LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380187901

Issued 11/02/98
Expires 05/02/99
Revenue Code 3157

Establishment
HERMAN JACOBY
T10N R5E SEC 29 QTR NE
11405 W O ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee
HERMAN JACOBY
11405 W O ST
LINCOLN NE 68528-9110

Issued By Health Director
Lincoln-Lancaster County Health Department

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

008241

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

CHANGE TO

A

Permit Number:

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 11405 Wo O st. (no rural route) City Lincoln NE, Zip 68528

Legal Description NE 29 10N 5E
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 Herman Jacoby Signature _____

Address 11405 Wo O St City/State/Zip Lincoln, Ne 68528

☐ Check if owner designed system Home Phone 474-1143 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Big Clyde Sanitation

Address 17201 So 72 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 10/27/98 Date frwd 10/27/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hoo
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

10/27/98 NEED DRAWING, FENCE, ETC. J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/26/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 3221

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

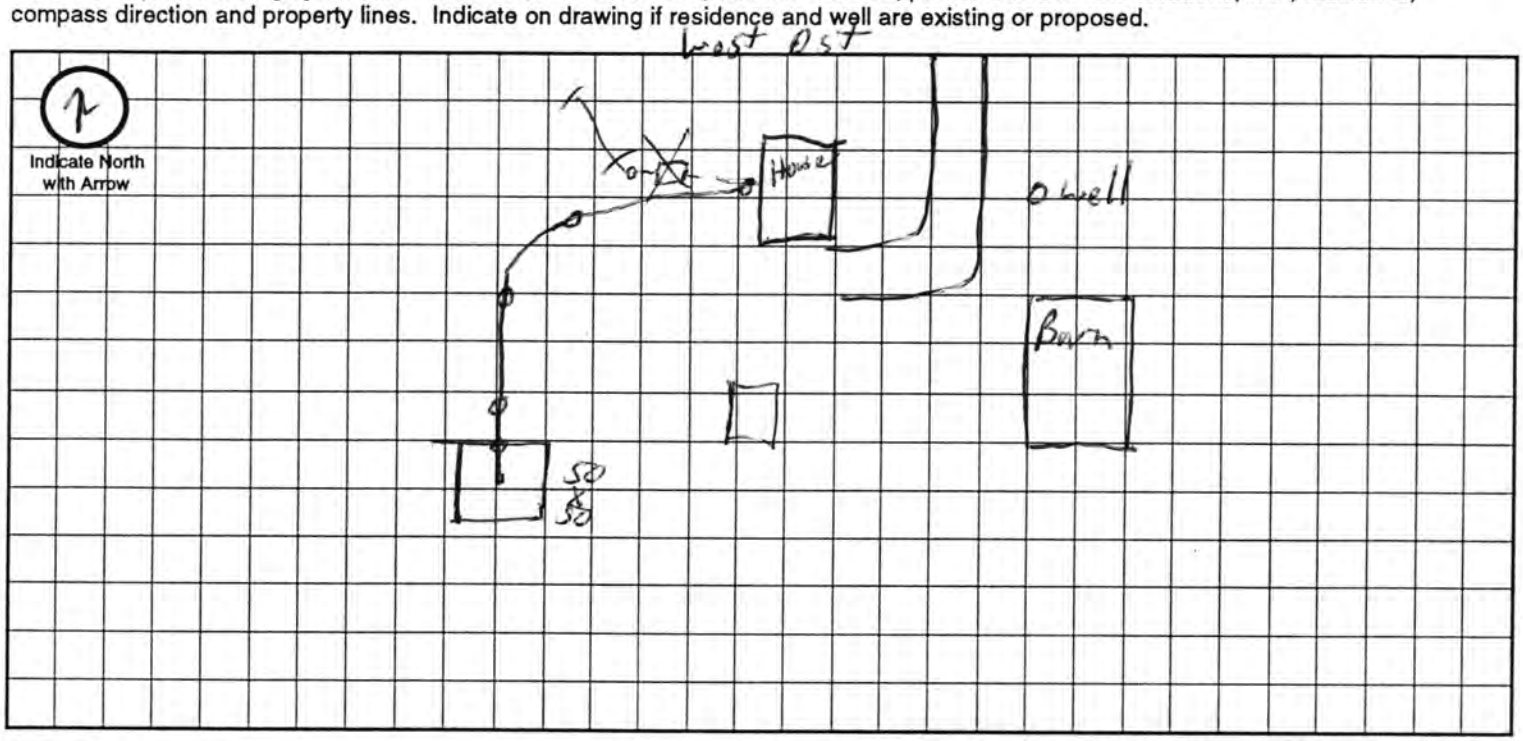
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11405 W. Ost 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 _____

