LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380142901

SEWAGE INSTALLATION

Issued 05/03/96
Expires 10/03/96
Revenue Code 18754

Establishment

ELDON BEAVERS
T9N R8E SEC 27

FEES: $150.00

TOTAL $150.00

Permittee

ELDON BEAVERS
4408 BRANDEN CT
OKLAHOMA CITY OK 73120

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"

001723

ATTN: JERRY HOOD (FAX)

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

FILING FEE: $ 150.00

FILE NO. _____

DATE: 4/17/96

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 8E ; Section 27 ;
   Block _____ : Lot _____ : Addition _____
   Street Address WEST ½ of SE QTR
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 2 . Describe INITIAL USE FOR 5TH WHEELER WHILE PLANNING FOR 2 BED RESIDENCE
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ LAGOON
4. Distance to public sewer: N/A ft.

Eldon Beavers
Signature of Applicant (Owner) or Lessee)

4408 Braden Ct, Oklahoma City, OK 73120
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/24/96. Date Frwd. 4/29/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-29-96. Date Frwd. 4-29-96. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 04/29/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED.

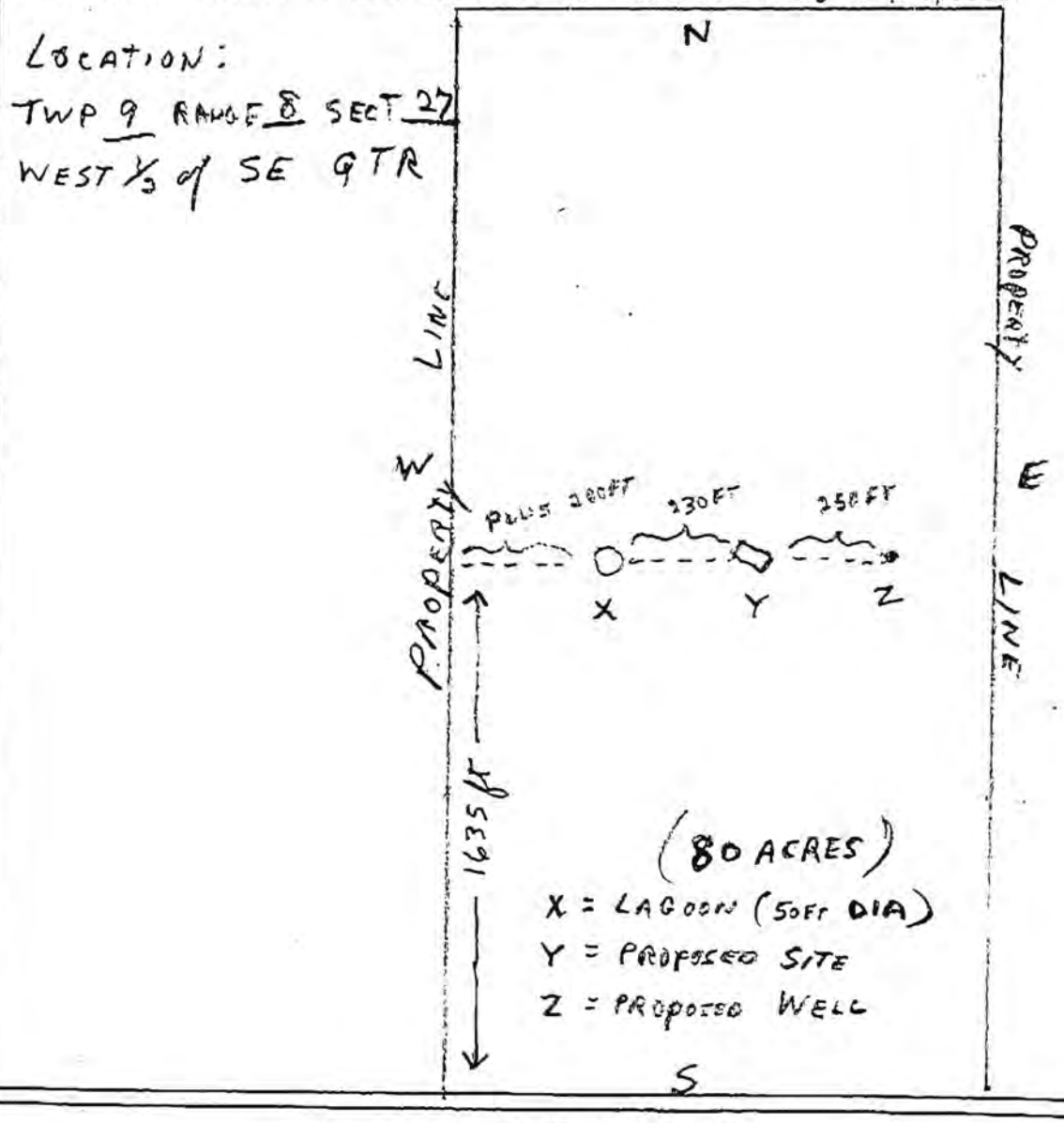
Site Visits:
Date: 4/25/96 by: L.C.H.
Date: 4-26-96 by: P.D.
Date: 5-2-96 by: P.D.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-2-96 By: Paul W. Fann

