# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005443

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380288201

Issued: 08/18/04
Expires: 02/18/05
Revenue Code: 3157

Establishment:
DON JOHNSON HOMES
T10N R5E SEC 20
LOT 32IT
1095 NW 112 ST

FEES: $200.00

Permittee:
DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

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

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**A**

Permit Number: 04380288201

# 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 1095 NW 112th (no rural route) City _____ NE, Zip _____

Legal Description _____ 20 10N 5E _____ 32nd I.T.
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 Don Johnson Signature for Don Johnson

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 436-3328

## C. Contractor

Name Don Johnson Homes Company Name Don Johnson Homes

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 402-436-3328

## D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Dave Vogt Firm Vogt Excavating Work Phone 560-4267

## 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** 12-3-04 am, Meckfessel
   Date rec'd 8/18/04 Date frwd 8/18/04
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 8-18-04 Date frwd 8-18-04
   ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson

3. **City or County Engineer**
   Date rec'd 8/18/04 Date frwd 8/18/04
   ACTION ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By Ron Mayhew

Date 1-19-05

***Business Office Use Only***
Date Rec'd 08/18/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 15410

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

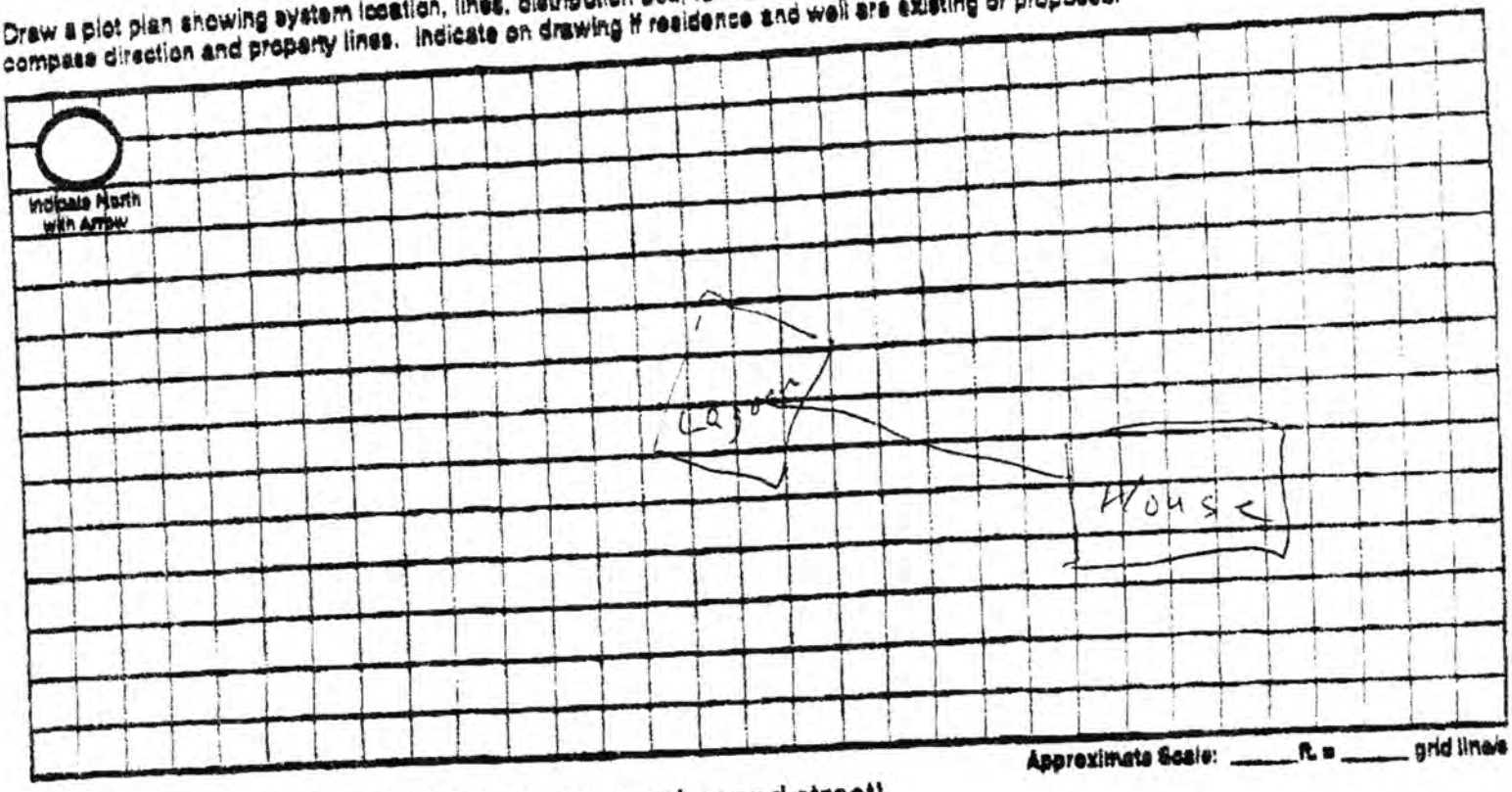
C

Permit Number
04380288Z

Lincoln-Lancaster County Health Department
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# 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 lines