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

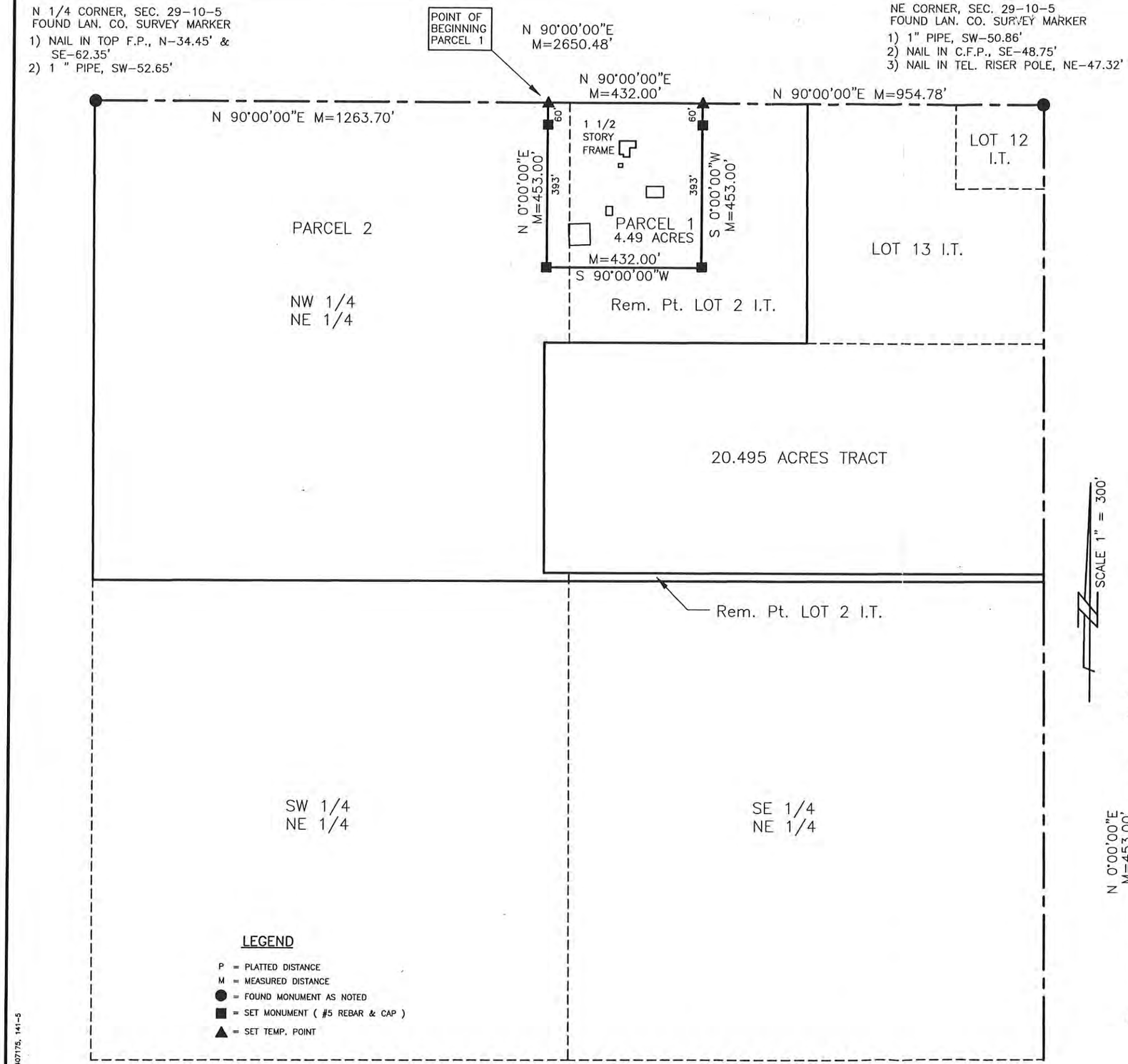
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐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

