Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
BRETT JUDDS
T8N R8E SEC 20 QTR NW
N 1/2 OF NW 1/4
12301 ROCA RD-BENNET

Permitee
BRETT JUDDS
6900 ANTLER DR
LINCOLN NE 68516

Permit # 99380212901

Issued 12/15/99
Expires 06/15/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011353

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

A

Permit Number:

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 12301 ROCA RD (no rural route) City BENNET NE, Zip 68317

Legal Description NORTH HALF OF NORTHWEST QUARTER SECTION 20 TOWNSHIP 8 NORTH RANGE 8 EAST 6th PM
1/4 1/4 Section Township Range Subdivision Addition Block Lot 21 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 BRETT JUDDS Signature Brett Judds

Address 6800 ANTLER DR City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone ~~421-2836~~ (removed) Work Phone 473-9712

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 12/14/99 Date frwd 12/15/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/25/00 Date frwd 1/25/00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-25-00 Date frwd 1-25-00 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jim Baer

Date 01-25-00

Business Office Use Only

Date Rec'd 12/15/99

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 1043

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-13-99 Brett Watts

System Location (Indicate correct number and street)

Address 12301 Roca Rd (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: 10 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream 100+ ft.
   pressure line 50+ ft.
   property line 300+ ft.

B. Septic Tank

1. Material: NA
   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

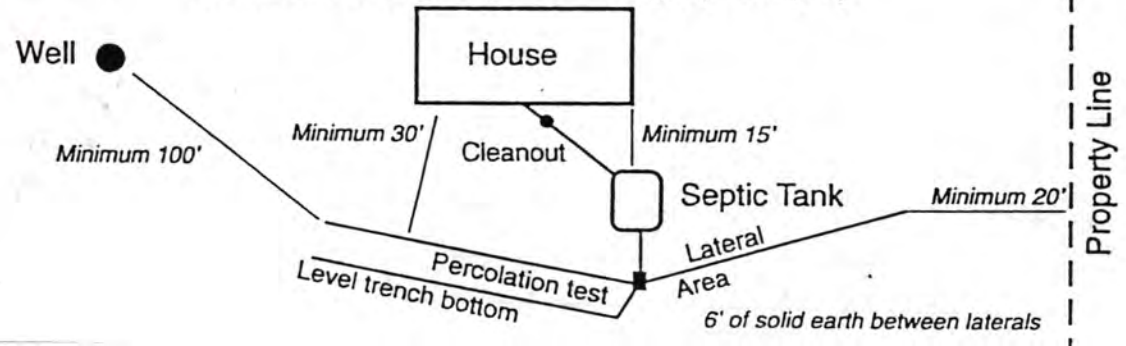
(Provide as-built drawings on back of this form)

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.

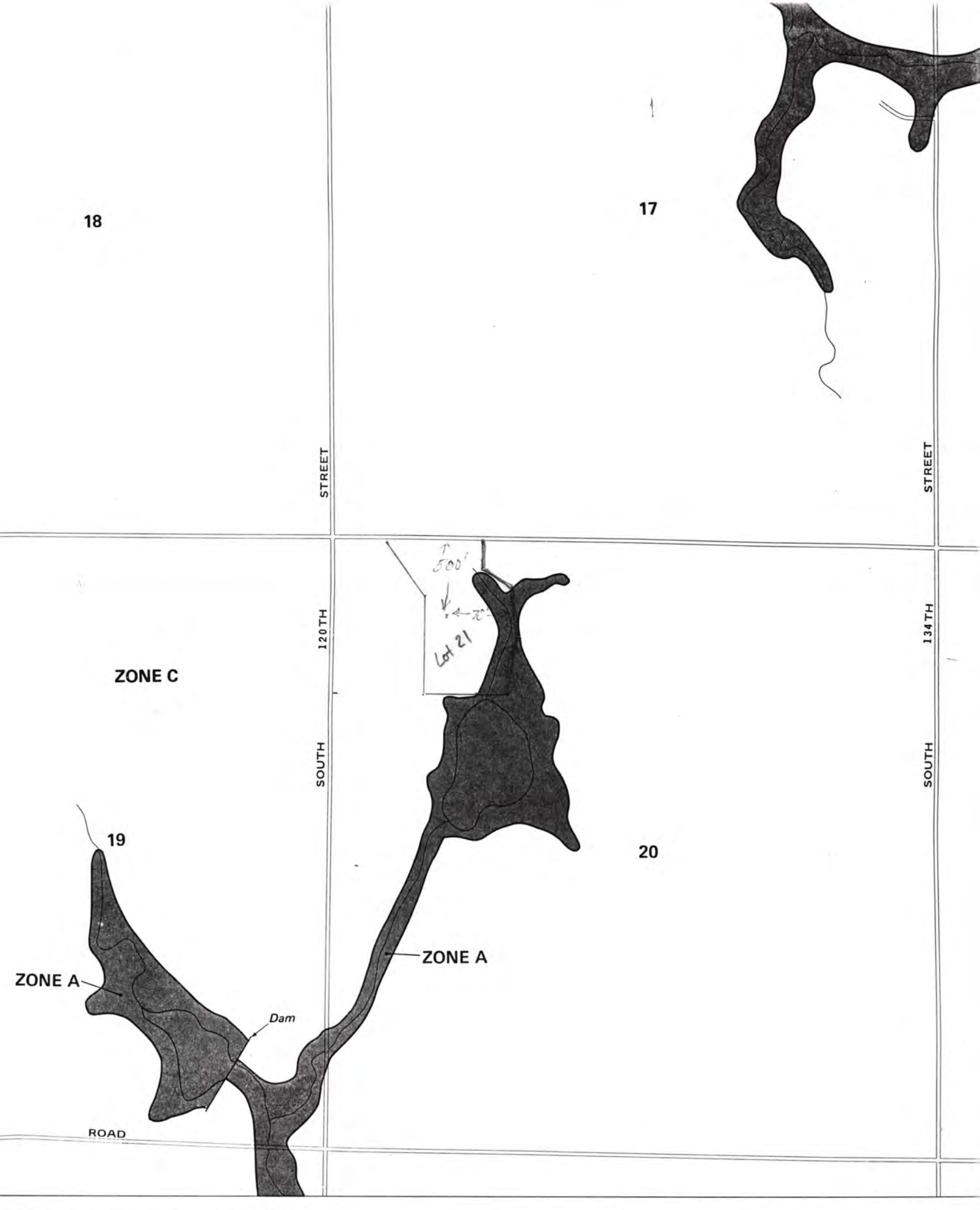
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)

