# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 92380083601

Issued 05/07/92
Expires 11/07/92

ESTABLISHMENT

ALOIS BENES
T12N R5E SEC 15
LOT 16

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ALOIS BENES
6805 W AGNEW RD
~~LINCOLN~~ NE 68428
Valparaiso

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 5/8/92 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED APR 2 4 1992

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 5E ; Section 15 ;
   Block _____ : Lot 16 I.T. : Addition _____
   Street Address North West 98th Road.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

3. Type of Individual Sewage Disposal System: ~~Septic Tank~~ ☒ ; Other ☒

4. Distance to public sewer: Farm ft.

Alois E Benes
Signature of Applicant (Owner or Lessee)

Owner
4617 Raymond
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/24/92. Date Frwd. 4/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/24/92. Date Frwd. 4/24/92. ACTION: Approved ☐ Disapproved ☐ Signature: Dale Nitz
3. City or County Engineer: Date Rec'd. 4-24-92. Date Frwd. 4-24-92. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

RECEIVED APR 2 4 1992

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

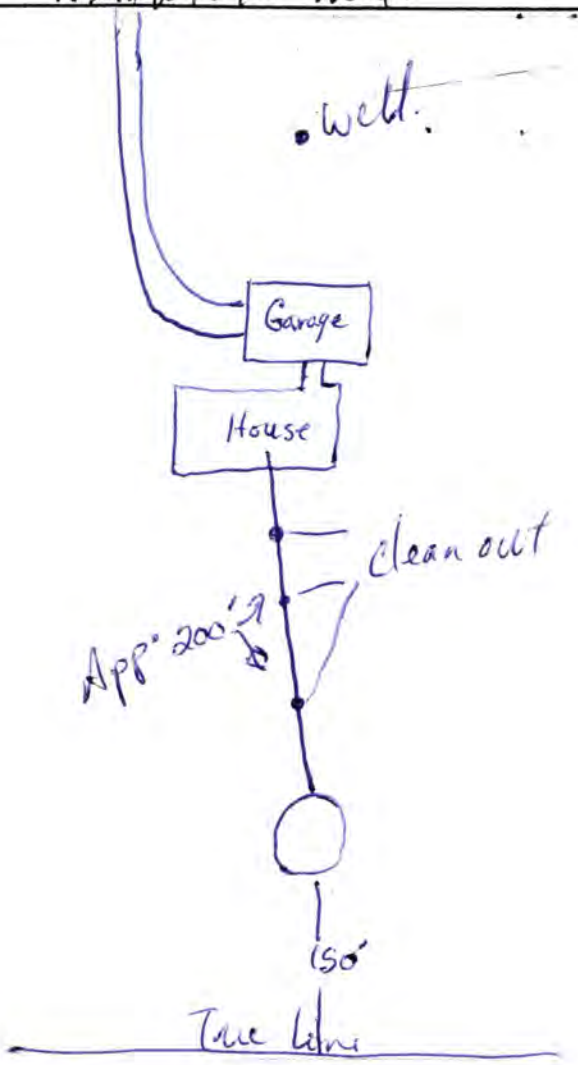
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.




