LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380186001

Issued 10/05/98
Expires 04/05/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
DIANE STOWELL
T9N R5E SEC 8 QTR NE
11301 W PIONEERS BLVD--DENTON

Permittee
DIANE STOWELL
11301 W PIONEERS BLVD
DENTON NE 68339

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008172

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

SWITCH FROM ↙ TO → 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 11301 W. Pioneers Blvd. (no rural route) City Denton NE, Zip 68339

Legal Description NE 1/4 8 1/4 Section 9N Township 5E Range SEE ATTACHED 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 Diane Stowell Signature _____

Address 11301 W. Pioneers Blvd City/State/Zip Denton Ne 68339

☐ Check if owner designed system Home Phone 795-2000 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd City/State/Zip Hickman

☐ Check if contractor designed system Work Phone 430-7606

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 9/10/98 Date frwd 9/10/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

9/10/98 J.C.H. 9/11/98 J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/10/98

Amt Paid 150 ck

Rec'd By _____ Cash/Check No. 3163

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

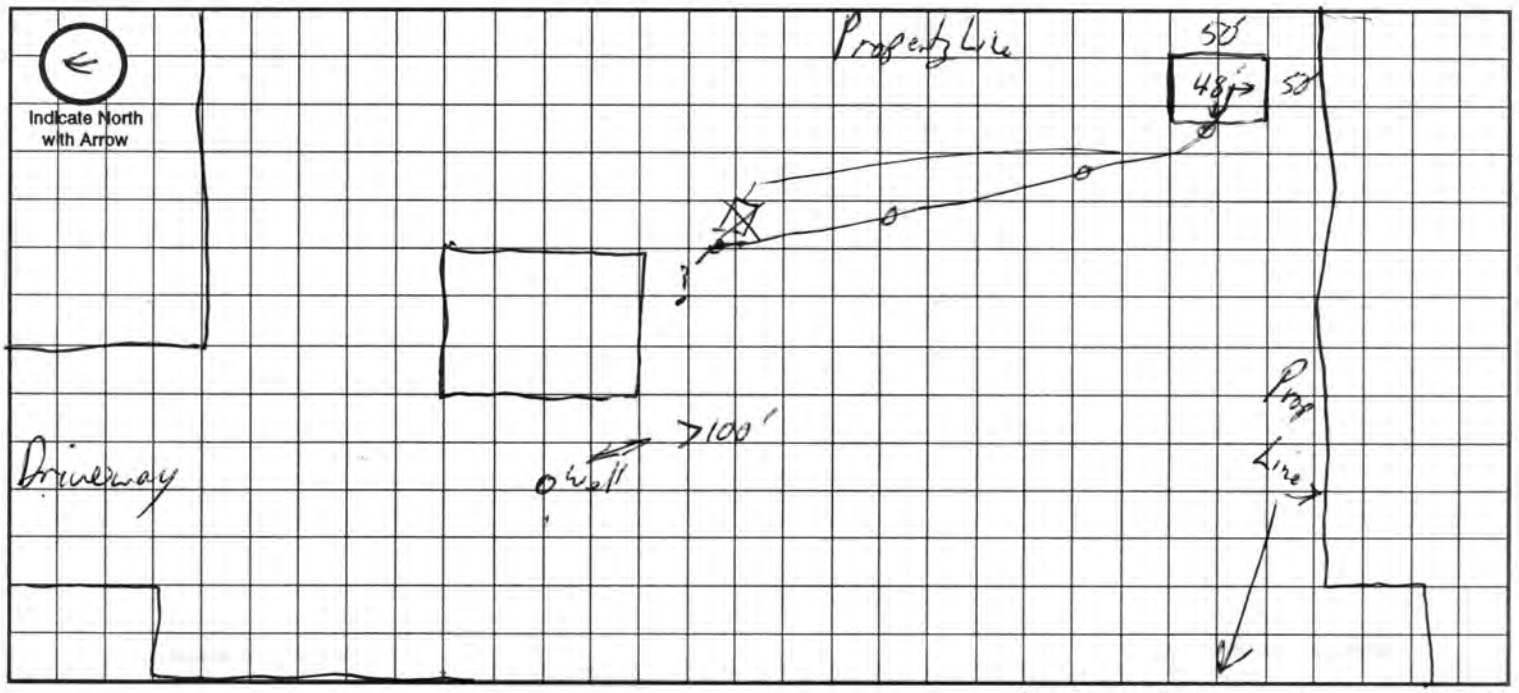
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 11301 Pioneers Blvd. City Denton NE, Zip Ne

