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 _____ (no rural route) City _____ NE, Zip _____

Legal Description 28 9N 5E _____ 27 Lot
1/4 1/4 Section Township Range Subdivision Addition Block

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RONALD L. TROUSA Signature Ronald L. Trousa

Address RT #1 BOX 94-2A City/State/Zip DENTON NE 68339

☐ Check if owner designed system Home Phone 797 7580 Work Phone 441-8360

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 _____ 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 3/12/96 Date frwd 3/12/96 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hoob
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 _____

EXTEND

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3029

Date Rec'd 3/12/97

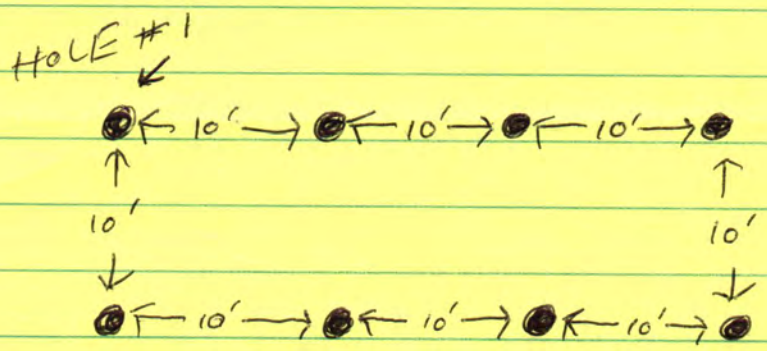
Amt Paid 50.00

Rec'd By JO Cash/Check No. 1250

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

TIME START –

HOLE #	9 AM	9:10	9:20	9:30	9:40	9:50	10:00 AM
1	1"	1"	1"	1"	1"	3/4"	
2	2"	1 3/4"	1 1/8"	7/8"	1/2"	1/2"	
3	2"	1 7/8"	3/4"	3/4"	3/4"	3/4"	
4	2"	2"	1 1/2"	1"	1"	3/4"	
5	2"	2"	1 1/2"	1"	7/8"	3/4"	
6	2 1/4"	2"	1 3/4"	1 1/8"	1"	3/4"	
7	2"	1 7/8"	1 3/4"	1 1/8"	1"	3/4"	
8	1 7/8"	1 7/8"	1 1/2"	1 1/8"	1"	7/8"	



RIDICULOUSLY COMPLICATED BY
DAVID IN 1989 FOR CAMERON

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCAS COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

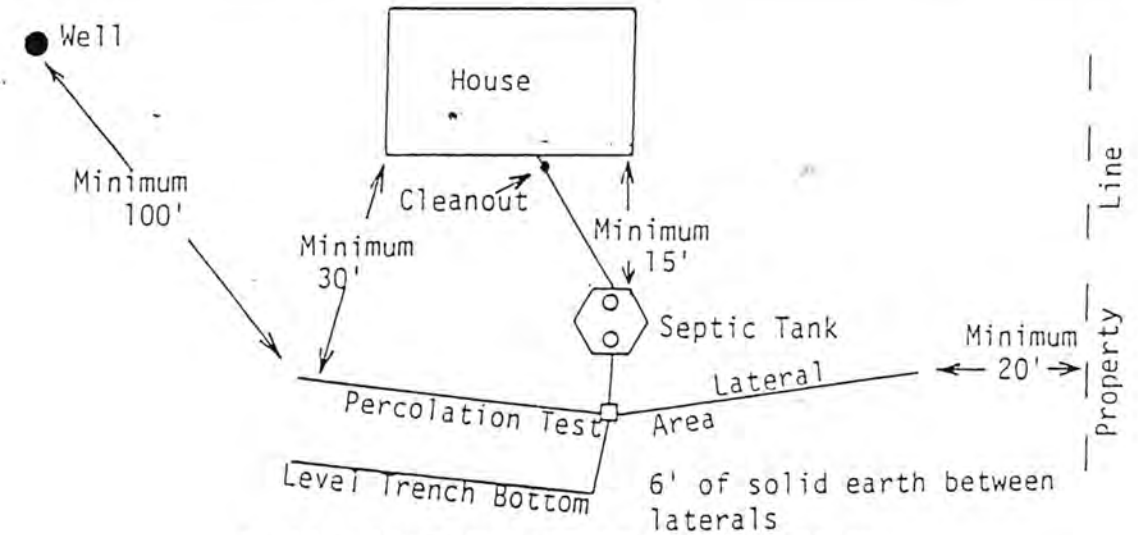
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1 70 ft
5. Distances to: Well or Suction Line 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 3.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☒ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in. Risers at grade
8. Distances to: Well or Suction Line 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 1/2 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company Inland-Core)
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 4" or Perforated Pipe 4". Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 2; Length of each line 80', 70', _____, _____, _____ ft.; Total length of laterals 150 ft.; Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.; Slope 2" in/100 ft.; Average Depth 22" in.
4. Filter Material: Road Gravel Depth of Material 17" in.
5. Distances to: Well or Suction Line 104 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 20" ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

018

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

3140 N St Rm 07

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System Closing is before 6-28-94

Legal Description of Property: Street Address _____

Twp 9N Range 5E Section 28 1/4 ___ 1/4 ___ Block ___ Lot 27 Addition _____

Directions to Property SW Corner of Intersection SW 98th & Yankee Hill Rd.

