Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MICHAEL A SEARS
T12N R6E SEC 25 QTR SW
36.9 ACRES-IRREG LOT 26IT
16950 N 14 ST-RAYMOND

Permittee

MICHAEL A SEARS
800 RAYMOND RD
RAYMOND NE 68428

Permit # 01380229301

Issued 03/20/01
Expires 09/20/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014590

1950

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

A

Permit Number: 013802293

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 19500 ~~16950~~ N 14 St (no rural route) City Raymond NE, Zip 68428

Legal Description SW 25 12N 6E 36.9 acres 26 I.L.
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 A. Sears Signature Michael A. Sears

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 785-7035 Work Phone 560-1990

C. Contractor

Name Michael A. Sears Company Name _____

Address 17100 N 14 St City/State/Zip Raymond Nebr 68428

☒ Check if contractor designed system Work Phone 560 1990

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 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 3-20-01 Date frwd 3/21/01	**ACTION** ☒ Approved ☐ Disapproved Signature Paul Dittman	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 3/21/01 Date frwd 3/21/01	**ACTION** ☒ Approved ☐ Disapproved Signature [illegible]	
3. **City or County Engineer**	Date rec'd 3/21/01 Date frwd 3/21/01	**ACTION** ☒ Approved ☐ Disapproved Signature [illegible]	

Installation Final Written Approval

By Paul Dittman

Date 10-3-01

Business Office Use Only

Date Rec'd 03/21/01

Amt Paid 200.00

Rec'd By [illegible] Cash/Check No. 3761

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

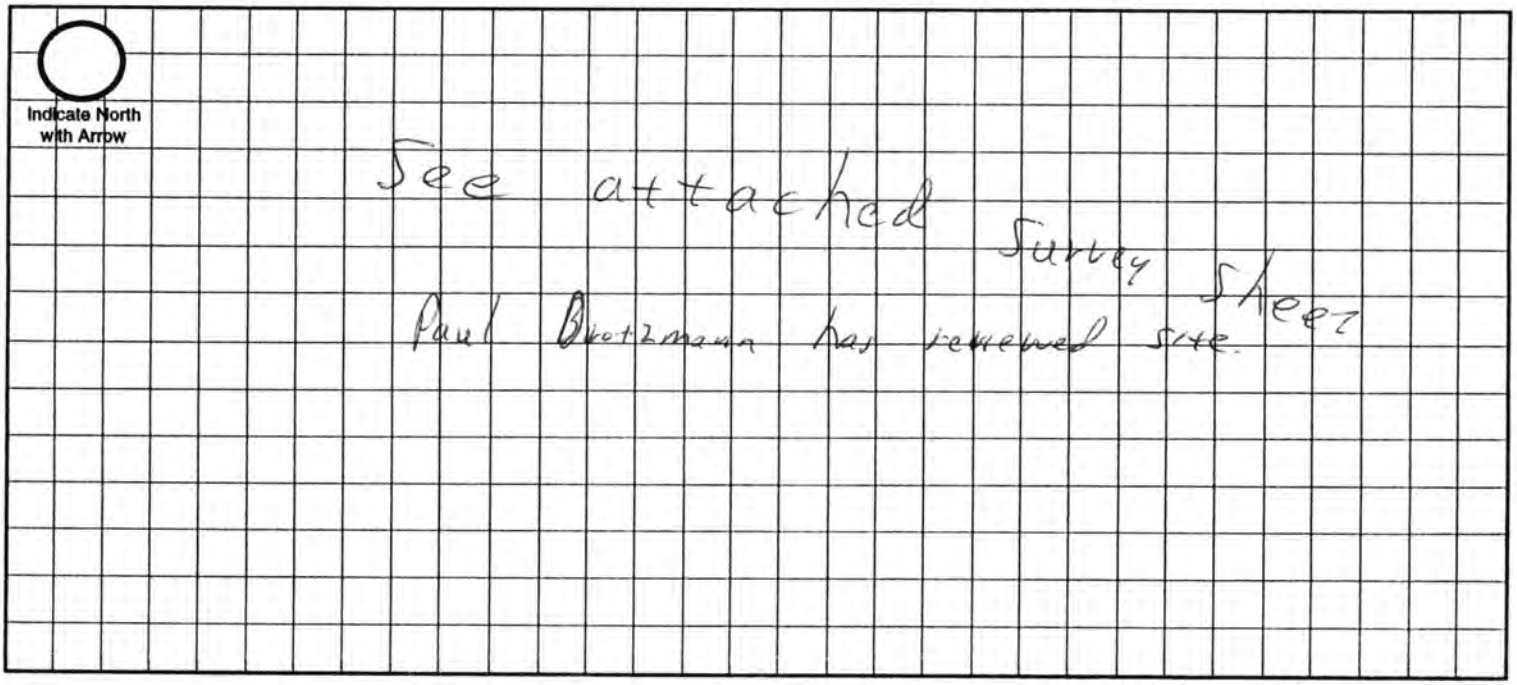
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802293

