LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1910-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

FEBRUARY 10, 1983
THIS PERMIT EXPIRES

VIC SCHMUTTE RFD ROCA
ISSUED TO ADDRESS

T8N, R7E, SECTION 24 NE¼
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SYSTEM

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1910-C

DATE: 7-28-82

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. 8N ; Range 7E ; Section 24 NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: — ft.

Vic Schmutte
Signature of Applicant (Owner or Lessee)

RFD Roca Between 98 & 110
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/82. Date Frwd. 8/10/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neve

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-10-82 Date Frwd. 8-11-82 ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 8/10/82. Date Frwd. 8/10/82. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Wilcoxell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-19-82 by: [illegible]
Date: 8-20-82 by: [illegible] need 30" pipe on all sewer line
Date: 8-23-82 by: [illegible] *

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

* Need drawing.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-24-82 By: Ron Maynard

HSH 0 H-M-S

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7 ; Section & ¼ Section 24.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-26-82 to 7-27-82. Weather: Precip. NONE Temp. 82°.

OWNER: VIC SCHMUTTE

Address: BETWEEN 98 & 110 ON ROCA Rd. SOUTH SIDE

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	31	7/26	9:30	7/27	8:40	7/27	10:00	17¼	2:00	20⅛	240	2⅞	3/8
2	31½	7/26	9:40	7/27	8:50	7/27	10:00	16⅛	2:00	20½	240	4⅜	5/8
3	33	7/26	9:50	7/27	9:00	7/27	10:00	16¼	2:00	19	240	2¾	3/8
4	32	7/26	10:00	7/27	9:10	7/27	10:00	16½	2:00	20¼	240	4¼	5/8
5	34	7/26	10:10	7/27	9:20	7/27	10:00	15¾	2:00	17⅞	240	2⅛	½
6	33	7/26	10:20	7/27	9:30	7/27	10:00	17	2:00	19½	240	2½	3/8

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

H&S Plumbing Gary Meinzel
Signature of Person Conducting Test

Address 846 No 27th Phone 475-2007

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

RM 20105-0477
OIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section 24.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Dick Schmidt

Address: RFD Roca

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	22 8-5	9A	5-8	1P	8-4	11A	6	12A	4½	60m	1½		
								"					
2	"	"	"	"	"	"	"	"	"	4½	"	1½	
3	"	"	"	"	"	"	"	"	"	5	"	1	
4	"	"	"	"	"	"	"	"	"	4⅞	"	1⅜	
5	"	"	"	"	"	"	"	"	"	4⅞	"	1⅜	
6	"	"	"	"	"	"	"	"	"	4⅞	"	1⅜	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test

Address 6710 No 7 Phone 475-1484

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: August 10, 1982

Approved Percolation Rate (a)
A. 46 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

)102-0477
INARY PLANS & SPECIFICATIONS FOR SEW-
DISPOSAL SYSTEM (Annex to Application)
ity Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

