Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

BEN DEBORD
T9N R5E SEC 35 QTR NE
S 1/2 OF NE 1/4
10555 SW 70 ST-MARTELL

Permittee

BEN DEBORD
4700 SOUTH HAVEN CIR
LINCOLN NE 68516

Permit # 01380230401

Issued 04/26/01
Expires 10/26/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015577

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

A

Permit Number: 013802304

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 10555 S.W. 70TH ST. (no rural route) City _____ NE, Zip _____

Legal Description S½ of NE¼ of 35 9N 5E
1/4 1/4 Section Township Range 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 Ben DeBord Signature Ben DeBord

Address 4700 S. Haven Cir City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 402-483-1717 Work Phone 402-475-1320
420-9876

C. Contractor

Name BEN EARNEST Company Name EARNEST WELL DRILLING

Address 2716 W. MILFORD RD City/State/Zip MILFORD, NE. 68405

☐ Check if contractor designed system Work Phone 402-761-2281

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 4/26/01 Date frwd 4/26/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/26/01 Date frwd 4/26/01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-26-01 Date frwd 4-26-01 ACTION ☐ Approved ☐ Disapproved Signature _____

5/14/01 Line + Lagoon OS Drawing + fence needed

Drawing received 5/17 Fence only

Installation Final Written Approval

By _____

Date 7/24/01

Business Office Use Only
Date Rec'd 04/26/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 6904

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

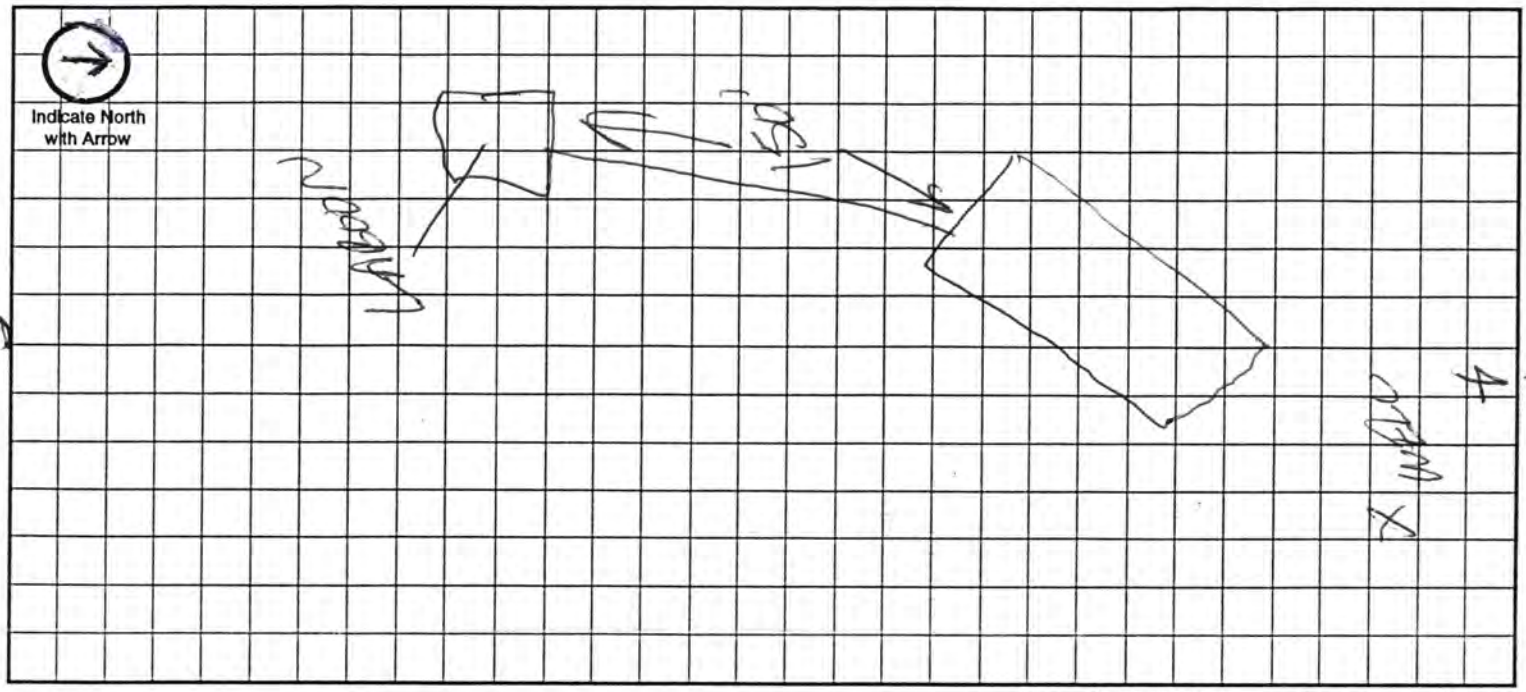
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802304

