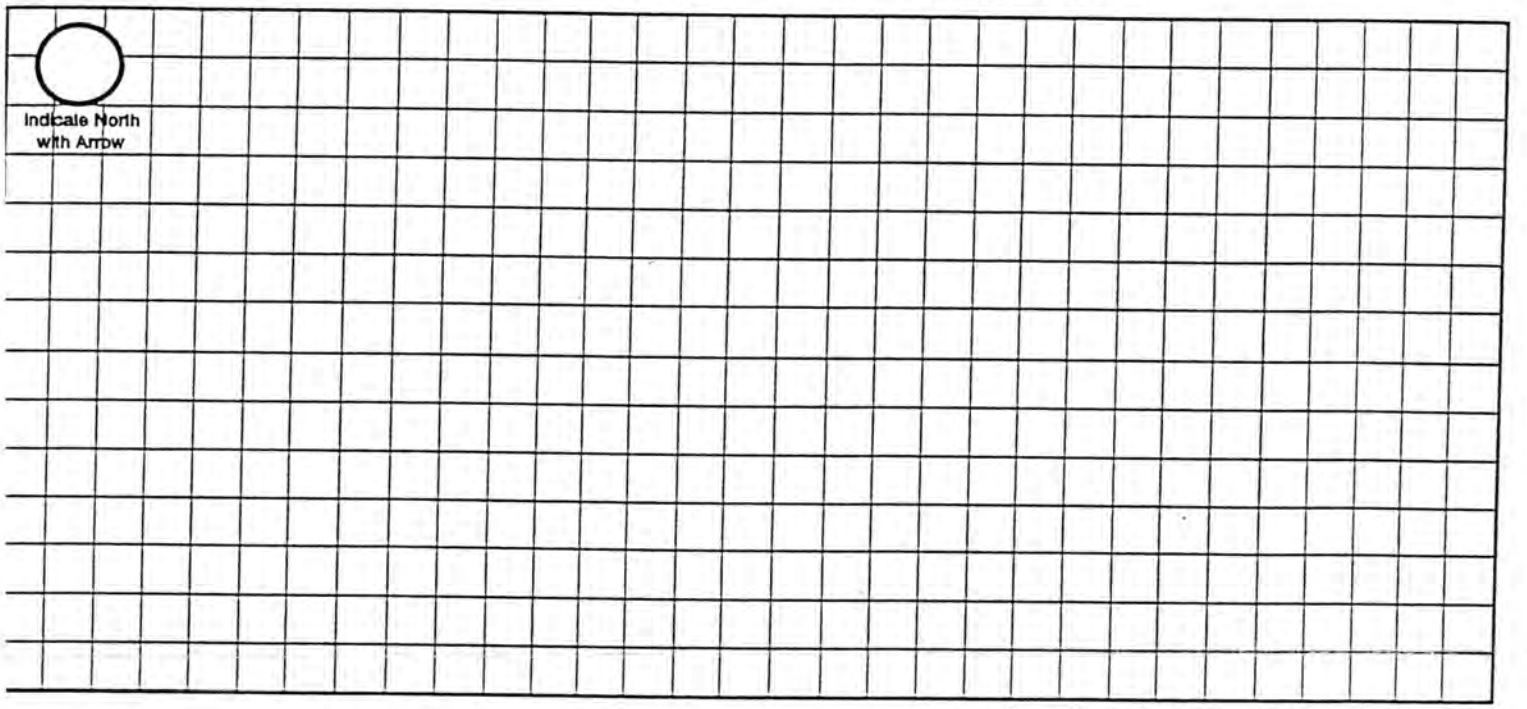
C

Permit Number: 043802766

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 _____ Date 1-13-04

Installer Mike Kuss Date 1/12/04

RM 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: 043802766

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 200 ft.
   stream _____ ft.
   pressure line _____ 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

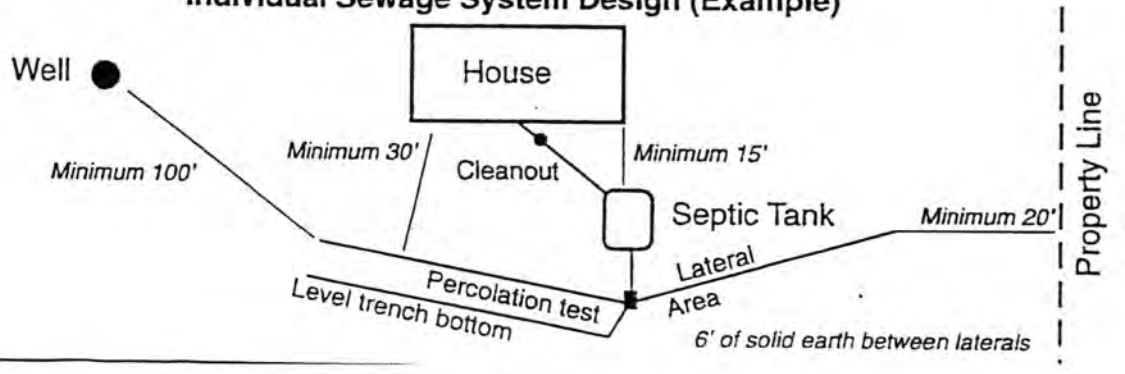
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