## A. System Location (Indicate correct number and street)

Address (no rural route) NW 112 th City _____ NE, Zip _____

## 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 | Ground 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 _____ Date _____

Installer _____ Date 8-12-04

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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 12-3-04

**System Location (Indicate correct number and street)**

Address 1095 NW 112th (no rural route) City _____ NE, Zip _____

## A. Building Sewer

1. Material: Schedule 40
   Diameter: 4" in.
2. Distance above basement floor: 18 in.
   or distance 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: Lagoon
   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 100 + 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

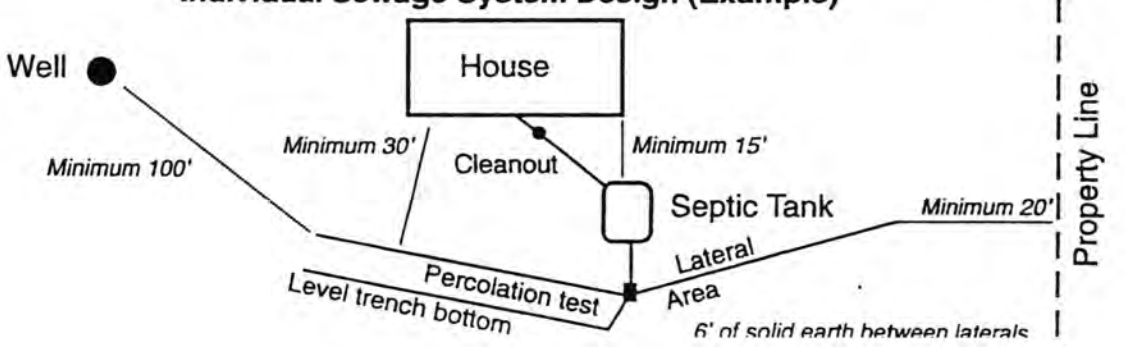
*(Provide as-built drawings on back of this form)*

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.

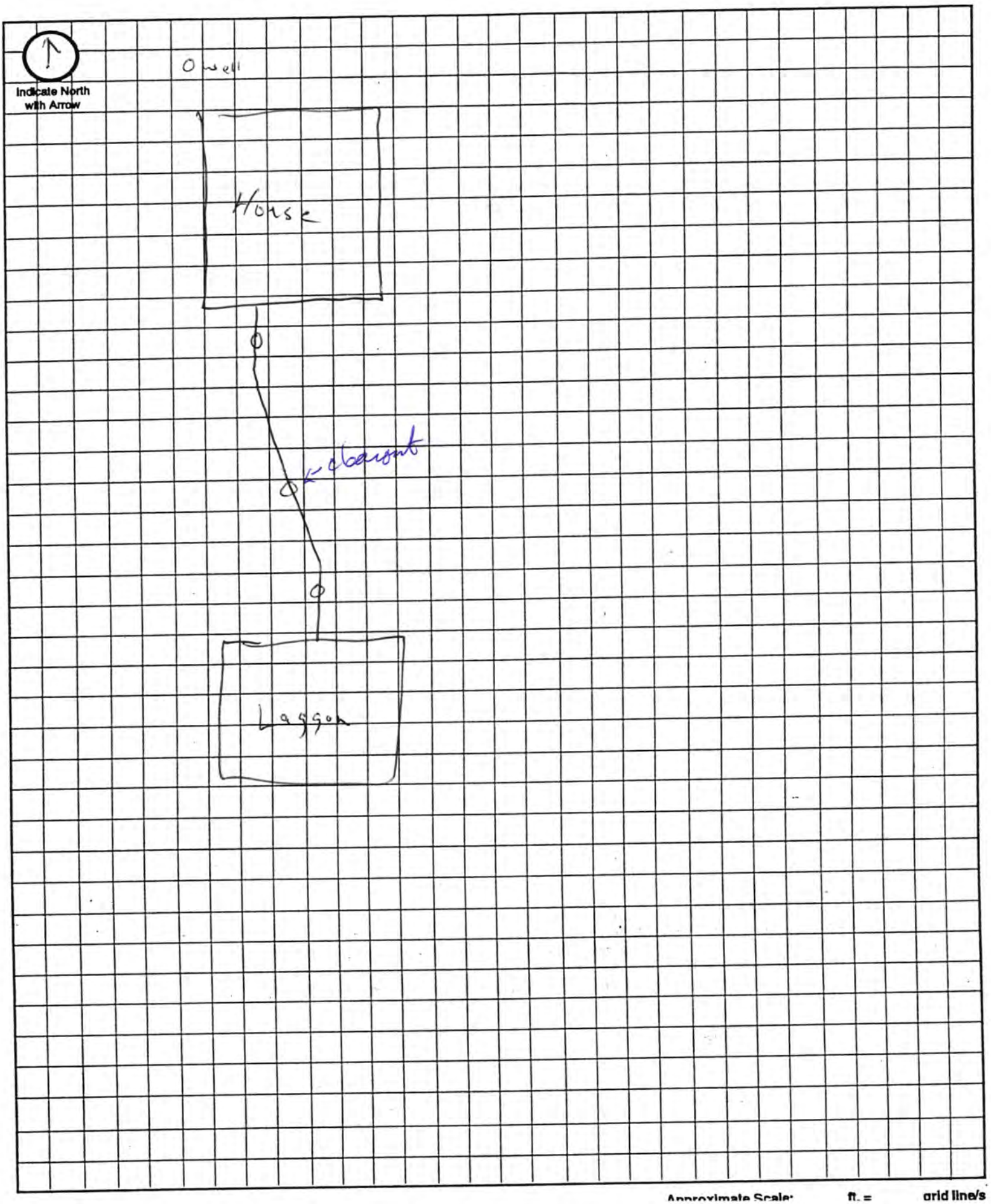
**Complete "As Built" drawing on back of this form.**