REVIEWING ACTION

Remarks:_____

_____

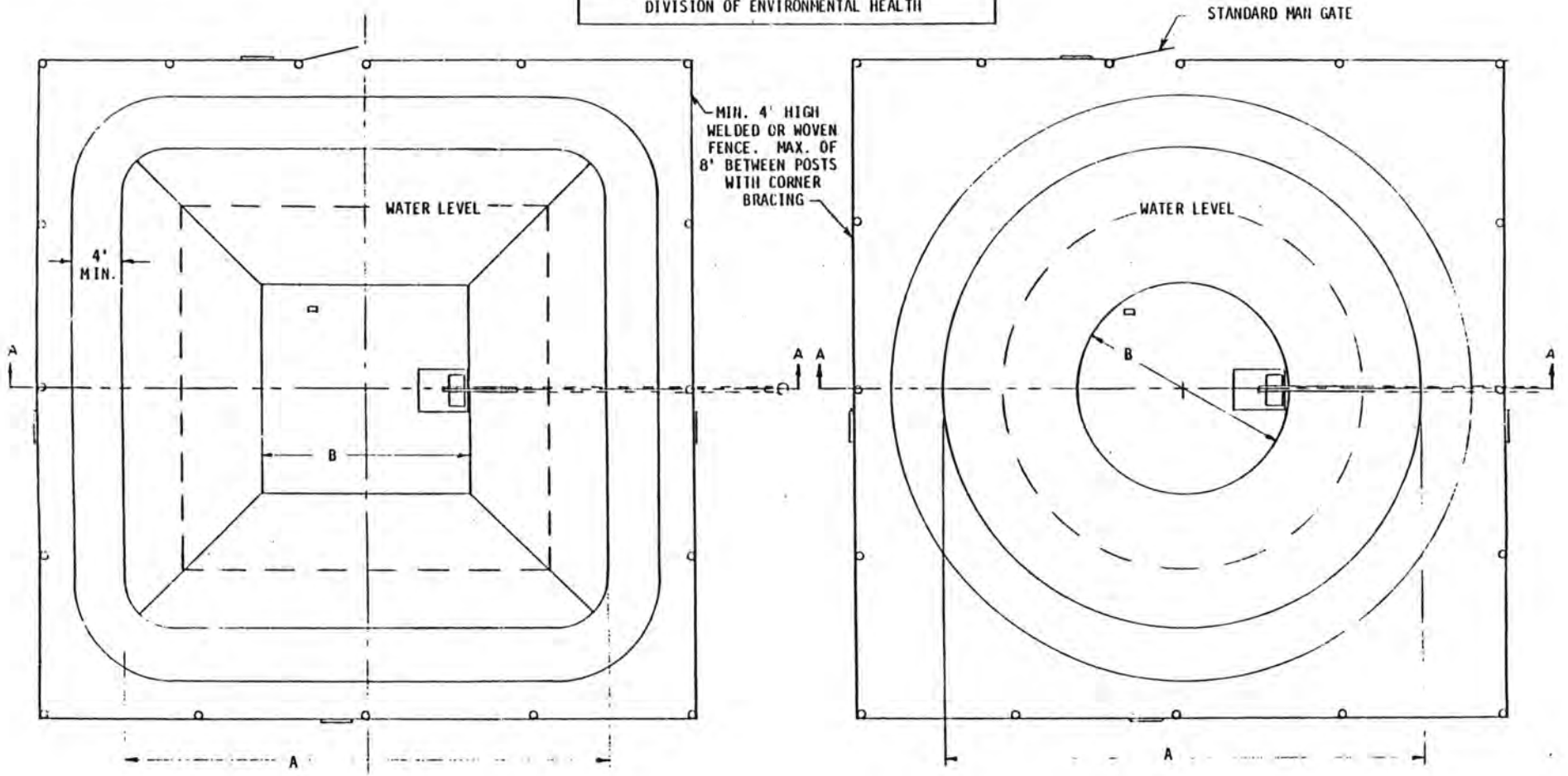
Date:_____

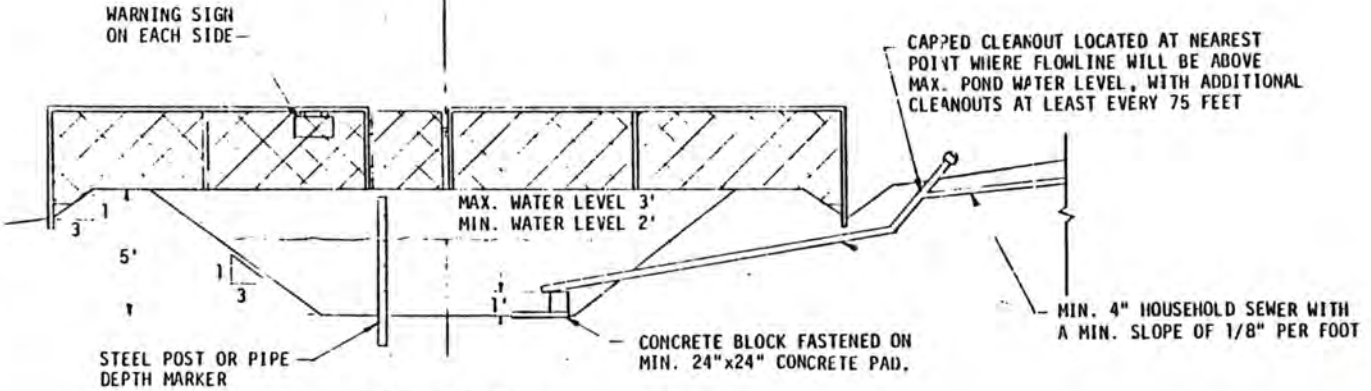
Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

# WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH




SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

| NUMBER OF BEDROOMS IN THE HOUSE | LAGOON DIMENSIONS (FEET) | | | |
|---|---|---|---|---|
| | SQUARE | | ROUND | |
| | A | B | A | B |
| 2-3 | 43 | 13 | 46 | 16 |
| 4 | 48 | 18 | 52 | 22 |

ADDITIONAL INFORMATION ON BACK

Alois E Barnes
APPLICANT'S SIGNATURE

FORM 20111-0278