LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 923800853O1

Issued 06/08/92
Expires 12/08/92

ESTABLISHMENT

WALKER CONSTRUCTION
BOX 0088C
DENTON NE 68339

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WALKER CONSTRUCTION
BOX 0088C
DENTON NE 68339

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/17/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: June 4, 1992

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. 10N ; Range 5E ; Section 3 ; 23. ACRES NE¼
   Block_____: Lot_____: Addition_____
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ ft.

[signature]
Signature of Applicant (Owner or Lessee)

388 Denton, NE 68339
Address

(432-0172)

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/8/92. Date Frwd. 6/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/17/92. Date Frwd. 6/17/92. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 6/8/92. Date Frwd. 6/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-2-92 by: mm neg fence. back gate + signs
Date: 9-17-93 by: mm not "
Date: 10-19-93 by: mm "
5-27-98 mm final upd

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-27-98 By: Ron Magnuson

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

FORM 23-43

Official Survey Record

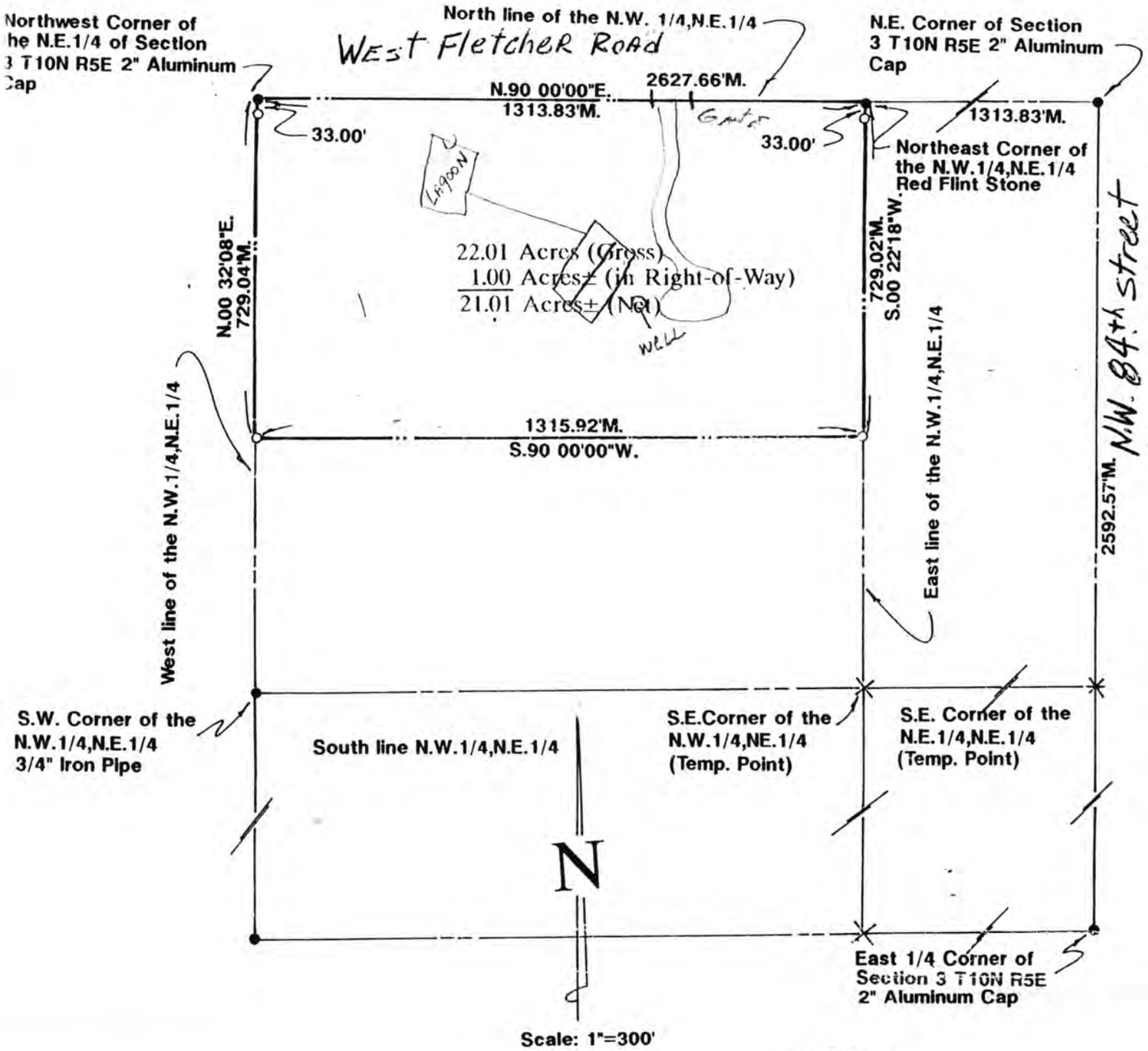
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Survey of a 22.01 Acre± Tract of land located in the N.W.1/4 of the N.E.1/4 of Section 3 T 10 N, R 5E of the 6th P.M.