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) _____ 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 Lagoon

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 Ben DeBoard Date 4-20-01

Installer BEN HARVEST Date 4-20-01

FORM 23-102 10-96

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

MAY 1 6 2001 **D**

Permit Number: 01380230401

Sewage Disposal System
As Built Plans & Specifications

Date 5/14/01 Ben Debord

System Location (Indicate correct number and street)

Address 10501 S.W. 70th (no rural route) City Martel NE NE, Zip 68404

A. Building Sewer

1. Material: 4" SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ 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

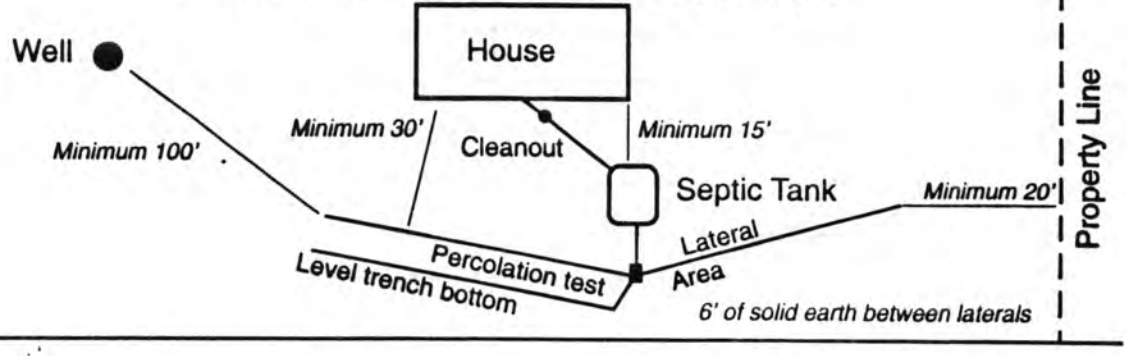
(Provide as-built drawings on back of this form)

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.

