# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003200

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380274201

Issued 11/03/03
Expires 05/03/04
Revenue Code 3157

Establishment: TED A LARSON
T8N R6E SEC 17 QTR NW
N 1/2 OF NW 1/4 LOT 16IT

FEES: $200.00

Permittee: TED A LARSON
3190 SHERIDAN BLVD
LINCOLN NE 68502-5233

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
NOV 0 3 2003

**A**

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

Permit Number: 03380274201

# 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 _____ City _____ NE, Zip _____

(no rural route)

Legal Description North ½ of NW 17 8N 6E 16 II.
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 Ted Larson Signature _____

Address 3190 Sheridan Blvd City/State/Zip Lincoln, NE 68502-5233

☐ Check if owner designed system Home Phone 402-483-4048 Work Phone 402-436-1306

## C. Contractor

Name Mike Rezac Company Name Rezac Const.

Address 140 N 1st City/State/Zip Lincoln 68508

☐ Check if contractor designed system Work Phone 477-8844

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

Designer Name _____ Firm Vogt. Excavating Work Phone 580-4267

## E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 11/3/03 Date frwd 11/4/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/4/03 Date frwd 11/4/03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-4-03 Date frwd 11-4-03 ACTION ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

6/17 Partial on line 06 6/23 Lagoon + drains & Need fence

By Doug Smith

Date 9/23/04

**Business Office Use Only**

Date Rec'd 11/03/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 5990

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

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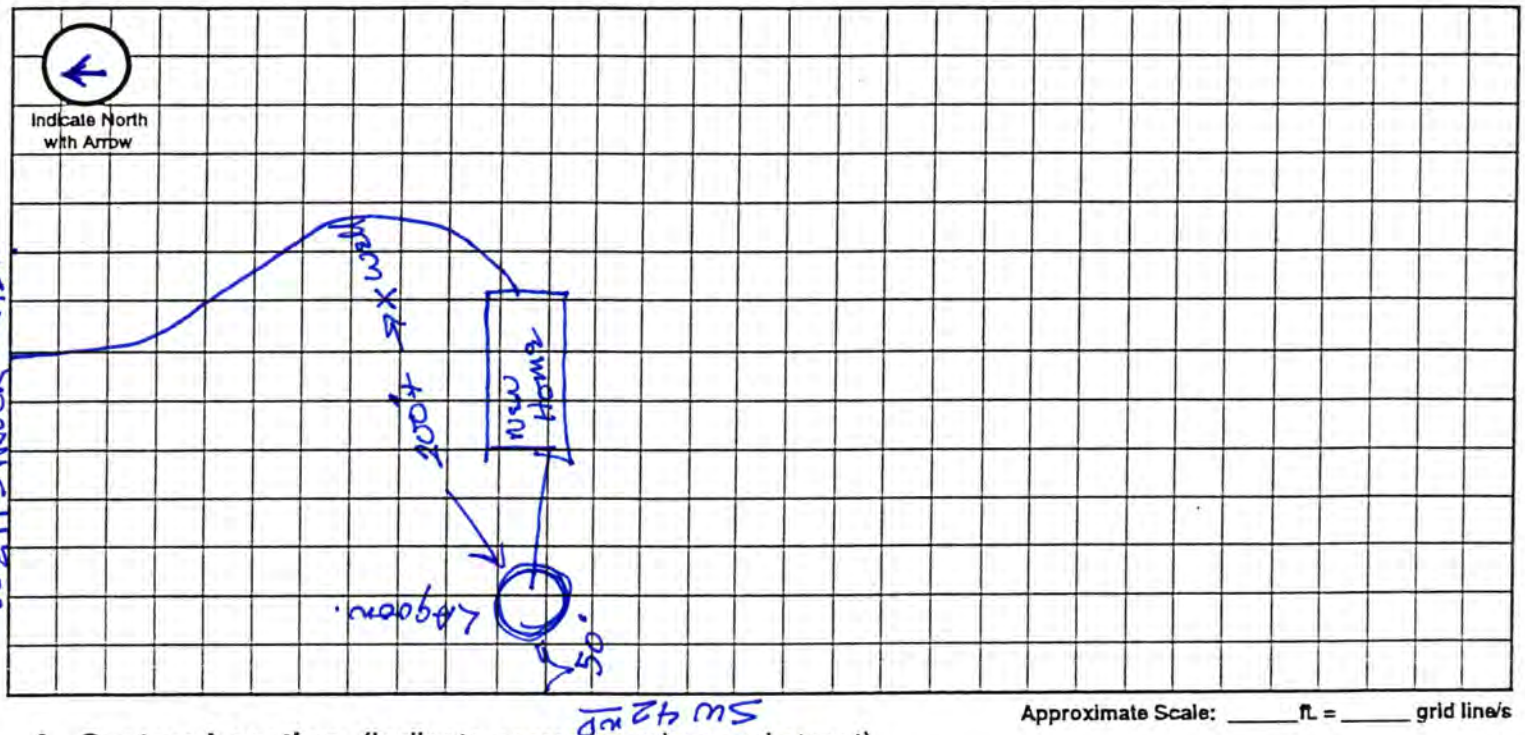
C

