# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 99380196101

Issued 04/06/99
Expires 10/06/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment
RICK LEE
T7N R8E SEC 23 QTR NE
17202 PRINCETON RD-PANAMA

TOTAL $150.00

nittee
RICK LEE
200 S 38 ST
LINCOLN NE 68510

Issued By Health Director
Lincoln-Lancaster County Health Department

009056

**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: 9937 01 96101

# 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 17202 PRINCETON ROAD (no rural route) City PANAMA NE, Zip NE 68419

Legal Description NE Quarter 23 7 North 8 EAST of the 6th P.M (See Attached)
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 Rick LEE Signature Rick Lee

Address 200 South 38th St City/State/Zip LINCOLN NE 68510

☐ Check if owner designed system Home Phone 402-477-0437 Work Phone 402-477-2701

### C. Contractor

Name GS Custom Homes Company Name GARY SHOFKOSKI

Address _____ City/State/Zip LINCOLN NE

☐ Check if contractor designed system Work Phone 730-7900

### 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 3/26/99 Date frwd 3/26/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Verify system is out of Flood plain Date rec'd 3-26-99 Date frwd 3-26-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Verify system is out of flood plain. Date rec'd 3/26/99 Date frwd 3/26/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By Jim Bone

Date 7-19-99

***Business Office Use Only***

Date Rec'd 03/25/99

Amt Paid 150

Rec'd By MS Cash/Check No. 1796

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

**Mailing Address:**

200 S 38th St
Lincoln NE 68510-0000

This Trust Deed and Assignment of Rents is made November 16, 1998, by and among the above named Trustor(s) and AgAmerica, FCB, "Trustee," whose mailing address is PO Box TAF-C5, Spokane, Washington 99220-4005, and Farm Credit Services of the Midlands, FLCA, "Beneficiary," whose mailing address is 206 S 19th Street, Omaha, NE 68102-1745 in consideration of the advance by Beneficiary to Trustor(s) of the principal sum specified below, the receipt of which is hereby acknowledged, and any future, additional, or protective advances made to or on behalf of Trustor(s) at Beneficiary's option, Trustor(s) irrevocably transfers, conveys and aassigns to Trustee, IN TRUST, WITH POWER OF SALE, for the benefit and security of Beneficiary, its successors and assigns, under and subject to the terms and conditions of this Trust Deed, the property, located in Lancaster County(ies), State of Nebraska, and described as follows:

That Part of the Northeast Quarter of Section 23, Township 7 North, Range 8 East of the 6th P.M., Lancaster County, Nebraska, More Particularly described as follows:

Beginning at the Southeast Corner of said Northeast Quarter; Thence on the South Line of said Quarter, on an assigned bearing of N 89 degrees 58'54" W 2344.38'; Thence Parallel to the West Line of said Quarter N 0 degrees 49'47" West 2615.99', To a point on the North Line of said Quarter; Thence on said North Line, N 89 degrees 44'31" East 2382.26', to the Northeast Corner of said Quarter; Thence on the East Line of said Quarter, S 0 degrees 00'00" West 2627.19', to the Point of Beginning.

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

**B**

Permit Number: 9938019G101

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 17202 Princeton (no rural route) City Bennet NE, Zip _____

Owner _____ Addresss _____

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) |
| | | | | | | | | | | | | | |
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### Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks Spoke to installer Gary Sheykowski and advised that sealing the lagoon with bentonite is recommended.

Signature of Reviewing Official _____ Date 7-29-99

FORM 23-101 10-96

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

D

Permit Number: 04938019G 101

# Sewage Disposal System

## As Built Plans & Specifications

Date 7-19-99

**System Location (Indicate correct number and street)**

Address 17202 Princeton (no rural route) City Omaha NE, Zip _____

## 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: – ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line – ft.
   stream – ft.
   pressure line _____ ft.
   property line – 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

