Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011038

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380335701

Issued: 06/18/07
Expires: 06/18/08
Revenue Code: 3157

Establishment:
THOMAS M SEARS
T12N R6E SEC 25
PARCEL 2 LOT 26
16950 N 14 ST-RAYMOND

FEES: $290.00

Permittee:
THOMAS M SEARS
16900 N 14 ST
LINCOLN NE

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number
07380335701

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

LOR 5997

Address 16950 N. 14th St. (no rural route) City Raymond, NE Zip 68428

Legal Description ____ 25 12 6 ____ 26 Parcel 2
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude:_____ Latitude:_____

☒ Check if system mail address is not the same as the owner's address Total Acres: 20

B. Owner

NCR 71681

Name Thomas Sears Signature Thomas Mcsears

Address 16900 N. 14th St. NCR 97395 City/State/Zip Raymond NE. 68428

☐ Check if owner designed system Home Phone (402) 785-9003 Work Phone (402) 309-1325

C. Contractor

Name: Alos Well Co. Company Name Don Anderson

Address Box 446 Mead, Ne. City/State/Zip_____

☐ Check if contractor designed system Work Phone 624-3895

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

Designer Name Same 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 Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits_____
Date rec'd 6/18/07 Date frwd 6/18/07 **ACTION** ☑ Approved ☐ Disapproved Signature_____

2. Supt. Bldg. Insp. or Village Clerk
Comments_____
Date rec'd 7/18/07 Date frwd 7/3/07 **ACTION** ☑ Approved ☐ Disapproved Signature as per Mike Pederson

3. City or County Engineer
Comments_____
Date rec'd 6-19-07 Date frwd 6-19-07 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval
By_____
Date 12/31/07

Business Office Use Only
Date Received 6/18/07 Amount Paid 290.00
Received By CW Cash/Check No. 3432

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

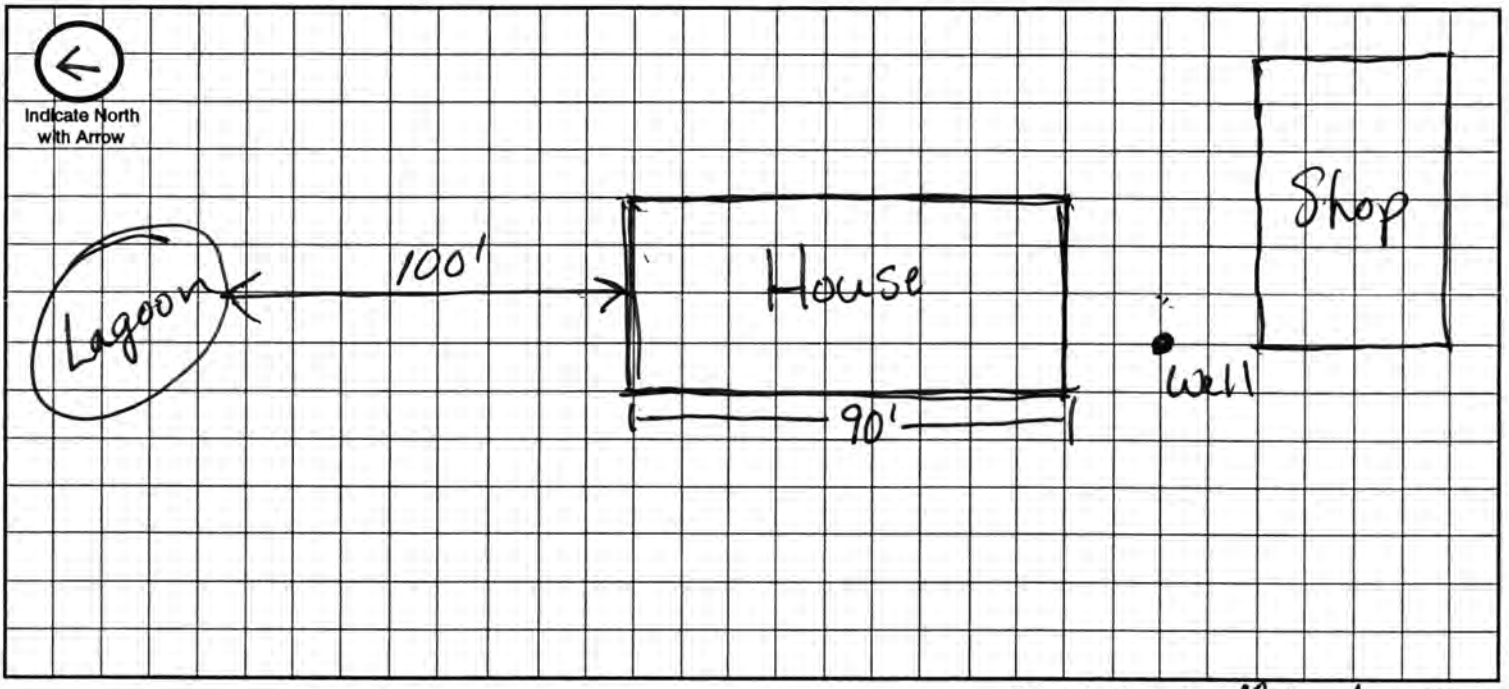
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 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 N/A Lagoon