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 3140 N Street Lincoln NE 68510 (402)-441-8022 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 5-2-96

FILE NO. _____

LAGOON

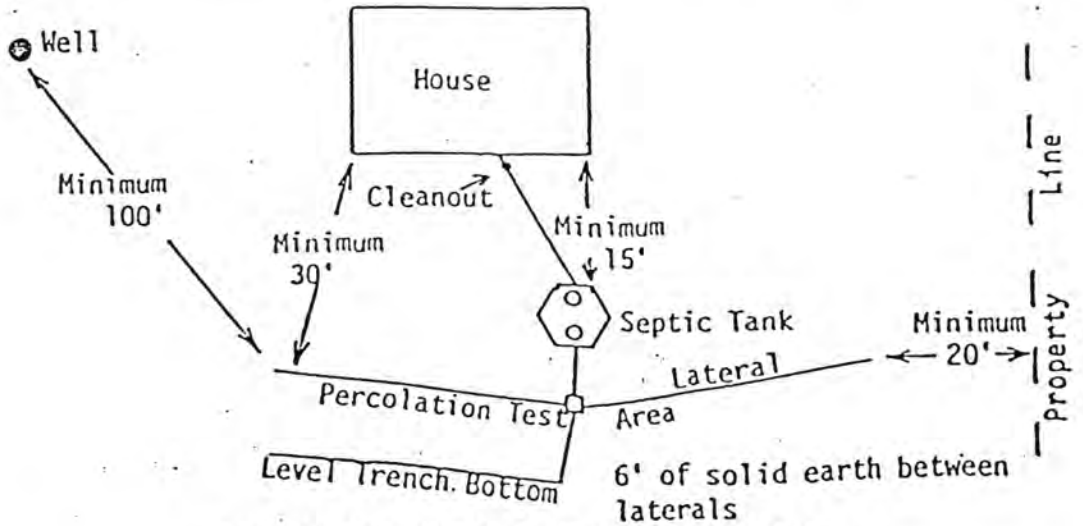
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 48+ in.
3. Distance between dwelling and septic tank X ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line ____ ft.; POND ~~Stream~~ 95 AND 73 ft.; Pressure Line ____ ft.; Property Line ____ ft.

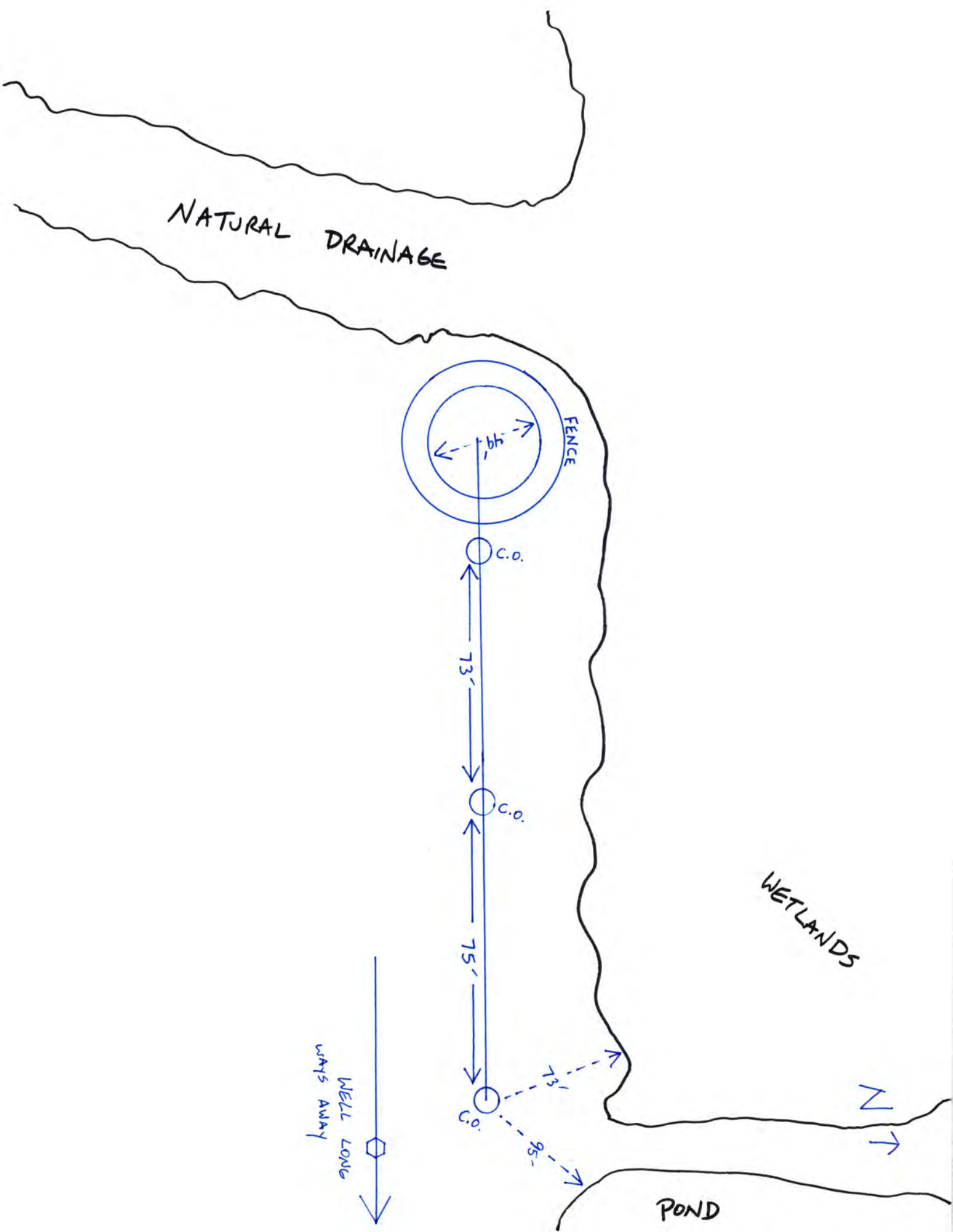
X B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade ____ in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

