LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

No. 98380189601

Permit

SEWAGE INSTALLATION
LAGOON

Issued 11/24/98
Expires 05/24/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

JOHN ANKERSON
T9N R7E SEC 28
COUNTRYVIEW ESTATES BLK 1 LOT 2
6800 COUNTRY VIEW RD

TOTAL $150.00

Permittee

JOHN ANKERSON
6800 COUNTRYVIEW RD
LINCOLN NE 68516-9245

Issued By Health Director
Lincoln-Lancaster County Health Department

008313

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:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

CHANGE TO
☐ 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 6800 County View Rd (no rural route) City Lincoln NE, Zip

Legal Description ~~Lot~~ ¼ 28 9N 7E County View Estates 1 2
(¼ ¼ 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 John Anderson Signature

Address 6800 County View Rd City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 423-5674 Work Phone

C. Contractor

Name Dennis Frey Company Name Frey Custom Homes

Address RT 1 Box 88A City/State/Zip Nickman NE 68322

☐ Check if contractor designed system Work Phone 560-2211

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name ~~Vogt~~ Excavating Firm Work Phone 560-4267

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 11/24/98 Date frwd 11/24/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
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 5/21/99 bCH

11/25/98 Needing drawing for concrete NEED LOCK + WARNING SIGN

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 30, 1999

Business Office Use Only
Date Rec'd 11/24/98
Amt Paid $150.00
Rec'd By aw Cash/Check No. 6581

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6800 County View (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: — ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Lagoon
   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

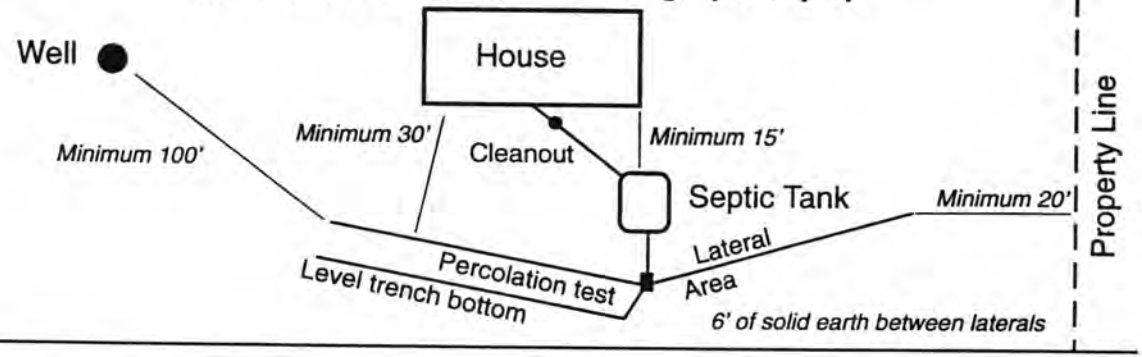
(Provide as-built drawings on back of this form)

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

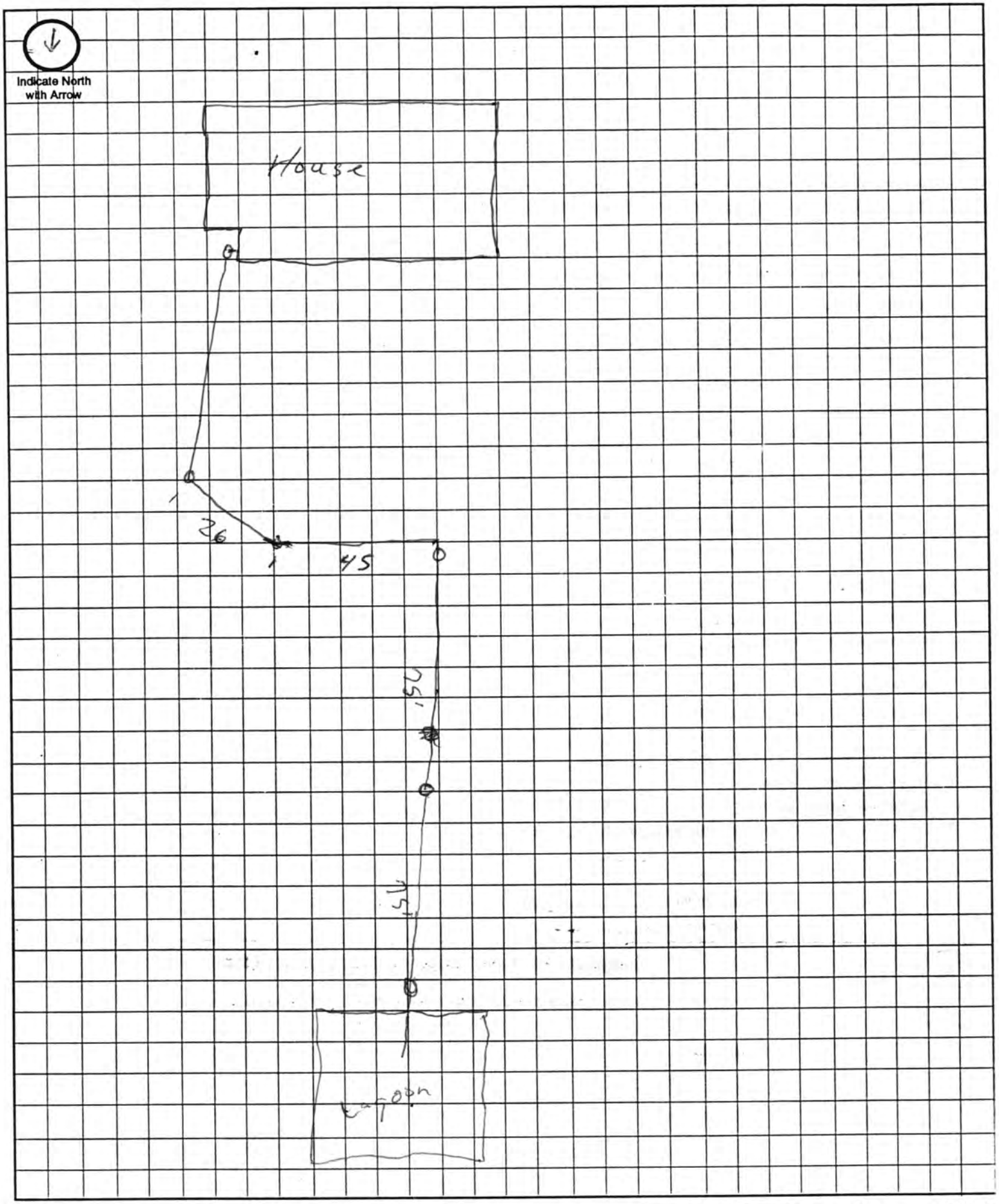
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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