Permit Number: 033802742

# 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.




## 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

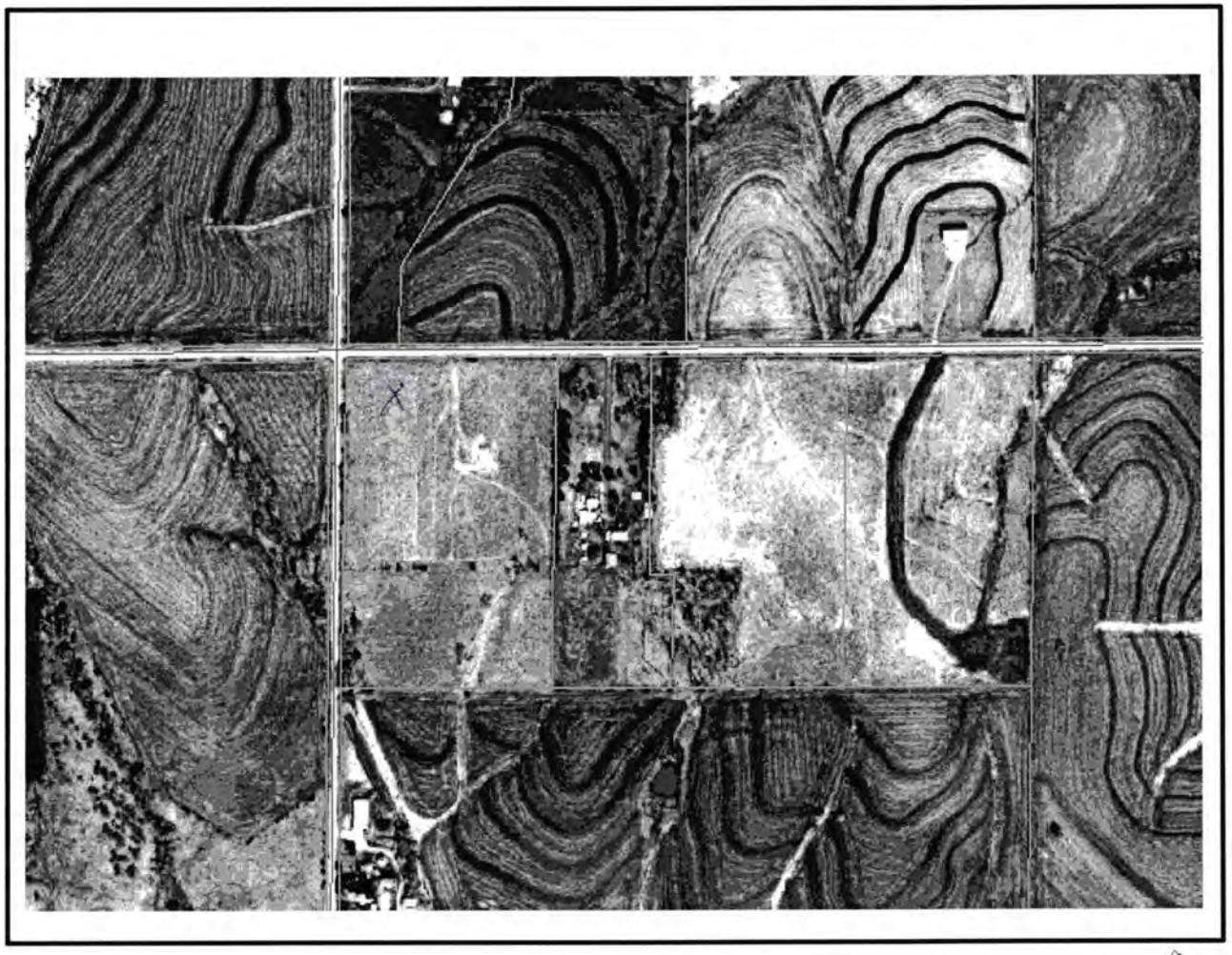
Home Building Contractor _____ Date 11/3/03

Installer _____ Date 11/3/03

FORM 23-102 10-96

ESRI ArcExplorer 2.0

# Map Title



streets
Parcels
flood1

N

Monday, Nov 3 2003

Field Notes

4055 N. Wittstruck