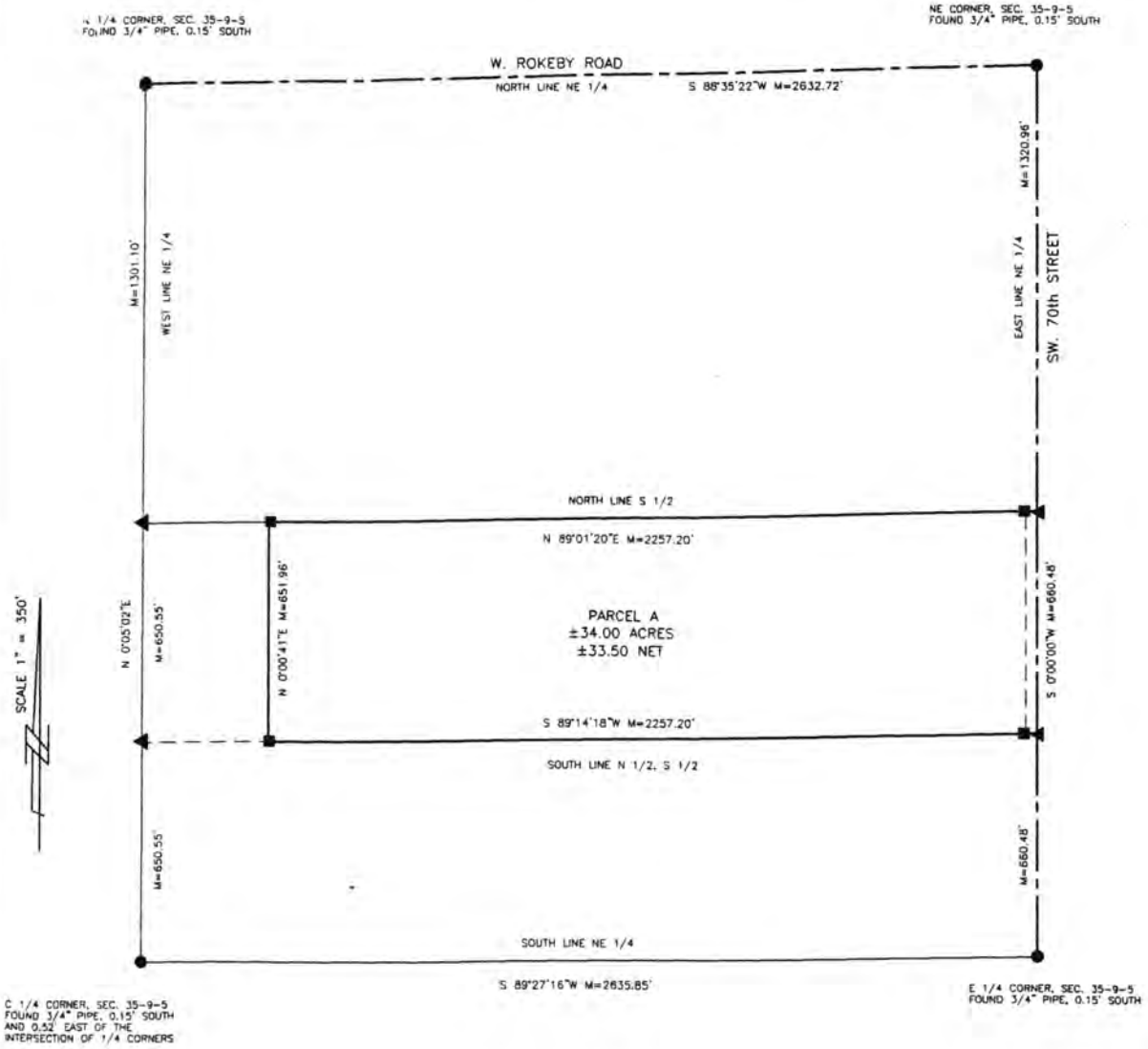
Individual Sewage System Design (Example)



FORM 23-103 10-96

BOUNDARY SURVEY

PART OF THE SOUTH 1/2, NE 1/4, SECTION 35, T 9 N, R 5 E LANCASTER COUNTY, NEBRASKA



LEGAL DESCRIPTION

PARCEL A

PART OF THE NORTH HALF OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION 35, TOWNSHIP 9 NORTH, RANGE 5 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED SAID FOLLOWS;

BEGINNING AT THE NORTHEAST CORNER OF SAID NORTH HALF; THENCE ON THE EAST LINE OF NORTH HALF, ON AN ASSIGNED BEARING OF S 0°00'00"W A DISTANCE OF 660.48', TO THE SOUTHEAST CORNER OF SAID NORTH HALF; THENCE ON THE SOUTH LINE OF SAID NORTH HALF, S 89°14'18"W 2257.20'; THENCE N 0°00'41"E 651.96', TO A POINT ON THE NORTH LINE OF SAID NORTH HALF; THENCE ON SAID NORTH LINE, N 89°01'20"E 2257.20', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 34.00 ACRES, MORE OR LESS.

SURVEYOR'S CERTIFICATE

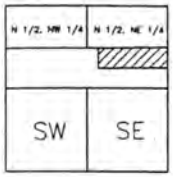
I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE ABOVE DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 2nd DAY OF APRIL, 2001.

