LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380114401

Issued 03/30/94
Expires 09/30/94
Revenue Code 18754

Establishment
JAMES MITCHELL
T12N R5E SEC 8

FEES: $150.00

TOTAL $150.00

Permittee
JAMES MITCHELL
3870 STEELE AVE
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

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

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 8 NW/4;
   Block —: Lot —: Addition —
   Street Address Rt1 Box 26A Valparaiso Ne. 68065
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon
4. Distance to public sewer: None ft.

James H Mitchell Trustee R.T. Mitchell Trust
Signature of Applicant (Owner or Lessee)

3870 Steele Ave Lincoln Ne 68510 (435-1204)
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/30/94. Date Frwd. 3/30/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/30/94. Date Frwd. 3/30/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Igou
3. City or County Engineer: Date Rec'd. 04/30/94. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-13-96 by: rm need fence
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-14-97 By: Ron Mogensen

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

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 3/12/96

FILE NO: _____

Lagoon System

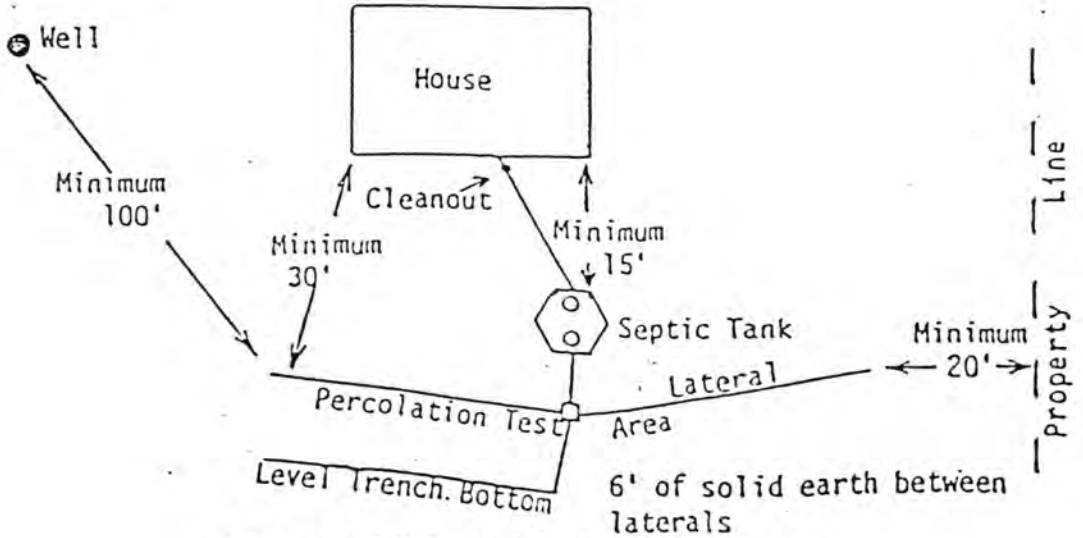
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch.40 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

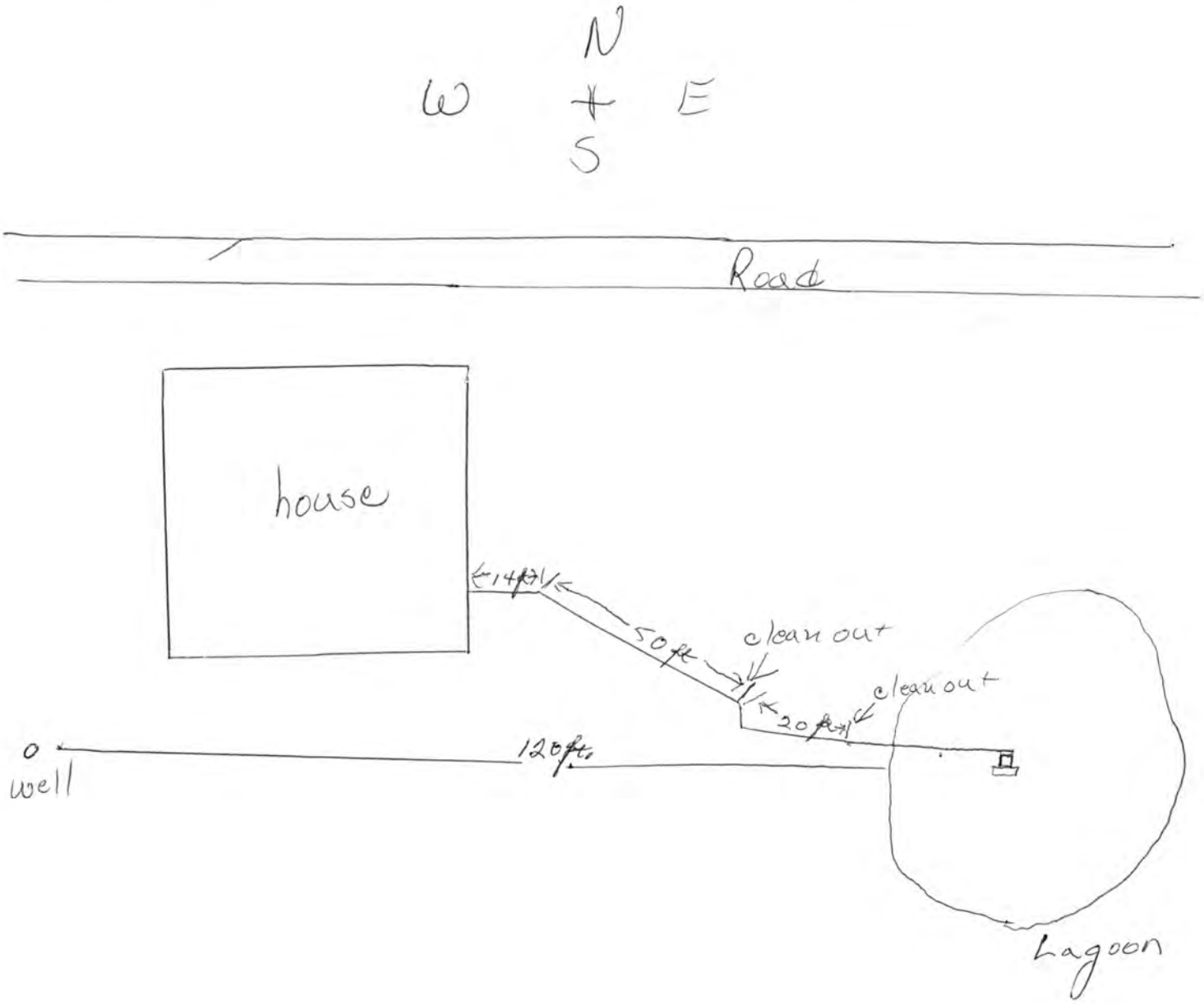
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

