Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

003686

Permit SEWAGE INSTALLATION
LAGOON

Permit # 04380279001

Issued 03/01/04
Expires 09/01/04
Revenue Code 3157

Establishment STEVE JILLSON
T8N R8E SEC 17 QTR SW
7 ACRES LOT 2IT
15600 S 120 ST-BENNET

FEES: $200.00

TOTAL: $200.00

Permittee STEVE JILLSON
301 N 44 ST
APT 1802
LINCOLN NE 68503

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: ~~04380279701~~ 04380279001

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 15600 S 120th St. (no rural route) City Bennet NE, Zip 68317

Legal Description Tract 17-8-8, SW¼, Lot 2 I.T. 27 I.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 Steve Jillson Signature Steve Jillson

Address 301 N 44th Street #1800 City/State/Zip Lincoln, NE 68503

☐ Check if owner designed system Home Phone 402-465-8390 Work Phone 402-471-6448

C. Contractor

Name Wayne Troyer Company Name Wayne Troyer Construction, Inc

Address 672 252nd Rd. City/State/Zip Milford, NE 68405

☐ Check if contractor designed system Work Phone _____

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

Designer Name Tim Stotzman Firm _____ Work Phone 402-946-2039

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 3/1/04 Date frwd 3/3/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/3/04 Date frwd 3/4/04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/3/04 Date frwd 3/3/04 ACTION ☒ Approved ☐ Disapproved Signature

8/19/04 Need Revised Letter from J.C.H.

Installation Final Written Approval

By _____

Date 9/11/07

Business Office Use Only
Date Rec'd 3/1/04
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1137

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

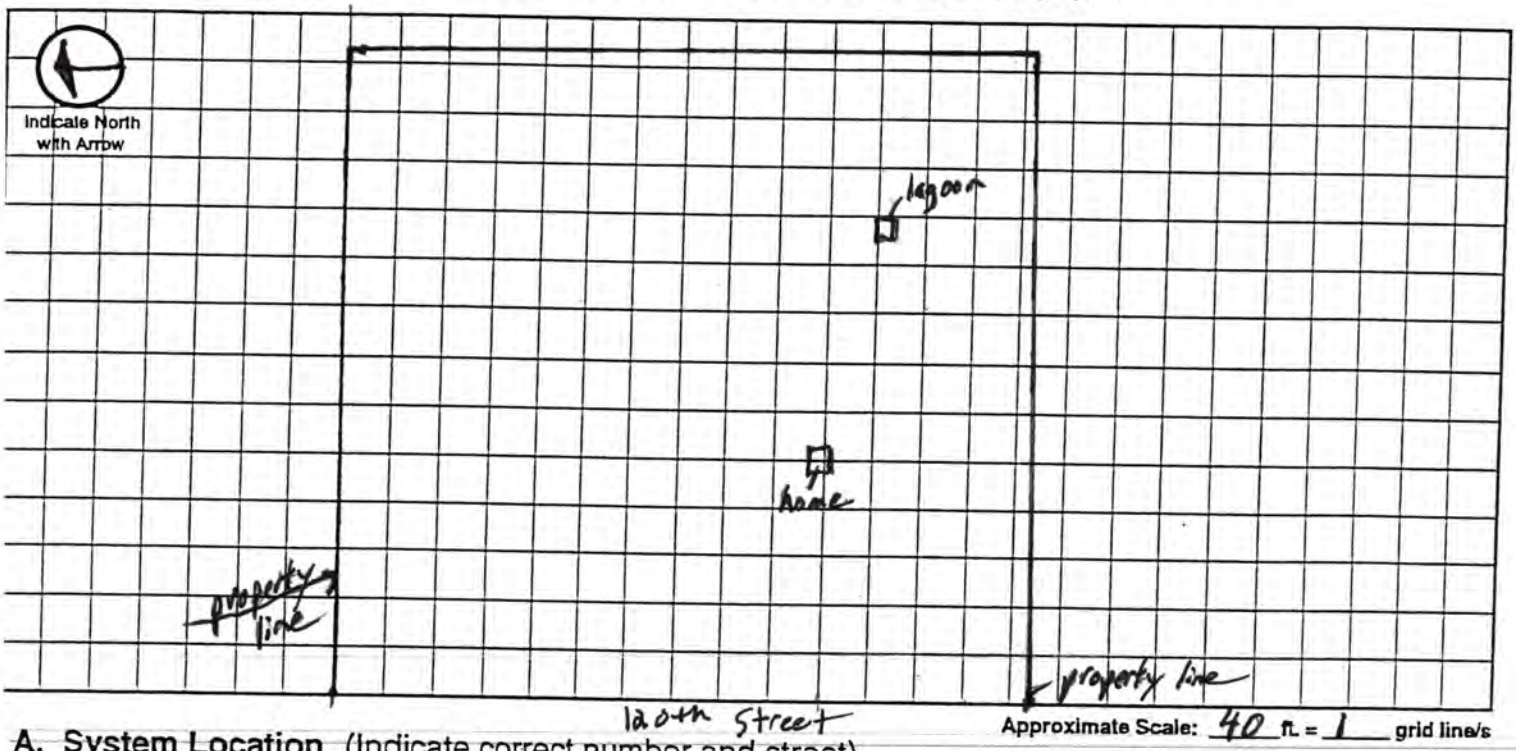
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C

Permit Number: 04380279O

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: 40 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15600 S 120th St. City Bennet NE, Zip 68317

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 Wayne Trosper Date 2-28-04

Installer Dan Stutzman Provisional Cert. # P1517 Date 2-28-04

RM 23-102 10-96

Steve Jillson Lagoon Submittal

