Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002762

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON

Permit # 03380265101

Issued 06/13/03
Expires 12/13/03
Revenue Code 3157

Establishment

THOMAS & DIONNE GORJI
T9N R6E SEC 8
ROBERTS IRONWD ESTS BLK 6 LOT 3
3701 W BUCKTHORN RD

FEES: $200.00

Permittee

THOMAS & DIONNE GORJI
5420 W BRIXTON DR
LINCOLN NE 68521

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

A

Permit Number: 03380265101

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 3701 W. BUCKTHORN ROAD (no rural route) City LINCOLN NE, Zip 68523

Legal Description LINCOLN (1/4) LANCASTER COUNTY (1/4) 17 (Section) 9N (Township) 6E (Range) ROBERTS IRONWOOD ESTATES (Subdivision) 6 (Addition) 3 (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 THOMAS AND DONNE GOERGI Signature _____

Address 5420 W BRIXTON DR City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name RICK MENKE/STAN KROESE Company Name Lan Cont/DIRTWORKS PLUS INC

Address 1116 ISAAC DR. 7321 BALLARD City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 730-5300 / 560-1208

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 6/13/03 Date frwd 6/13/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-13-03 Date frwd 6-13-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/13/03 Date frwd 6/13/03 ACTION ☐ Approved ☐ Disapproved Signature _____

Tank previously inspected 12/15/02 Lateral need drawn

Installation Final Written Approval

By _____

Date 1/23/04

Business Office Use Only

Date Rec'd 06/13/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1094

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

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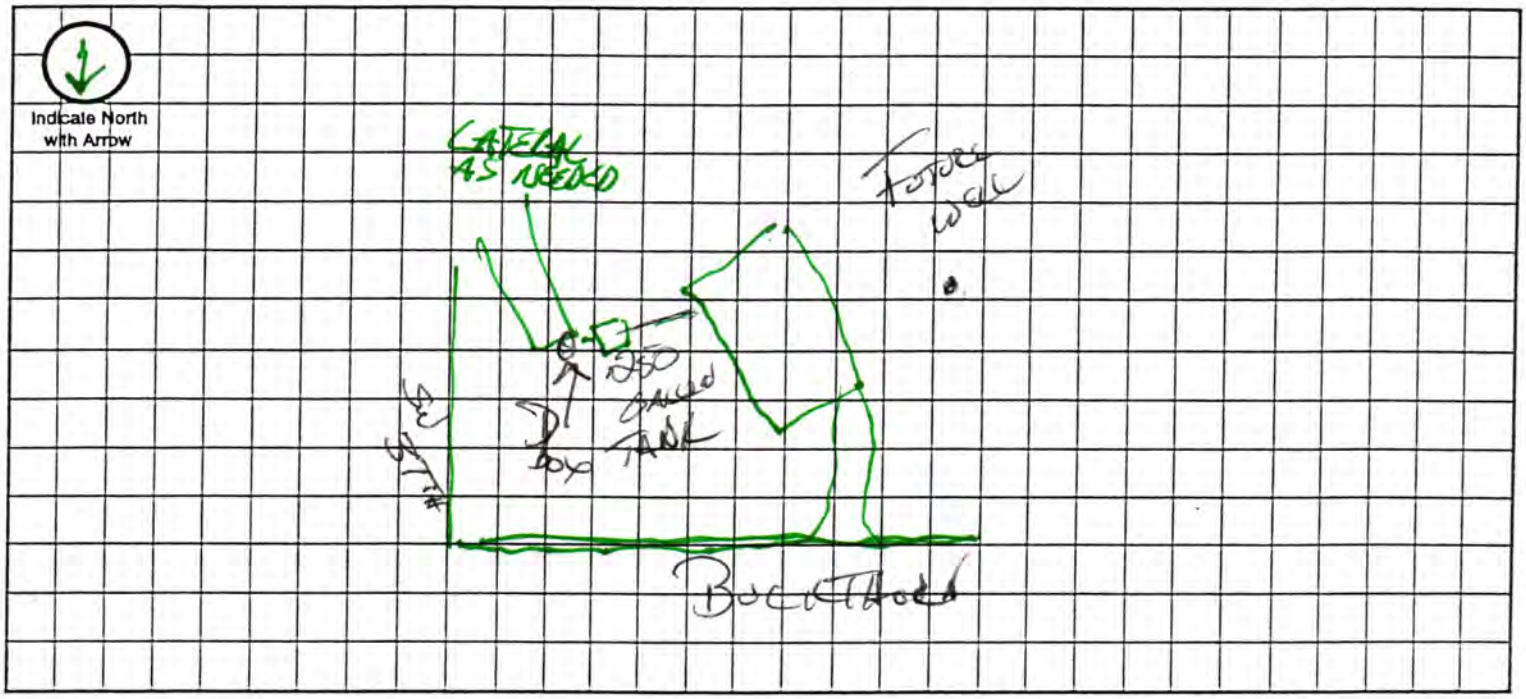
C

