Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
ALDERMAN BUILDERS INC
T9N R6E SEC 31 QTR NW
N1/2OFSW1/4OFNW1/4
10450 SW 56 ST-DENTON

Permittee
ALDERMAN BUILDERS INC
6610 RAVEN RIDGE CT
DENTON NE 68339

Permit # 01380235801

Issued 08/30/01
Expires 03/02/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000005

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

A

Permit Number: 013802358

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 10450 SW 56 (no rural route) City Denton NE, Zip 68339

Legal Description N½ SW¼ NW¼ 31 9N 6E 12 I.T.
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 Alderman Builders Inc Signature _____

Address 6610 Raven Ridge CT City/State/Zip Denton, Ne 68339

☐ Check if owner designed system Home Phone ~~797-2224~~ 489-2930 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 So 72nd. City/State/Zip Hickman, Ne 68372

☐ 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 8/30/01 Date frwd 8/30/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-30-01 Date frwd 8-30-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/30/01 Date frwd 8/30/01 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

fence?

By Doug Smith

Date 3/26/02

Business Office Use Only

Date Rec'd 08/30/01

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 4401

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

013802358

LAURIE FISHER AND JERRY BLASSL PROPERTY

N1/2 SW1/4 NW1/4 SEC 31 T9N R6E

OPTION IV
Revised 12/00

TOTAL P.02

Att: Survey Need.

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

D

Permit Number: 013802378

Sewage Disposal System

As Built Plans & Specifications

Date 8-31-01

System Location (Indicate correct number and street)

Address 10450 SW 58 (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and ~~septic tank~~: 200 ft.
4. Number of clean-outs: 4 Lasom
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 50 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

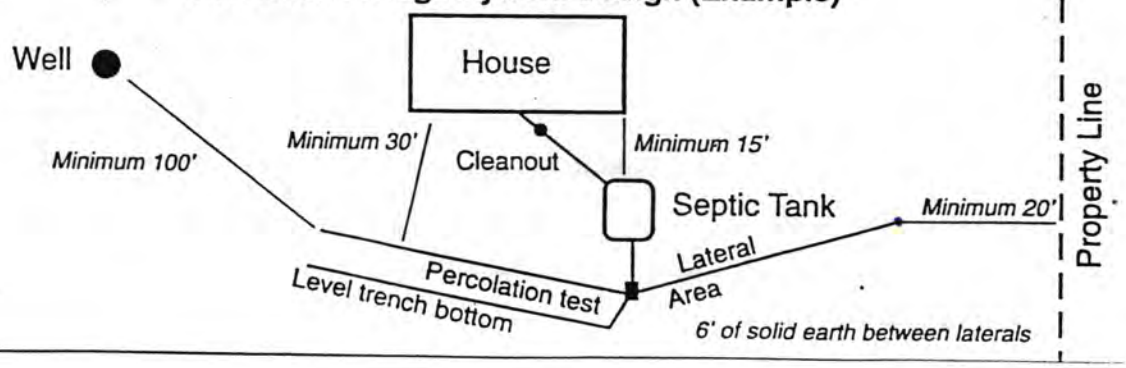
(Provide as-built drawings on back of this form)

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 10450 SW 56th St

Parcel ID 09 - 31 - 100 - 006 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 31 1/4 NW 1/4 Block ___ Lot 12 Addition NW 31-9-6

Directions to Property West Denton rd. to SW 56th St. South to Ickeby Road - House Just South of Ickeby Rd on East Side.