InterLinc

Lancaster County

County Assessor/Register of Deeds
Property Information

Parcel Identification No: 14-23-301-008-000

Taxing District:	0063 RURAL
Property Class:	RLOT RURAL PLATTED LOT
Neighborhood:	3803 MARKET AREA EIGHT
Situs Address:	26400 S 84 STREET CT RURAL
Final Value Summary for Tax Year 2004	
Total Value:	26,000

Property Owner:
JONES, CHRISTOPHER A &
ELIZABETH A
1924 S 15 ST
LINCOLN NE 68502

Legal Description:
HILLTOP ESTATES 1ST ADD BLOCK 1 LOT 8



Click Photo to Enlarge

Sale History:

Instrument #	Sale Date	Sale Price
03-113770	11/12/2003	32,000

Land and Miscellaneous

Residential Information Display Building 01

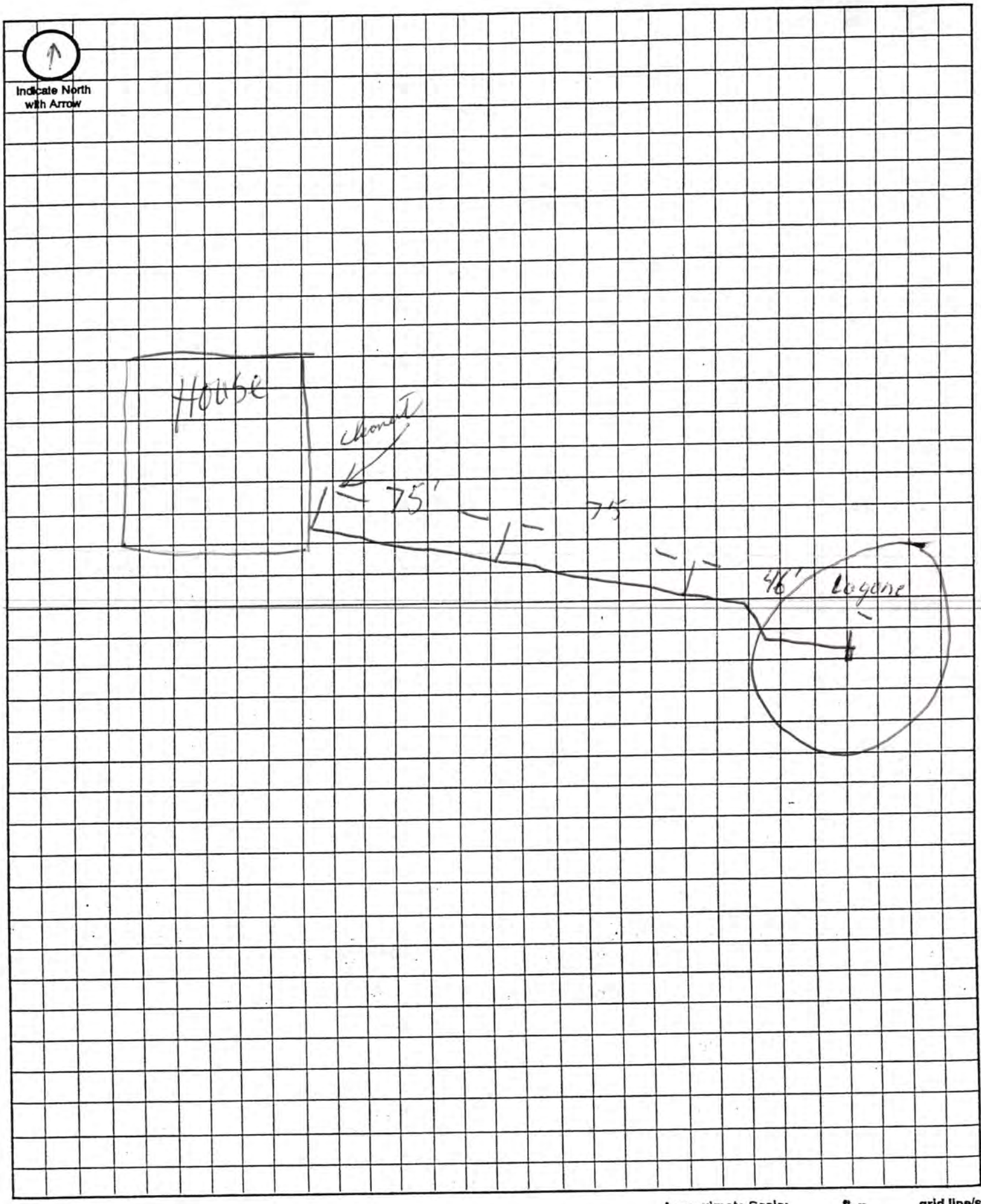
Building Sketch Display Building 01

Map

Treasurer's Information

County Assessor Property Information

As Built Drawing



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