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 0 (min. per inch) Soil Type: WR2 / PAE 2 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 Brad Southwick Date 9-10-98

Jerry H. from B. Sondbrick

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-98

System Location (Indicate correct number and street)

Address 11335 West Pioneers Blvd (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Sch 40
   Diameter: PVC in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 320' ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line NA ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

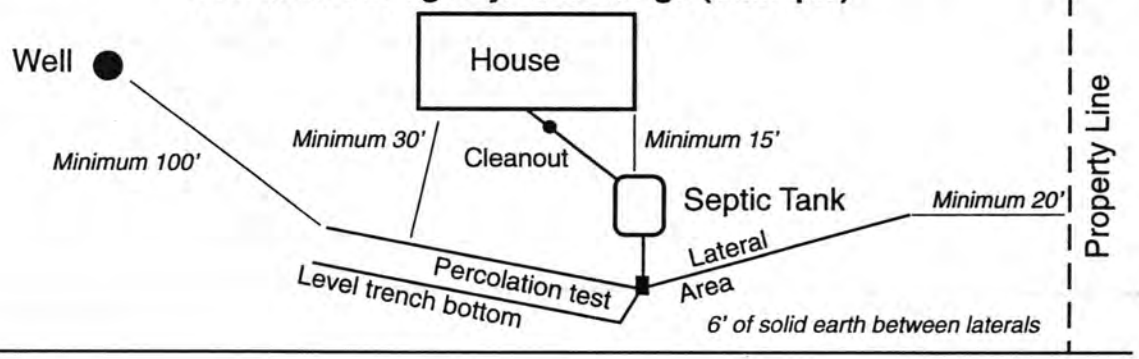
(Provide as-built drawings on back of this form)

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.

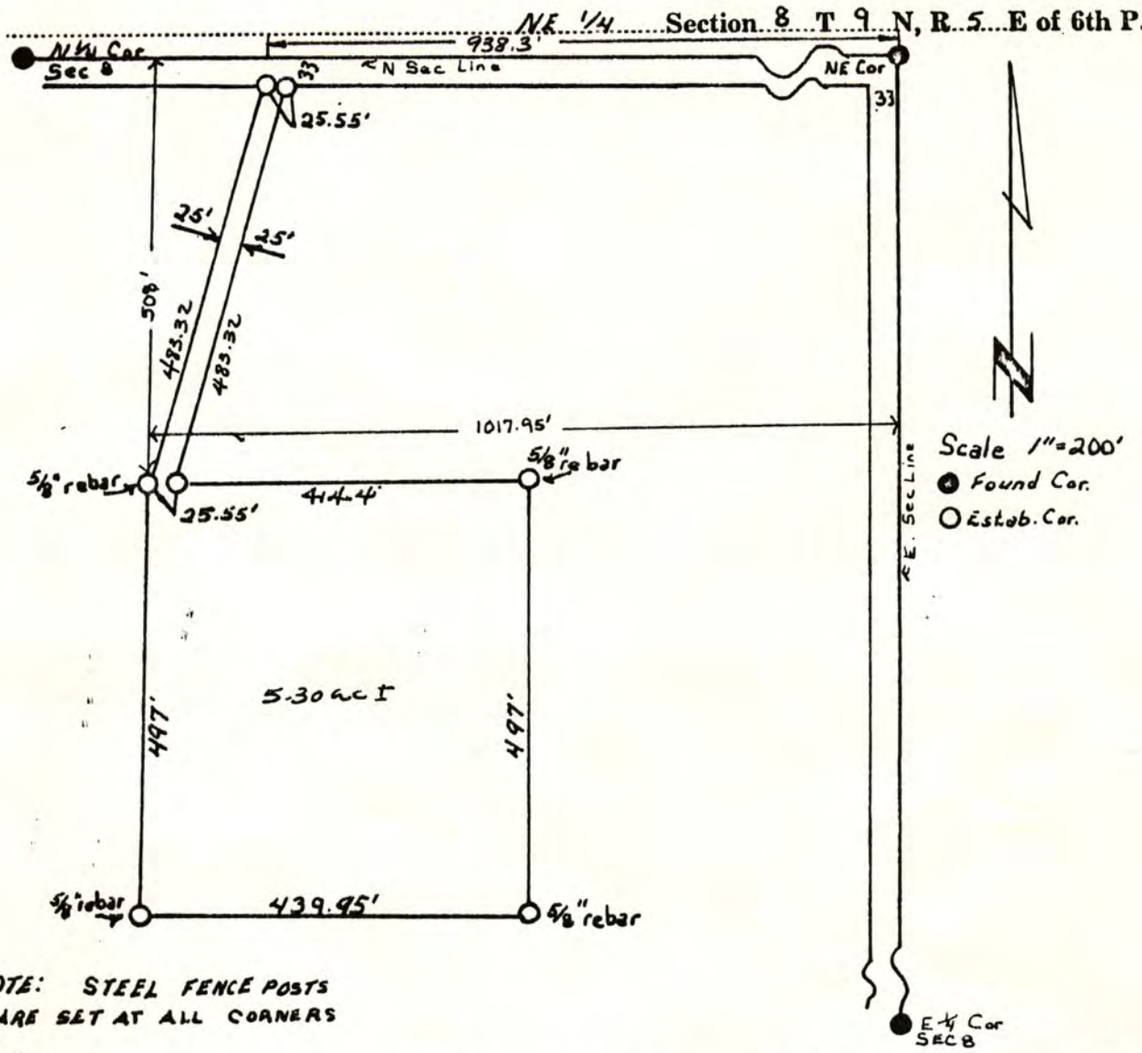
Individual Sewage System Design (Example)



LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: IRREGULAR TRACT OF LAND SITUATED IN NE 1/4 Section 8 T 9 N, R 5 E of 6th P.M.



NOTE: STEEL FENCE POSTS ARE SET AT ALL CORNERS

An irregular tract of land situated in the NE¼ Section 8 T9N R5E of the 6th P.M. Lancaster County, Nebraska more particularly described as follows:

Referring to the NE corner of the NE¼ Section 8 T9N R5E, thence West on the North line of the NE¼, a distance of 938.3', thence South on a line parallel to the East line of the NE¼, a distance of 33.0' to a point on the South County Road Right of Way line, said point being the point of beginning, Thence Southwest on a diagonal line, a distance of 483.32' to a point that is 508' South of the North line and 1017.95' West of the East line of the NE¼; thence South on a line parallel to the East line of the NE¼, a distance of 497.0'; thence East on a line parallel to the North line of the NE¼, a distance of 439.95'; thence North parallel to the East line of the NE¼, a distance of 497.0'; thence West on a line parallel to the North line of the NE¼, a distance of 414.4'; thence Northeast on a diagonal line, a distance of 483.32' to a point on the South County Road Right of Way line; Thence West on the County Road Right of Way line, a distance of 25.55' to point of beginning; the said tract contains 5.30 acres more or less.

I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat of same is true and correct to the best of my knowledge.

Signed this 31st day of October 19 73

Name: Robert B. Bates Jr.

Surveyor's license No. L.S. 252

Land Surveyor's Seal

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780(

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 6-27-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 8; BLOCK ____

LOT 10 II; ADDITION _____; Street Address _____

Directions to Property 2nd Drive South of SW 112th & Pioneers on Pioneers Blvd.