Location of Well North East of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of house Year Installed 2000

Site Hazards (dogs, etc.) Vacant

	NAME	ADDRESS	PHONE
Present Owner:	Estate		
Tenant/Buyer:			
Return to:	Kelly J Novotny	3800 LaSalle St. Lincoln, NE 68516	327-0089 (Fax)

Signature of Applicant Kelly J. Novotny Address 3800 LaSalle St. Lincoln, NE 68516 Date 2/22/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/24/03 Amount $200.00 Check No. 4282 Initials RW

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

PRELIMINARY STATUS--By Doug Sweet **DATE:** 2/25/03

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ 0.0 /ml	☐ ___ /ml
Nitrate	☐ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

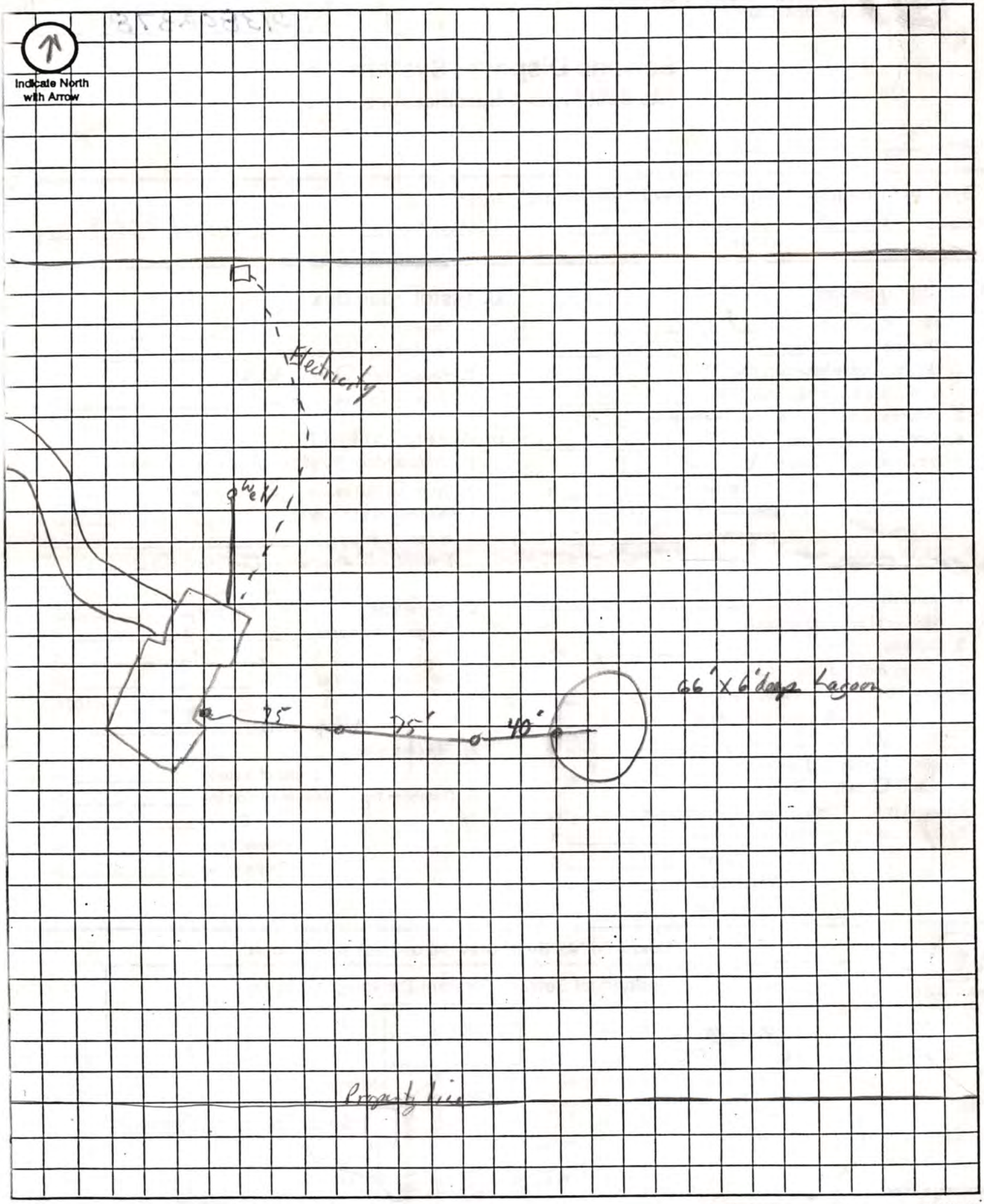
Approved by Doug Sweet Date 2/28/02

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