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. 98380177901

Issued 06/18/98
Expires 12/18/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment
BRIAN D CARSTENS
T9N R6E SEC 21 QTR SE
BURR OAKS BLK 5 LOT 2
1200 W BURR OAKS RD

TOTAL $150.00

Permittee
BRIAN D CARSTENS
5230 HAPPY HOLLOW LN
LINCOLN NE 68516-5330

Issued By Health Director
Lincoln-Lancaster County Health Department

007637

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: 98801779

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 1200 W. Burr Oaks Road (no rural route) City Lincoln NE, Zip 68528

Legal Description: SE (1/4) SE (1/4) 21 (Section) 9N (Township) 6E (Range) Burr Oaks (Subdivision) 5 (Addition) 2 (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 Brian D. Carstens Signature Brian D. Carstens

Address 5230 Happy Hollow Ln. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 421-7180 Work Phone 438-8200

C. Contractor

Name John Strohmeyer Company Name Excavating, Inc.

Address 9811 N.W. 40th Street City/State/Zip Lincoln, NE 568524

☐ Check if contractor designed system Work Phone 470-3100

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 5 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 6/18/98 Date frwd 6/18/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.18.98 Date frwd 6.18.98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-18-98 Date frwd 6-18-98 **ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels

6/10/98 Hood letter, signs etc JSH

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 29, 1998

Business Office Use Only

Date Rec'd 06/18/98

Amt Paid 150.-0

Rec'd By _____ Cash/Check No. 104

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

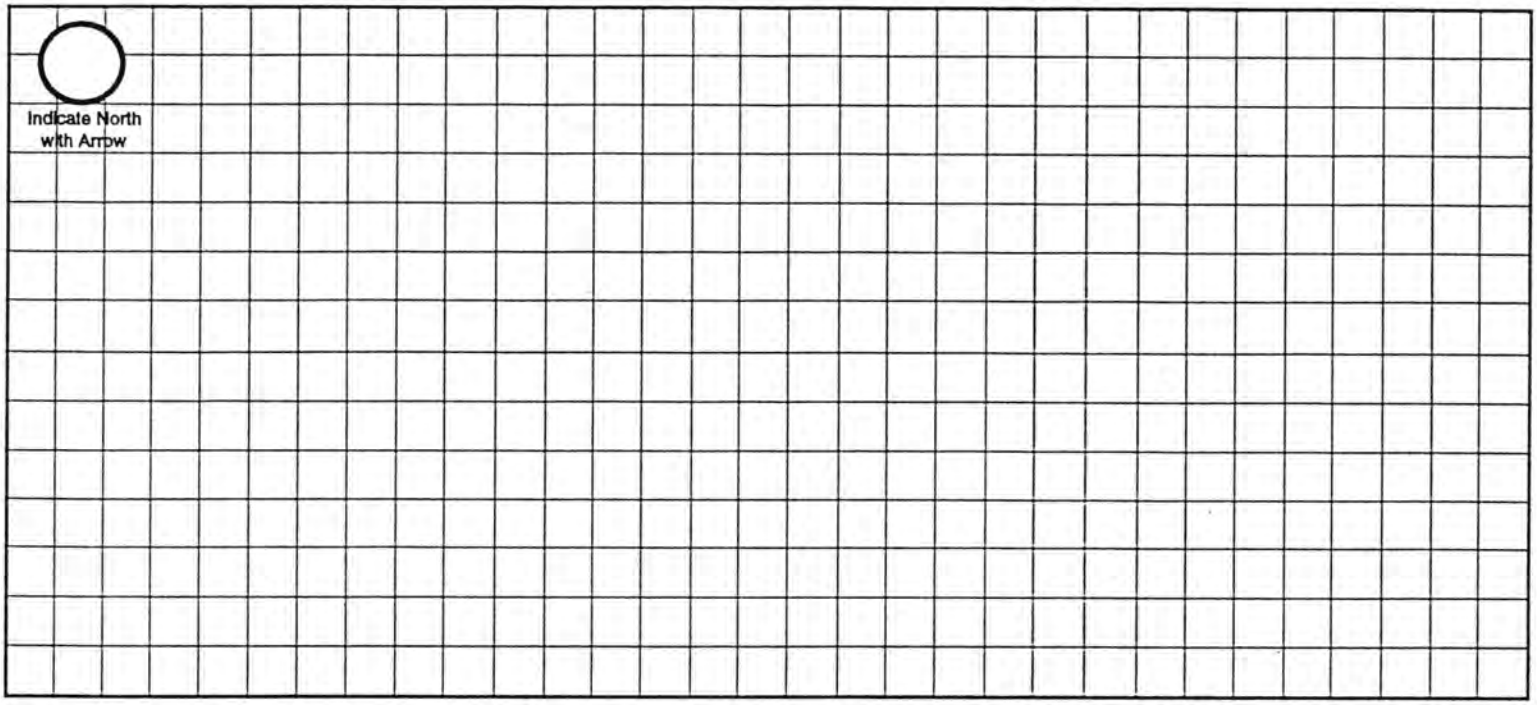
C

Permit Number: 98301779

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 _____

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

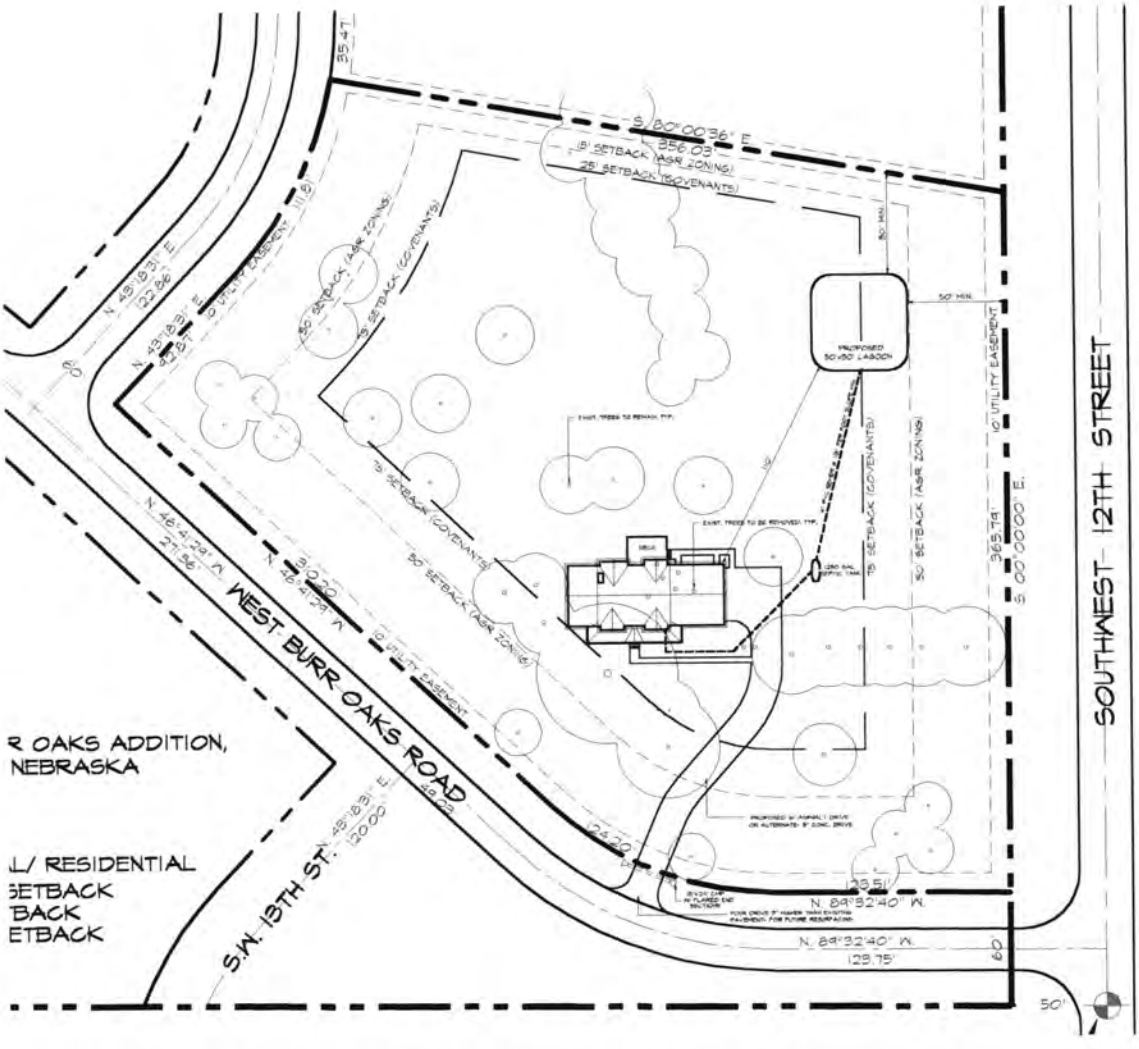
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date 6/18/98

