LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380176801

Issued 05/29/98
Expires 11/29/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

GARY REESE
T7N R8E SEC 19 QTR NW
11301 PRINCETON RD

TOTAL $150.00

Permittee

GARY REESE
11301 PRINCETON RD
PANAMA NE 68419

Issued By Health Director
Lincoln-Lancaster County Health Department

007417

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98380176801

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 11301 Princeton Rd (no rural route) City Panama NE, Zip 68419

SEE ATTACHED

Legal Description N.W 19 7N 8E
1/4 1/4 Section Township Range Subdivision Addition 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 Gary Kathy Reese Signature Gary Reese

Address 11361 Princeton Rd City/State/Zip 432-1273

☐ Check if owner designed system Home Phone _____ Work Phone 423-3100

C. Contractor

Name Kevin Wolfe Const. Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 430-8509

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

Designer Name Excavating Inc. Firm John Stuhmer Work Phone 430-6023

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 5/29/98 Date frwd 5/29/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/29/98 Date frwd 5/29/98 ACTION ☒ Approved ☐ Disapproved Signature _____

6-22-98 min setback is road 54' E. like neighbor, better cotton outside to guard runoff

Installation Final Written Approval

By Paul Wintermann

Date 7-9-98

Business Office Use Only 3083

Date Rec'd 05/29/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 9470

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

B

Permit Number: 98380176801

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE Request for Lagoon

System Location (Indicate correct number and street)

Address 11301 Princeton Rd (no rural route) City Panama NE, Zip 68419

Owner Gary - Kathy Reese Addresss same

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks WILL SEAL LAGOON IF NEEDED

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date _____

FORM 23-101 10-96

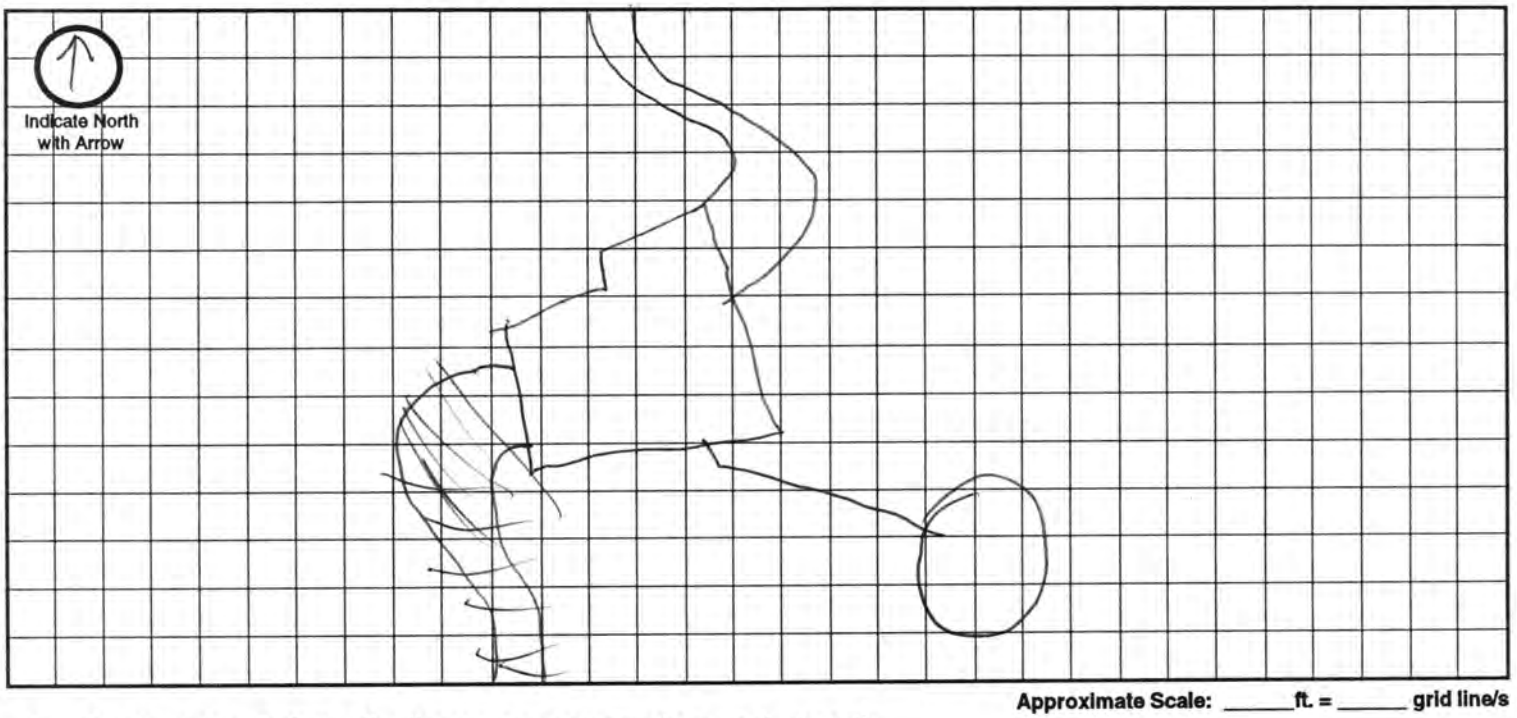
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380176801

