Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

DARLINE ALMERY
T12N R7E SEC 11 QTR NW
LOT 4
9009 LITTLE SALT RD-CERESCO

Permitee

GUST & DARLINE ALMERY
9009 LITTLE SALT RD
CERESCO NE 68017

Permit # 99380210601

Issued 11/02/99
Expires 05/02/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011116

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

A

Permit Number: 9938021064

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 9009 Little Salt Rd (no rural route) City Ceresco NE, Zip 68017

Legal Description NW 1/4 of 11 12 7 — — — 4
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 Darline Amery Signature Darline Amery

Address — City/State/Zip —

☐ Check if owner designed system Home Phone — Work Phone —

C. Contractor

Name Harry L. Muhlbach Company Name H.L. Muhlbach Construction

Address 14665 N 56th St City/State/Zip Lincoln, Ne 68514

☑ Check if contractor designed system Work Phone 785-3815 or 430-7304

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 4 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 11-1-99	**ACTION** ☑ Approved	☐ Disapproved
	Date frwd 11-1-99	Signature Ron Mazuna	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____	
3. **City or County Engineer**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/01/99

Amt Paid 150.00

Rec'd By [illegible] Cash/Check No. 1690

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

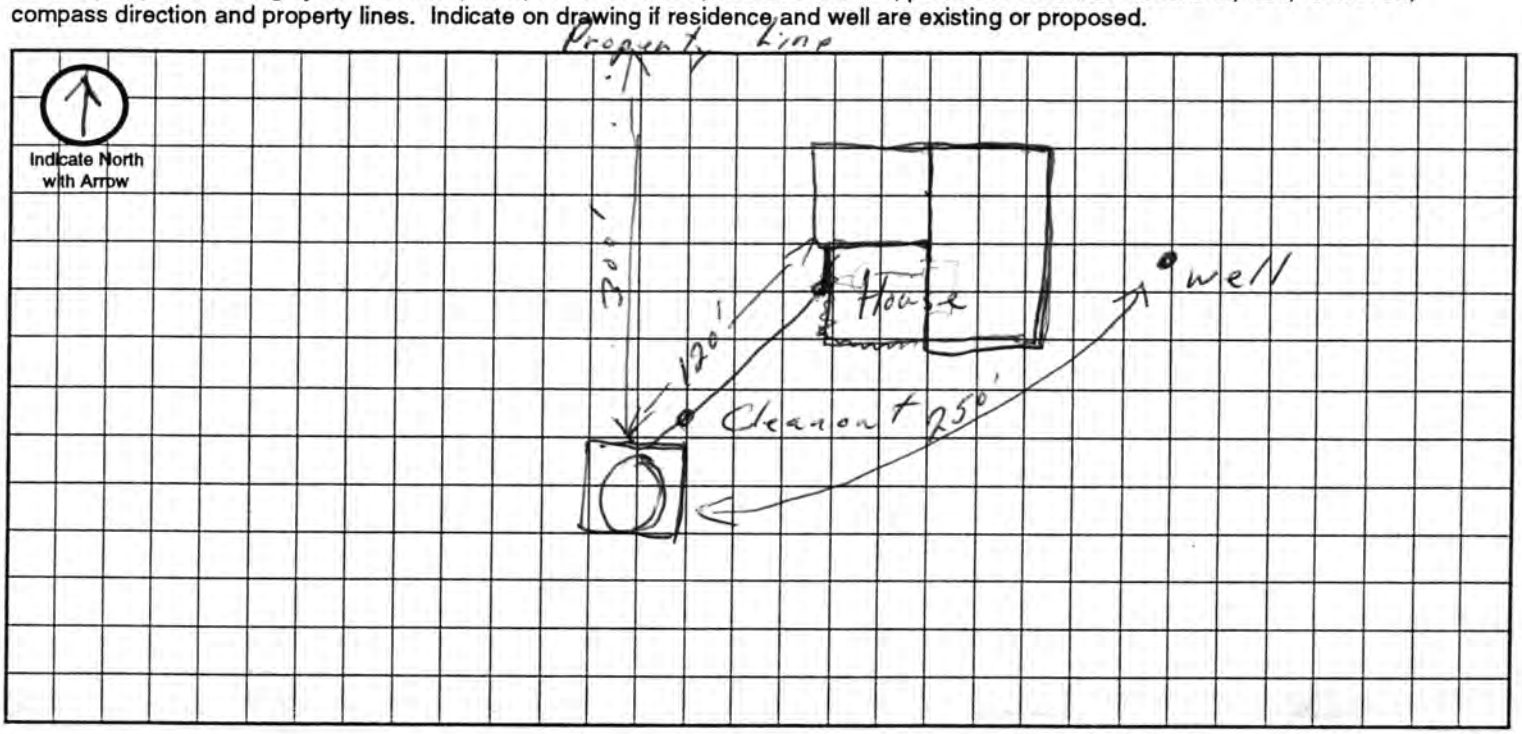
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380206

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 Lagoon must be sealed.

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

Percolation Rate _____ (min. per inch) Soil Type: Shrewsbury Silt 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 H. L. Muhlbach Construction Date 10-27-99

Installer Harry L. Muhlbach Date 10-27-99

FORM 23-102 10-96

NEBRASKA -- SHEET NUMBER 4