* Installer _____ Date 6/18/98

FORM 23-102 10-96



R OAKS ADDITION,
NEBRASKA

L/ RESIDENTIAL
SETBACK
BACK
ETBACK

1" = 100'

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

D

Permit Number: 98801779

Sewage Disposal System

As Built Plans & Specifications

Date 9-10-98

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: Cl. 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: 24 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 50 ft.
   stream 0 ft.
   pressure line 15 ft.
   property line 100+ 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

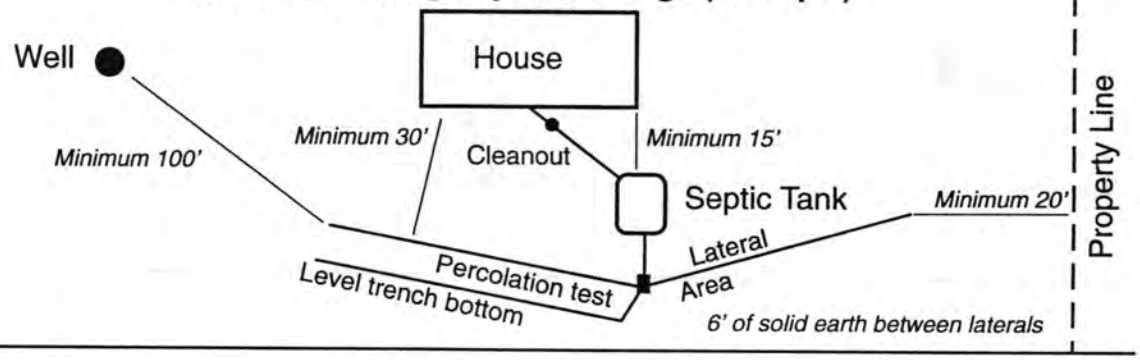
(Provide as-built drawings on back of this form)

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

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

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

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1200 W. Burr Oaks Rd., Lincoln, NE 68523

Parcel ID 09-21-407-002-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 21 1/4 1/4 Block 5 Lot 2 Addition Burr Oaks Addition

Directions to Property At W. Denton Rd & SW 12th St. go South 1 mi. turn Right into Burr Oaks on W. Burr Oaks Rd. 1st house on Right. On front side W. of pole

Location of Well Towards NW corner of Lot. About 50 from Tap Location: Inside ☐ Outside ☒ Use tap

Location of Sewage System Right rear of house - Lagoon Year Installed 1995

Site Hazards (dogs, etc.) None W. property line & 80' from N Lot line.

