Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005837

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380292701

Issued 11/05/04
Expires 05/05/05
Revenue Code 3157

Establishment:
WILLIAM G KNICKERBOCKER
T11N R8E SEC 36 QTR NW
LOT 3IT
18105 ALVO RD-WAVERLY

FEES: $200.00

Permittee:
WILLIAM G KNICKERBOCKER
18105 ALVO RD
WAVERLY NE 68462

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

RECEIVED NOV 0 8 2004

A

Permit Number: 043802927O1

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 18105 Alvo Rd (no rural route) City Lincoln NE, Zip 68462

Legal Description Lot 3, Irregular Tract Northwest 1/4 of section 36, township 11 North, range 8 east of the 6th p.m.
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 William G. Knickerbocker Signature William Knickerbocker

Address 18105 Alvo Rd City/State/Zip Waverly, Ne 68462

☐ Check if owner designed system Home Phone — Work Phone Cell 416-5878

C. Contractor

Name G+A Backhoe Service Company Name Gordon Lukes

Address 2319 S. 214 City/State/Zip Eagle, Ne 68347

☐ Check if contractor designed system Work Phone 781-2406

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

Designer Name Same 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** 11-3-04 not OK Need fence OK
   Date rec'd 11/5/04 Date frwd 11/8/04
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 11-8-04 Date frwd 11-8-04
   ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer**
   Date rec'd 11-8-04 Date frwd 11-8-04
   ACTION ☒ Approved ☐ Disapproved Signature Jim Blomgh

Installation Final Written Approval

By Ron Mayunk

Date 4-5-05

Business Office Use Only
Date Rec'd 11/08/04
Amt Paid 200.00
Rec'd By lo Cash/Check No. 3453

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

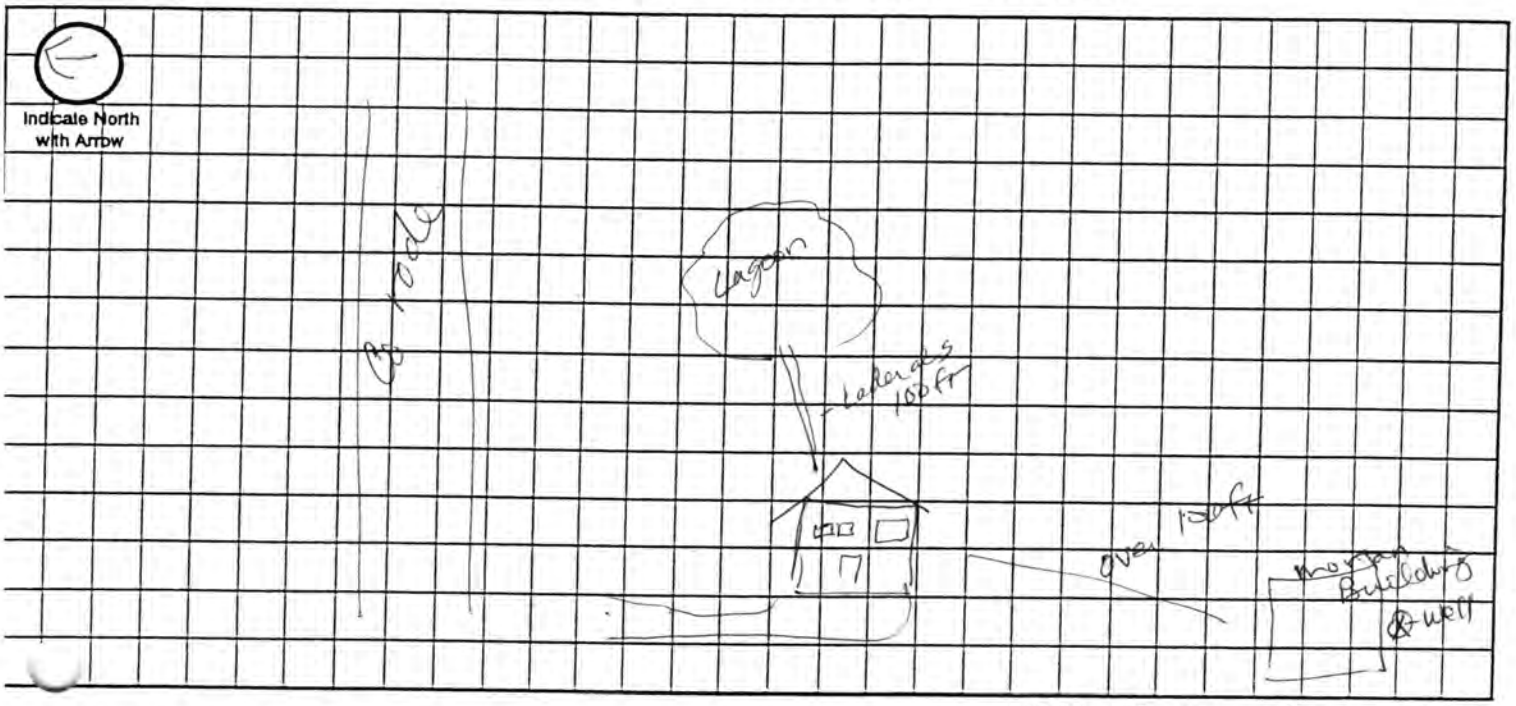
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C

