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. 94380124901

Issued 11/16/94
Expires 05/16/95
Revenue Code 18754

Establishment
JIM WAY
T8N R6E SEC 2
WILDERNESS 1ST ADD BLK 3 LOT 4
11701 S 2 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JIM WAY
113 W SAUNDERS AV
LINCOLN NE 68521

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"

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

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. T 8 N ; Range R 6 E ; Section N½ of NW¼ of 2
   Block 3 : Lot 4 : Addition WILDERNESS PARK 1ST ADDITION
   Street Address 11701 S 27th St

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: _____ ft.

Jon W Wolf
Signature of Applicant (Owner or Lessee)

113 W Saunders Ave
Address LINCOLN NE 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/15/94 . Date Frwd. 11/16/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Donald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/16/94 . Date Frwd. 11/16/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Dale F. Hill

3. City or County Engineer: Date Rec'd. 11/16/94 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Thomas Maxwell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/5/94 by: D.C.H. short portion of sewer line
Date: 2-23-95 by: P.D. pipe into lagoon area
Date: 1-14-02 by: PD Needs 'D' sheet

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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

A

Permit Number: BC990111

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 11701 S 2nd St. (no rural route) City Roca NE, Zip 68430

Legal Description 2 8N 6E Wilderness Park Estates 1st Add 3 4
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 Jim Way Signature _____

Address Same City/State/Zip _____

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

C. Contractor

Name X 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 X Firm _____ Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ 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** Permit # BC990111 Original permit issued in 1999 - Unable to locate file
   Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** On-site visit indicates older lagoon in operable condition
   Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer**
   Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Mych

Date 1/23/02

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

JAN 1 6 2002

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-14-02

System Location (Indicate correct number and street)

Address 11701 S. 2nd ST. (no rural route) City ROCA NE, Zip 68430

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48" in.
3. Distance between dwelling and septic tank: 280 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 330 ft.
   stream 100 ft.
   pressure line _____ ft.
   property line 170 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

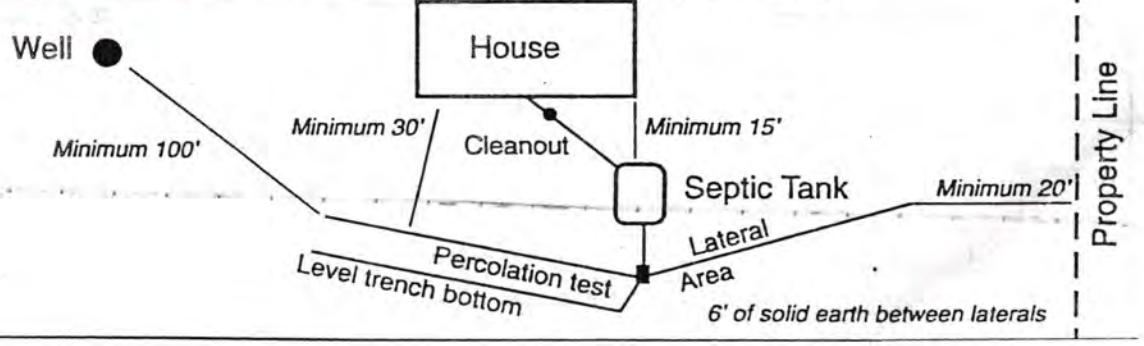
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Complete "As Built" drawing on back of this form.

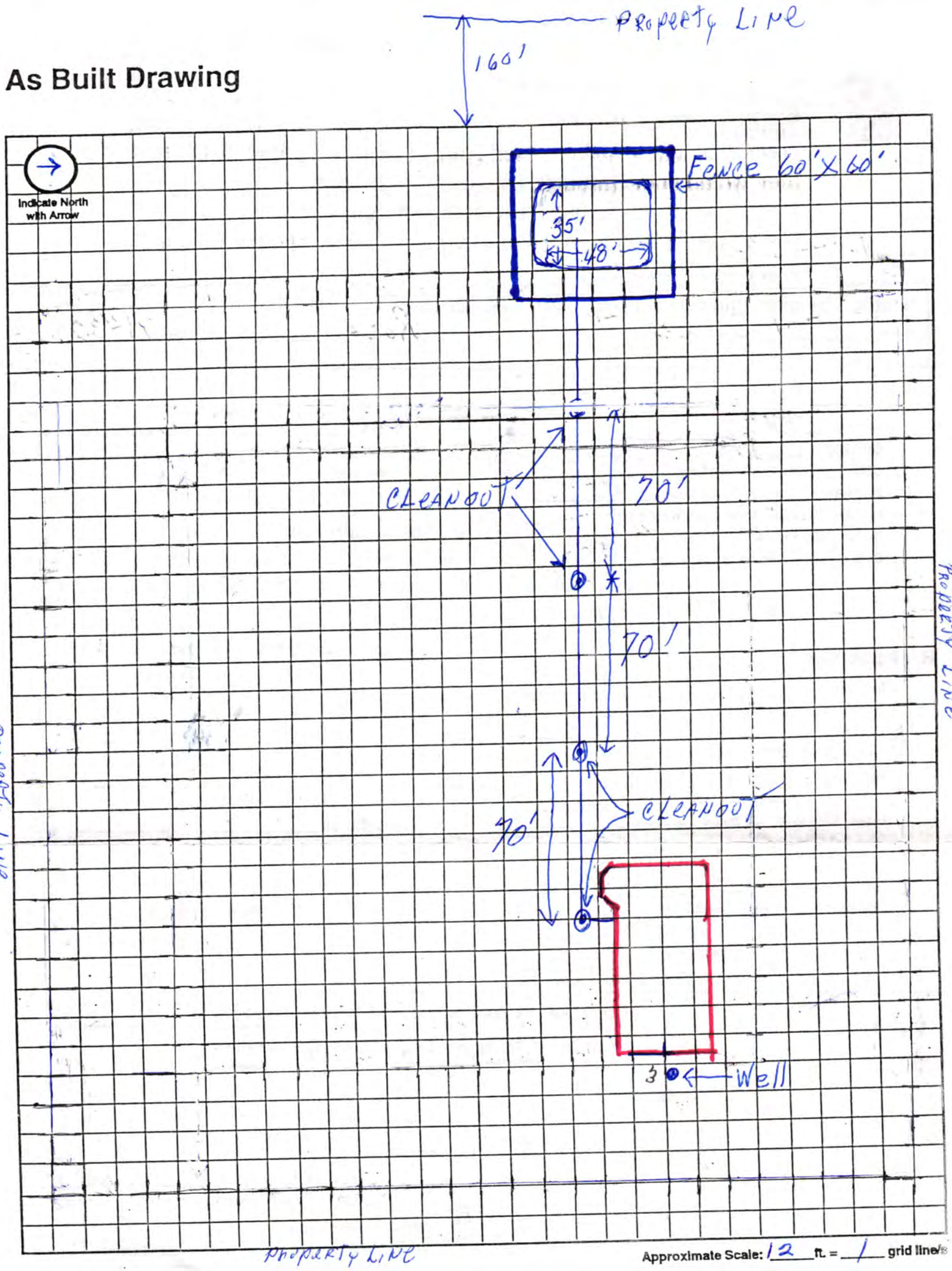
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 12 ft. = 1 grid line