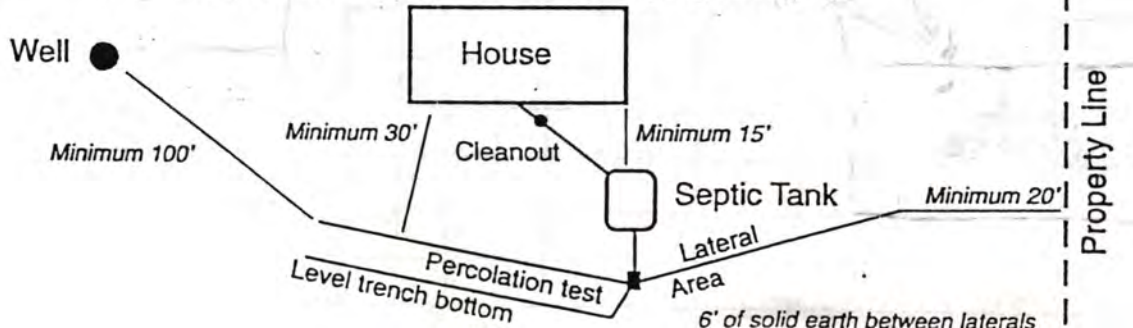
*(Provide as-built drawings on back of this form)*

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.

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

Indicate North with Arrow

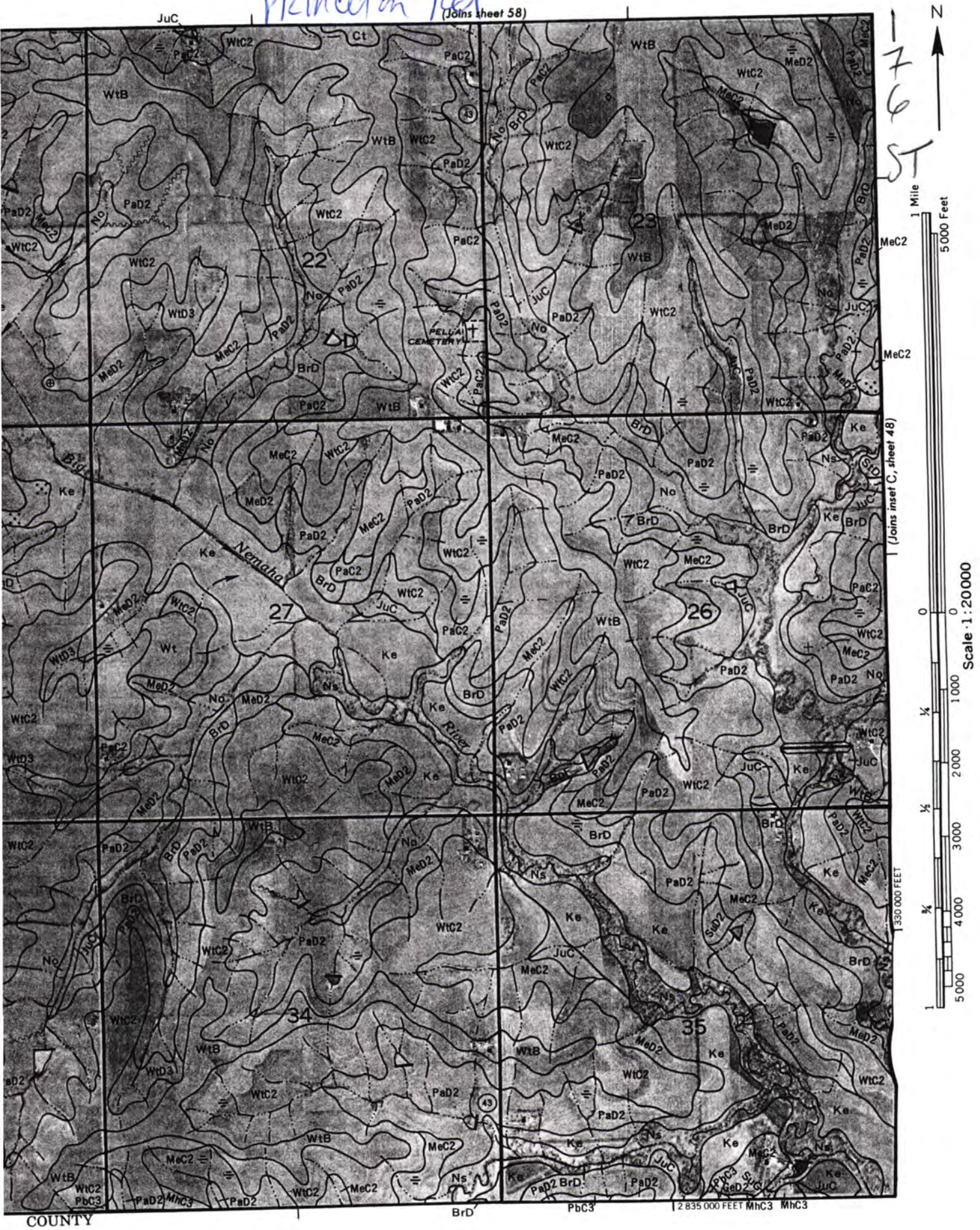
### Individual Sewage System Design (Example)