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) 11301 Princeton Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon System

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 Tom Wilde Date 5/5/98

Installer John Strahmyer Date _____

FORM 23-102 10-96

JUN 24 1998

D

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

Permit Number: 98380176801

Sewage Disposal System

As Built Plans & Specifications

Date 7-9-98 KEVEN WOLF BUILDER
Gary Reese owner

System Location (Indicate correct number and street)

Address 110+ PRINCETON Rd (no rural route) City Panama NE, Zip 68419
11301 Princeton Rd. 7-8-19 NW 1/4

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10" in.
3. Distance between dwelling and septic tank: 100+ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line _____ ft.
   property line 100+ 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

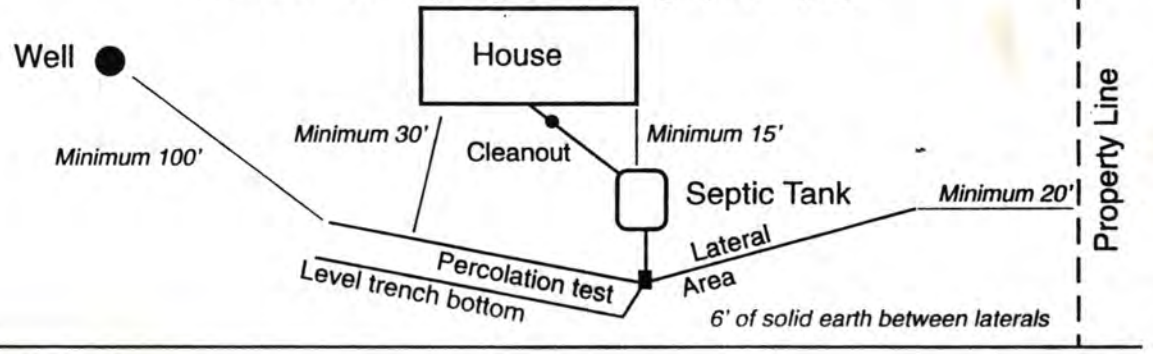
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other LAGON
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)



FORM 23-103 10-96

Well/Sewage System Inspection Form

Lincoln-Lancaster County Health Department
3140 "N" Street • Lincoln, NE 68510
402-441-8022

Legal Description 11301 Princeton Rd **Location** _____

Owner/Requestor Reese

Type of Inspection:

- ☐ New System - Initial
- ☒ New System - Follow-up
- ☐ Existing System - Repair
- ☐ Existing System - Follow-up
- ☐ Loan Approval
- ☐ Consultation
- ☐ Other (Specify)

Remarks Lagoon construction, sizing etc meets current standards
Seed lagoon dike as soon as possible
If trees are a problem with the operation of the lagoon, trees within 100 feet will need to be removed

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."

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 ☒ 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)

Inspection by: Paul Drotzmann **Received by:** Kathleen M. Reese

Date: 7-8-98

Inspfrm Revised 5/95

ATTN: JERRY Hood

LINCOLN



BUILDING AND SAFETY | NEBRASKA'S CAPITAL CITY | MIKE JOHANNS, MAYOR

February 25, 1998

Mr. Gary Reese
Box 35
Roca NE 68516

Dear Mr. Reese,

This letter is in reference to your request for a logical street address for your property in Lancaster County. The Legal description given for your property is described as follows:

> A tract or land located in the NW 1/4 of Section 19, T7N, R8E of the 6th P.M., Lancaster County, Nebraska more particular described as follows, to wit:
> Considering the West line of the NW 1/4 of said Section 19 to bear S00°44'10"E and all other bearings used herein relative thereto:
> Beginning at the NW corner of the NW 1/4 of said Section 19; THENCE along the West line of the NW 1/4 of said Section 19 S00°44'10"E 679.40'; THENCE on a line perpendicular to the West line of the NW 1/4 N89°15'50"E 1320.14' to a point on the East line of the said NW 1/4; THENCE along the East line of the said NW 1/4 N00°02'56"W 636.62' to the NE corner of the NW 1/4 of said Section 19; THENCE along the North line of the NW 1/4 of said Section 19 N88°53'20"W 1328.47', to the POINT OF BEGINNING.

The information supplied indicated no street address has been used for this property.

Based on the location of the proposed dwelling on this property, a logical street address for this dwelling would be **11301 Princeton Road**. You may assume and use this street address for your dwelling.