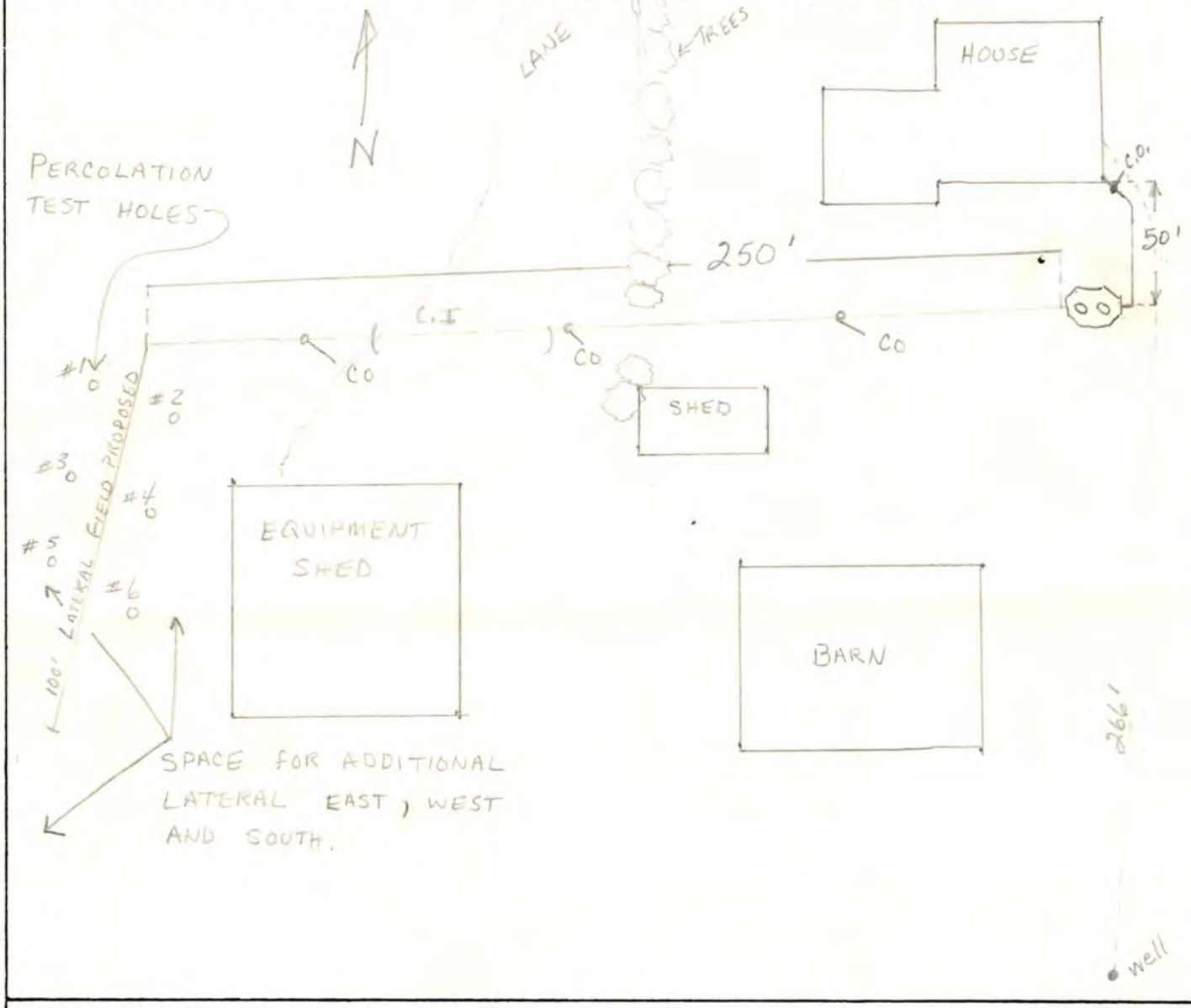
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: August 10, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 200 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 604 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Hahn & Hess Plumbing 475-2001

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: 8-23-82

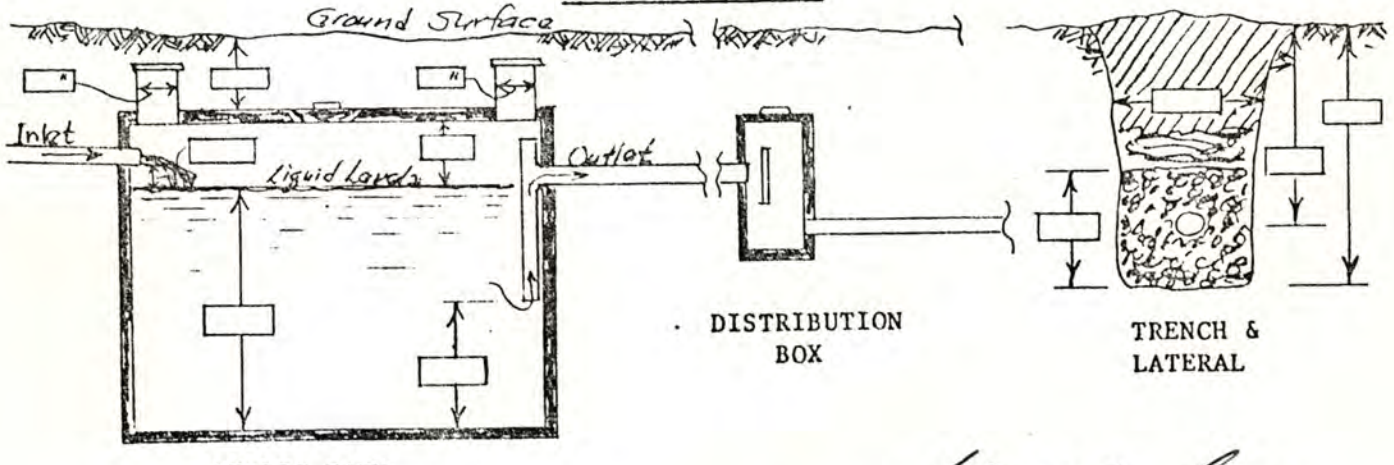
A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Con; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☐ (Company Buried)
No ☐
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 6 in.
Below Grade 6 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 6 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Pla; No. available outlets 2.
2. Factory Built: Yes ☒, (Company Hand Cut) No ☐
3. Dimension: Length 18 in.; Width 12 in. Depth 8 in.
4. Distance from Septic Tank 22 ft.
5. Serial Distribution: Yes ☒, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Perforated Pipe
2. Lateral Lines: Depth below grade 22 in.
Number 3; Length of each line 20 ft
Total length of Laterals 200 ft.; 60
Slope 3 in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Pla
Distance between lateral lines 1 ft.
3. Trench Dimensions: Depth 22 in.; Width 36 in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 400 ft.;
Stream ___ ft.; Pressure Line 400 ft.
Property Line ___ ft.
6. Percolation Rate: 46 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009148

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment: RICKY J SCHMUTTE
T8N R7E SEC 24
10505 ROCA RD-ROCA

Permittee: RICKY J SCHMUTTE
10505 ROCA RD
ROCA NE 68430

Permit # 06380323001

Issued 08/07/06
Expires 08/07/07
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

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: 06380323001

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 10505 ROCA ROAD (no rural route) City ROCA NE, Zip 68430

Legal Description 24 8N 7E SEE ATTACHED 20 F.T.
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 Ricky AND NANCY Schmutte Signature Ricky Schmutte

Address 10505 Rock Road R City/State/Zip ROCA NE 68430

☐ Check if owner designed system Home Phone 792-2940 Work Phone _____

C. Contractor

Name SAME Company Name Ricky J Schmutte

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Brad Southwick Firm _____ Work Phone 430-7606

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 8/7/06 Date frwd 8/8/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/22/06 Date frwd 8/22/06 ACTION ☒ Approved ☐ Disapproved Signature _____
   ADDRESS IS 10511 ROCA RD.*
3. **City or County Engineer** Date rec'd 8-22-06 Date frwd 8-22-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5/25/07

Business Office Use Only

Date Rec'd 08/07/06

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 7880

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

B

Permit Number: 063803230

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10505 Roca Rd. (no rural route) City Roca NE, Zip 68430

Owner Ricky Schmutte Addresss 10505 Roca Rd.

Soil Type (SCS): Shc Percolation Rate: _____ min./inch

Date of Tests 7/31 to 8/1/06 Weather: Precipitation — Temperature 90°-100°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	7/31	6:00	8/1	7:00	8/1	10:30	6 5/8	8/1	10:45	15	5/8	24
2	↓		PM		AM		9:00	11 3/8		10:30	90	2	45
3	↓						10:30	6 1/4		10:45	15	3/8	40

Sum of Percolation Rates: 109
Average of Rates: 37
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

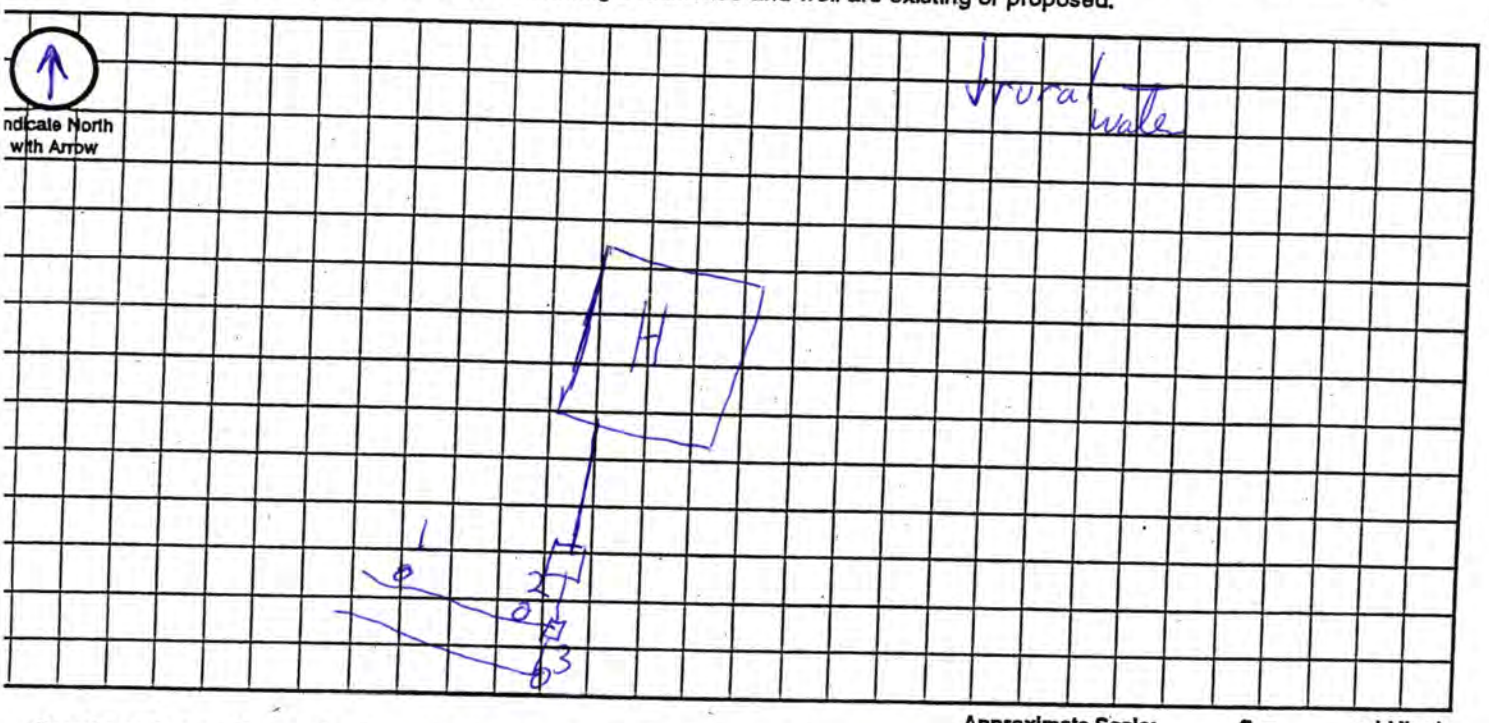
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063 803230

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

. System Location (Indicate correct number and street)

ldress (no rural route) 10505 Roca City Roca NE, Zip 68430

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 40 (min. per inch) Soil Type: Shc Land Slope: 2-3 %

e of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: 1100 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: H-10 Int Hrator

pacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 275 ft. Number of Trenches 3 Trench Width 4'

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor _____ Date _____

ller Brad Smith Date 8/1/06

23-102 10-96

Official Survey Record

LANCASTER County, Nebraska

Phone (402) 434-2686
Fax (402) 434-2687

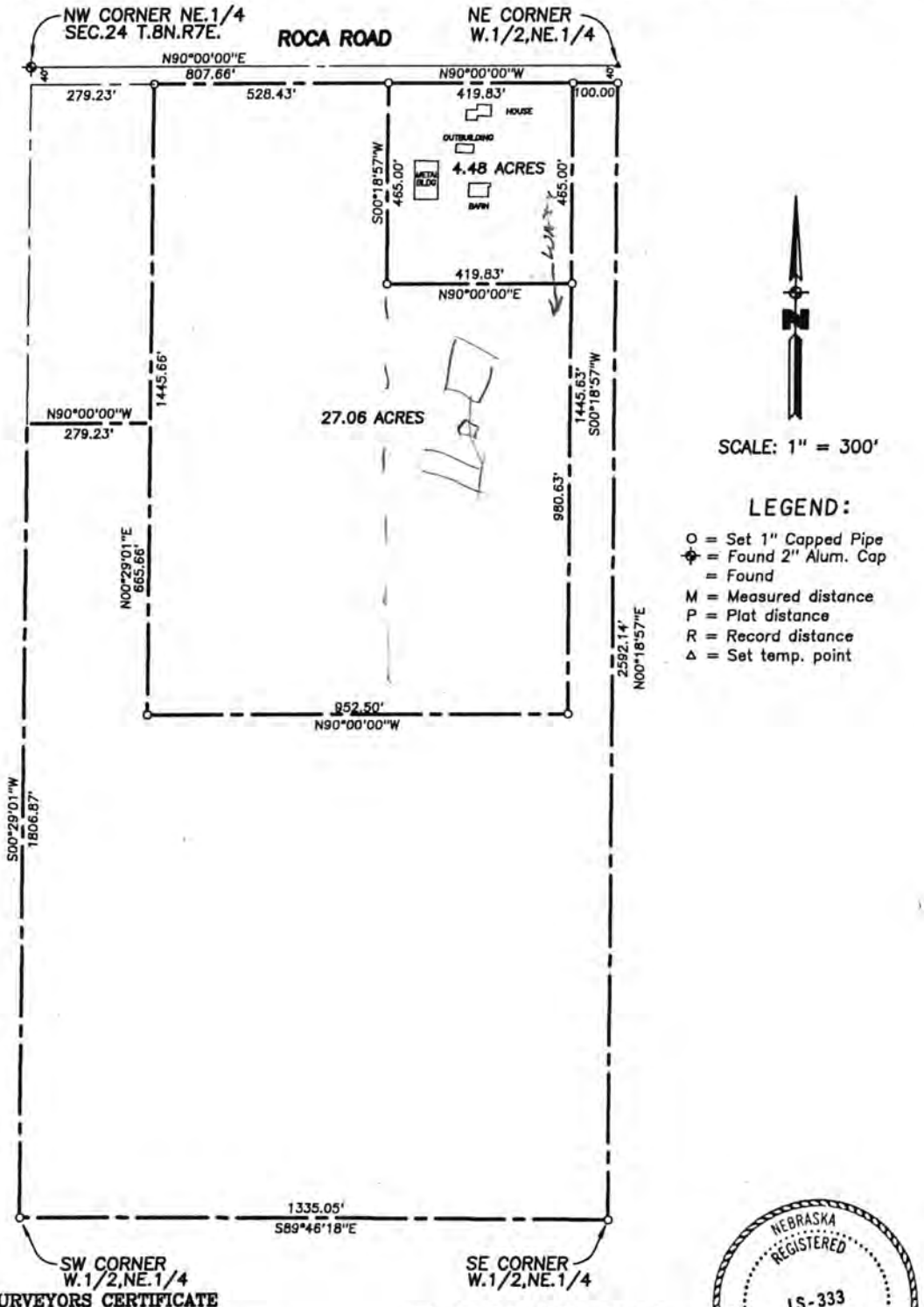
ALLIED SURVEYING AND MAPPING, INC.
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of a part of the West One-Half of the Northeast Quarter

Section 24 T. 8 N., R. 7E of the 6th P.M.

Job No. 34725

July 2006



SCALE: 1" = 300'

LEGEND:

- O = Set 1" Capped Pipe
- ⊕ = Found 2" Alum. Cap
- = Found
- M = Measured distance
- P = Plat distance
- R = Record distance
- Δ = Set temp. point

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 27th day of July 2006

NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License # 333
Nebraska L.S. (SEAL)

NEBRASKA REGISTERED LS-333 SURVEYOR KERRY W. SIMONDS

LEGAL DESCRIPTION

Description of a 42.60 acre tract of land located in the West One-Half of the Northeast Quarter of Section 24, Township 8 North, Range 7 East of the 6th P.M., Lancaster County, Nebraska and more particularly described as follows:

Referring to the Northeast corner of the West One-Half of the Northeast Quarter of said Section 24; thence in a Southerly direction, along the East line of the West One-Half of the Northeast Quarter of said Section 24, for a distance of 40.00 feet to a point on the Southerly 40' Right of Way line of Roca Road and **Point of Beginning**.

THENCE in a Westerly direction, along the said Southerly 40' Right of Way line of Roca Road, on an assumed bearing of North 90 degrees 00 minutes 00 seconds West, for a distance of 100.00 feet

THENCE South 00 degrees 18 minutes 57 seconds West for a distance of 1445.63 feet

THENCE North 90 degrees 00 minutes 00 seconds West for a distance of 952.50 feet

THENCE North 00 degrees 29 minutes 01 seconds East for a distance of 665.66 feet

THENCE North 90 degrees 00 minutes 00 seconds West for a distance of 279.23 feet to a point on the West line of the Northeast Quarter of said Section 24

THENCE South 00 degrees 29 minutes 01 seconds West, along the West line of the Northeast Quarter of said Section 24, for a distance of 1806.87 feet to the Southwest corner of the West One-Half of the Northeast Quarter of said Section 24

THENCE South 89 degrees 46 minutes 18 seconds East, along the South line of the West One-Half of the Northeast Quarter of said Section 24, for a distance of 1335.05 feet to the Southeast corner of the West One-Half of the Northeast Quarter of said Section 24

THENCE North 00 degrees 18 minutes 57 seconds East, along the East line of the West One-Half of the Northeast Quarter of said Section 24, for a distance of 2592.14 feet to the **Point of Beginning**

Together with and subject to covenants, easements, and restrictions of record.

Said property contains 42.60 acres more or less.

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 8N Range 7E 1/4 NW 1/4 NE Section 24
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 10505 Roca Rd.

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic system ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair** addition of 100' of H-10 Infiltrator due to failure of 100' of Perforated pipe Lateral

5. **Work to be done by:** ❒ owner ☒ contractor's name Southwick Sewer + Drain

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Ricky Schmutte Address 10505 Roca Rd Phone: 792-2940

Applicant Signature (owner or lessee) _____

Please include the permit fee ($150) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/20/06 REVIEW: ❒ Approved ❒ Disapproved By: _____

Site visits
Date 11/30/06 By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

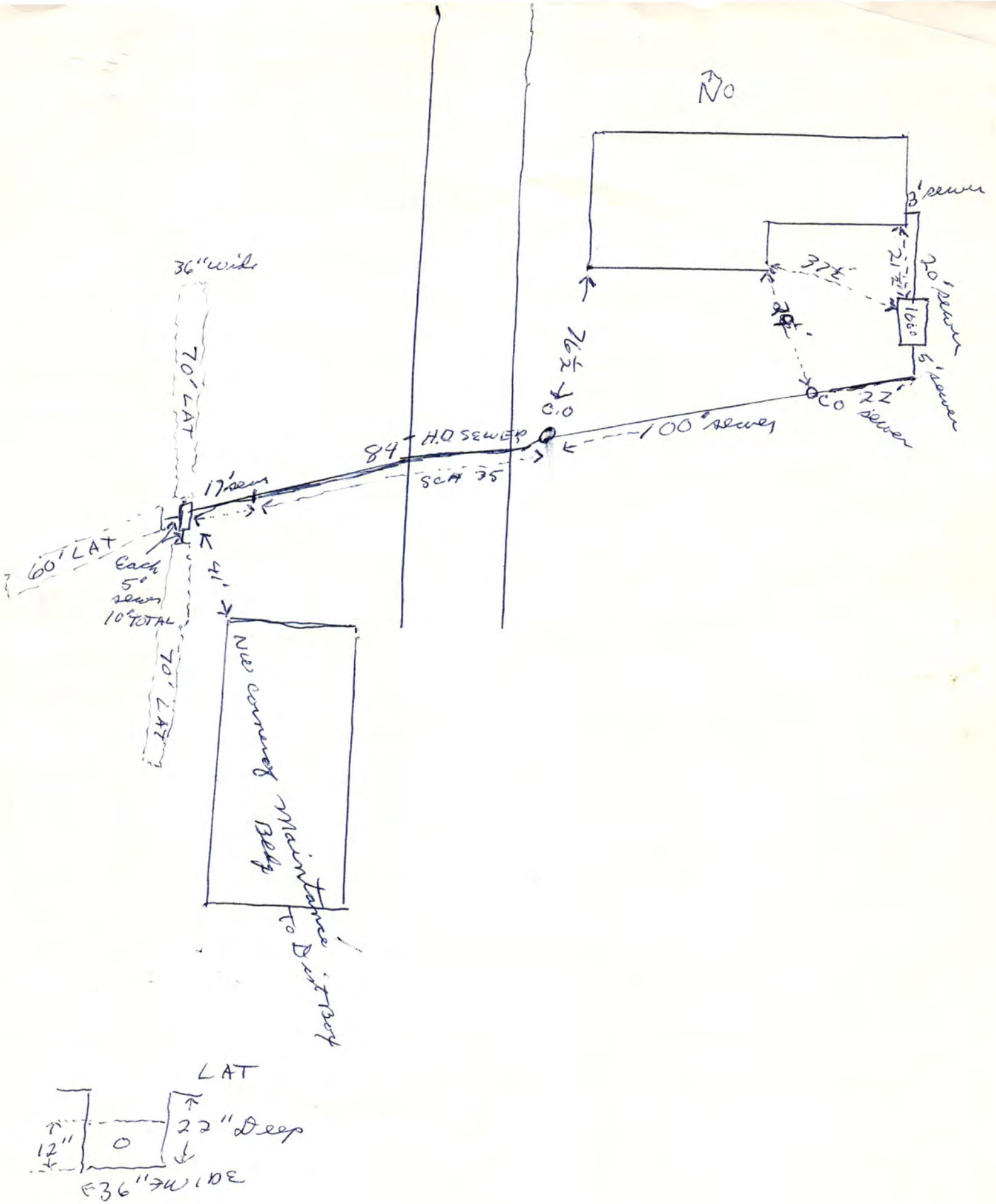
Installation final written approval
Date 11/30/06 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 11/20/06 Amount 160⁰⁰ Check No. 1161 Initials mo

White - Division Copy Pink - Business Office Revised 9-05


No
3' sewer
20' sewer
37'
21½'
1660
5' sewer
22'
sewer
C.O
100' sewer
76½'
C.O
84' H.O SEWER
SCH 35
36" wide
70' LAT
17' sewer
60' LAT
Each 5' sewer 10' TOTAL
41'
70' LAT
New concrete Maintance Bldg
to District
LAT
22" Deep
12"
36" WIDE