LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 97380160501

SEWAGE INSTALLATION

Issued 07/09/97
Expires 01/09/98
Revenue Code 18754

Establishment

BEVERLY WALINE
T10N R5E SEC 35
LOT 26&27
7401 W A STREET

FEES: $150.00

TOTAL $150.00

Permittee

BEVERLY WALINE
7501 W A ST
LINCOLN NE 68532

Issued By M. Jane Ford
Health Director

5023

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

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 7401 West Ast (no rural route) City Lincoln NE, Zip 68534

Legal Description 35 10N 5E 36+27 Ex
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 Beverly Waline Signature _____

Address 7401 W. Ast. City/State/Zip Lincoln, Ne 68534

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Southwick Sewer & Drain Company Name Brad Southwick

Address 17201 S. 72nd 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 2 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 7/8/97 Date frwd 7/9/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.9.97 Date frwd 7.9.97 ACTION ☒ Approved ☐ Disapproved Signature TC
3. **City or County Engineer** Date rec'd 7-9-97 Date frwd 7-9-97 ACTION ☒ Approved ☐ Disapproved Signature RD Mitham

Need fence, sign, drawing 7/11/97 LCH

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3245

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

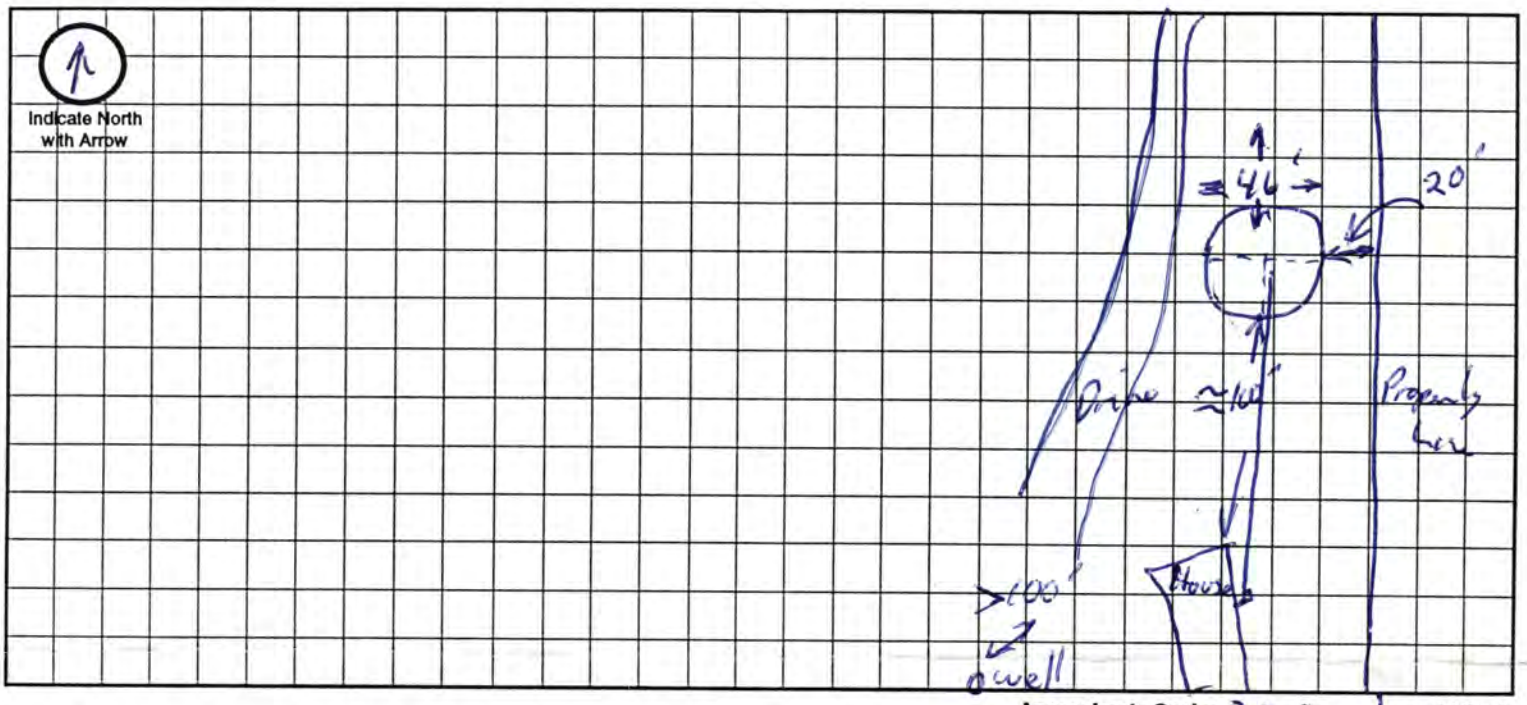
Lincoln-Lancaster County Health Department
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C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7401 West A St City Lincoln NE, Zip 68532

B. Proposed ~~Septic Tank/s~~ Sewage Lagoon

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 ☒ Easement	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Spotten Date 5-22-97

FORM 23-102 10-96

RECEIVED JUN 23 1997 MONEY ORDER $150 ck

I, Arnold Kouma, give an easement to Beverly Waline for installation of a sewage treatment lagoon within 20 feet of our common property line in Sec. 35-10-5.

Arnold Kouma

Arnold Kouma appeared before me this 14th day of June 1997.

GENERAL NOTARY-State of Nebraska
SHARON A. GENTHE
My Comm. Exp. Febr. 5, 1998

Sharon A Genthe
Notary Public