Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011117

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment
BRENDON STAI
T9N R7E SEC 32
SILVER SPRINGS BLK 2 LOT 7
5333 NEW CASTLE RD

Permittee
BRENDON STAI
5333 NEW CASTLE RD
LINCOLN NE 68516

Permit # 07380337701

Issued 08/16/07
Expires 08/16/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number 07380337701 M

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 5333 New Castle City Lincoln, NE Zip

LCR 3988 (no rural route)

Legal Description 32 9N 7E Silver Springs Z 7

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres:

B. Owner

Name Brendon Stai Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Jeff Kreifels Company Name Action Plumbing

Address 4101 So 8 City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone 423-6960

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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits *Must Replace appropriated footage - same amt taken out or affected*
Date rec'd 8/16/07
Date frwd 8/16/07
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval *Note Did not see any wells
By
Date 8/20/07

Business Office Use Only
Date Received 8/16/07 Amount Paid 290 cc
Received By Cw Cash/Check No. 29538

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

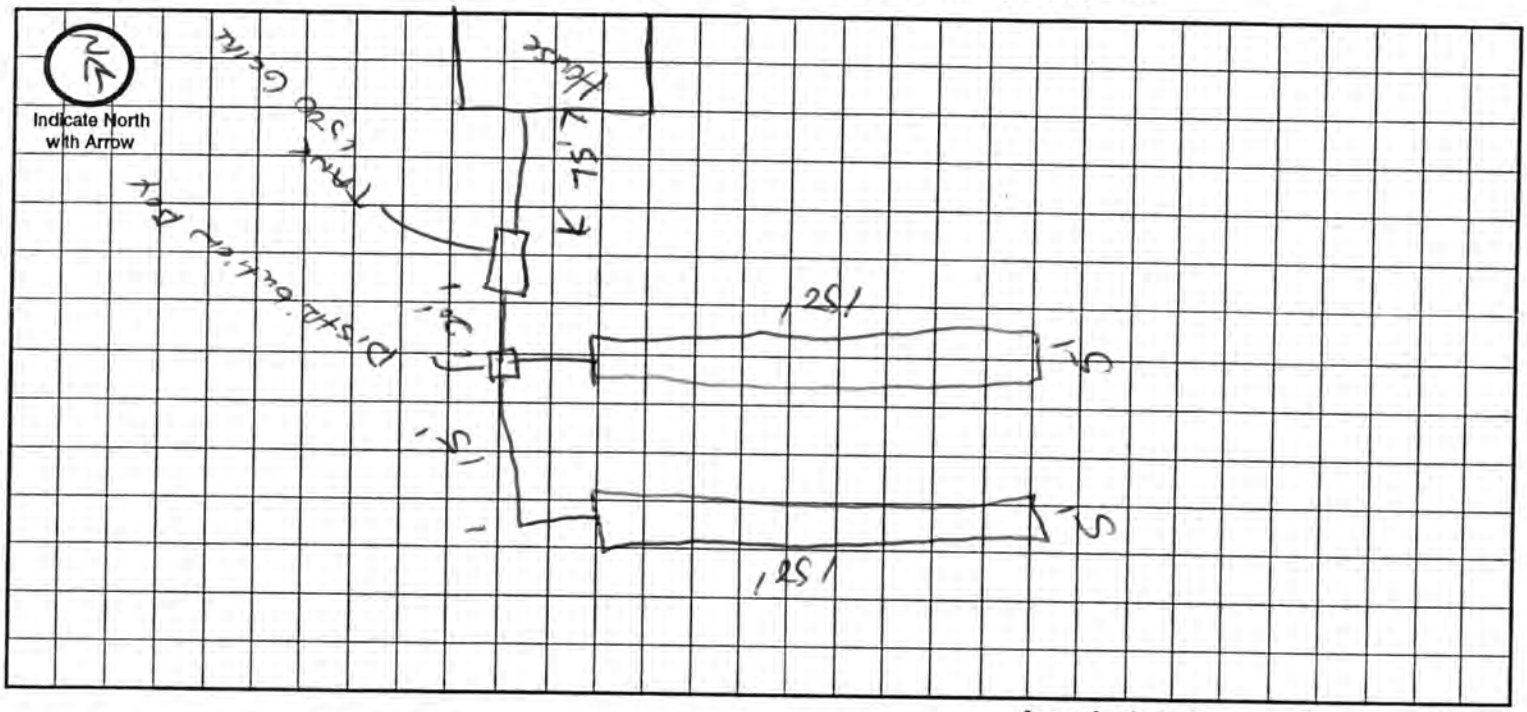
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C

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) 5333 Newcastle City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator

Total Square Feet of Field Required: 1500 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 150 ft. Number of Trenches 2 Trench Width 5'

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 _____

Installer _____ Date 8/15/07