Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007792

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380303201

Issued 05/27/05
Expires 05/27/06
Revenue Code 3157

Establishment: JOHN WALSH
T8N R7E SEC 16 QTR SE
PRESERVE @ CROSS CRK BLK 3 LOT 4
15501 S 67 ST-ROCA

FEES: $200.00

Permittee: JOHN WALSH
5400 S 73 ST
LINCOLN NE 68516

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: 05380303201

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 15501 S. 67th St (no rural route) City Roca NE, Zip 68430

Legal Description SE 16 8N 7E The Preserve at Cross Creek 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 John Walsh Signature _____

Address 5400 S. 73rd St City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-486-1535 Work Phone _____

C. Contractor

Name Sam Manzitto, Jr Company Name Manzitto Brothers

Address 3341 Pioneers Blvd City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

Designer Name Lloyd Jakoubek Firm Raymond Construction, Inc. Work Phone 402-890-6009

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 5/27/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/1/05 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-27-05 Date frwd 5-27-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

No building in flood plain
8/29/05 Need fence, ~~security~~ etc. J.C.W.

Installation Final Written Approval

By _____

Date 1/29/07

Business Office Use Only
Date Rec'd 05/27/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5768

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

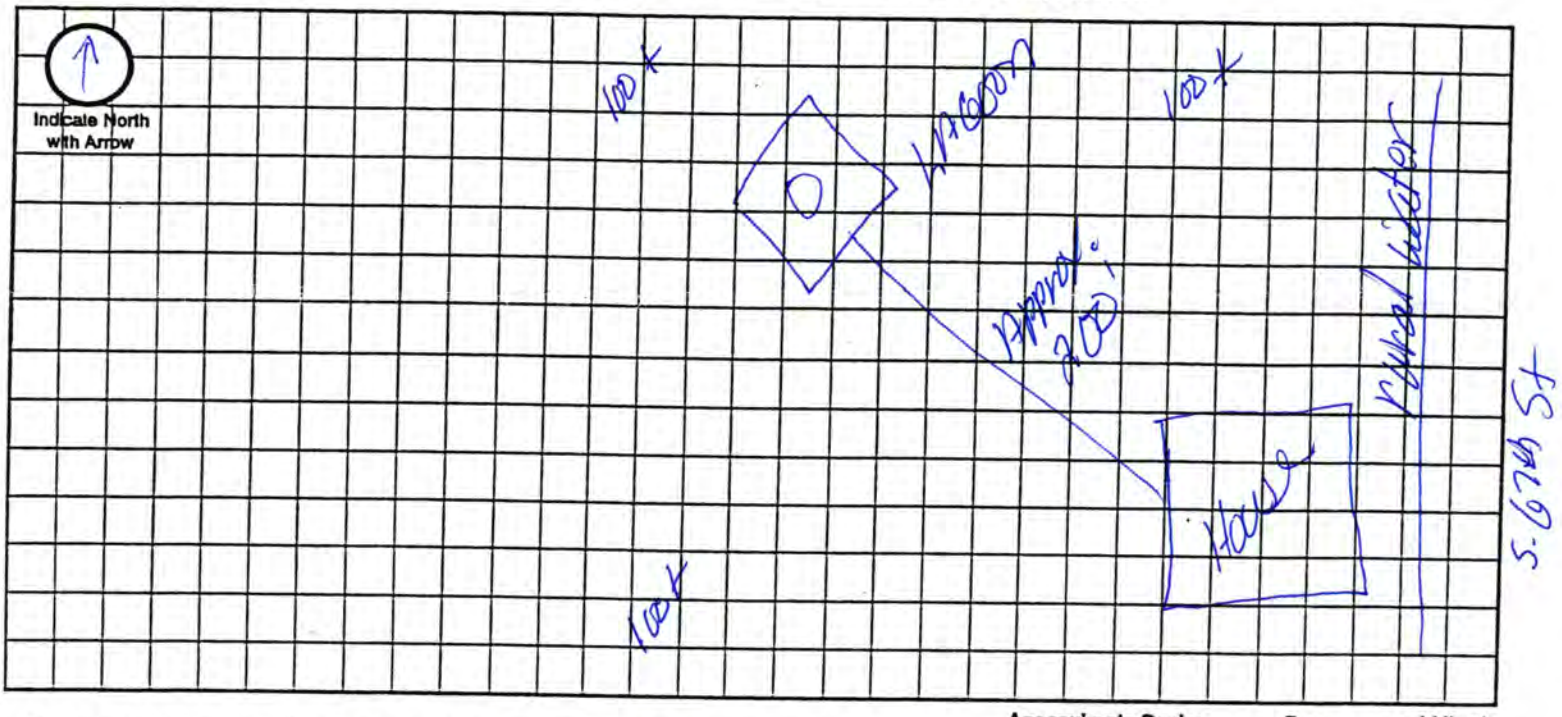
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803032

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) 15501 S. 67th St City ROCA NE, Zip 68430