Permit Number:
043802927

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) 18105 Alvo Rd City Waverly NE, Zip Ne 68462

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 ☐	☐
L[illegible] (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Gordon Lee Date _____

Installer _____ Date _____

RM 23-102 10-96

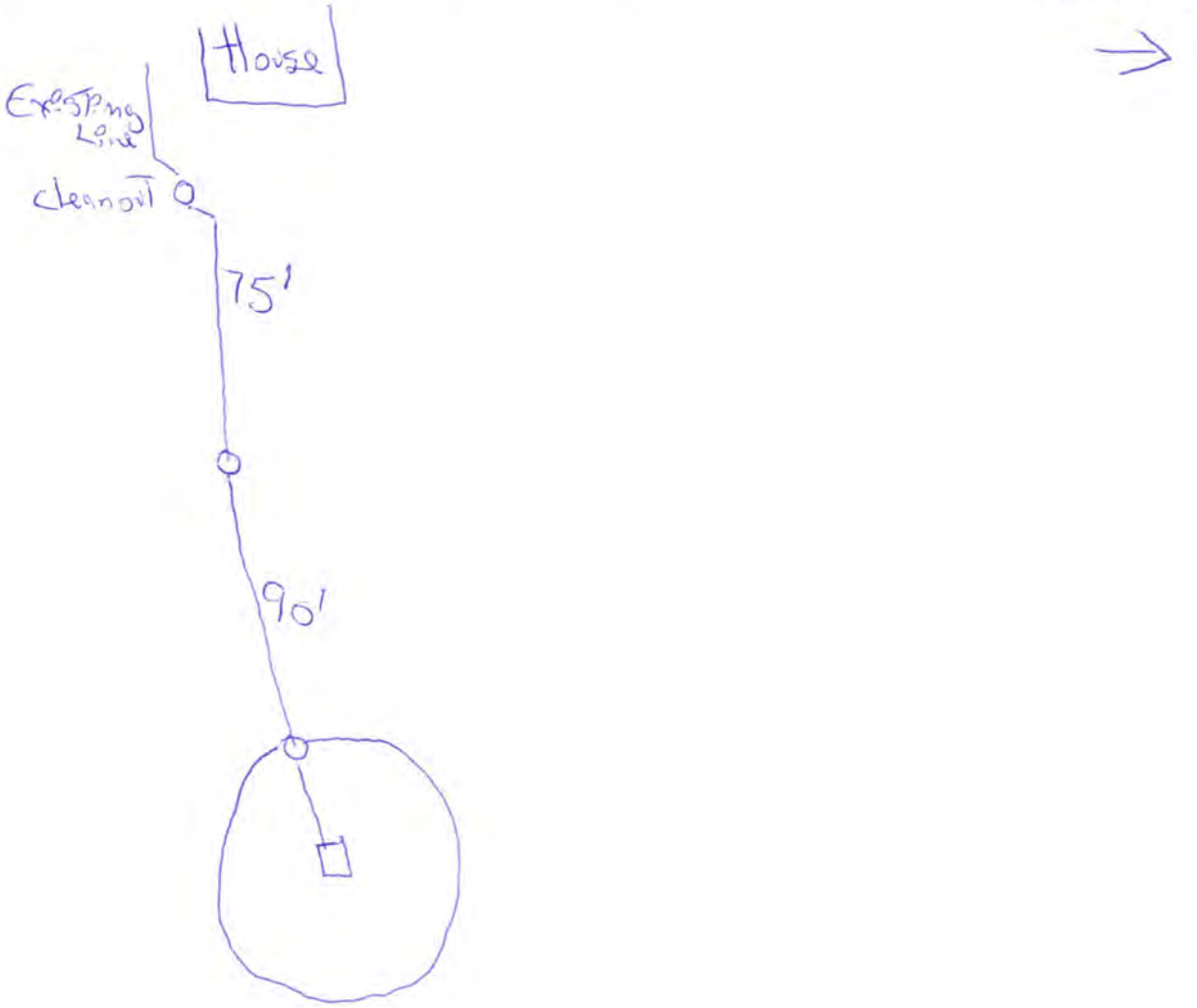
G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

12/17/04

To Ron Marquart,
This is the as built drawing for a lagoon System @ 18105 Alvo Road for Bill Knickerbocker.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2815-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

MARK J. SOUTHWICK 1020 NO. 52ND — ISSUED TO

LINCOLN, NE 68504 — ADDRESS

T11N; R8E; Sec. 36; 18101 Alvo Rd. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND, OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: MG — DATE: 4-6-84 — AMOUNT:

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2815-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: April 5 1989

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 8E ; Section 36 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 18101 Alvo R.D.

