Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

...LN, NE 68510-1514

002781

(402) 441-8000

Permit SEWAGE INSTALL...
LAGOON

Permit # 03380266101

Issued 06/24/03
Expires 12/24/03
Revenue Code 3157

Establishment KRIS & JEN ALMQUIST
T10N R5E SEC 10 QTR SE
SE 1/4 OF SE 1/4 LOT 7IT
8500 W ADAMS ST

FEES: $200.00

Permittee KRIS & JEN ALMQUIST
1618 WASHINGTON ST
LINCOLN NE 68502

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED JUN 24 2003

A

Permit Number: 03380266101

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 8500 W. Adams (no rural route) City Lincoln NE, Zip 68524

Legal Description SE. SE1/4. 10 10N 5E — — (20) T.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 Kris & Jon Almquist mc Neese Signature _____

Address 11618 Washington City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-476-6001 Work Phone 402-499-2209

C. Contractor

Name Craig McDonald Company Name McDonald Trenching

Address 2223 W Princeton City/State/Zip Lincoln NE 68524

☑ Check if contractor designed system Work Phone 402-610-0959

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** 10-22-03 need sewer drawing
   Date rec'd 6/24/03 Date frwd 6/25/03
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 6-25-03 Date frwd 6-25-03
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 6/25/03 Date frwd 6/25/03
   ACTION ☑ Approved ☐ Disapproved
   Signature Chris Baker

Installation Final Written Approval

By Ron Mayer

Date 5-3-04

Business Office Use Only
Date Rec'd 06/24/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1247

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
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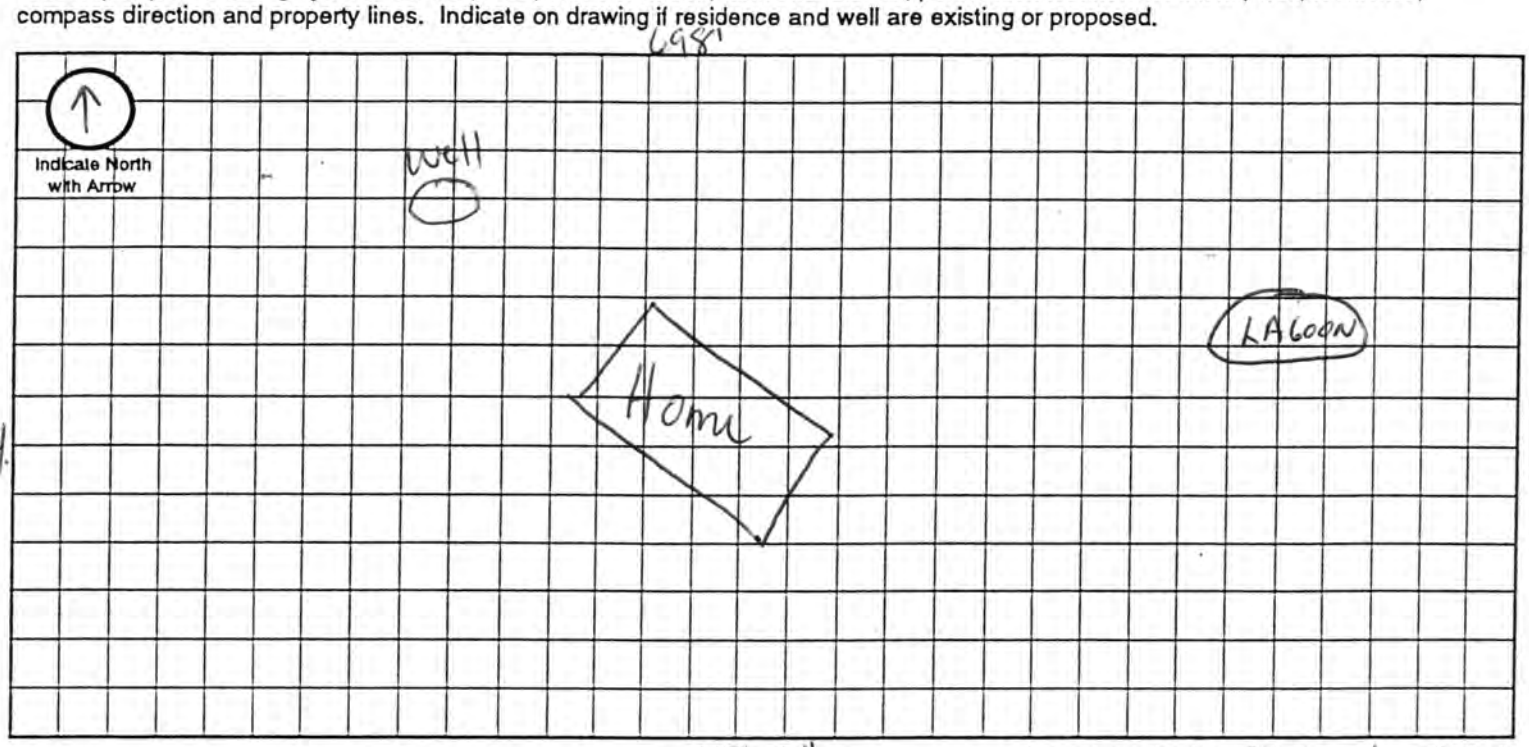
C

Permit Number:

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8500 W. Adams City Lincoln NE, Zip 68524.

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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 Tim Mleen -432-8786. Date 6-24-03.

Installer Jesse Romero / Zipp's Plumbing INC Date 6-24-03

FORM 23-102 10-96

G & A
BACKHOE SERVICE
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

10/24/03

To Ron Marquart,
This is the as built drawing for a lagoon system @ 8500 West Adams Street for Tim's custom trim & stair.

