Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

JAMES DEVOOGD
T9N R5E SEC 2
RIDGE PARK-1ST BLK 3 LOT 4
3301 PHEASANT RIDGE RD

Permittee

JAMES DEVOOGD
1720 SW 8 ST
LINCOLN NE 68522

Permit # 01380234201

Issued 07/31/01
Expires 01/31/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Bruce D. Dart
[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016173

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

A

Permit Number: 0138 02342

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 3301 PHEASANT RIDGE RD (no rural route) City LINCOLN NE, Zip NE

Legal Description 2 (1/4) 9N (Section) 5E (Township) RIDGE PARK (Range) FIRST (Subdivision) 3 (Addition) 4 (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 JAMES DeVOOGD Signature James DeVoogd

Address 1720 SW 8TH City/State/Zip LINCOLN NE 68522

☐ Check if owner designed system Home Phone 475-1733 Work Phone 475-1700

C. Contractor

Name DAVE DUNTZ Company Name OAK CREEK INC

Address 909 JUNIPER City/State/Zip CRETE NE 68333

☐ Check if contractor designed system Work Phone 580-3220

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

Designer Name MATT MUNDHENKE Firm ~~MUNDHENKE~~ SCHULTZ TRENCHING Work Phone 489-7294

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 7/31/01 Date frwd 7/31/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/31/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-31-01 Date frwd 7-31-01 ACTION ☒ Approved ☐ Disapproved Signature _____

Line + lagoon drawing - need fence

Installation Final Written Approval

By Doug Rudd

Date ~~8/1/02~~ 8/1/02

Business Office Use Only

Date Rec'd 7/31/01

Amt Paid $200.00

Rec'd By CW Cash/Check No. 504

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

46699

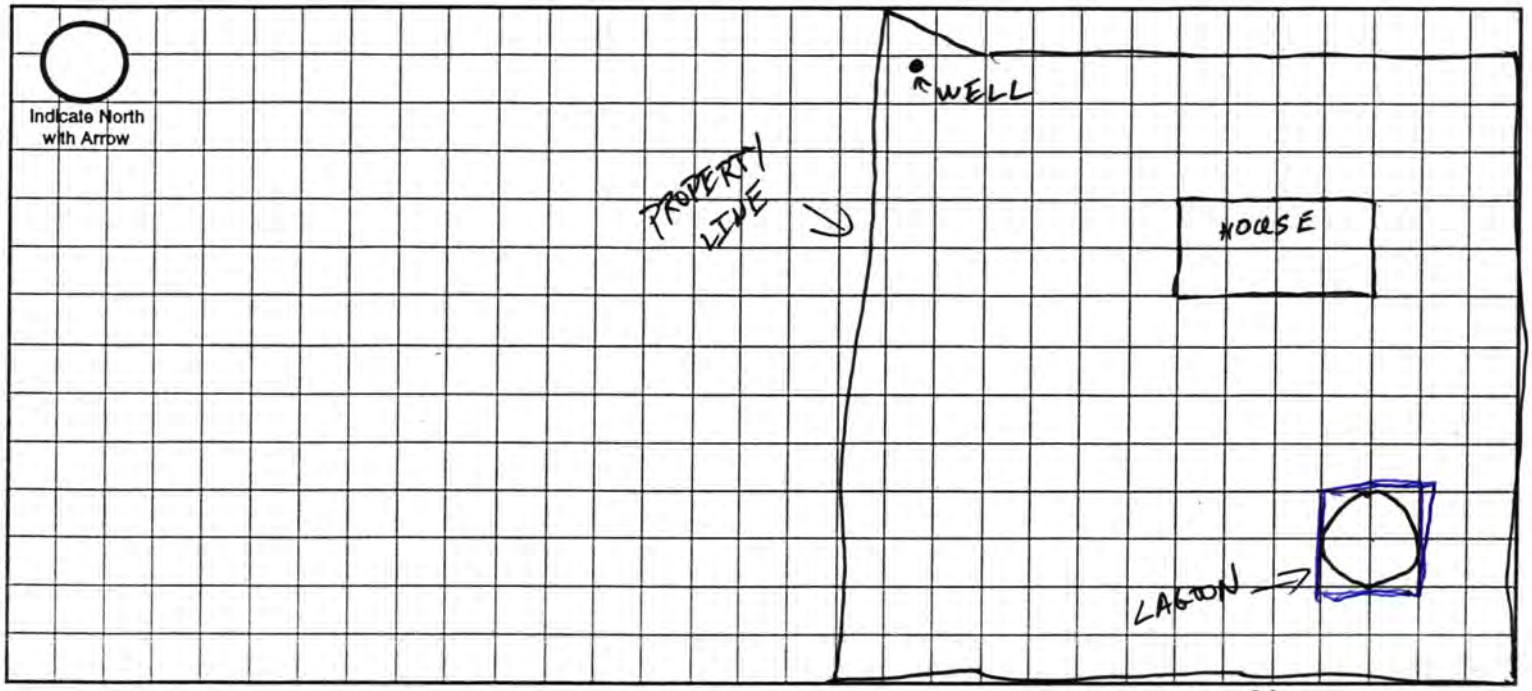
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01380234 2

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: 30 ft. = 1 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 Dan Duff Date 7-30-01

Installer Matt Guenther Date 7-30-01

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____ JAMES DEVOOGD

System Location (Indicate correct number and street)

Address 3301 PHEASANT RIDGE (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: LAGOON 12 in.
3. Distance between dwelling and septic tank: 312 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100 + ft.
   stream 100 + ft.
   pressure line 100 + ft.
   property line 70 ft.

