Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

007949

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380304901

Issued 06/28/05
Expires 06/28/06
Revenue Code 3157

Establishment:
CHRIS NELSON
T9N R5E SEC 4 QTR SW
NW 1/4 OF SW 1/4
3600 SW 112 ST

FEES: $200.00

Permittee:
CHRIS NELSON
2033 W S ST
LINCOLN NE 68528

TOTAL: $200.00

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

JUN 2 8 2005

A

Permit Number: 05380304901

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 3600 SW 112th (no rural route) City _____ NE, Zip _____

Legal Description NW 1/4 SW 1/4 Section 4 Township 9N Range 5E Subdivision _____ Addition _____ Block _____ Lot 25 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 Chris Nelson Signature Chris Nelson

Address 2833 West "S" City/State/Zip Lincoln Ne 68528

☐ Check if owner designed system Home Phone 805-0983 Work Phone _____

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 Dave Prusa Firm Nebr. Dirtworks Work Phone 450-0100

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 6/28/05 Date frwd 6/30/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/11/05 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 07/08/2005 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

line + lagoon ~~tank, ... drain~~ 10/4/04 need fence

Installation Final Written Approval

By Doug Amen

Date ~~7/5/06~~ 7/20/06

Business Office Use Only

Date Rec'd 6/28/05

Amt Paid $200.00

Rec'd By TW Cash/Check No. 065003

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

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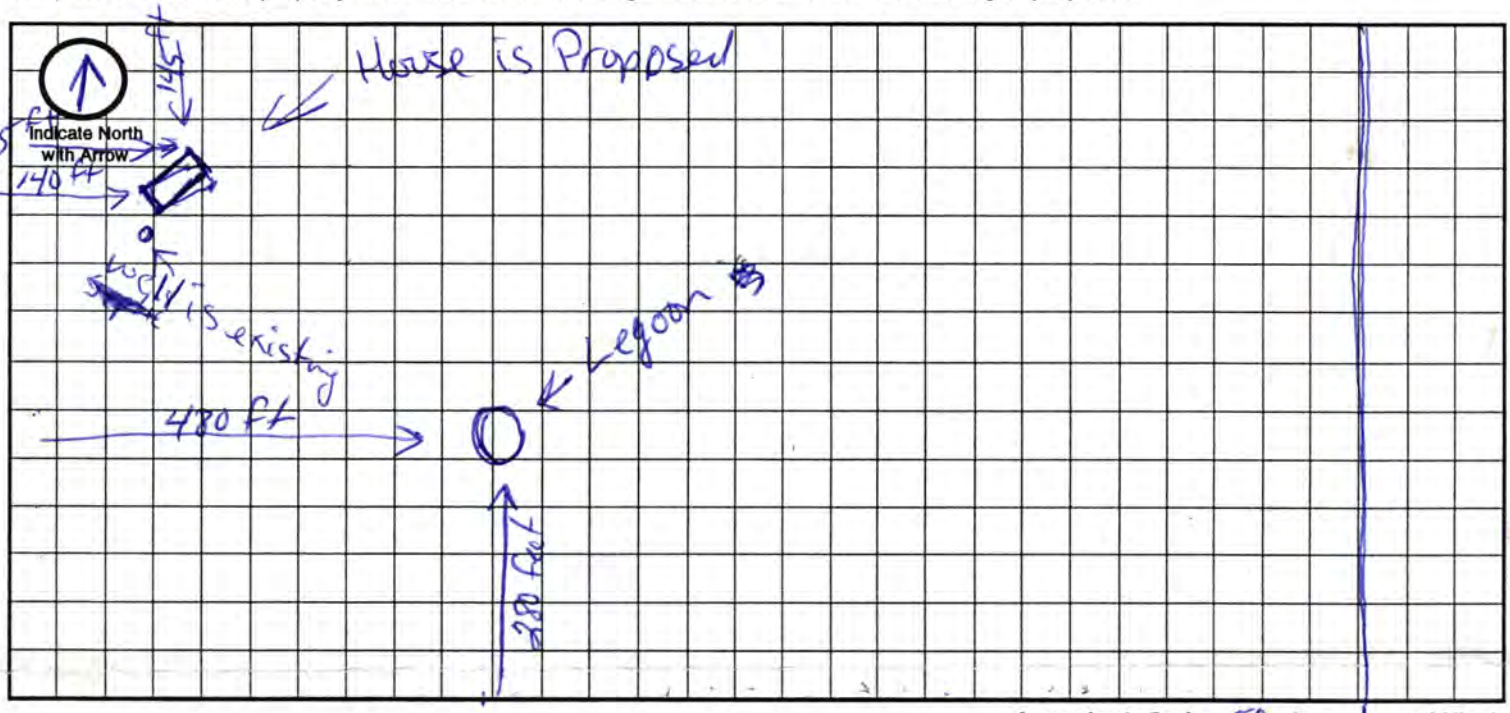
RECEIVED JUN 2 W 2005

C

Permit Number: 053803049

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: 50 ft. = ___ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3600 SW 112th 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 _____ Date _____

Installer Dave Prusa Date 6-28-05

FORM 23-102 10-96