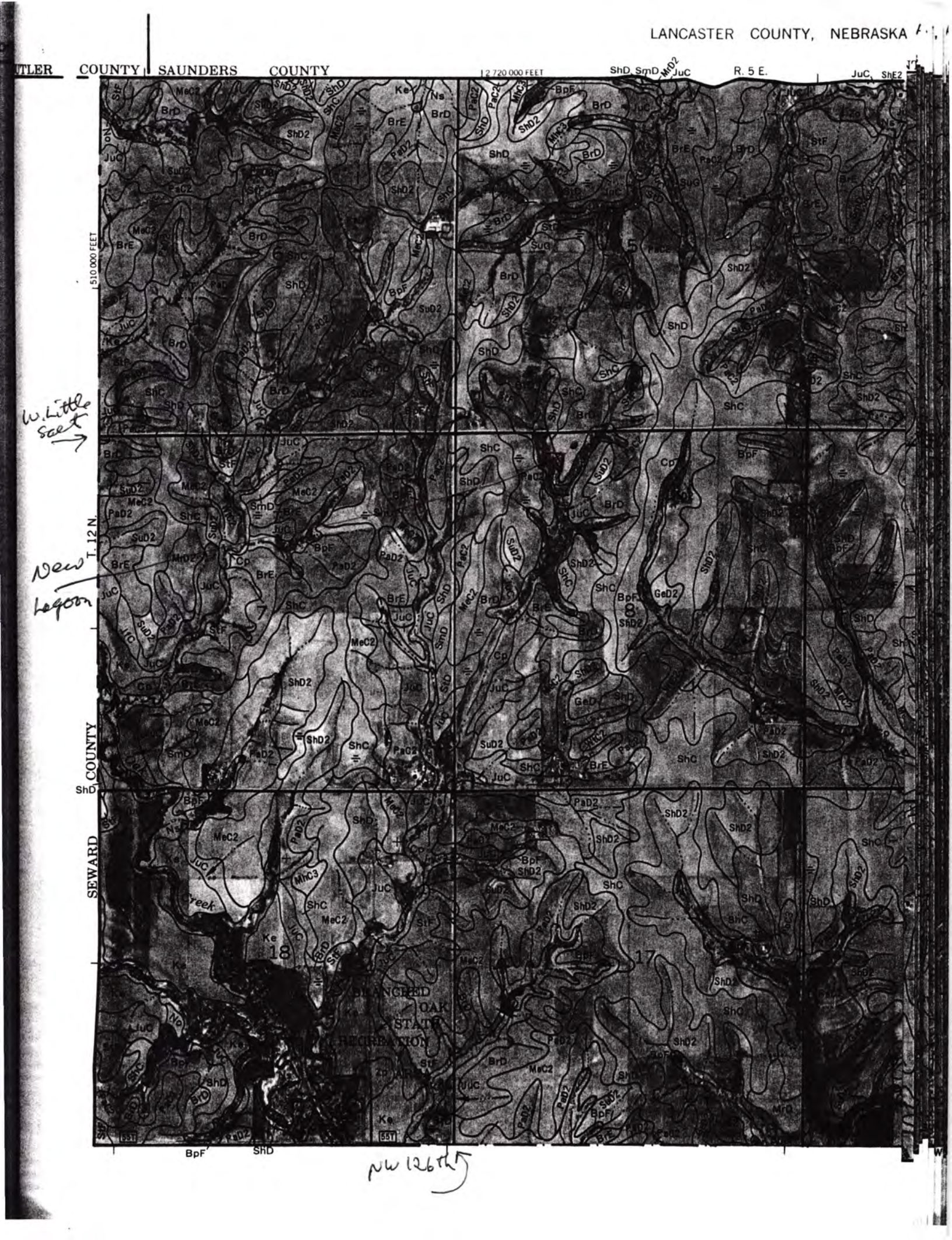
C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
W
E
S
Road
house
14ft
50ft
clean out
clean out
20ft
0
well
120ft
Lagoon


BUTLER COUNTY
SAUNDERS COUNTY
SEWARD COUNTY
2 720 000 FEET
R. 5 E.
1 510 000 FEET
T. 12 N.
W. Little Salt
New Lagoon
Creek
BLANCHARD OAK STATE RECREATION
NW 126th
5
6
7
8
17
18