— SHEET NUMBER 63

Princeton Rd

63



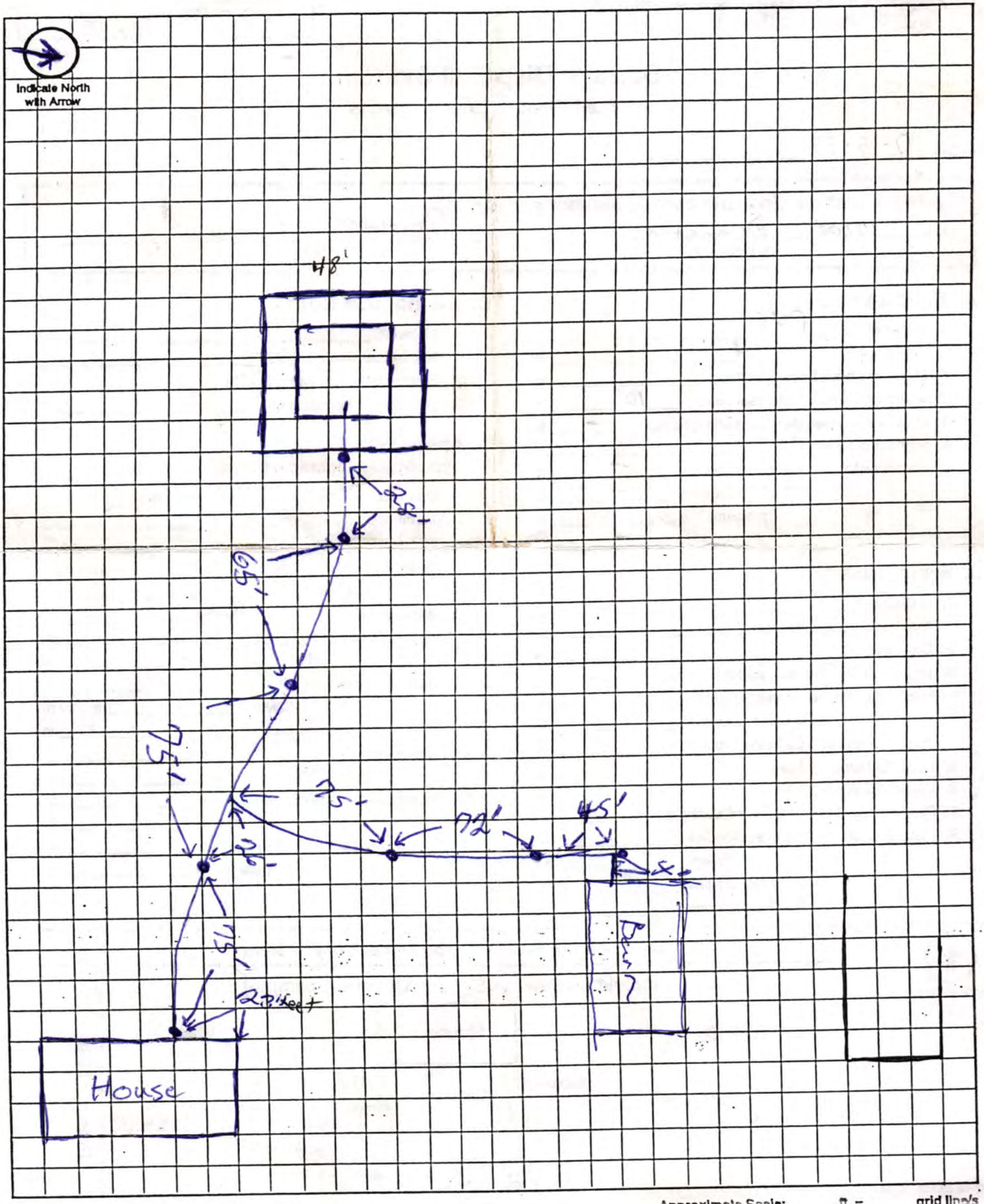

COUNTY

Depth marker
Fence

17202 Princeton (172nd + Princeton
Rt 1 Adams

142 Acres

# As Built Drawing




Approximate Scale: 1" = grid lines