LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

PERMIT

(402) 441-8000

Permit No. 97380159001

SEWAGE INSTALLATION
LAGOON

Issued 06/10/97
Expires 12/10/97
Revenue Code 18754

Establishment

LEONARD HARPER
T9N R8E SEC 14

FEES: $150.00

TOTAL $150.00

Permittee

LEONARD HARPER
RR0001
BOX 00047
WALTON NE 68461

4794

Issued By M. Jane Ford
Health Director

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.

☐ 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 RR1 Box 47 (no rural route) City Wahoo NE, Zip 68461

Legal Description NW (1/4) NE (1/4) 14 (Section) 9N (Township) 8E (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 Leonard Harper Signature Leonard Harper

Address RR1 Box 47 City/State/Zip Wahoo, NE 68461

☐ Check if owner designed system Home Phone 402-782-8715 Work Phone 402-988-2055

C. Contractor

Name Leonard Harper Company Name Oosting Well and Plumbing

Address _____ City/State/Zip Adams NE

☐ Check if contractor designed system Work Phone 402-988-2055

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

Designer Name Leonard Harper Firm Oosting Well and Plumbing Work Phone 402-988-2055

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 6/9/97 Date frwd 6/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.10.97 Date frwd 6.10.97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/10/97 Date frwd 6/10/97 ACTION ☒ Approved ☐ Disapproved Signature Don Pelland

6-9-97 mm need fence

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 06/09/97

Amt Paid 150 ⁼

Rec'd By _____ ~~Cash~~/Check No. 2200

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

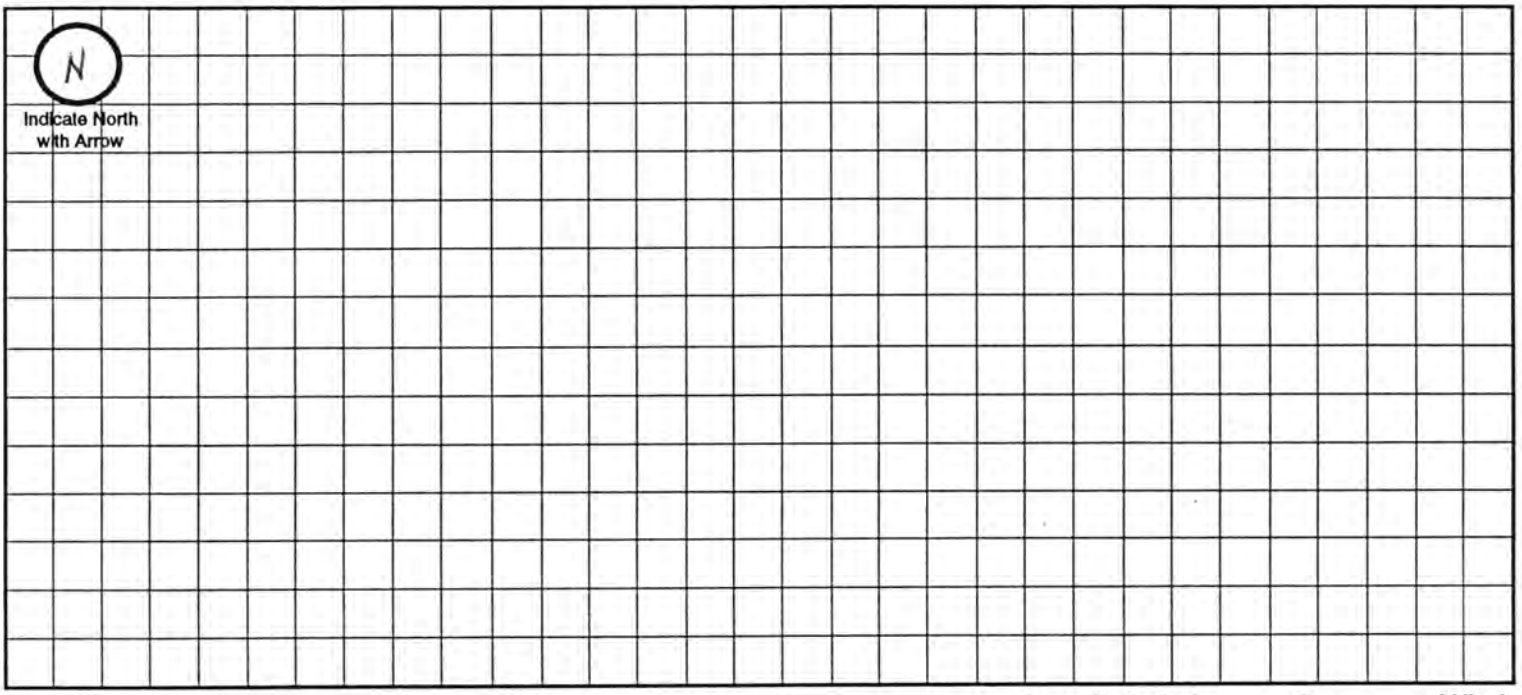
C

Permit Number:

