Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

KAREN A SPATH
T10N R5E SEC 29 QTR NE
W 1/2 OF NE 1/4 LOT 2IT
305 SW 112 ST

Permittee

KAREN A SPATH
13210 W O ST
LINCOLN NE 68528

Permit # 01380232001

Issued 05/24/01
Expires 11/24/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

015737

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

MAY 2 3 2001

A

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

Permit Number: 013802320

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 305 SW 112th (no rural route) City Lincoln NE, Zip NE 68528

Legal Description NE 29 10N 5E 20.49 ACRES W½ OF NE¼ PART OF 2I.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 Karen A. Spath Signature Karen A. Spath

Address 13210 W "O" St. City/State/Zip Lincoln, NE 68528

☐ Check if owner designed system Home Phone 477-1474 Work Phone 472-8085

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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** Date rec'd 5/24/01 Date frwd 5/24/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-25-01 Date frwd 5-25-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/25/01 Date frwd 5/25/01 ACTION ☒ Approved ☐ Disapproved Signature _____

7/3/01 NEED FENCE, ETC. J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 05/24/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 3921

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
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

installed By
Raymond Contracting
Lloyd 890-6009

Date 7/3/01

Karen Spath.

System Location (Indicate correct number and street)

Address 305 SW 112. (no rural route) City Emerald/Lincoln. NE, Zip _____

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 120' ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 60+ ft.

B. Septic Tank

1. Material: _____
   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 _____ 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

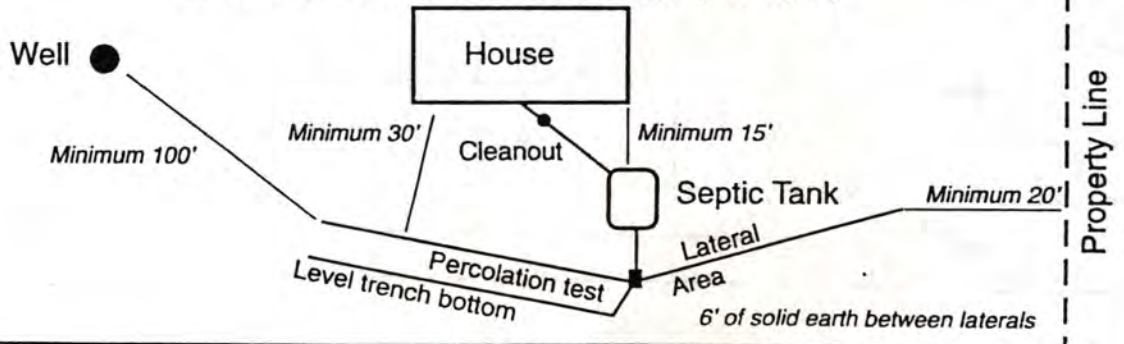
(Provide as-built drawings on back of this form)

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.

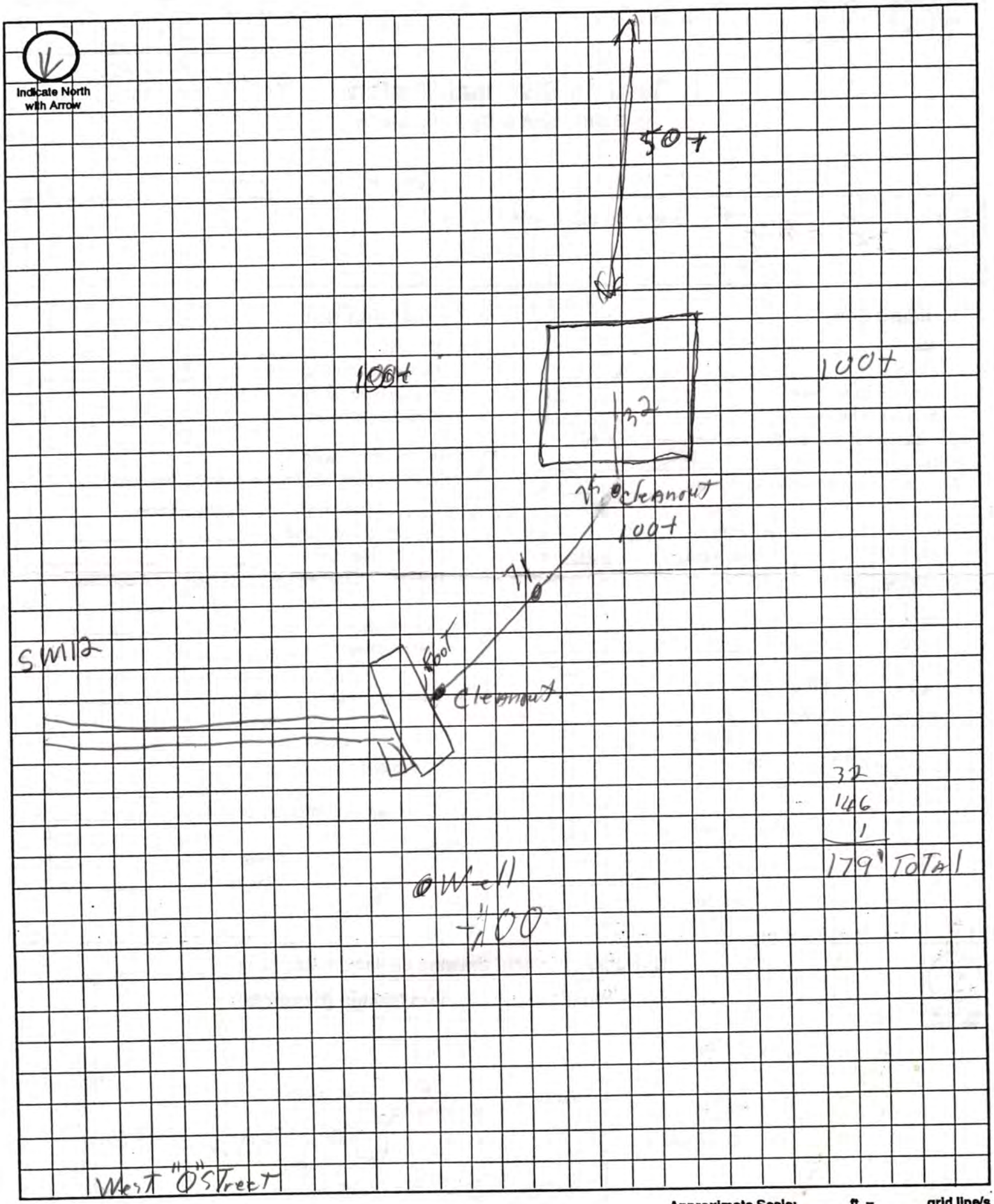
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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