E. Required Signatures

Home Building Contractor EXISTING HOUSE Date _____

Installer Brad Smith Date 10-26-98

FORM 23-102 10-96



BOUNDARY SURVEY

NE 1/4, SEC. 29, T 10 N, R 5 E
LANCASTER COUNTY, NEBRASKA

LEGAL DESCRIPTION

PARCEL 1
THAT PART OF THE REMAINING PORTION OF LOT 2 IRREGULAR TRACT, AND THAT PART OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER, ALL IN SECTION 29, TOWNSHIP 10 NORTH, RANGE 5 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 29; THENCE EASTERLY ON THE NORTH LINE OF SAID NORTHEAST QUARTER, ON AN ASSIGNED BEARING OF N 90°00'00"E A DISTANCE OF 1263.70', TO THE POINT OF BEGINNING; THENCE CONTINUING EASTERLY ON SAID NORTH LINE, N 90°00'00"E 432.00'; THENCE SOUTHERLY, S 0°00'00"W 453.00'; THENCE WESTERLY, S 90°00'00"W 432.00'; THENCE NORTHERLY, N 0°00'00"E 453.00', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 4.49 ACRES, MORE OR LESS.

PARCEL 2
ALL OF THE REMAINING PORTION OF LOT 2 IRREGULAR TRACT, AND ALL OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER, ALL IN SECTION 29, TOWNSHIP 10 NORTH, RANGE 5 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, EXCEPT THAT PART MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 29; THENCE EASTERLY ON THE NORTH LINE OF SAID NORTHEAST QUARTER, ON AN ASSIGNED BEARING OF N 90°00'00"E A DISTANCE OF 1263.70', TO THE POINT OF BEGINNING; THENCE CONTINUING EASTERLY ON SAID NORTH LINE, N 90°00'00"E 432.00'; THENCE SOUTHERLY, S 0°00'00"W 453.00'; THENCE WESTERLY, S 90°00'00"W 432.00'; THENCE NORTHERLY, N 0°00'00"E 453.00', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 4.49 ACRES, MORE OR LESS.

SURVEYOR'S CERTIFICATE

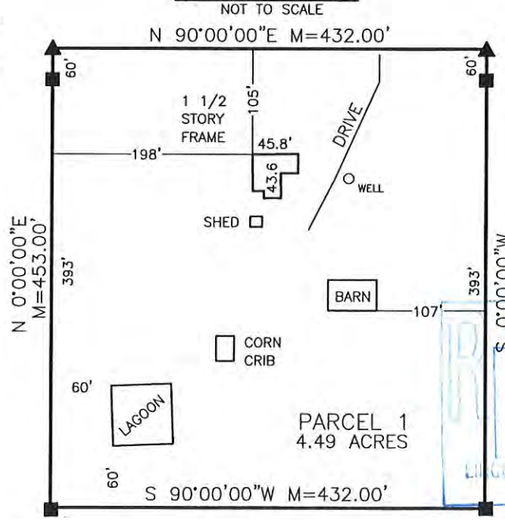
I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FORGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 4th DAY OF AUGUST, 2004.

BILLY JOE KERR, LS #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

PARCEL 1 DETAIL
NOT TO SCALE



LOCATION SKETCH
NOT TO SCALE



RECEIVED
OCT 28 2004
LINCOLN CITY/LANCASTER COUNTY
PLANNING DEPARTMENT

K & M INC.
LAND SURVEYING
540 W. INDUSTRIAL LAKE DR. #1
LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

PROJ. # 0407175, 141-5