	NAME	ADDRESS	PHONE
Present Owner:	Brian D. & Lori L. Carstens	1200 W. Burr Oaks Rd.	421-7180 home 432-4436 cell
Tenant/Buyer:		FAX 434-0467	434-2424
Return to:	State Title-Tiffany	Suite 108	(Fax)

Signature of Applicant [signature] Address 4500 S. 70th St Lincoln, NE 68516 Attn: Tiffany May Date 12/14/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/17/01 Amount $200.00 Check No. 4094 Initials CW

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Doug Smith **DATE:** 12/18/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.3 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 12/18/01 by DS

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

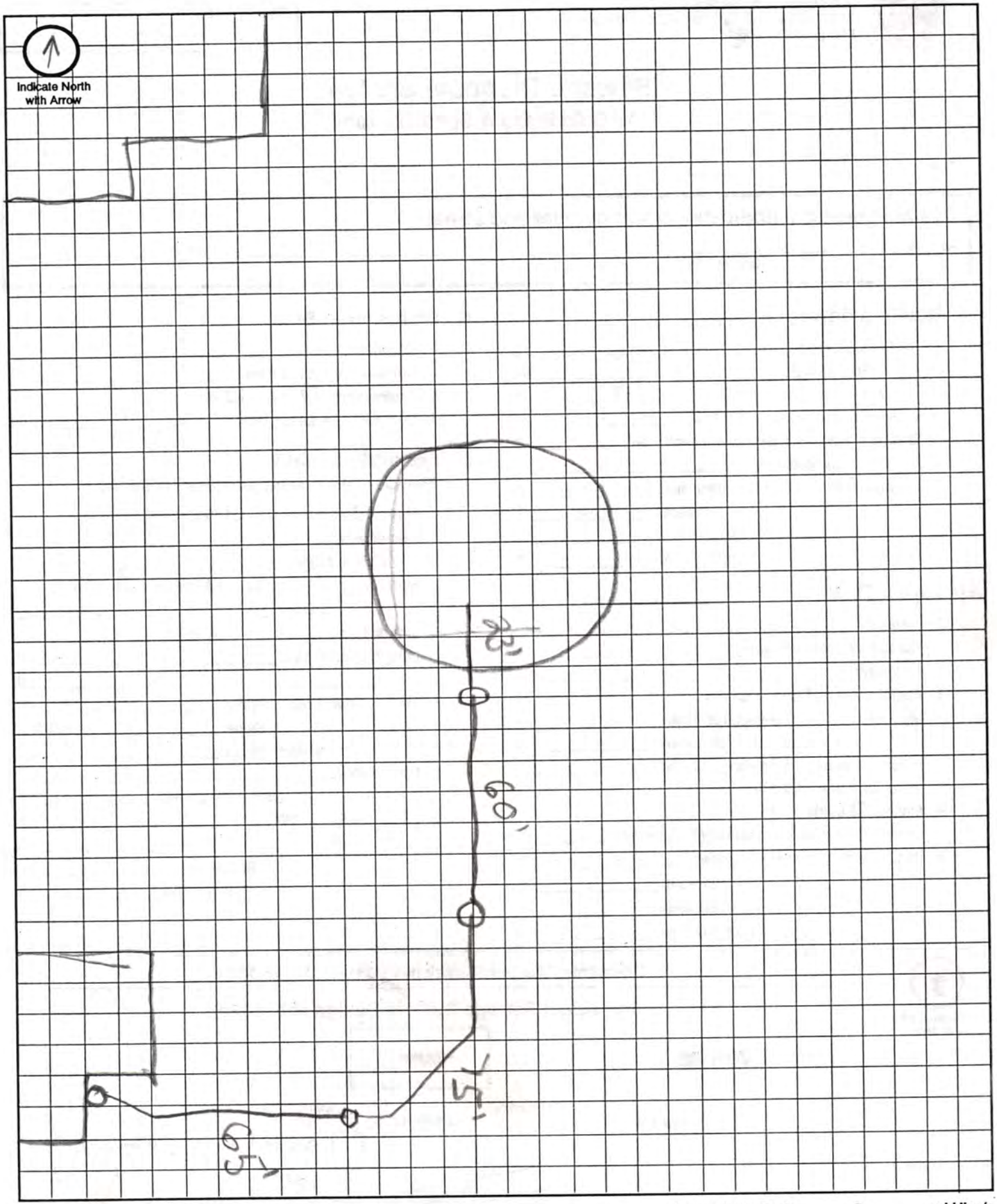
Approved by Doug Smith Date 12/20/01

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s