Location of Well Middle of Back yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Myron Stowell	11431 W. Pioneers Blvd	475-6265
Tenant/Buyer:			
Return to:			

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Myron E Stowell Address 11431 W. Pioneers Blvd

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 27, 1989 Received $75.00 Check ☐ Cash ☒

PRELIMINARY STATUS--DATE 6/27/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 6/27/89 by LCH
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: CANNOT RELATE SEPTIC SYSTEM BACK TO A SPECIFIC SEWAGE PERMIT. SO SYSTEM MAY HAVE BEEN INSTALLED PRIOR TO REGULATIONS HENCE See Attached Letter ☐

~~APPROVAL IS PROVISIONAL.~~

FINAL STATUS

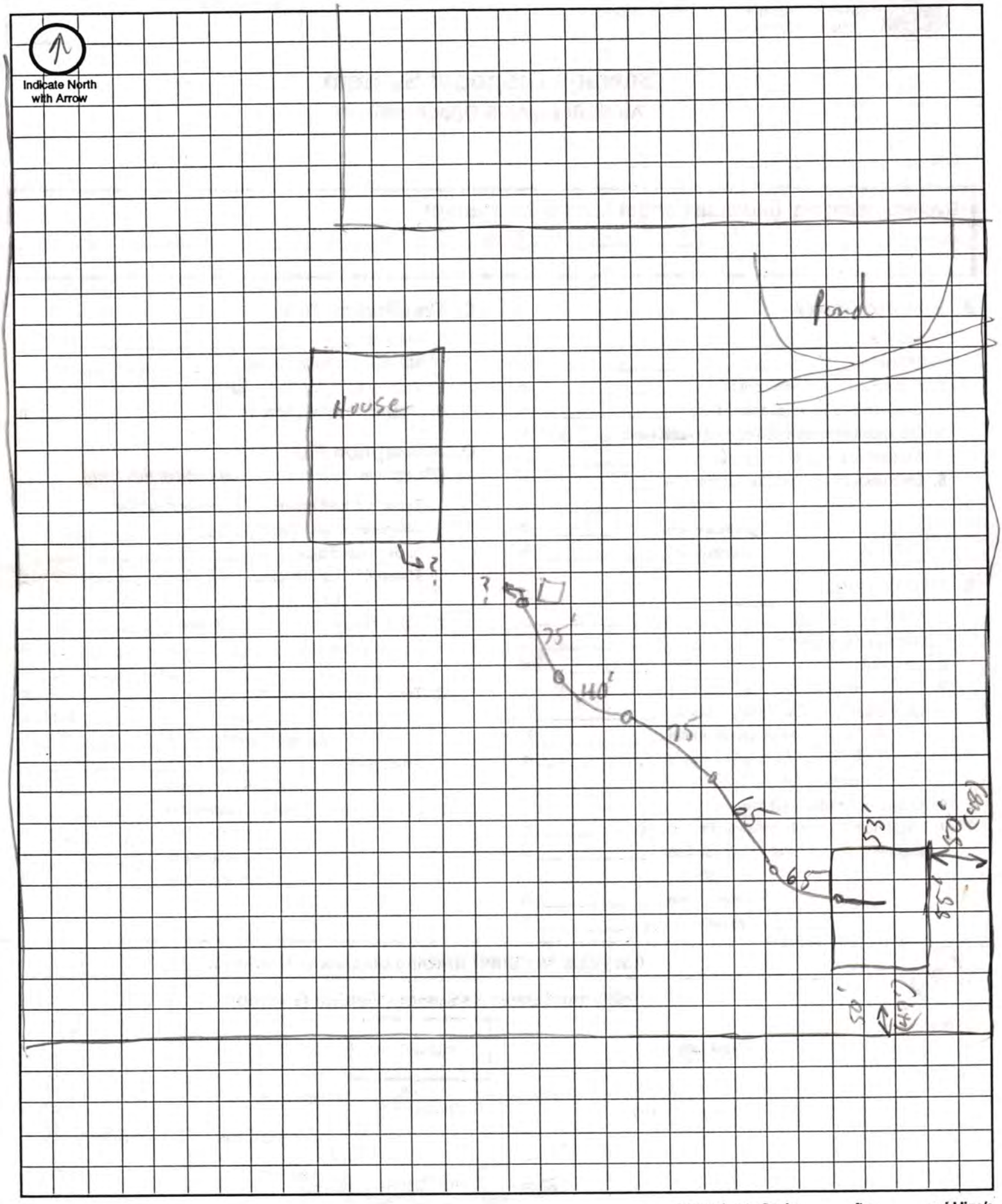
	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.S. DATE JUNE 30, 1989

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

As Built Drawing



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