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) 19500 N 14 City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other lagoon – lagoon to be sealed w/ bentonite

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

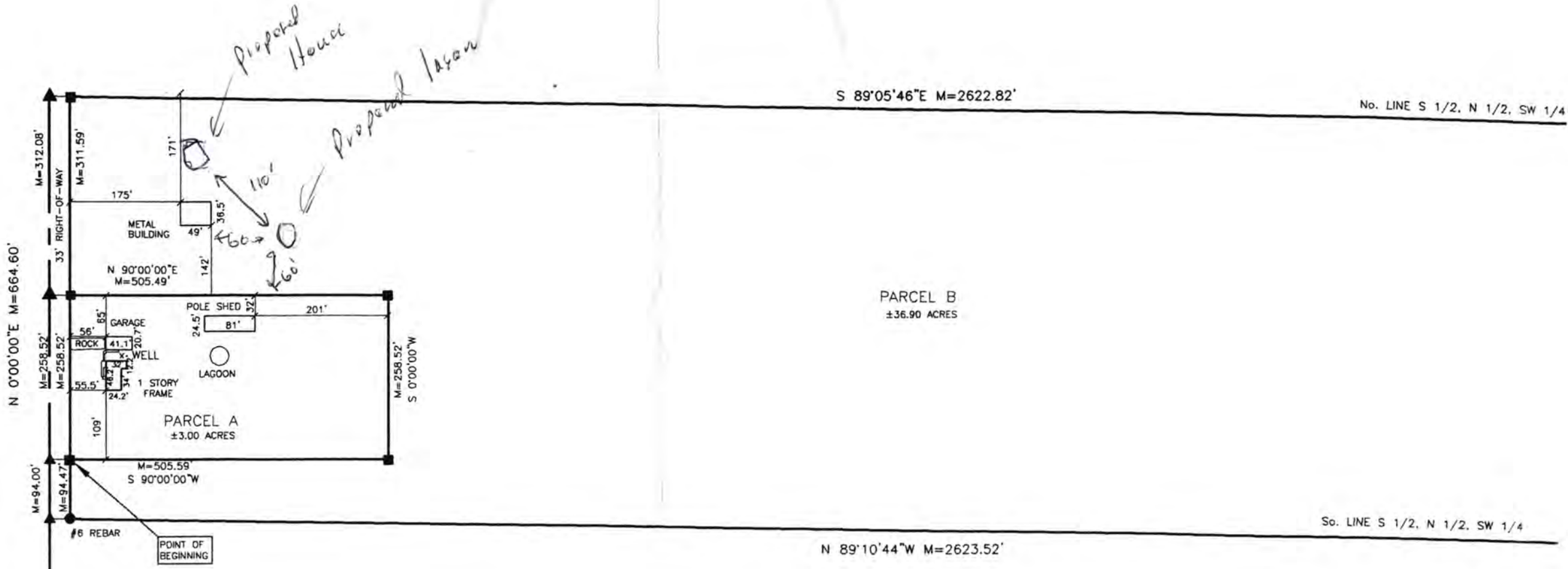
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Michael Sears Date 3-20-01

Installer _____ Date _____

FORM 23-102 10-96



SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FORGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 31th DAY OF OCTOBER, 2000.