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Put a 100'x6' lateral and Pipe it out to Exceptable grade

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Mark Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln, Nebr. 68504
Address

(Do not write below this line)

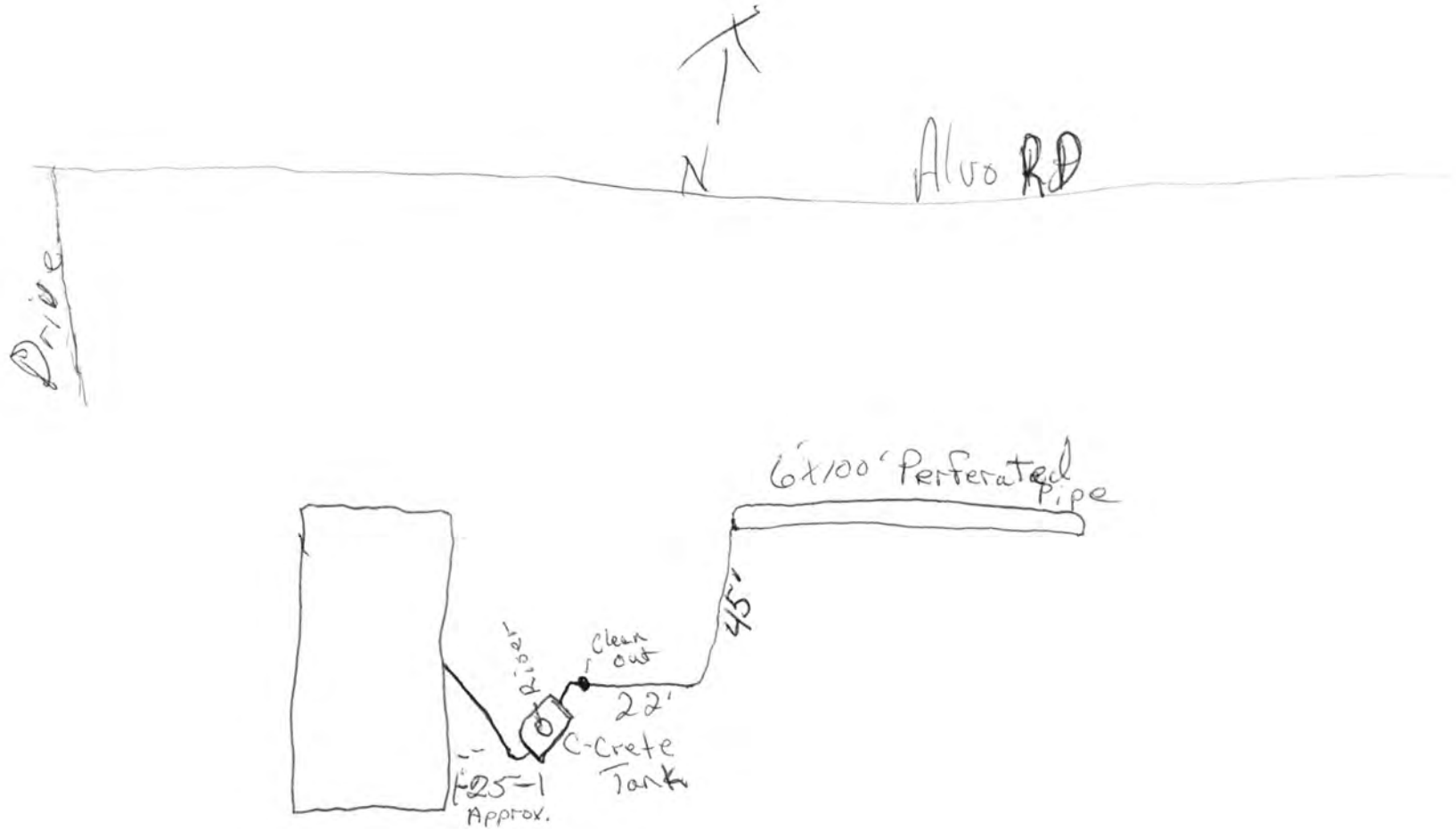
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-4-89 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-6-89 by: _____



well
Morton Building