This address is a logical street address within Lancaster County, as opposed to a mailing address with zip code. You may coordinate your mailing address, which includes the post office city or town and the zip code, with the post office in your area.

555 SOUTH 10th ST. • LINCOLN, NE 68508 402-441-7521 • FAX: 402-441-8214

MAY-29-1998 13:58 LINCOLN WINELECTRIC CO. 402 423 3878 P.01

Should you have any questions about this street address, please contact this department.

Sincerely,

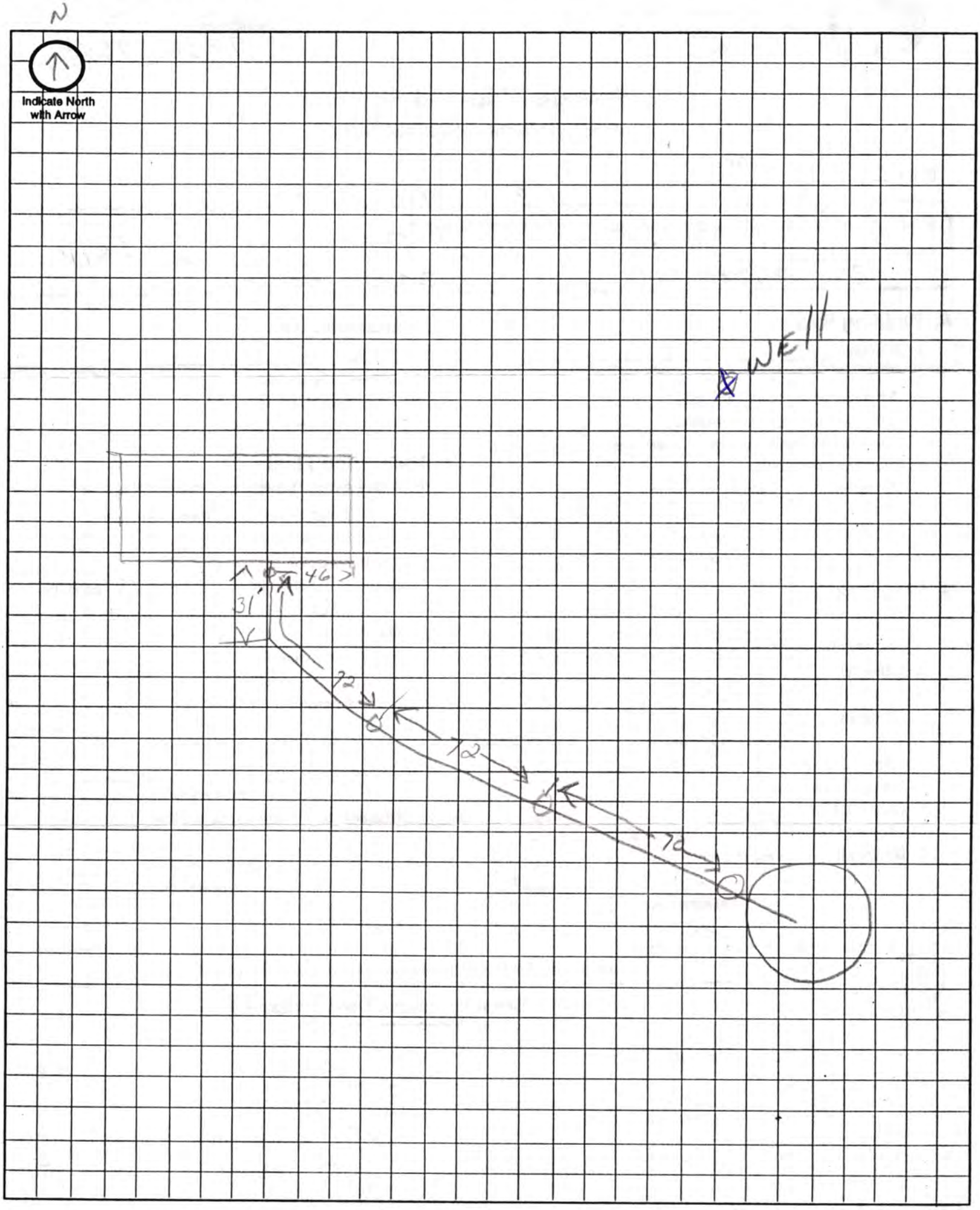
Rodger Harris

Rodger Harris
Zoning Coordinator

pc: CableVision
Peoples Natural Gas
County Assessor
Emergency Communications-911
Rural Electric System
Rural Water District
City Engineer, Records/Public Works
Aliant Communications
United States Post Office
Election Commission
Rural Fire Dept.
County Sheriff
Administration Staff, Building & Safety
File Copy

SIGCKMC/rh-Reese.ltr

As Built Drawing



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