BILLY JOE KERR, LS #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

LEGAL DESCRIPTION

TRACT "A"
PART OF THE SOUTH HALF OF THE NORTH HALF OF THE SOUTHWEST QUARTER, OF SECTION 25, TOWNSHIP 12 NORTH, RANGE 6 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS;

COMMENCING AT THE SOUTHWEST CORNER OF SAID SOUTH HALF; THENCE ON THE WEST LINE OF SAID SOUTH HALF, ON AN ASSIGNED BEARING OF N 0°00'00"E, A DISTANCE OF 94.00', TO A POINT ON SAID WEST LINE; THENCE N 90°00'00"E 33.00' TO THE POINT OF BEGINNING; THENCE N 0°00'00"E, A DISTANCE OF 258.52'; THENCE N 90°00'00"E 505.59'; THENCE S 0°00'00"W 258.52'; THENCE S 90°00'00"W 505.59' TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 3.00 ACRES, MORE OR LESS.

TRACT "B"
ALL OF THE SOUTH HALF OF THE NORTH HALF OF THE SOUTHWEST QUARTER, OF SECTION 25, TOWNSHIP 12 NORTH, RANGE 6 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, EXCEPT THAT PORTION MORE PARTICULARLY DESCRIBED AS FOLLOWS;

COMMENCING AT THE SOUTHWEST CORNER OF SAID SOUTH HALF; THENCE ON THE WEST LINE OF SAID SOUTH HALF, ON AN ASSIGNED BEARING OF N 0°00'00"E, A DISTANCE OF 94.00', TO A POINT ON SAID WEST LINE; THENCE N 90°00'00"E 33.00' TO THE POINT OF BEGINING; THENCE N 0°00'00"E 258.52'; THENCE N 90°00'00"E 505.59'; THENCE S 0°00'00"W 258.52'; THENCE S 90°00'00"W 505.59', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 3.00 ACRES, MORE OR LESS.

B, BK-98-50

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Phone: 402-441-8022

OCT 1 2001

D

Permit Number: 013802293

Sewage Disposal System

As Built Plans & Specifications

Date 10-12-01

System Location (Indicate correct number and street)

Address 16950 N 145st (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: CLAY
   Diameter: 50 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 5' in.
3. Distance between dwelling and septic tank: 170' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line 50' 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: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

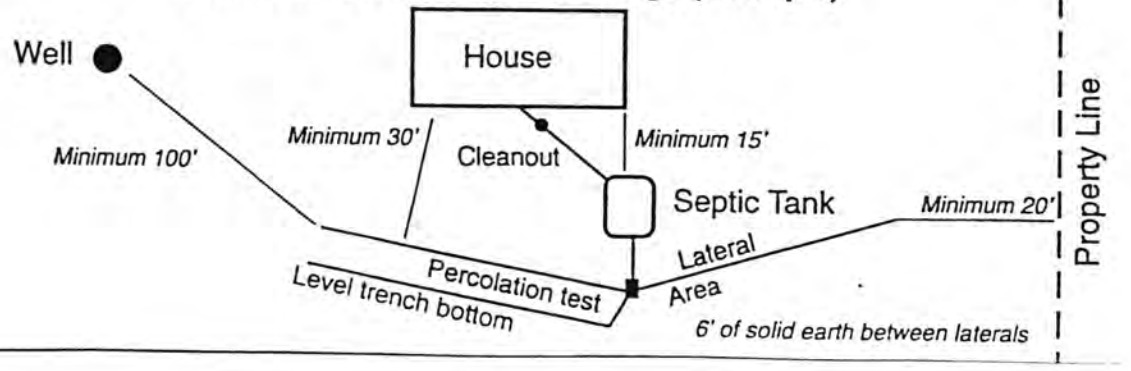
(Provide as-built drawings on back of this form)

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.

