Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380225001

Issued 10/12/00
Expires 04/12/01
Revenue Code 3157

Establishment

D & R DEVELOPMENTS INC
T10N R5E SEC 25 QTR NE
LOT 19
6001 W O ST OS

FEES: $200.00

Permitee

D & R DEVELOPMENTS INC
BOX 22405
LINCOLN NE 68542

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013803

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

A

Permit Number: 00380 2250

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 ~~West~~ 6001 West "O" (no rural route) City Lincoln NE, Zip 68528

Legal Description NE 1/4 - 25 - 10 N - 5 ____ 19
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 D & R Development Signature Roger K Schweser

Address Box 22405 City/State/Zip Lincoln, Nebr 68542

☐ Check if owner designed system Home Phone 477-5263 Work Phone 610-0411

C. Contractor

Name Land Const Inc Company Name _____

Address Box 22405 City/State/Zip Lincoln, Nebr 68542

☒ Check if contractor designed system Work Phone 477-5263

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 ____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day ~400 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 10/6/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Amick
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-9-00 Date frwd 10-9-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-9-00 Date frwd 10-9-00 ACTION ☒ Approved ☐ Disapproved Signature _____

Lagoon + line 5/23/01 0.5 Need drawing

Installation Final Written Approval

By Doug Amick

Date 10/10/01

Business Office Use Only

Date Rec'd 10/06/00

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 13913

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

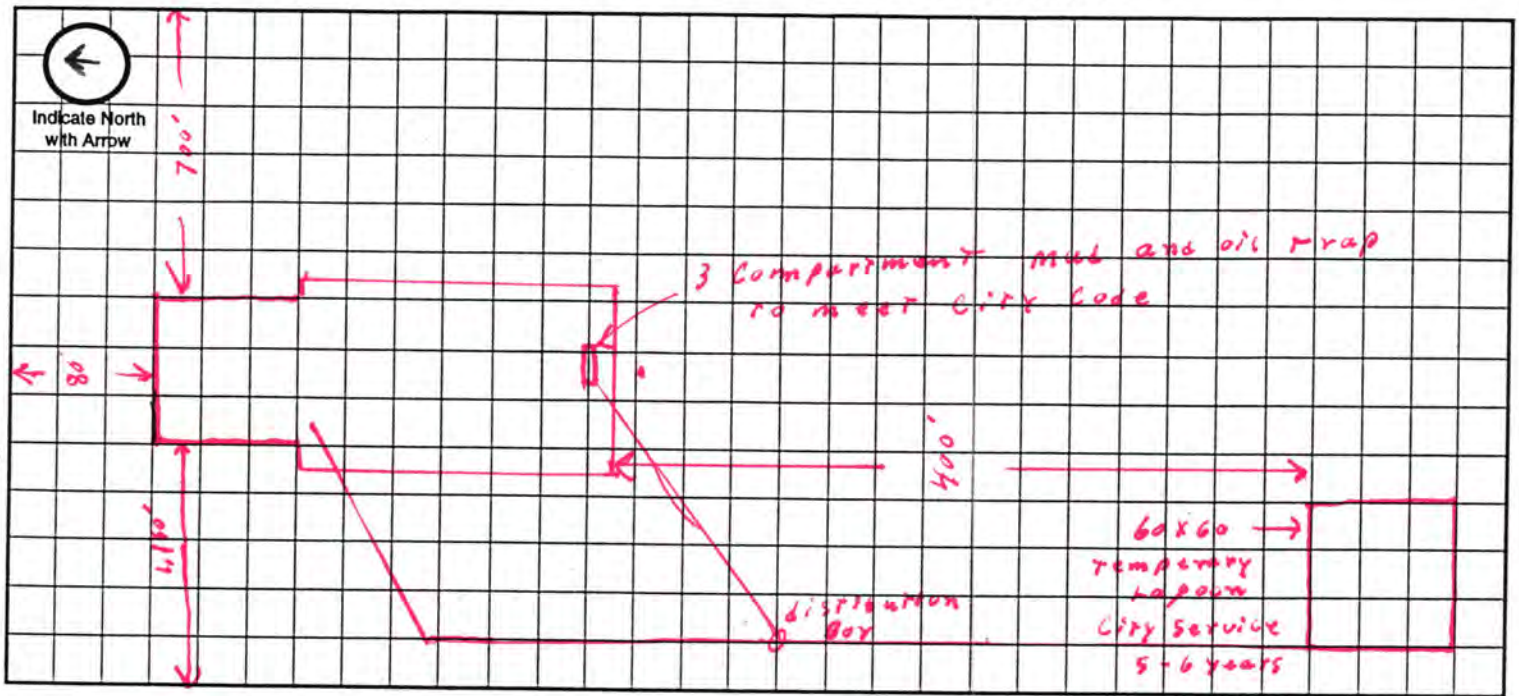
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802250

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) 6001 west "O" City Lincoln NE, Zip 68528

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 Lagoon

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

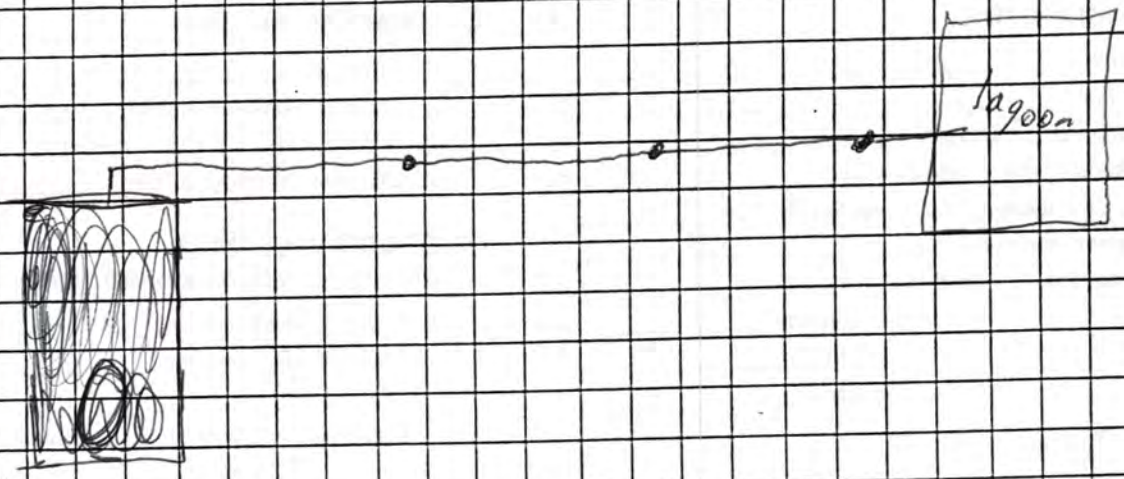
Home Building Contractor Land Const. Inc. Date 10-6-00

Installer Roger W. Schwien Date 10-6-00

FORM 23-102 10-96

As Built Drawing

Indicate North with Arrow



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