# 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. 97380159101

Issued 06/11/97
Expires 12/11/97
Revenue Code 18754

Establishment
DOUGLAS NITZEL
T8N R5E SEC 33
10401 W SPRAUGE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DOUGLAS NITZEL
RR0001
BOX 0110C
CRETE NE 68333

4824

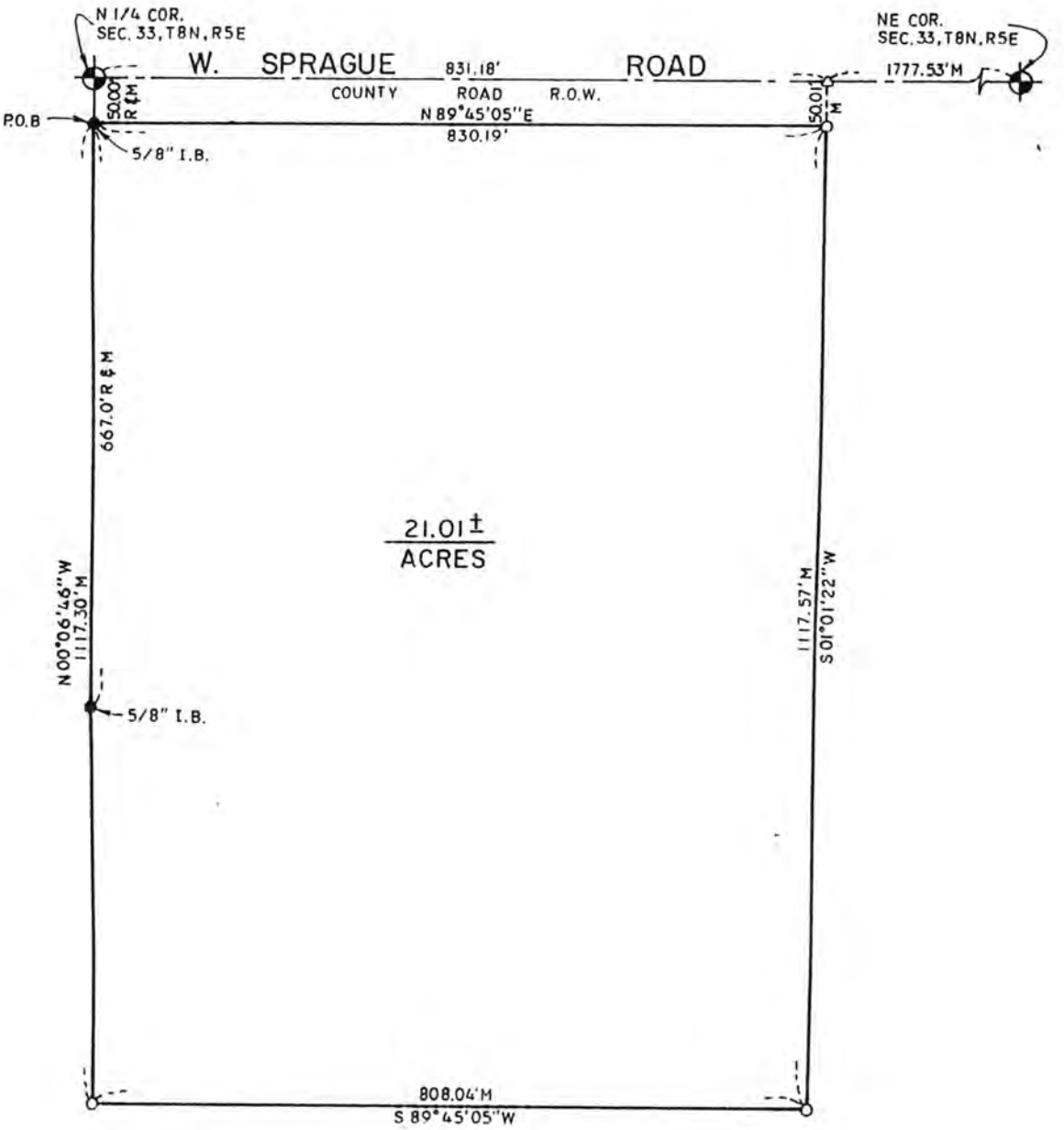
Issued By M. Jane Ford
Health Director

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

# Survey Record

PREPARED BY
**L & S SURVEYING**
R.R.1 BOX 254 CRETE, NE 68333
(402) 826-3876

SCALE: 1" = 200'




