Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006397

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380297501

Issued 03/08/05
Expires 09/08/05
Revenue Code 3157

Establishment:
RAY & LAURIE PAULSEN
T8N R5E SEC 29 QTR NE
S 1/2 OF NE 1/4 LOT 2IT
17979 SW 114 ST-CRETE

FEES: $200.00

Permittee:
RAY & LAURIE PAULSEN
2339 WESTWOOD DR
CRETE NE 68333

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: 05380297501

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 17979 SW 114th Street (no rural route) City Crete NE, Zip 68333

Legal Description South½ NE 29 8N 5E SEE ATTACHED ~~A.T.~~
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 Ray + Laurie Paulsen Signature Ray & Laurie Paulsen

Address 2339 Westwood Dr City/State/Zip Crete NE 68333

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Kenneth KReshel Company Name KReshel Const.

Address 1653 CR 2200 City/State/Zip WILBER Ne 68465

☒ Check if contractor designed system Work Phone 402 821 2093 Cell - 821-7310

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 Downsizing as per phone call from Ken Kreshel 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 3/8/05 Date frwd 3/9/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/10/05 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/9/05 Date frwd 3/9/05 ACTION ☒ Approved ☐ Disapproved Signature _____

5/13/05 Have a lagoon — need fence D6

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 18, 2005

Business Office Use Only

Date Rec'd 03/08/05
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 3565

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

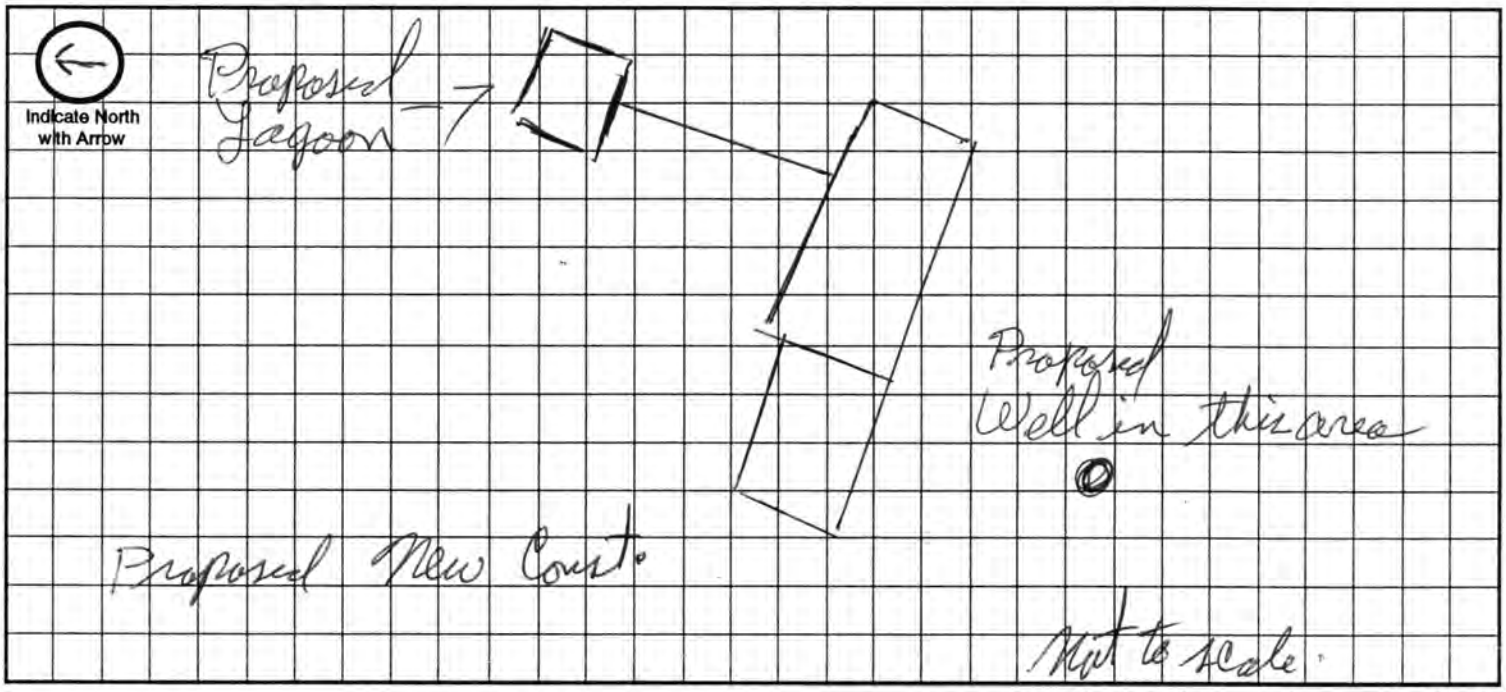
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C

Permit Number:

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 _____

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 Ray L Pauley Date 3/8/05

Installer Kent A Neely Date 3-8-05

FORM 23-102 10-96