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) 1 City WALTON NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon (Must be sealed)

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

Percolation Rate _____ (min. per inch) Soil Type: Wymore silty clay loam 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 ☐	☐

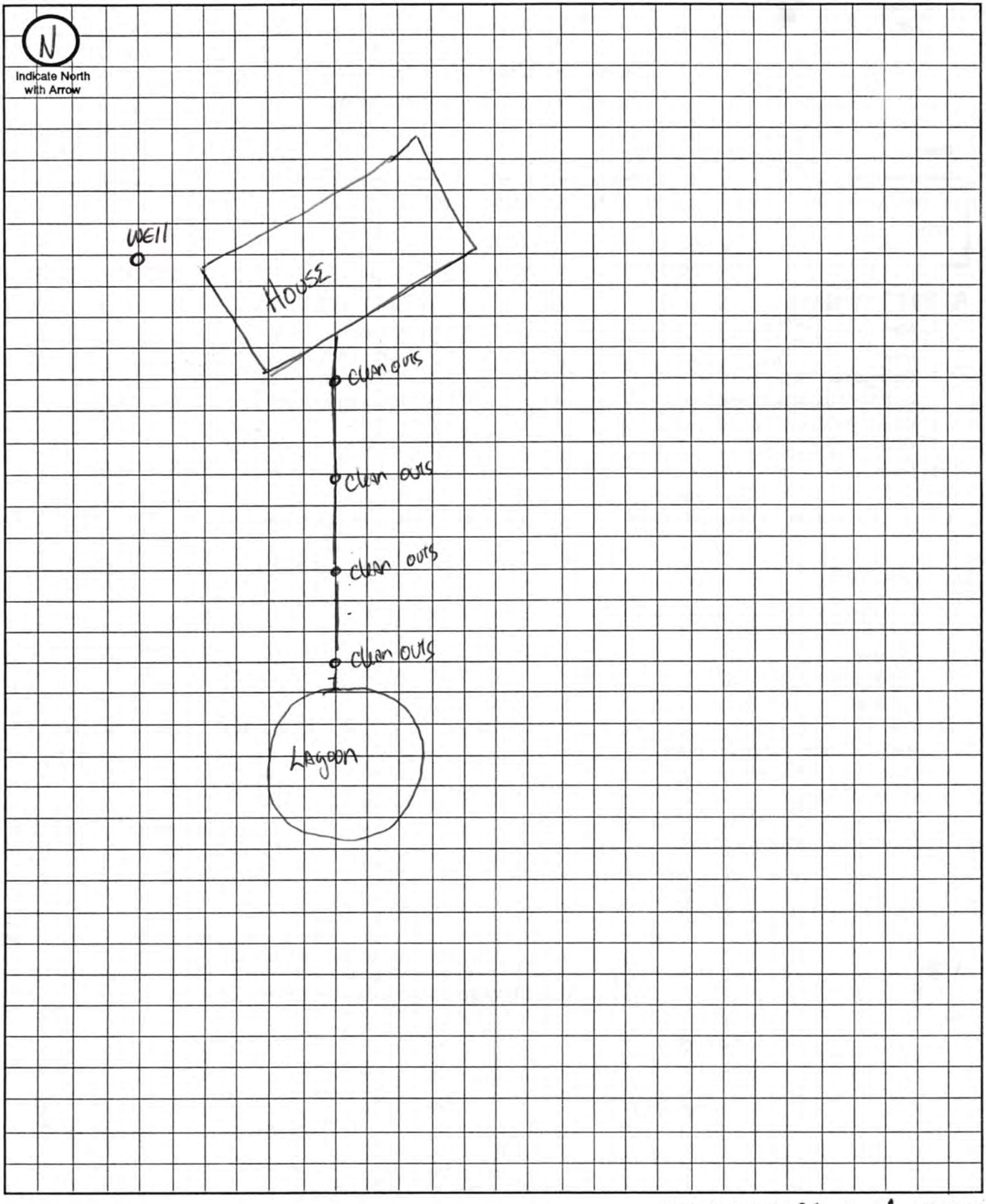
E. Required Signatures

Home Building Contractor Leonard Q Jasper Date 6/9/97