NEBRASKA REGISTERED

SURVEYOR'S CERTIFICATE

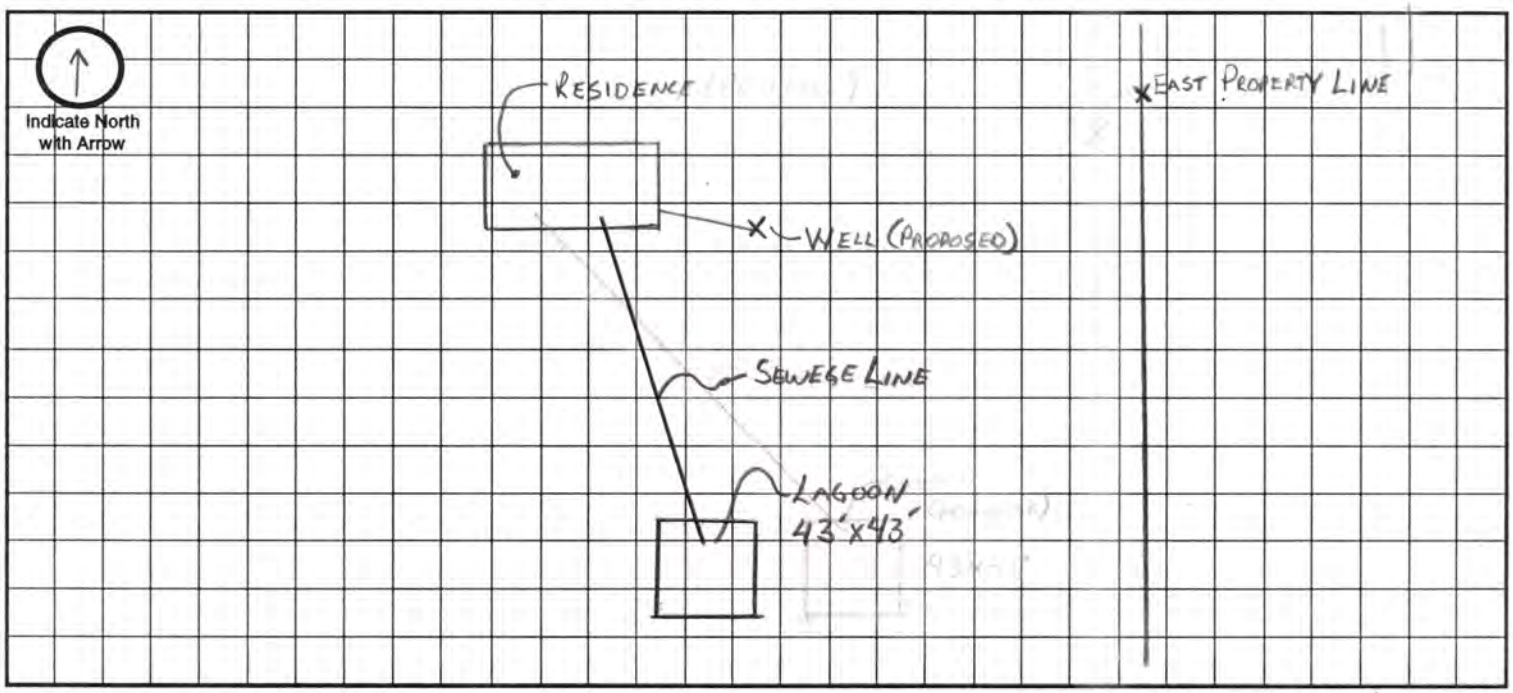
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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:** 20 ft. = 1 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 Douglas D. Hutt Date 5/15/97

Installer Douglas D. Hutt Date _____

**Lincoln-Lancaster County Health Department**
Environmental Health Division
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Phone: 402-441-8022

**A**

Permit Number:

# 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 10401 W. Sprague Road (no rural route) City Crete NE, Zip 68333

Legal Description SEE ATTACHED
NE 1/4 of Section 33, T8N, R5E of the 6th P.M., Lancaster Cty, NE
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 Douglas D. Nitzel Signature Douglas D. Nitzel

Address RR #1, Box 110C City/State/Zip Crete, NE 68333

☒ Check if owner designed system Home Phone 402-826-5122 Work Phone 402-465-7098

### 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 3 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 6/10/97 Date frwd 6/10/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hoerd
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/10/97 Date frwd 6/10/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/10/97 Date frwd 6/10/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

10/2/97 GH. Reed fence + drawing

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only*** 3187

Date Rec'd 6/10/97

Amt Paid 150 ⁰⁰

Rec'd By _____ ~~Cash~~/Check No. 0610

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