Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

JUSTIN KORVER
T7N R8E SEC 26 QTR NE
N1/2OFE1/2OFNE1/4
26891 S 176 ST-ADAMS

Permitee

JUSTIN KORVER
RR0001
BOX 000093B
ADAMS NE 68301

Permit # 99380206201

Issued 08/18/99
Expires 02/18/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010883

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

A

Permit Number: 9938 02062

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

500 ft. from intersection?

☐ 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 26891 S 176th (no rural route) City Adams NE, Zip 68301

Legal Description NE 26 7N 8E
N½ E½ NE¼ (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 Justin Korver Signature Justin Korver

Address RR 1 Box 93B City/State/Zip Adams NE 68301

☐ Check if owner designed system Home Phone 788-2788 Work Phone _____

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 2 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 8/17/99 Date frwd 8/18/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/26/99 Date frwd 10/26/99 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/26/99 Date frwd 8/26/99 ACTION ☒ Approved ☐ Disapproved Signature _____

* Verify system is out of flood plain. 8-18-99 mm need

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/17/99
Amt Paid 150.00
Rec'd By LS Cash/Check No. 76-953/1049

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

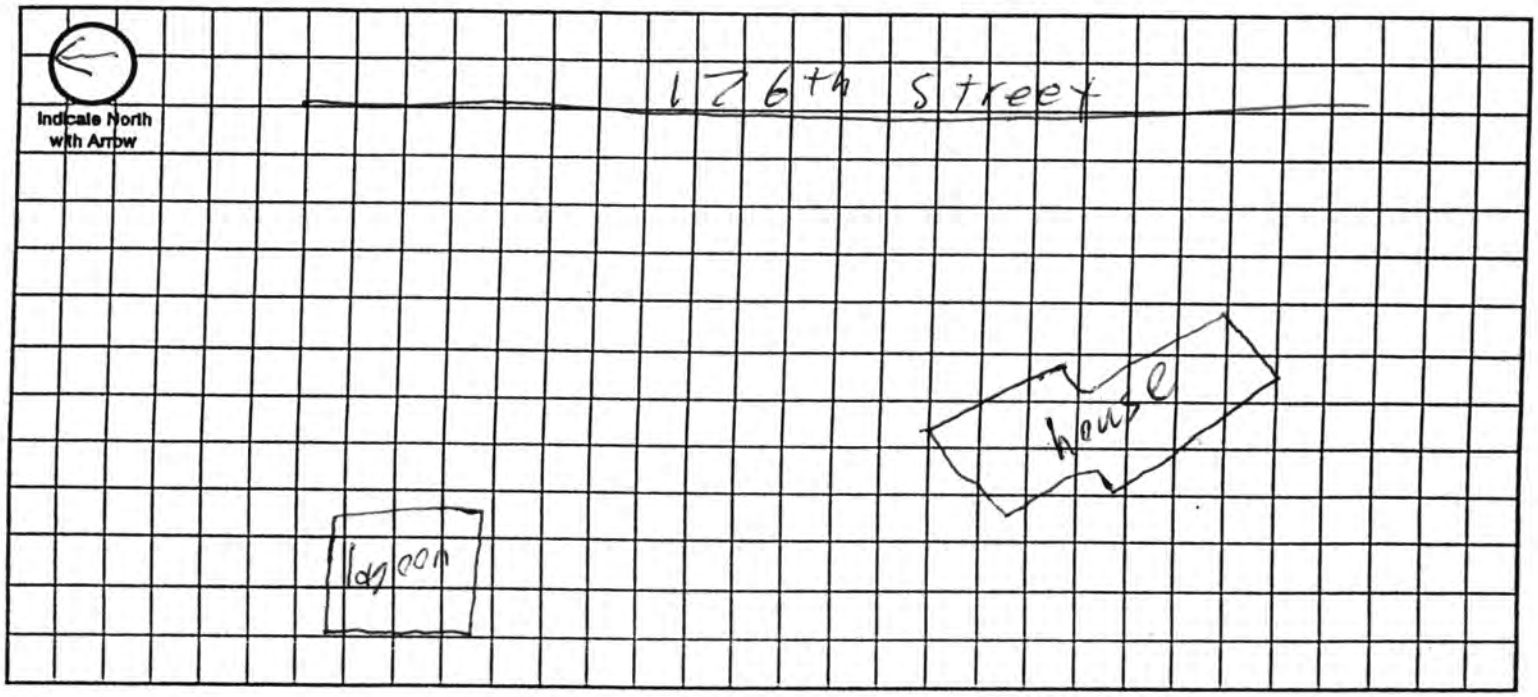
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938020062

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 Lagoon (Must be sealed)

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: STEINUER 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