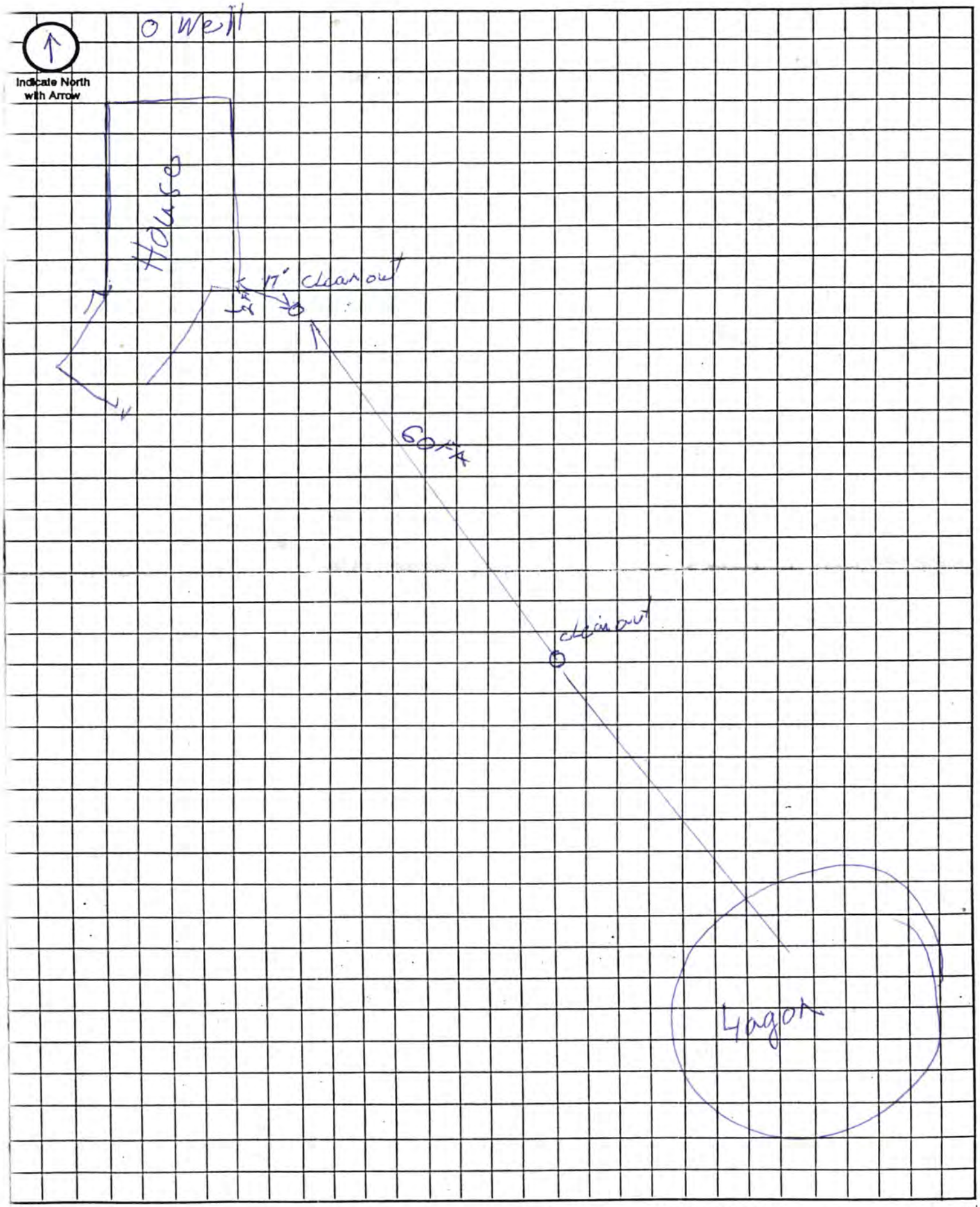
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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