Job No. 15315

March, 1992



o = Set 1"x24" Iron Pipe

• = Monuments Found as shown

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 16th day of April, 1992

NAME

REGISTERED PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS
LS-343
STATE OF NEBRASKA

DENNIS D. SIMONDS

Surveyor's License
Nebraska L.S. 343

(SEAL)

FORM 20104-0477
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE:_____

FILE NO:_____

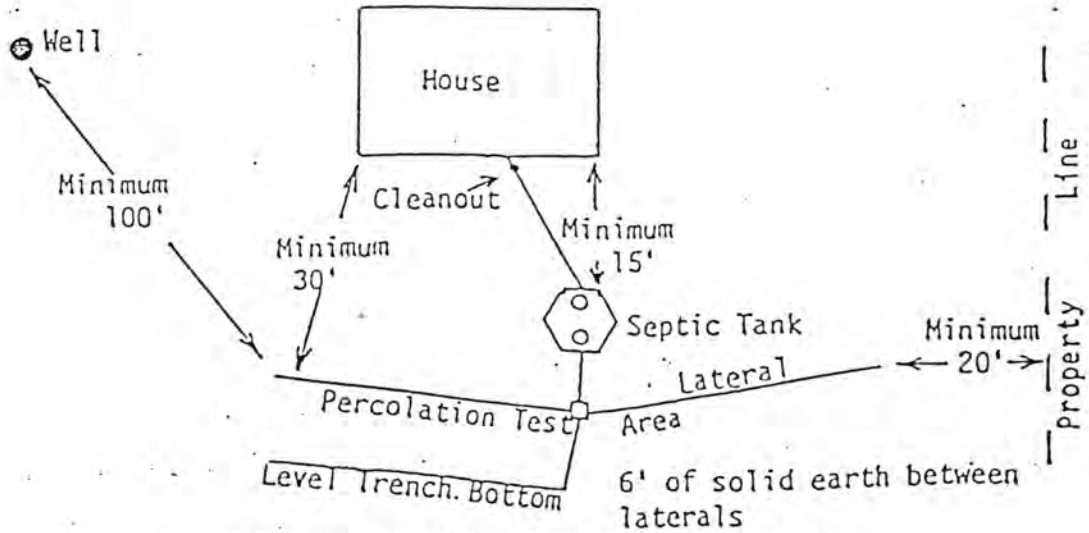
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241; Diameter 4 in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

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.

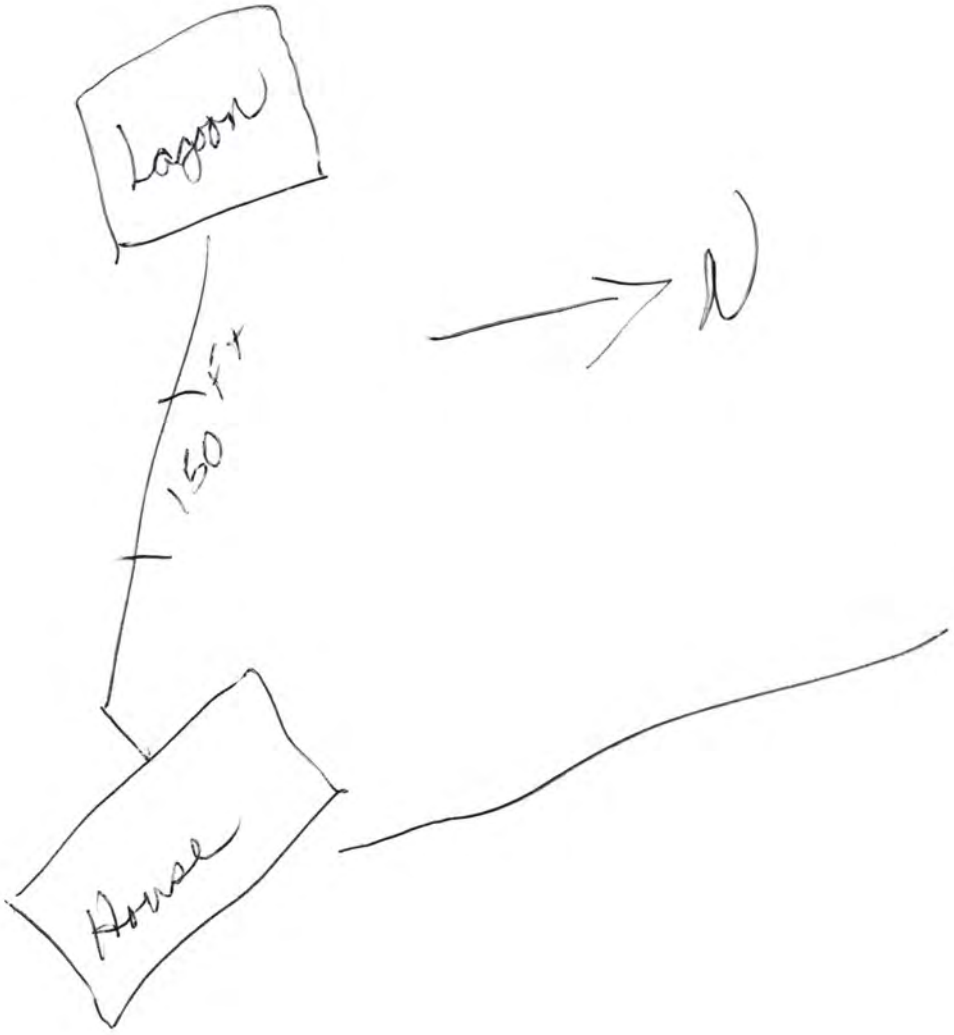
C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

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.;
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

Jeff Walker Builder
NW 84th & West Fletcher



D well