Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006495

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380298501

Issued 03/22/05
Expires 03/22/06
Revenue Code 3157

Establishment:
ARNOLD KOUMA
T10N R5E SEC 35 QTR NE
LOT 7IT
1755 SW 70 ST

FEES: $200.00

Permittee:
ARNOLD KOUMA
1755 SW 70 ST
LINCOLN NE 68532

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

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 1755 SW 70th (no rural route) City Lincoln NE, Zip 68532

Legal Description NE (1/4) 35 (Section) 10N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) _____ (Lot) 37 E.T.

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name ARNOLD KOUMA Signature Arnold Kouma

Address 1755 SW 70th City/State/Zip LINCOLN NE 68532

☐ Check if owner designed system Home Phone 476-1600 Work Phone _____

C. Contractor

Name EAGNER CONST. Company Name _____

Address 4810 "W" CLAIRE AVE City/State/Zip NE 68523

☐ Check if contractor designed system Work Phone 402-432-5698

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name MELVIN EAGNER Firm EAGNER CONST Work Phone 432-5698

E. This System Will Serve a EXISTING HOUSE

☒ Residential Dwelling Number of Bedrooms ~~3~~ 2 as per Mel Eagner 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 3/22/05 Date frwd 3/22/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
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 _____

Line + Lagoon 3/23/05 DJ

Installation Final Written Approval

By Doug Smith

Date 6/23/06

Business Office Use Only

Date Rec'd 3/22/05

Amt Paid 200.00

Rec'd By CW Cash/Check No. 5248

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

Date 3/24/05

System Location (Indicate correct number and street)

Address 1755 SW 70th (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: APS PVC
   Diameter: 3 4 in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

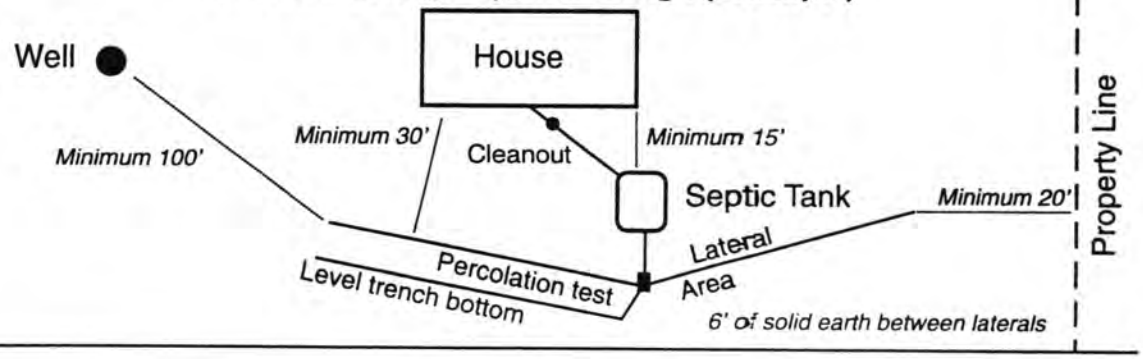
(Provide as-built drawings on back of this form)

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.

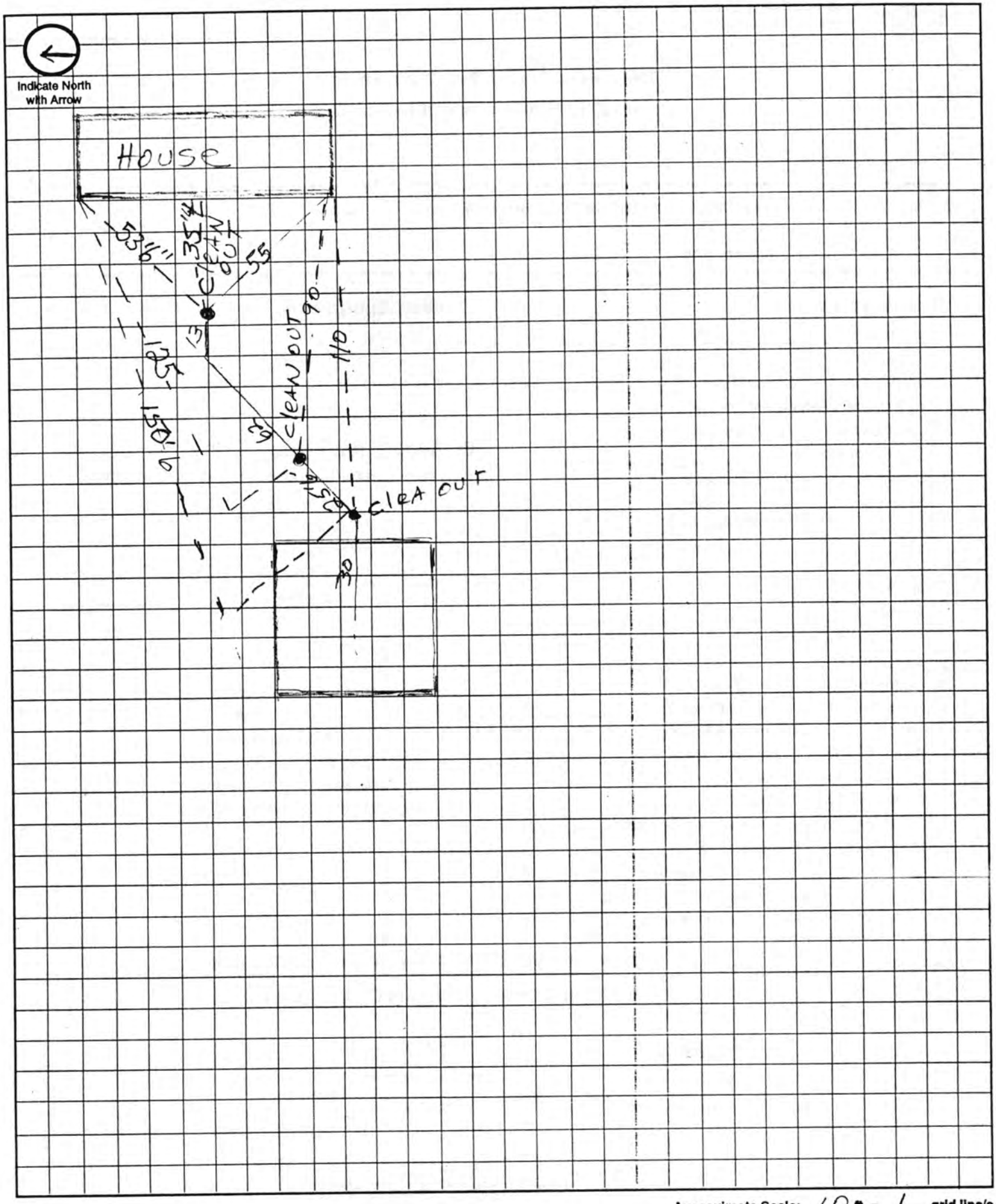
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s