Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MICHAEL T SIBBERNSEN
T10N R5E SEC 35 QTR NE
LOT 33IT
7601 W A ST

Permittee

MICHAEL T SIBBERNSEN
530 SURFSIDE DR
APT 93
LINCOLN NE 68528

Permit # 01380233001

Issued 06/12/01
Expires 12/12/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015925

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

A

Permit Number: 01380233G

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 7601 WEST A (no rural route) City LINCOLN NE, Zip 68532

Legal Description NE (1/4) 35 (1/4 Section) 10N (Township) 5E (Range) ____ (Subdivision) ____ (Addition) ____ (Block) 33 I.T. (Lot)

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name MICHAEL T. SIBBERNSEN Signature Michael T. Sibbernsen

Address 530 SURFSIDE APT #93 City/State/Zip LINCOLN NE 68528

☒ Check if owner designed system Home Phone 402-474-1480 Work Phone 402-476-1711

C. Contractor

Name DERRILL GRABENSTEIN Company Name CHANDEL HOMES, INC.

Address P.O. BOX 67065 City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 402-730-6624

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 6/12/01 Date frwd 6/12/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/12/01 Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____

Need fence 11/26/01 DC

Installation Final Written Approval

By 12/5/01 Doug Amen

Date ____

Business Office Use Only

Date Rec'd 06/12/01
Amt Paid 200.00
Rec'd By ____ ~~Cash~~/Check No. 1459

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

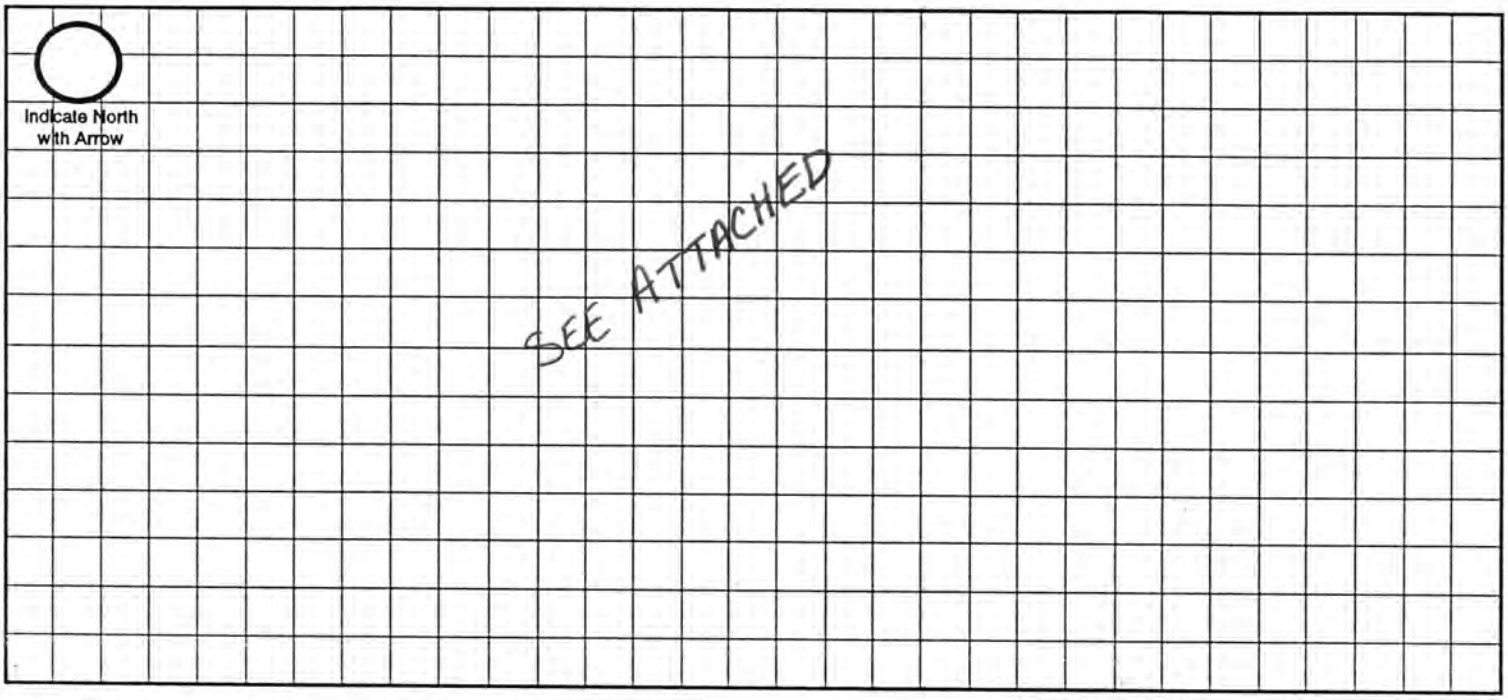
Lincoln-Lancaster County Health Department
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C