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 5-23-05

Installer _____ Date 5-19-05

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-29-05

Walsh - LAGOON

System Location (Indicate correct number and street)

Address 15501 S. 167th St (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20" in.
3. Distance between dwelling and septic tank: 193 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50' 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

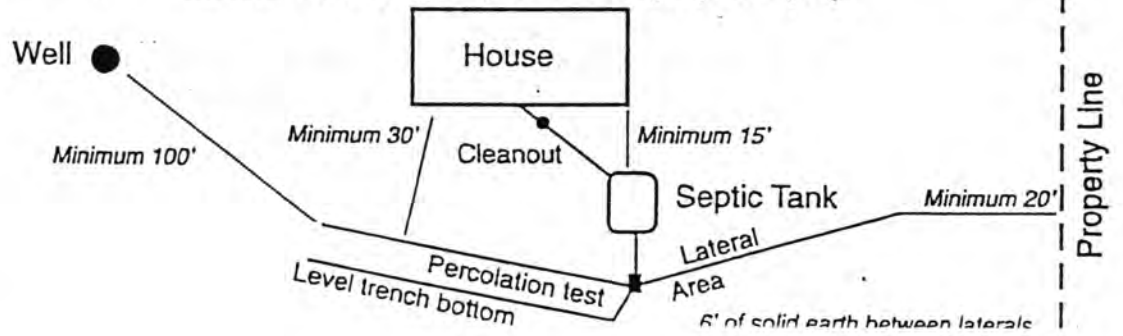
(Provide as-built drawings on back of this form)

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)