Indicate North with Arrow

### Individual Sewage System Design (Example)

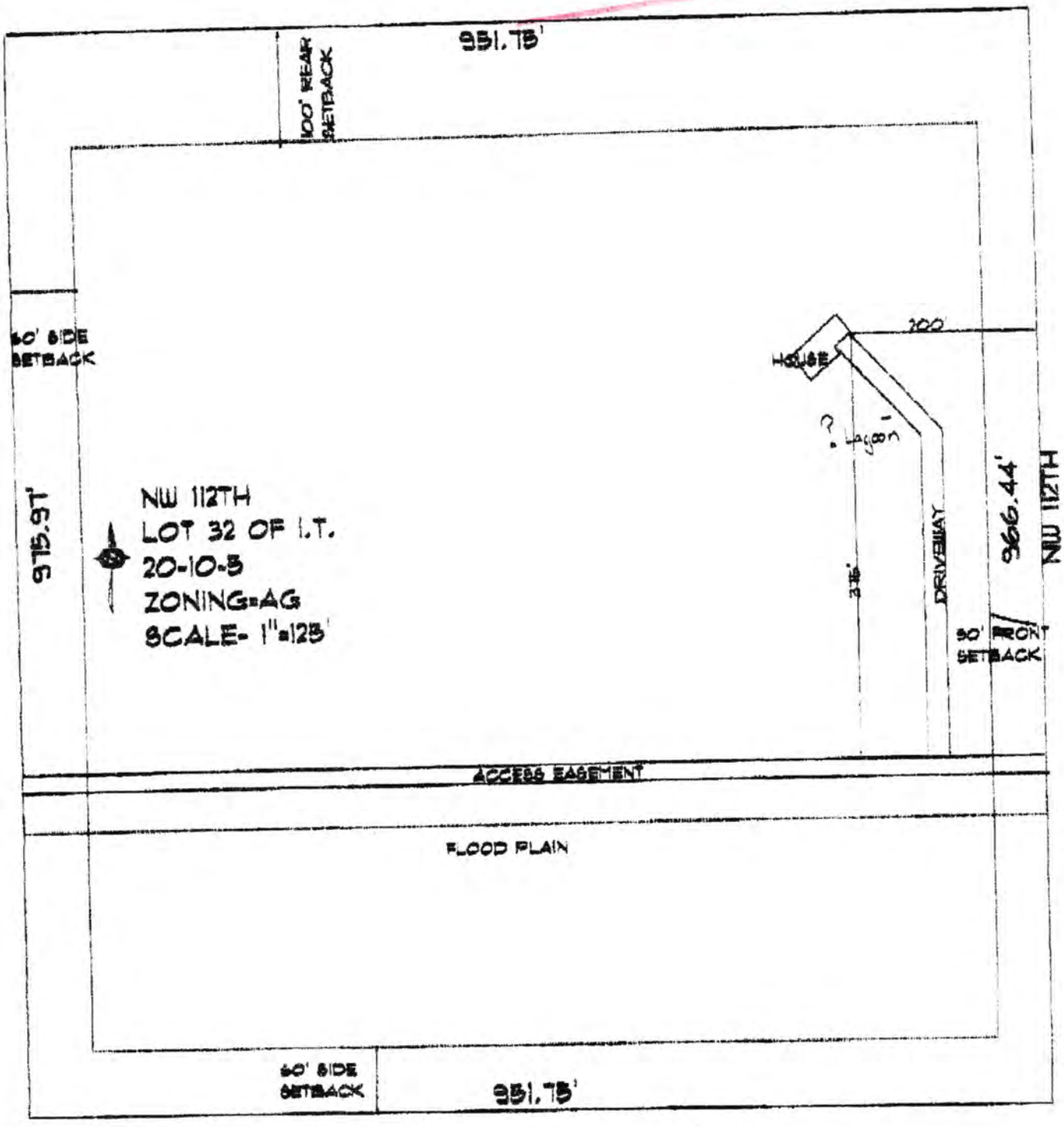


# As Built Drawing




Approximate Scale: ft. = grid line/s

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3 Bedrooms

Lagoon