Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380220201

Issued 06/26/00
Expires 12/26/00
Revenue Code 3157

Establishment

ROBERT KAVAN
T8N R8E SEC 15 QTR NE
SE 1/4 OF NE 1/4
15150 S 158 ST-BENNET

FEES: $150.00

Permitee

ROBERT KAVAN
912 INDIAN HILLS DR
LINCOLN NE 68520

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013378

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

A

Permit Number: 003802202

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 15150 So. 158th St. (no rural route) City Bennet NE, Zip NE 68317

Legal Description SE corner (1/4) NE (1/4) 15 (Section) 8N (Township) 8 East of the 6th PM (Range) Subdivision Addition Block Lot I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Robert / Patricia Kavan Signature Robert / Kavan

Address 912 Indian Hills Dr. City/State/Zip Lincoln, NE 68520

☒ Check if owner designed system Home Phone 402-486-0901 Work Phone 402-421-2323

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 6/22/00 Date frwd 6/22/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/21/2000 Date frwd 6/21/2000 ACTION ☒ Approved ☐ Disapproved Signature Bobby Corinth
3. **City or County Engineer** Date rec'd 6/22/00 Date frwd 6/22/00 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jerrold C. Nood M.E., P.E.

Date DECEMBER 15, 2000

Business Office Use Only

Date Rec'd 6-22-00
Amt Paid $150.00
Rec'd By CW Cash/Check No. 4600.

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

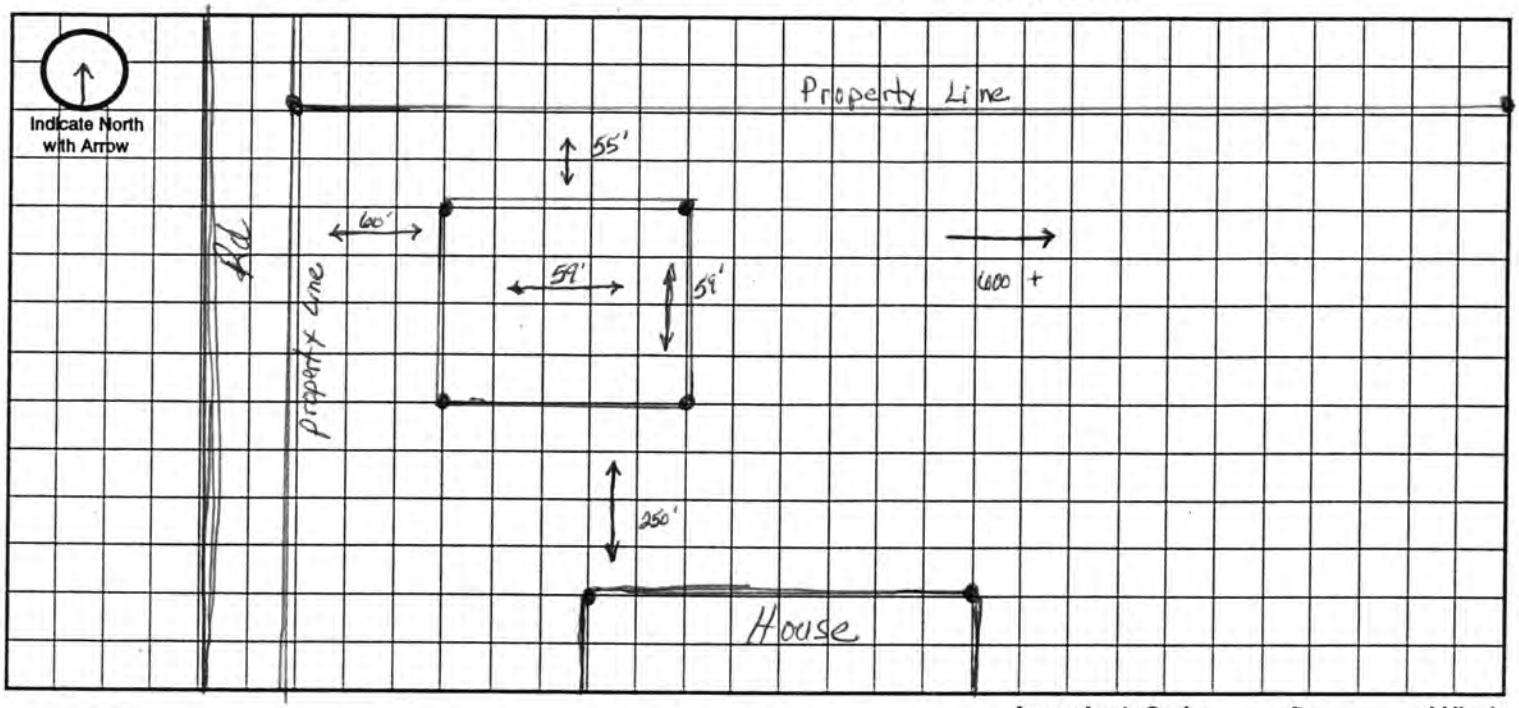
Lincoln-Lancaster County Health Department
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C

Permit Number: 00380202

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) _____ 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 Bob Kraund Date 6-19-00

Installer Bob Kraus Date 6-19-00

FORM 23-102 10-96