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) 3701 BUCKTHORN City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 28 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other ~~INFILTRATOR~~

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 188 ft. Number of Trenches _____ Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

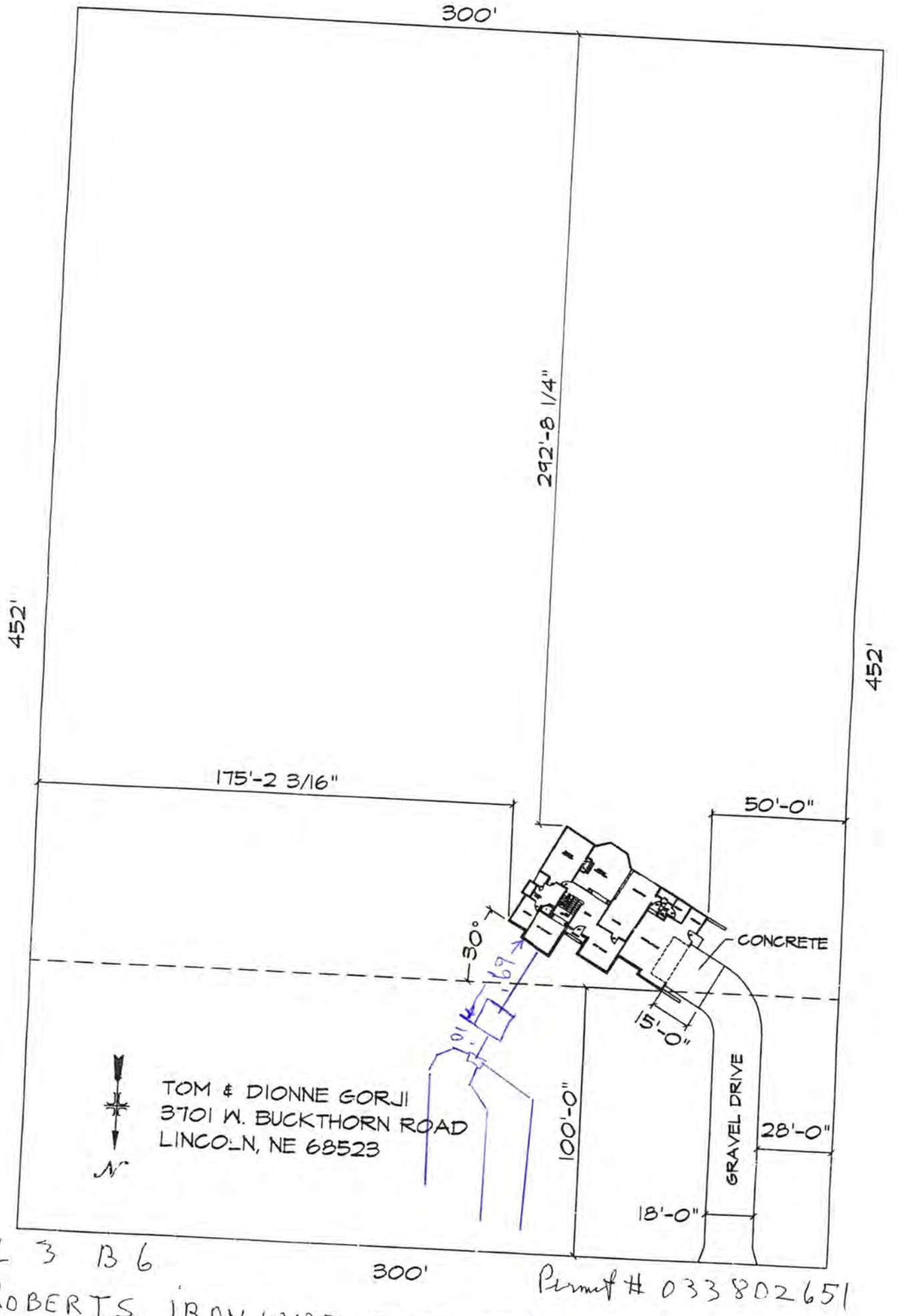
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 6-10-03

Installer _____ Date 6/11/03

FORM 23-102 10-96


300'
292'-8 1/4"
452'
452'
175'-2 3/16"
50'-0"
30°
CONCRETE
15'-0"
100'-0"
GRAVEL DRIVE
28'-0"
18'-0"
TOM & DIONNE GORJI
3701 W. BUCKTHORN ROAD
LINCOLN, NE 68523
N
L 3 B 6
300'
ROBERTS IRONWOOD ESTATES
Permit # 033802651

12/15/03 field note