Permit Number: 01380233O

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) 7601 WEST A City LINCOLN NE, Zip 68532

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: LAGOON MUST BE SEALED 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 ☒	☒

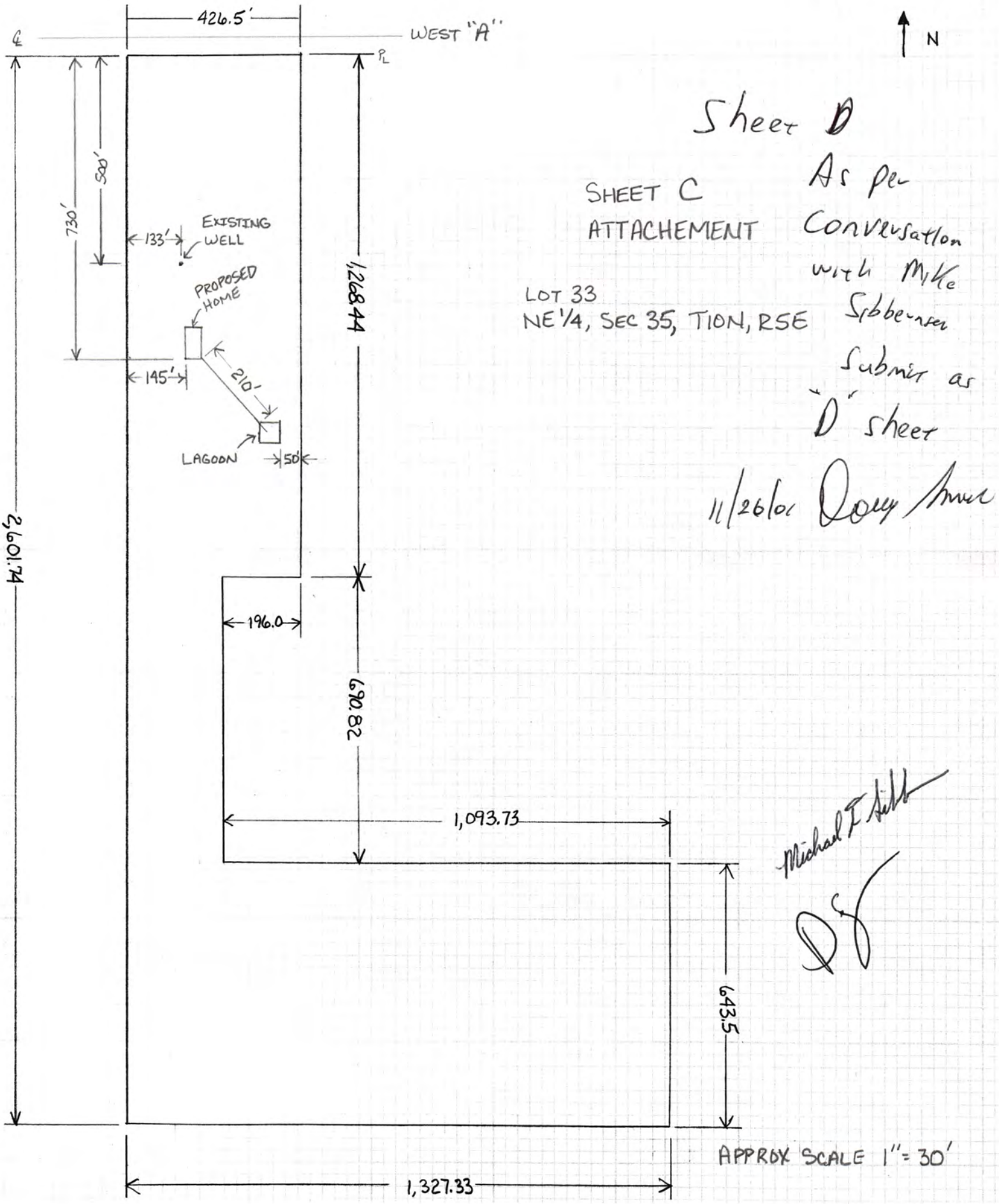
E. Required Signatures

Home Building Contractor _____ Date 6-12-01

Installer Michael L. Sibbernsen Date 6-12-01

FORM 23-102 10-96

7601 WEST A



Sheet D

SHEET C ATTACHEMENT

As per Conversation with Mike Sibbernsen Submit as "D" sheet

11/26/01 Doug Swan

LOT 33
NE 1/4, SEC 35, TION, RSE

Michael F Sibbernsen