Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380206101

Issued 08/18/99
Expires 02/18/00
Revenue Code 3157

Establishment

TOM J ARTZ
T8N R6E SEC 19 QTR SW
SE1/4OFSE1/4OFSW1/4 LOT 1OIT

FEES: $150.00

Permitee

TOM J ARTZ
4215 W BUCKS DR
LINCOLN NE 68523

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010857

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

A

Permit Number: 993802061

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

7/25 5000 W. MARTELL Rd SEE "D" STREET file

☐ 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 5200 W Martell Rd (no rural route) City _____ NE, Zip _____

Legal Description S.E 1/4 S.E 1/4 S.W 1/4 Section SEC. 19 Township Town. 8 NO. Range Range 6 East of the 6th p.m Subdivision Lancaster Co. Addition _____ Block _____ Lot 10 I.T.

Geographical Location (if known): Longitude _____ Latitude _____

☒ Same Check if system mail address is not the same as the owner's address

B. Owner

Name Tommy J. Artz Signature Tommy J. Artz

Address 4215 W. Bucks City/State/Zip Lincoln NE. 68523

☐ Check if owner designed system Home Phone 432-1418 Work Phone 797-8200

C. Contractor

Name Tom Artz Company Name ARTZ & Sons Const.

Address 4215 W. Bucks City/State/Zip Lincoln NEB. 68523

☐ Check if contractor designed system Work Phone 797-8200

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

Designer Name Larry Schwarch Firm Schwarch Trench Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 5/3/99 Date frwd 5/3/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8-18-99 Date frwd 8-18-99	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 5/3/99 Date frwd 5/3/99	ACTION ☒ Approved ☐ Disapproved Signature _____	

10-26-99 Trim, mow, ditching + Seed (K)

Installation Final Written Approval

By Jerrold C. Wood R.E. & L.S.

Date FEBRUARY 10, 2000

Business Office Use Only

Date Rec'd 05/03/99

Amt Paid 150 cc

Rec'd By _____ ~~Cash~~/Check No. 6602

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

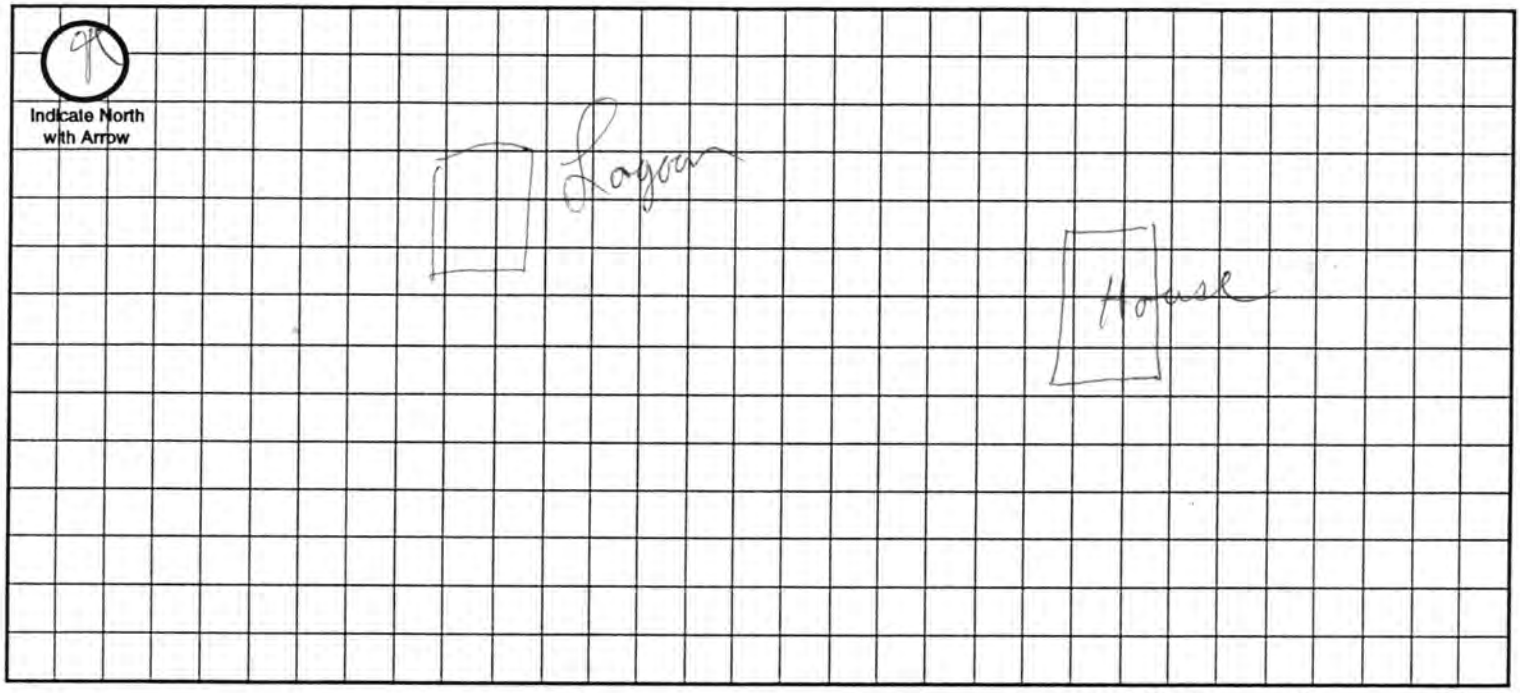
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 9938020 61

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) 5000 W Martell Rd 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 _____

Installer Larry Schwanck Date 10-14-99

FORM 23-102 10-96

NOV 3 1999

D

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

Permit Number: 993802061

Sewage Disposal System

As Built Plans & Specifications

Date 10-27-99

System Location (Indicate correct number and street)