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

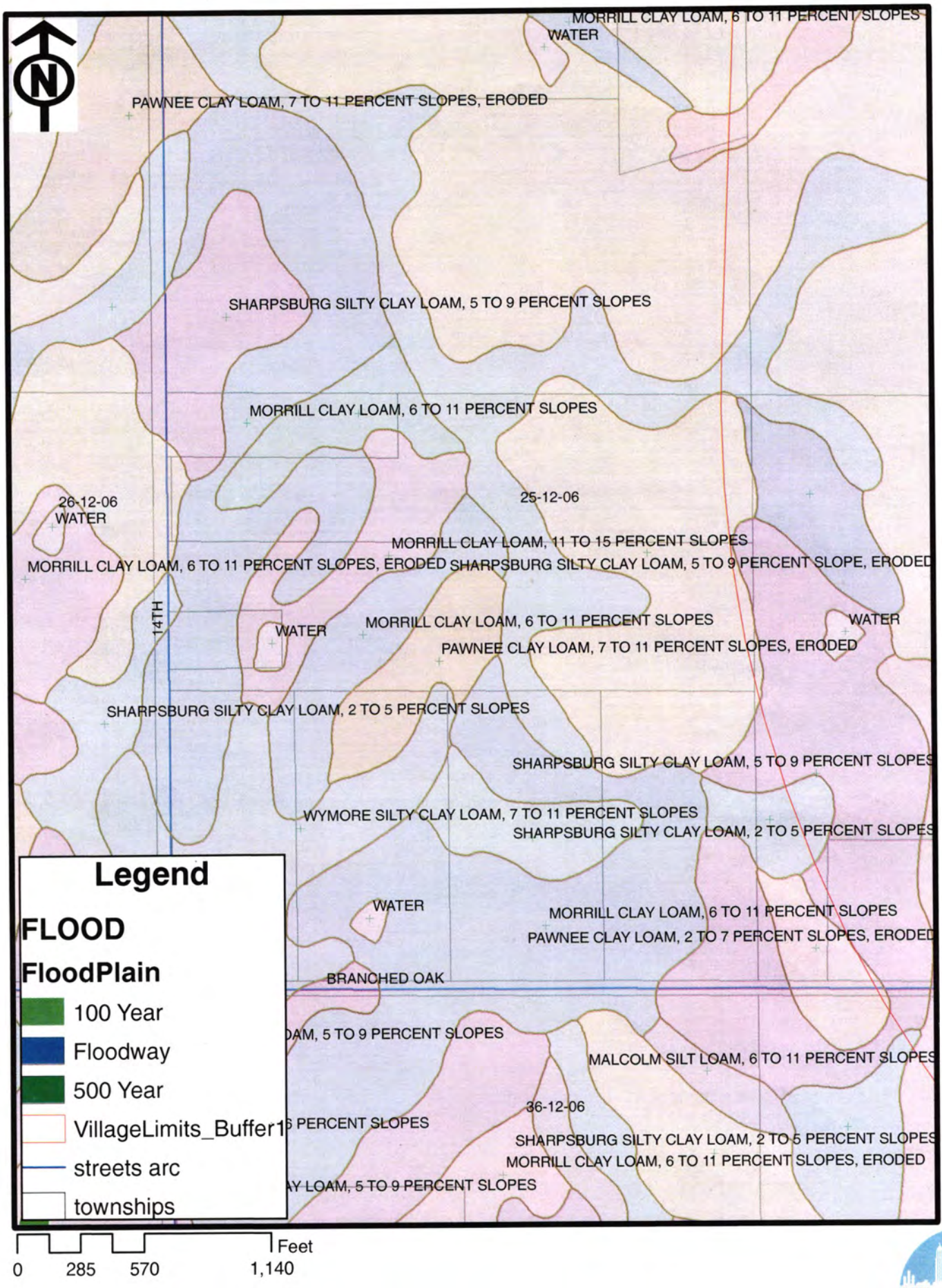
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑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

E. Required Signatures

Home Building Contractor MP Quality Home Builders - Steven Makovicka Date 6-14-07

Installer [signature] Alex Lesell Date 6-14-07

FORM 23-102 10-96


MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
26-12-06
WATER
25-12-06
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
14TH
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BRANCHED OAK
AM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
36-12-06
6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
Y LOAM, 5 TO 9 PERCENT SLOPES
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streets arc
townships
Feet
0
285
570
1,140