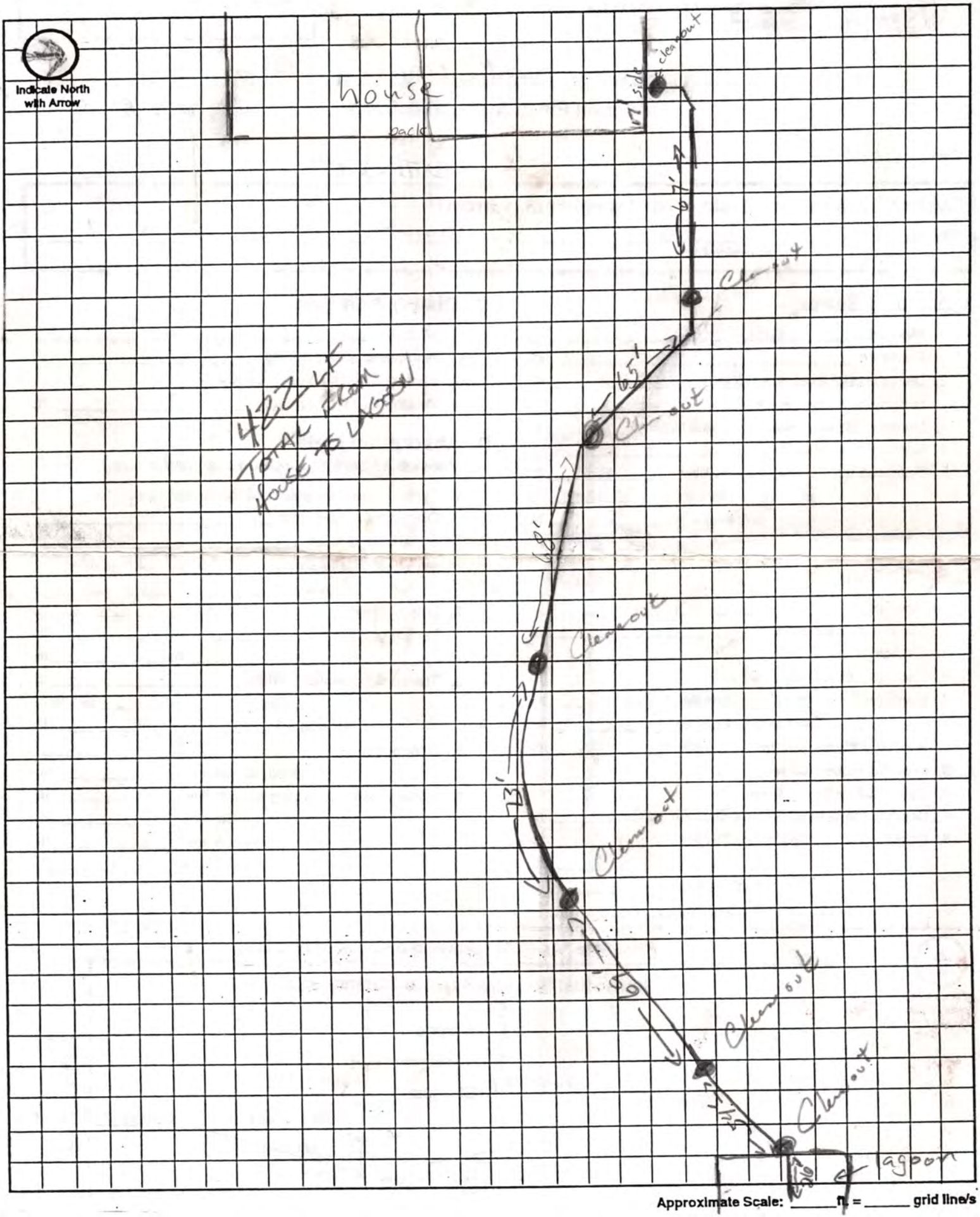


FORM 23-103 10-96


18
17
STREET
STREET
500'
Lot 21
ZONE C
120TH
SOUTH
134TH
SOUTH
19
20
ZONE A
ZONE A
Dam
ROAD

HOUSE. WILL BE ON RURAL WATER

As Built Drawing



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