BILLY JOE KERR, LS #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

LOCATION SKETCH
SEC. 35-9-5



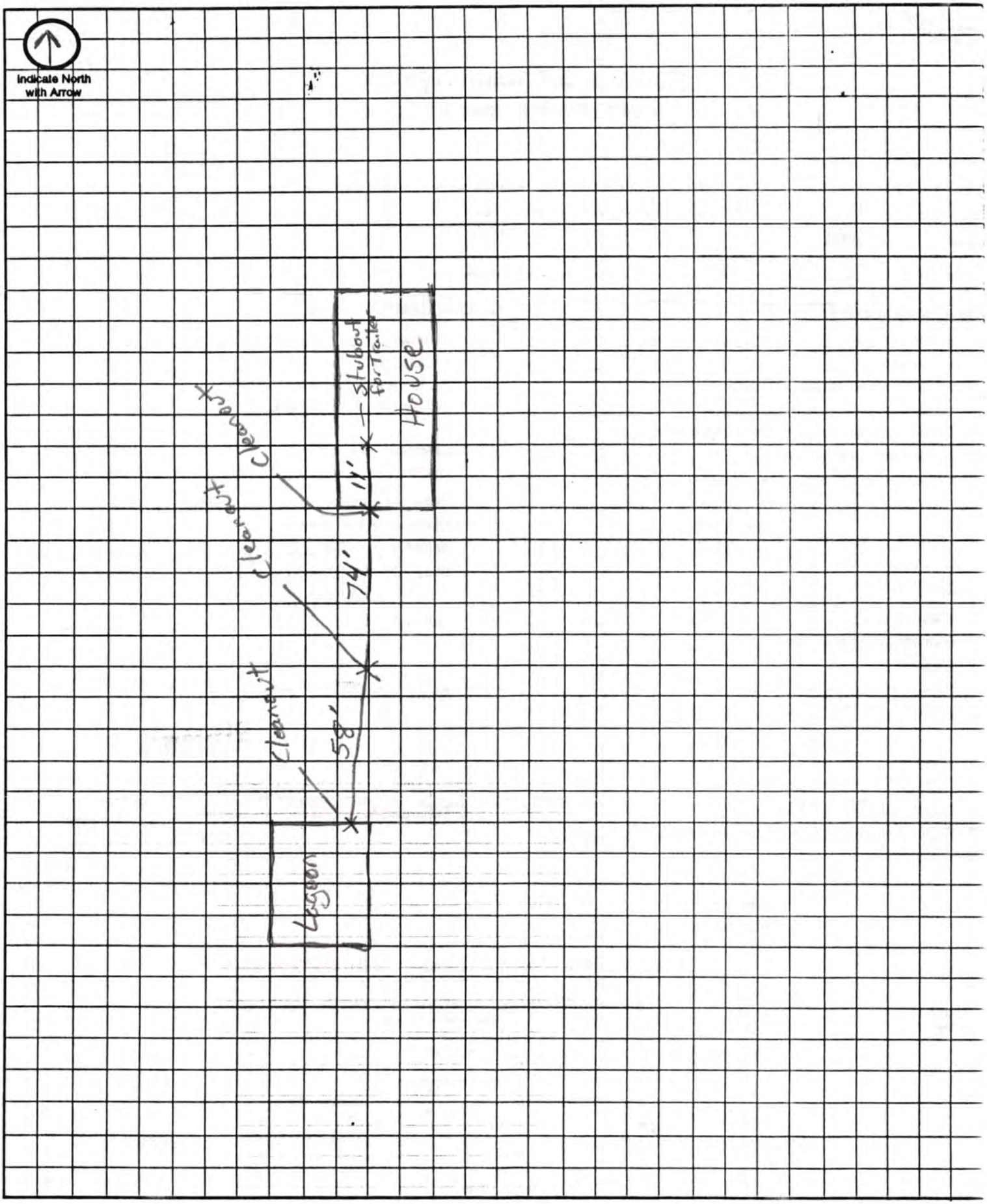
LEGEND

- R = RECORD DISTANCE
- M = MEASURED DISTANCE
- ● = FOUND MONUMENT AS NOTED
- ■ = SET MONUMENT #5 REBAR & CAP
- ◀ = SET TEMP. POINT

#0103156

K & M INC. LAND SURVEYING
540 W. INDUSTRIAL LAKE DR. #1
LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

As Built Drawing



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