B. Septic Tank

1. Material: _____
   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

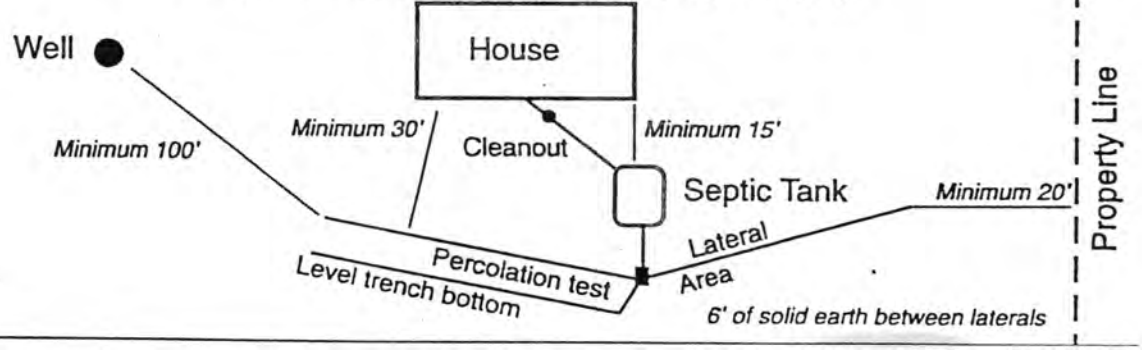
(Provide as-built drawings on back of this form)

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.

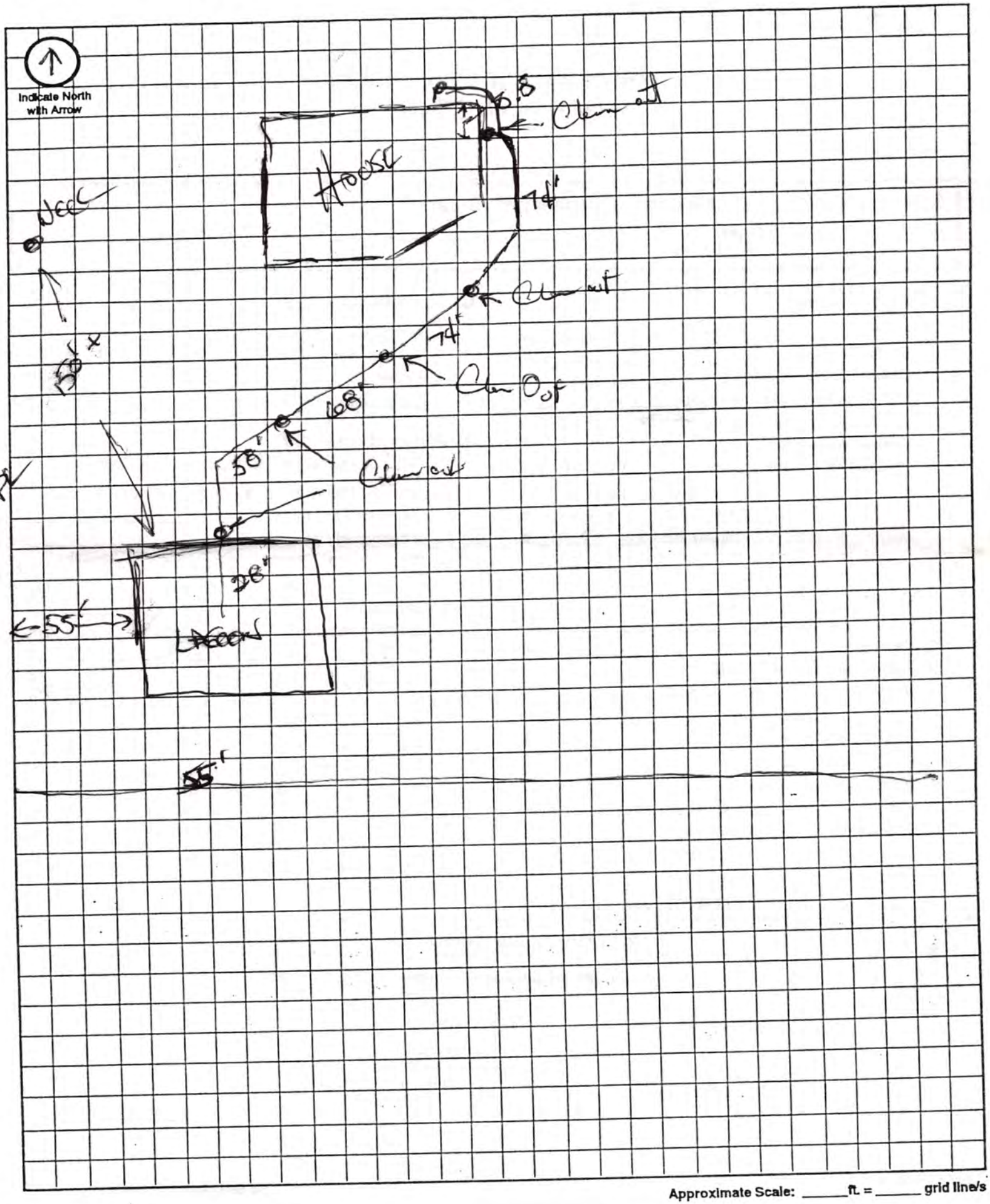
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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