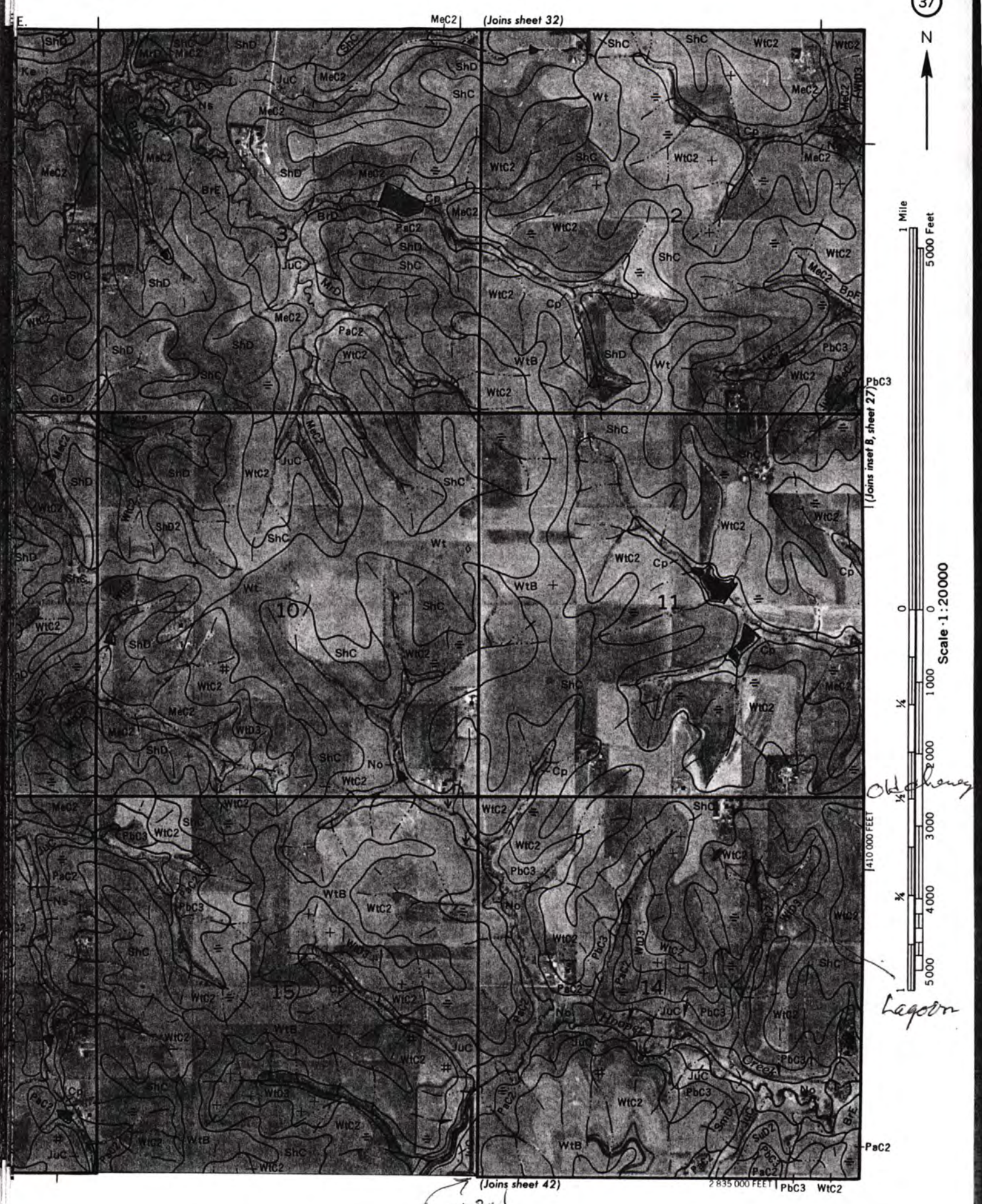
Installer Leonard Q Jasper Date 6/9/97

FORM 23-102 10-96

As Built Drawing



Approximate Scale: 25 ft. = 1 grid line/s


37
N
(Joins sheet 32)
(Joins inset B, sheet 27)
(Joins sheet 42)
1 Mile
5000 Feet
Scale 1:20000
0
1000
2000
3000
4000
5000
410 000 FEET
2 835 000 FEET
Old Highway
Lagoon
Hooper Creek
162nd St
PbC3
WtC2
PaC2
ShC
ShD
MeC2
WtB
Wt
Cp
JuC
BrE
BrD
BpF
GeD
Ns
No
WtD3
PaC2
SmD
SmD2
ShD2
1
2
3
10
11
14
15