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System Septic - Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Ron Toouba	Rt 1, Box 94-2A SW 98th & Yankee Hill	797-7580
Tenant/Buyer:	Same	Denton, NE 68339	
Return to:	Same	Same	Same
			Dana 434-6136 Norwest Mortgage

Signature of Applicant [signature] Address Same Date 6/20/94

HEALTH DEPARTMENT USE ONLY

Date Received 6/21/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood DATE: 6/21/94 Not ready yet

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☒	Approved	☒	Date 6/22/94 by J.C.H
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date 6/24/94 by J.C.H
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: 6/24/94 DEPRESSION AROUND WELL. OLD LAGOON SHOULD BE ABANDONED. Filled in around well. 6/24/94 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/27/94

Approval or disapproval is based on State and local 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 operations.

'94 JUN 23 P3:15 REPORTED

'94 JUN 22 P1:47 RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 12560

DATE COLLECTED 6 (MO.) 22 (DAY) 94 (YEAR) 1:25p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RON TROUBA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 28 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY lw

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 14 13561

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 24 (DAY) 94 (YEAR) 2:26pm (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION RON TROUBA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 28 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

'94 JUN 25 P2:16 REPORTED

'94 JUN 24 P7:41 RECEIVED

FOR LABORATORY USE ONLY

TEST METHOD: ☑ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☑ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

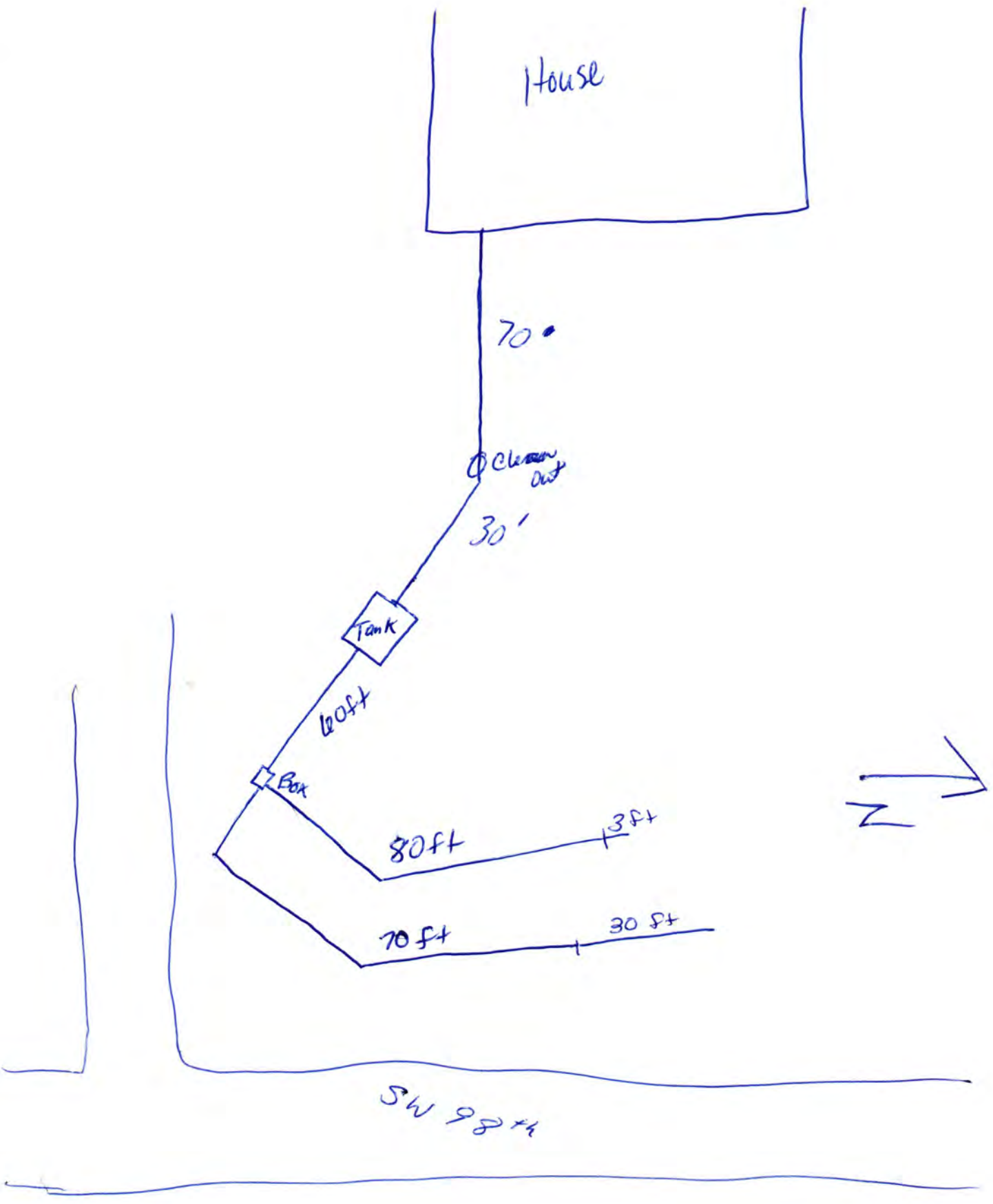
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWB 91


House
70'
Clean out
30'
Tank
60ft
Box
80ft
3ft
70 ft
30 ft
N
SW 98th

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380154301

SEWAGE INSTALLATION
SEPTIC SYSTEM
EXTENSION

Issued 03/14/97
Expires 09/14/97
Revenue Code 18754

Establishment

RON TROUBA
T9N R5E SEC 28
LOT 27

FEES: $50.00

TOTAL $50.00

Permittee

RON TROUBA
RR0001
BOX 94-2A
DENTON NE 68339

3404

Issued By M. Jane Ford
Health Director

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