Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MICHAEL D STEIR
T12N R6E SEC 30 QTR NE
N 1/2
17901 NW 40 ST-RAYMOND

Permittee

MICHAEL D STEIR
2141 COUNTY #23 RD
DWIGHT NE 68635

Permit # 01380232401

Issued 05/29/01
Expires 11/29/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015739

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

A

Permit Number: 013802324

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 17901 NW 40th. City Raymond NE, Zip 68428

(no rural route)

Legal Description N½ NE¼ NE¼ SEC 30 T-8-N R-6-E 15

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 Michael Steir Signature Michael D. Steir

Address 2141 county Rd 23. City/State/Zip Dwight NE. 68635.

☐ Check if owner designed system Home Phone 580-1611 Work Phone _____

C. Contractor

Name Lloyd J. Jakoubek Company Name Raymond Contracting

Address 12800 NW 70th. City/State/Zip Raymond Ne

☐ Check if contractor designed system Work Phone 890-6009

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 2 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 5/29/01 Date frwd 5/30/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoch
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/30/01 Date frwd 5/30/01 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-30-01 Date frwd 5-30-01 ACTION ☒ Approved ☐ Disapproved Signature Larry V. Worrell

3-20-02, pmp, need drawing of level
4-3-03 mm off Plans Rec - NO Level (orange)

Installation Final Written Approval

By Ron Maynard

Date 4-3-03

Business Office Use Only

Date Rec'd 05/29/01

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 4065

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

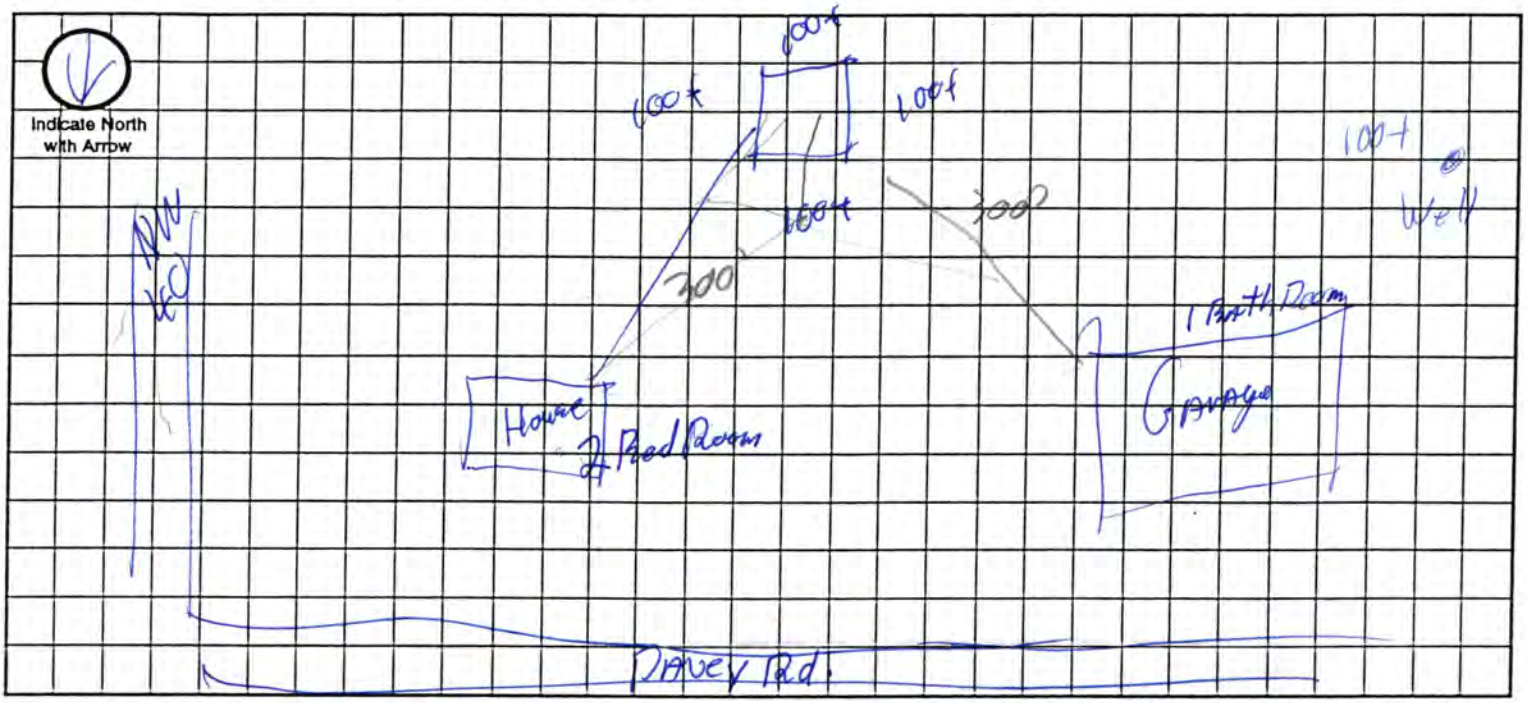
C

Permit Number: 013802324

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 to no more than 1/8"/day seepage

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

Percolation Rate _____ (min. per inch) Soil Type: _____ 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 Michael D. Steyer Date 5/15/01

Installer _____ Date 5/16/01

FORM 23-102 10-96

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

#OF Clean outs

Date _____

System Location (Indicate correct number and street)

Address 17901 NW40 (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: 4" PVC Plastic Pipe Schedule 40
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Under Footing in. to bottom
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1 inside house 5 out 75' or less.
5. Distances to: well or suction line _____ ft.
   stream N/A ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   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: Lagoon
   Number available outlets: 2
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