X C. DISTRIBUTION BOX:
1. Material ____; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐
(Company ____)
3. Distance from Septic Tank ____ ft.

X 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.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NATURAL DRAINAGE
FENCE
49'
C.O.
73'
C.O.
75'
C.O.
73'
95'
WELL LONG WAYS AWAY
WETLANDS
POND
N

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T9N - R8E - Sec 27 Location [redacted] & Hwy 2

Owner/Requestor Eldon Beavers

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
X New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS (8) Lagoon not sealed. Told Mr. Beavers since no perc test was done it would still need to be sealed w/ bentonite even though clay was seen in soil

(11) Sewer pipe has 1/8" drop all the ways from house access pipe. Informed Mr. Beavers that this pipe would contain water w/ head pressure from lagoon at all times (dia. on reverse)

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ✓ Lagoon

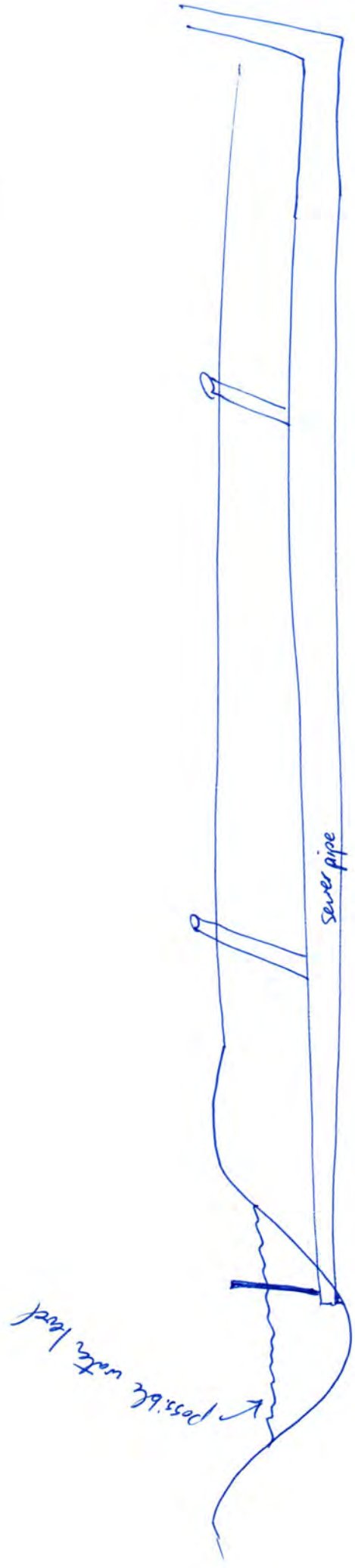
1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
(8) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
(11) Other Deficiencies (Specify)

Inspected by: Paul Drotzmann

Received by: _____

Date: 4-26-96

WA1002


sewer pipe
possible water level