Address 5000 W Mantell Rd (no rural route) City Logan NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Logan in.
3. Distance between dwelling and septic tank: 348 ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

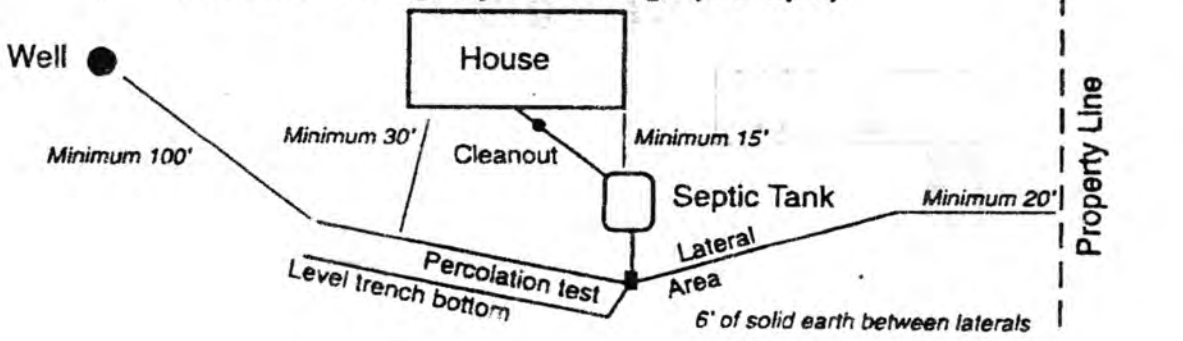
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



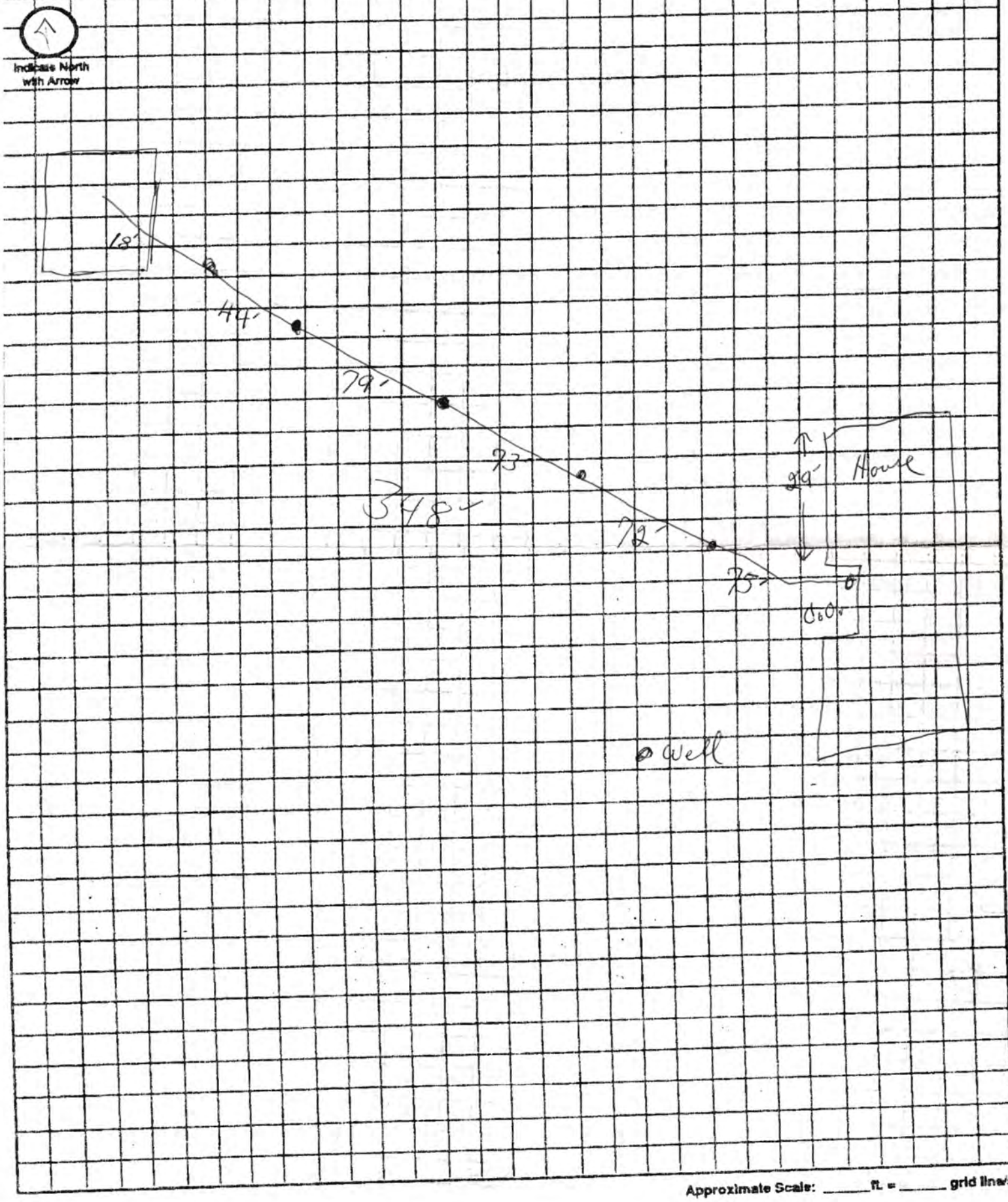
FORM 23-103 10-96

19-8-6 9938020 61

As Built Drawing

by Larry Schwarck
10-27-99
for Tom Artz

5000 W Mantell Rd.



Approximate Scale: _____ ft. = _____ grid lines