Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006401

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380297601

Issued 03/10/05
Expires 09/10/05
Revenue Code 3157

Establishment: MIKE & CHERYL WIEMER
T8N R5E SEC 17
SW 114TH & ROCA RD

FEES: $200.00

Permittee: MIKE & CHERYL WIEMER
2211 W TODD LN
LINCOLN NE 68528

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: 05380297601

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 SW 114th & Roca Rd (no rural route) City Lincoln NE, Zip 6

Legal Description 17 (1/4) 8 N (1/4) 5 East of the 6th P.M. (Section, Township, Range) SEE ATTACHED (Subdivision) Pt. of Lot 37 I.T. (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 Mike & Cheryl Wiemer Signature _____

Address 2211 W Todd Ln City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone 438-0829 Work Phone 480-3979

C. Contractor

Name United Plumbing & Mechanical Company Name Mike Wiemer

Address 2211 W Todd Ln City/State/Zip Lincoln NE 68528

☐ Check if contractor designed system Work Phone 438-0829

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

Designer Name Paul Weber Firm Weber Wells 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 3/10/05 Date frwd 3/11/05	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/19/05 Date frwd 7/19/05	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 3/11/05 Date frwd 3/11/05	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Smith

Date 9/15/05

Business Office Use Only

Date Rec'd 3/10/05

Amt Paid 200.00

Rec'd By CW Cash/Check No. 7265

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

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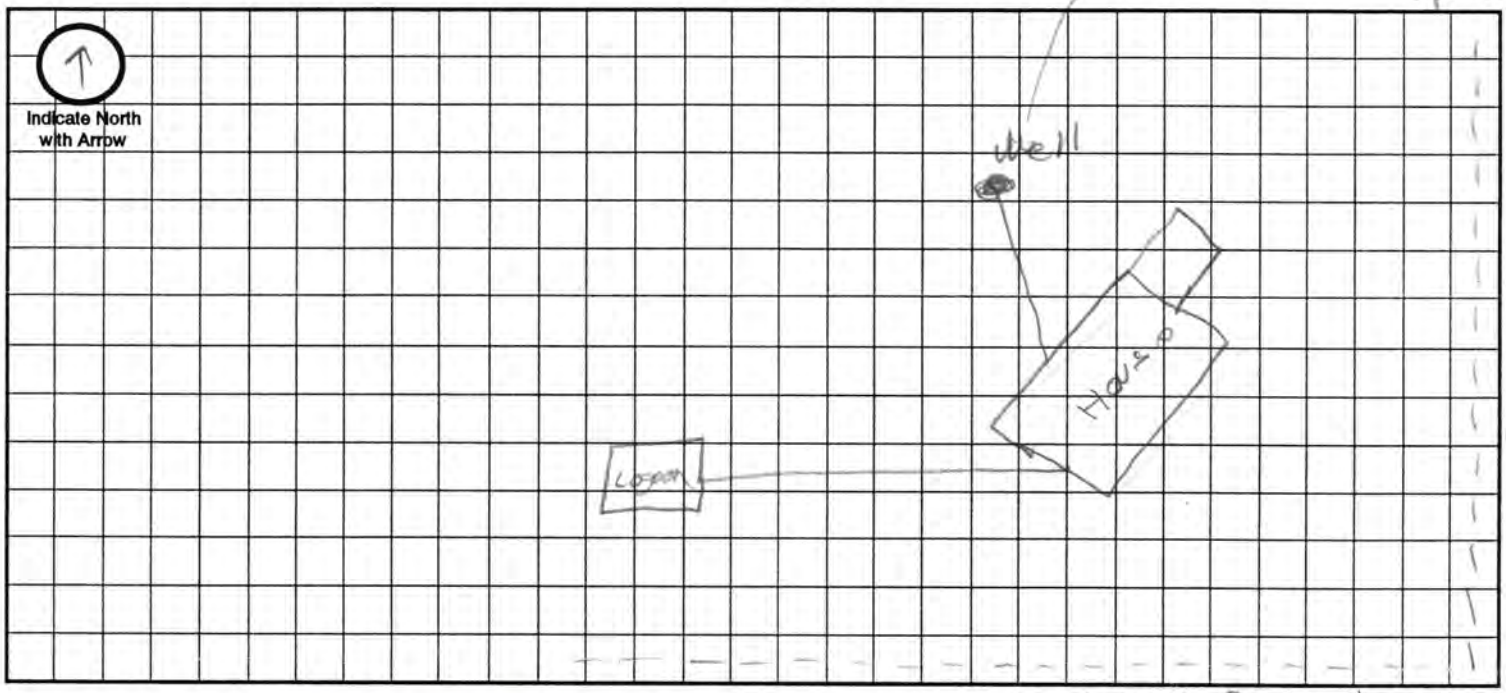
C

Permit Number: 053802976

Sewage Disposal System
Preliminary Plan Specifications

Well casing already on property. House will be started in April.

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) SW 114th + Roca Rd 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 _____

Installer X Paul Weber - Weber Well Date 3-7-05
(Paul Weber)

FORM 23-102 10-96

Exhibit "A"

A portion of Lot 37, Irregular Tract located in the Southeast Quarter of Section 17, Township 8 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska and more particularly described as follows: Referring to the Southeast corner of the Southeast Quarter of said Section 17; thence in a Northerly direction, along East line oF the Southeast Quarter of said Section 17, on an assumed bearing of N00°24'51"W for a distance of 895.91 feet to the Point of Beginning; thence N90°00'00"W for a distance of 1187.95; thence N00°00'00"E for a distance of 655.93 feet; thence N90°00'00"E for a distance of 49.71 feet; thence N00°00'00"E for a distance of 82.93 feet; thence N90°00'00"E for a distance of 1132.90 feet to a point on the East line of the Southeast Quarter of said Section 17; thence S00°24'51"E, along the East line of the Southeast Quarter of said Section 17, for a distance of 738.88 feet to the Point of Beginning.