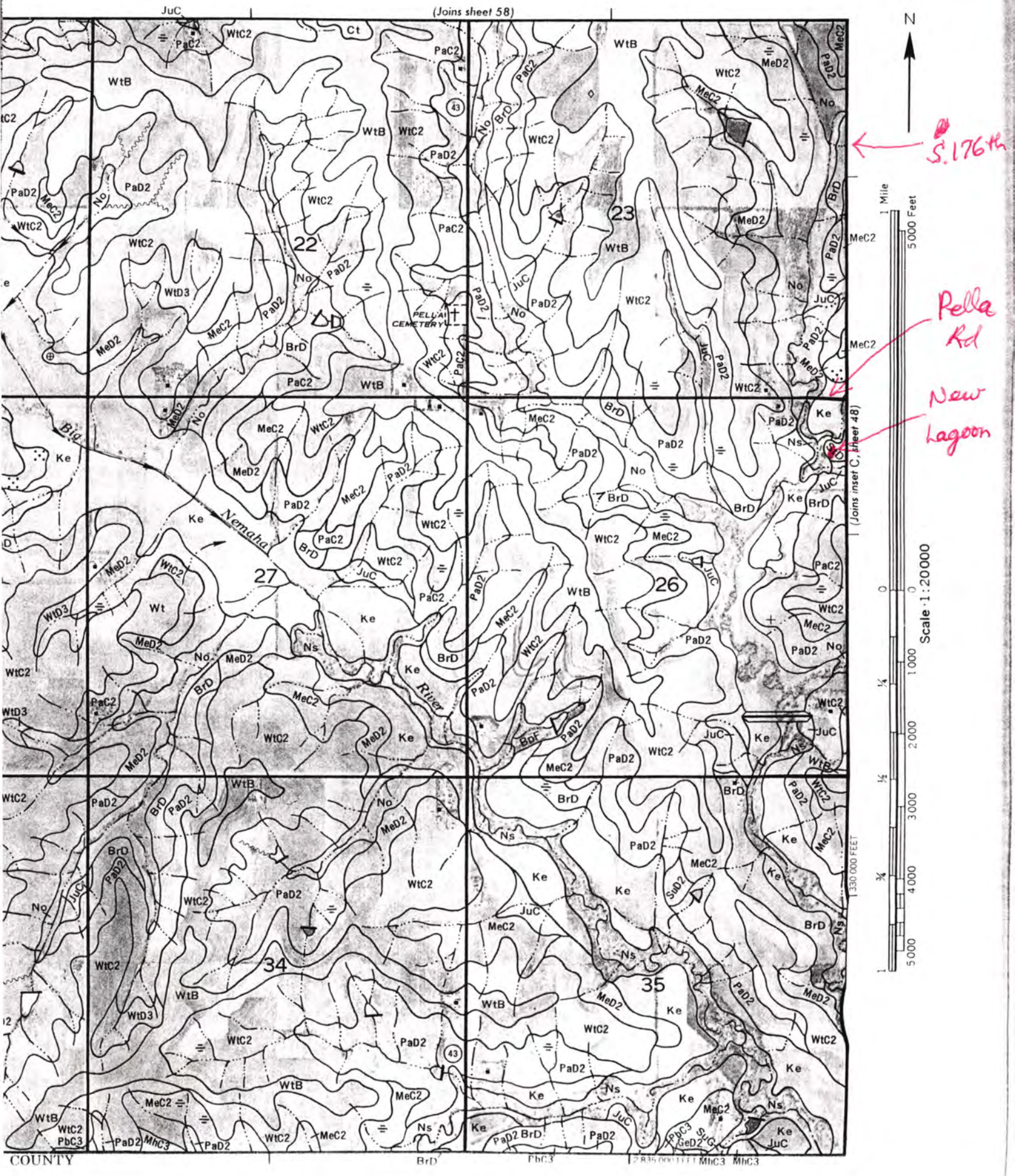
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Just Kon Date _____

Installer Just Kon Date _____

FORM 23-102 10-96


63
N
S.176th
Pella Rd
New Lagoon
(Joins sheet 58)
(Joins inset C, sheet 48)
Nemaha River
PELLA CEMETERY
22
23
26
27
34
35
1 Mile
5000 Feet
Scale 1:20000
330 000 FEET
COUNTY


PELLA RD
2643.5
N 1/2, NE 1/4
80.0 Ac.
Reference Point
at base of power pole
15.7
(just outside
floodplain)
center of Rd.
1707.83 ft
(13ft lower
than Reference
Point
28.5ft
water table
Lagoon dike
14.5
(1'6" above100yr)
166.9 ft
House
115ft
Approx. 200 ft.
Basement
floor
(11.95)
Drainage Creek
HWL
S 179TH ST