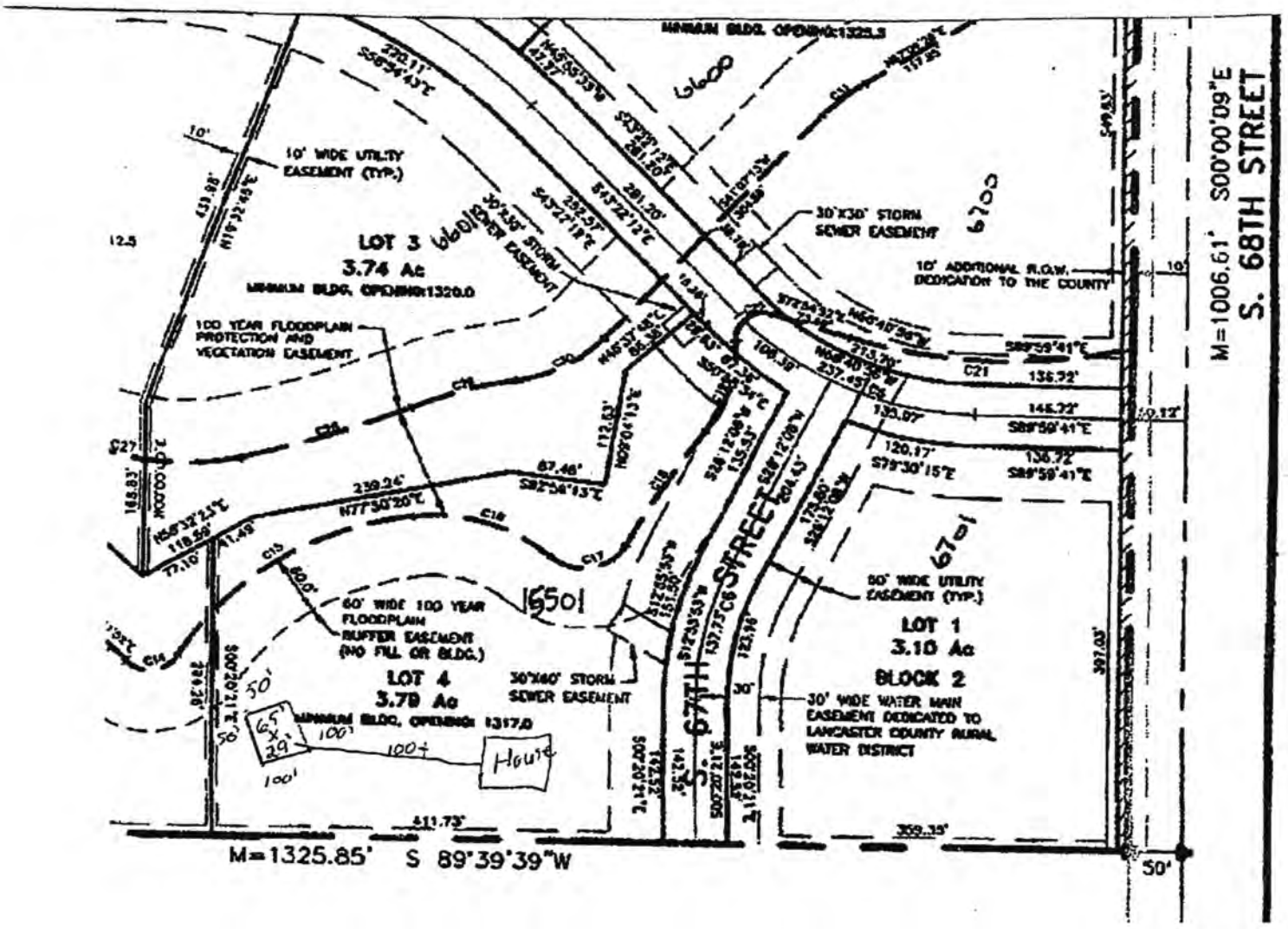


FORM 23-103 10-96

To: Jerry Hood

↑N

15501 S 67th. Road Ne. 68430
John Walsh



Lagoon
65' Top 29' Bottom

SE 16 8 7
1/4 Sect Towns. Range

Raymond Contracting, Inc.
Certified On-Site Waste Water Management Installer

Additional Services Available

New Construction Trenching
Concrete Flat Work
Black Dirt

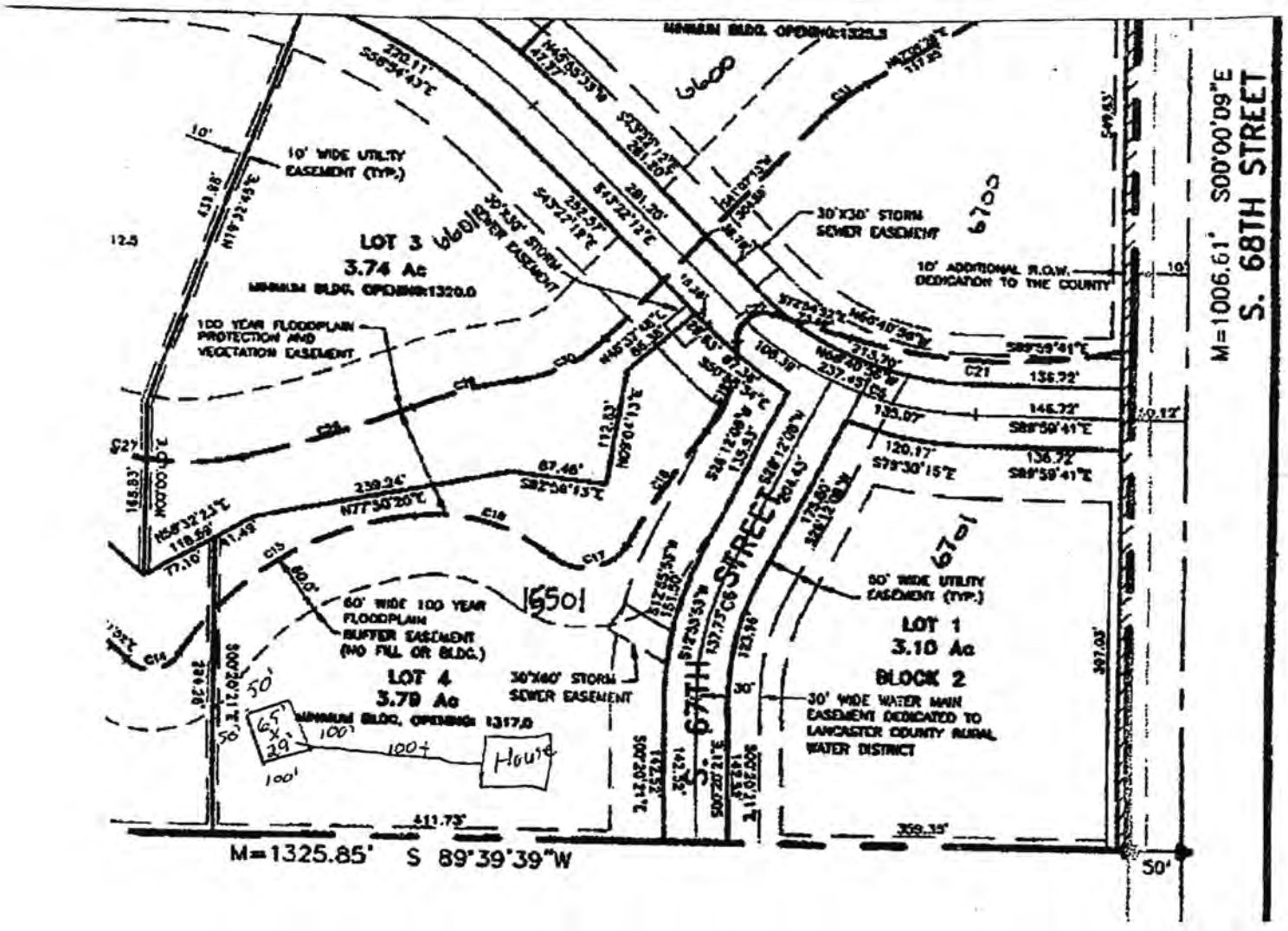
Lloyd Jakoubek
General Contractor
13800 NW 70th St
Raymond, NE 68428

Office: 402-783-2663
Mobile: 402-890-6009
Fax: 402-783-2341
Email: jakoubek@radiks.net

To: Jerry Hood

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As Built Drawing