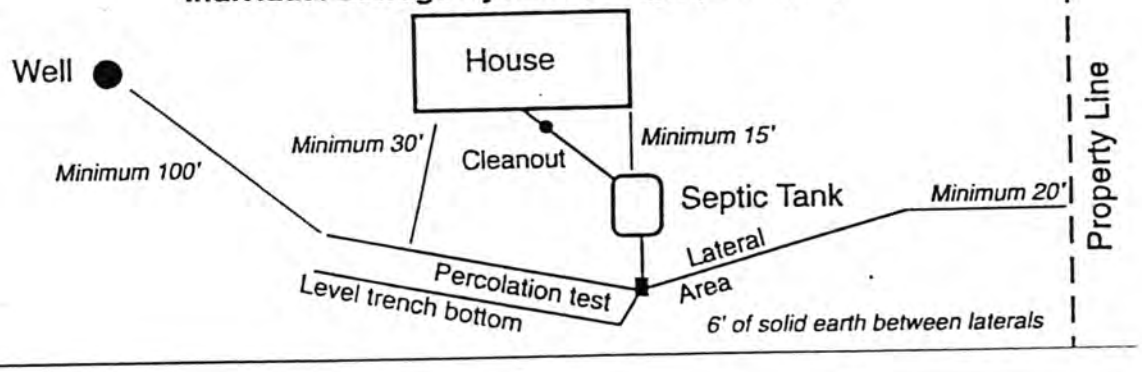
(Provide as-built drawings on back of this form)

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.

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

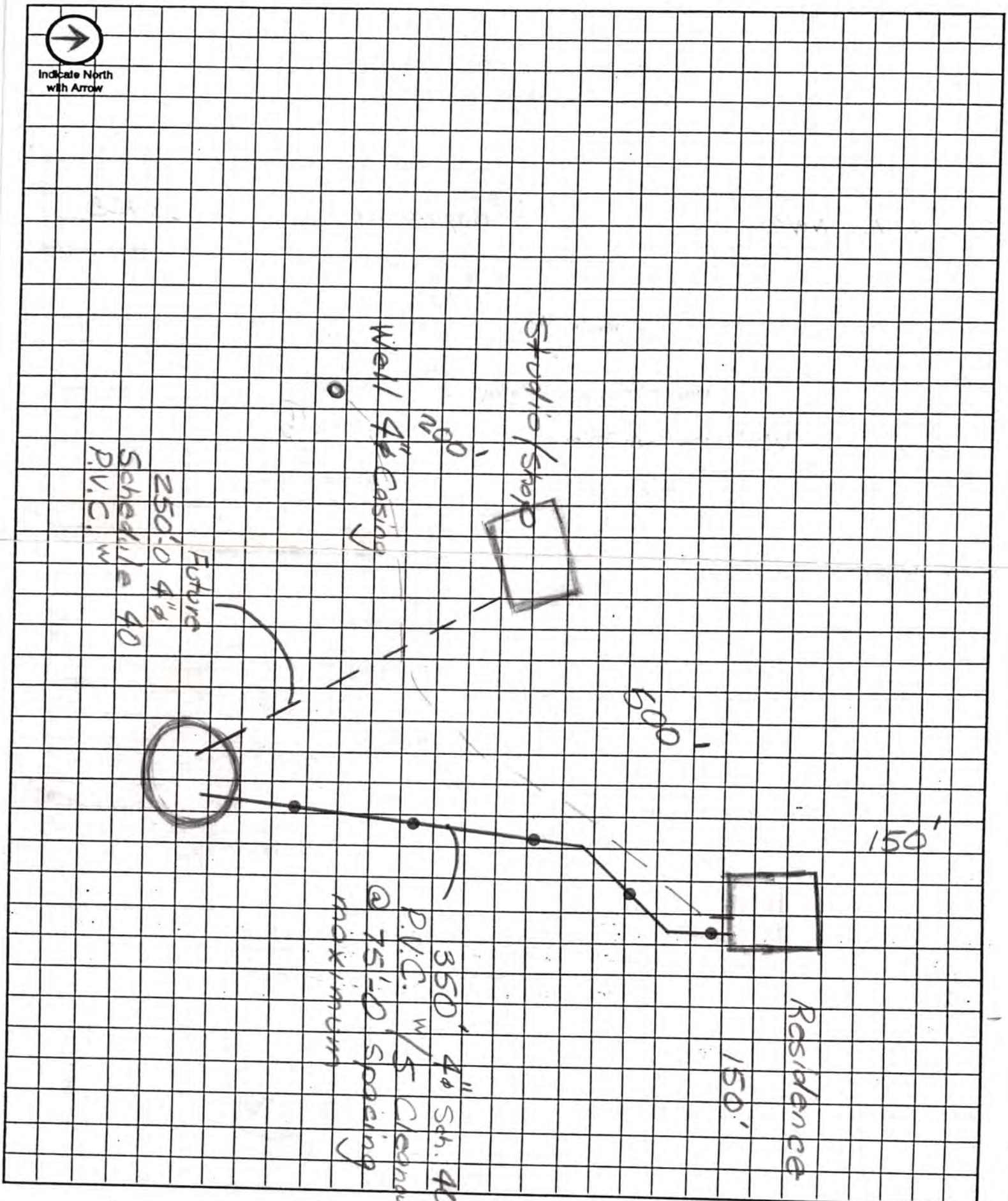
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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