LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380123401

Issued 10/12/94
Expires 04/12/95
Revenue Code 18754

Establishment
TIM REETZ
T8N R5E SEC 22 QTR NW
RR 1 BOX 226

FEES: $150.00

TOTAL $150.00

Permittee
TIM REETZ
RR0001
BOX 0226A
CRETE NE 68333

Issued By M. Jane Ford
Health Director

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

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

RECEIVED SEP 14

A

FILING FEE: $_____

FILE NO._____

DATE: 9-12-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 5E ; Section 22 ; N½ NW¼
   Block_____: Lot_____: Addition 21 ACRES
   Street Address_____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 2 . Describe Rural

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Distance to public sewer: _____ft.

Tim A Reetz
Signature of Applicant (Owner or Lessee)

R+1 Box 226A Crete, Ne. 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/12/94. Date Frwd. 10/12/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/25/96. Date Frwd. 9/25/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 10/12/94. Date Frwd._____. ACTION: Approved ☐ Disapproved ☐ Signature:

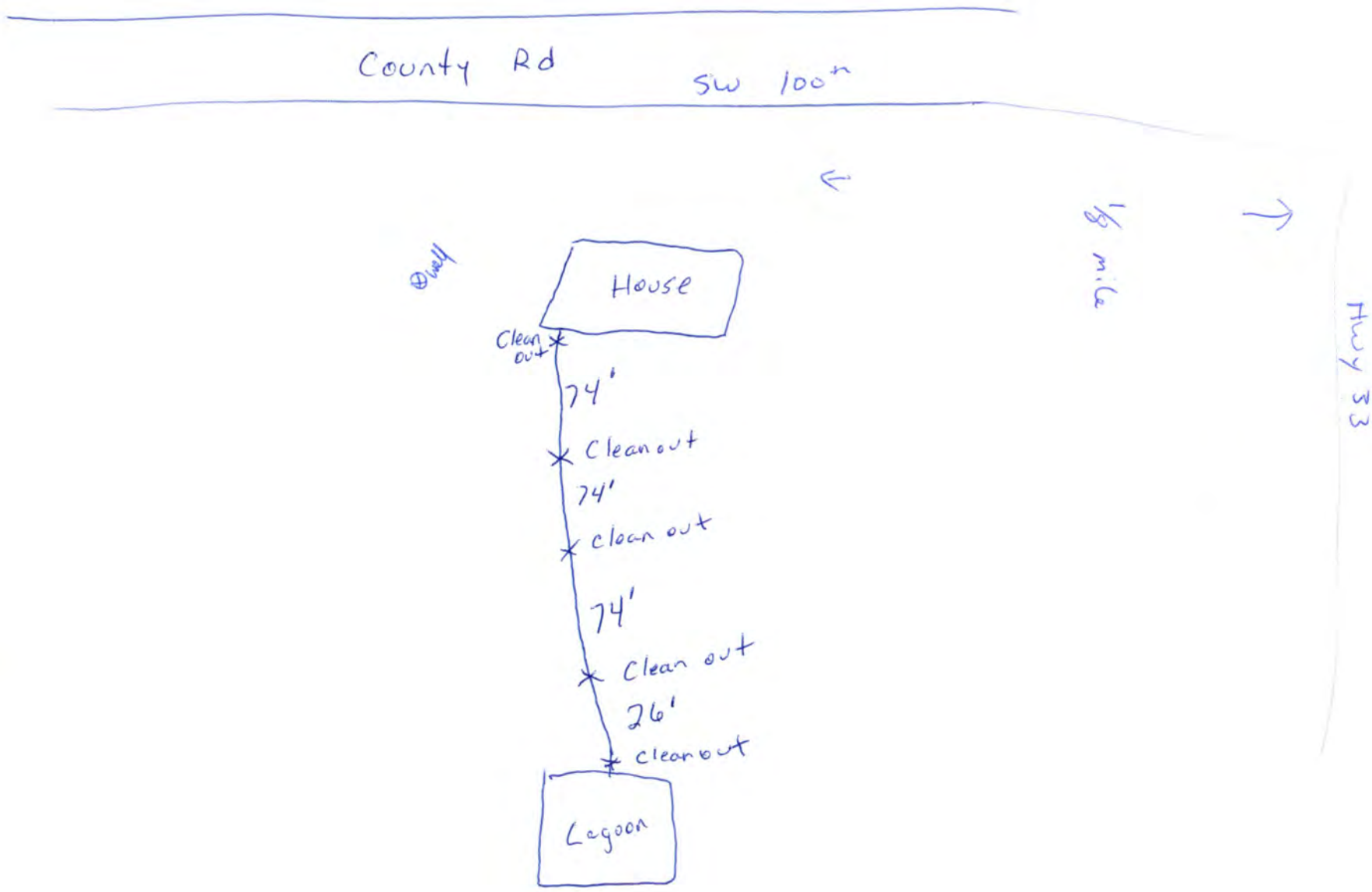
REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-3-94 by: PD
Date: 9-11-96 by: P.D
Date: 9-20-96 by: P.D.
9-24-96 P.D.

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-25-96 By: Paul Hohmann

FORM 23-43


County Rd
SW 100th
Well
House
Clean out
74'
Clean out
74'
clean out
74'
Clean out
26'
clean out
Lagoon
1/8 mi
Hwy 33

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 11/3/94

FILE NO. _____

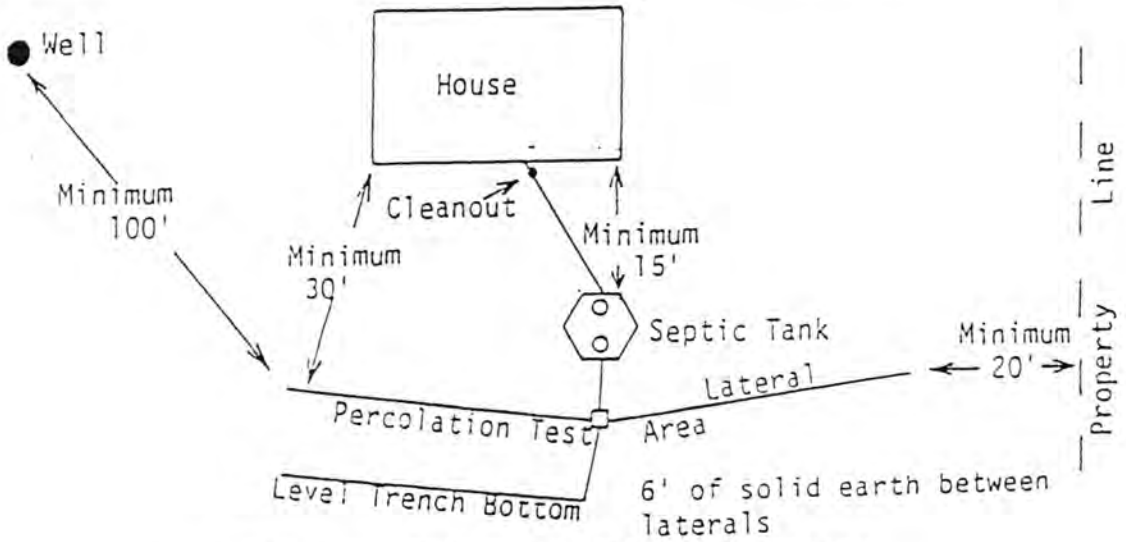
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C SDR 26; Diameter 4 in.
2. Distance above basement floor ~~8'~~ in., or below basement floor 8'8" in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 5.
5. Distances to:
Well or Suction Line 75' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished 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 ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN