LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2779-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF PERMIT — THIS PERMIT EXPIRES

MERLYN EGGER ROCA, NE 68430
ISSUED TO — ADDRESS

T8N; R7E; Sec. 31 NE Qc.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
MC	12-12-88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2779-C

DATE: 12-8-88

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. 8 N ; Range 7 E ; Section 31 NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Marilyn I Eggers
Signature of Applicant (Owner or Lessee)

Rt 1 Box 5 Roca Neb 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/9/88. Date Frwd. 12/12/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/12/88. Date Frwd. 12/12/88. ACTION: Approved ☐ Disapproved ☐ Signature: Walt Stuhr

3. City or County Engineer: Date Rec'd. 12/12/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd Neumann

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/26/89 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/12/90 By: L. C. Hood

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 471-7800

D

DATE: 10-30

FILE NO. _____

Medyn Egger - 36 & Hickman Rd.
Sewage Lagoon

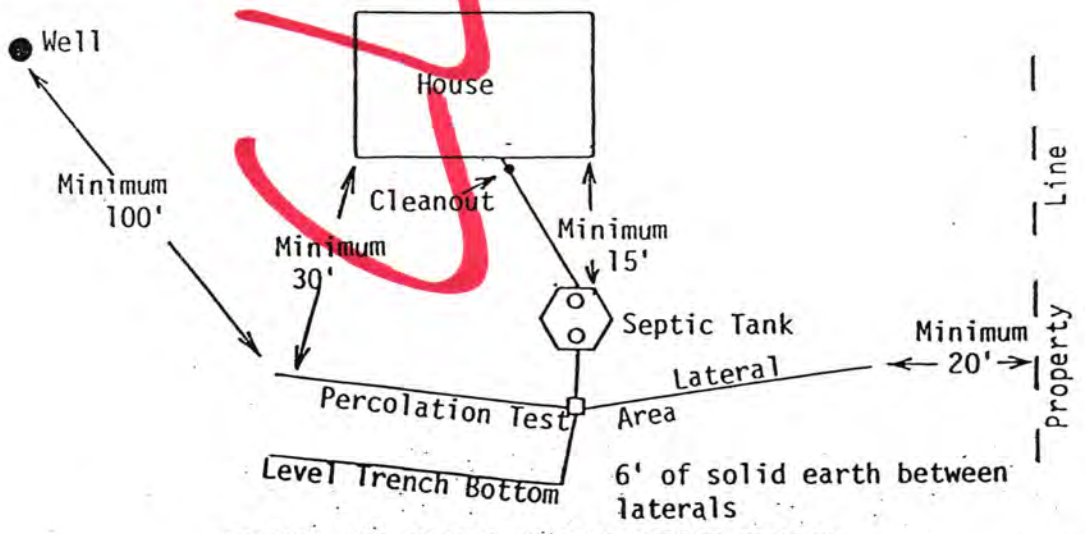
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon ____ ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line N/A ft.; Stream N/A ft.; Pressure Line N/A ft.; Property Line N/A ft.

B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished 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 ☐
(Company ____)
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.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ 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.

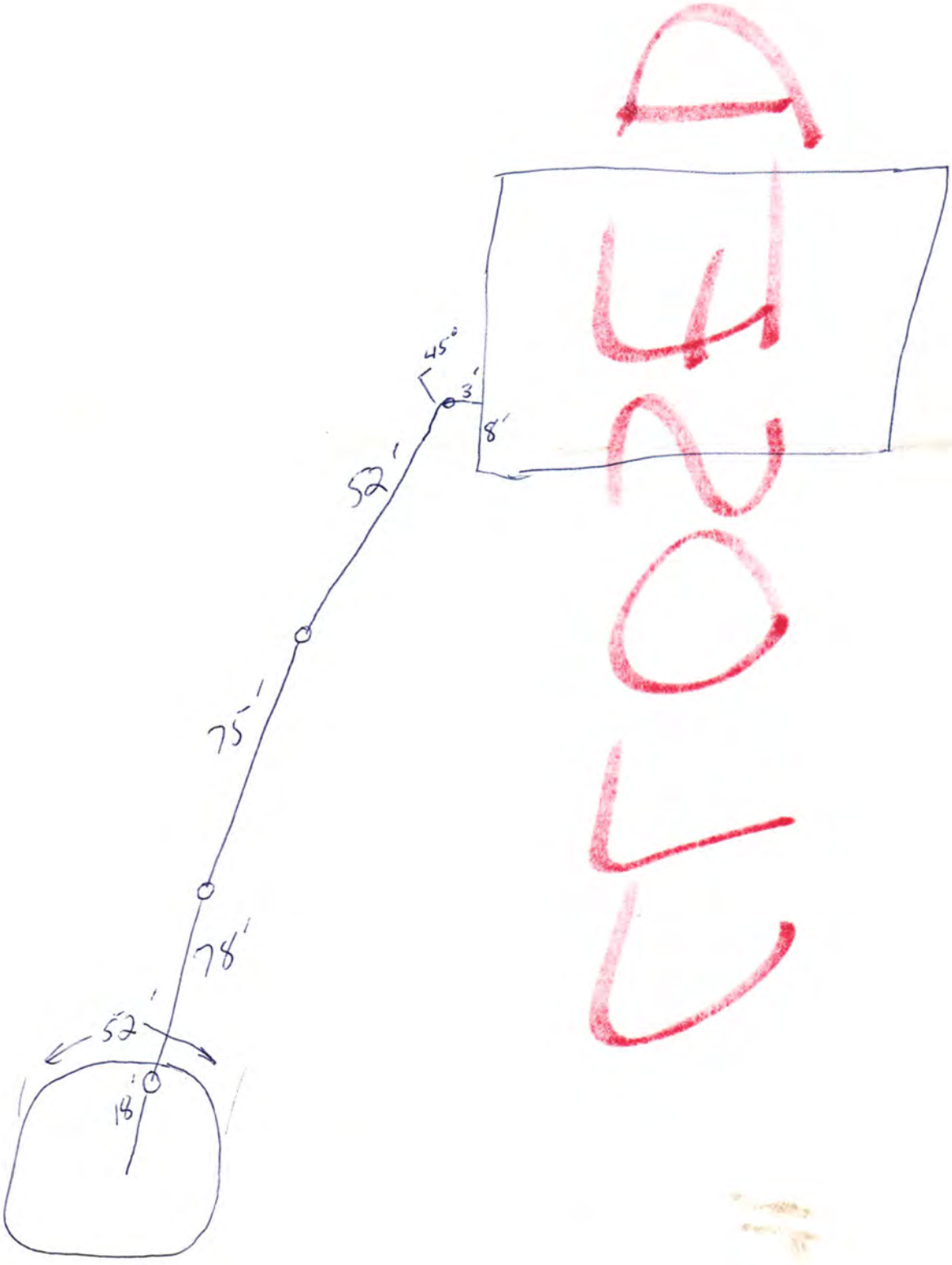


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

CLOSED

Hickman Rd.

N



AHOLE