LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380154401

SEWAGE INSTALLATION
LAGOON

Issued 03/14/97
Expires 09/14/97
Revenue Code 18754

Establishment

PHILLIP NALLEY
T10N R5E SEC 36
LOT 3

FEES: $150.00

Permittee

PHILLIP NALLEY
6005 W A ST
LINCOLN NE 68510

TOTAL $150.00

Issued By M. Jane Ford
Health Director

3400

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 1650 SW 58th (no rural route) City Lincoln NE, Zip 68532

Legal Description NE (1/4) NE (1/4) 36 (Section) 10N (Township) 5E (Range) ____ (Subdivision) ____ (Addition) ____ (Block) 3. (Lot)

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Phillip D Nalley Signature Phillip D Nalley

Address 6005 West A City/State/Zip Lincoln, NE 68532

☐ Check if owner designed system Home Phone 438-3349 Work Phone 432-1152

C. Contractor

Name Phillip Nalley Company Name —

Address 6005 West City/State/Zip Lincoln NE 68532

☐ Check if contractor designed system Work Phone 438-3349

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 3/10/97 Date frwd 3/11/97 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/11/97 Date frwd 3/11/97 ACTION ☒ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 3-11-97 Date frwd 3-11-97 ACTION ☒ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only 3145

Date Rec'd 3-10-97

Amt Paid $150.00

Rec'd By CW Cash/Check No. 2365

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

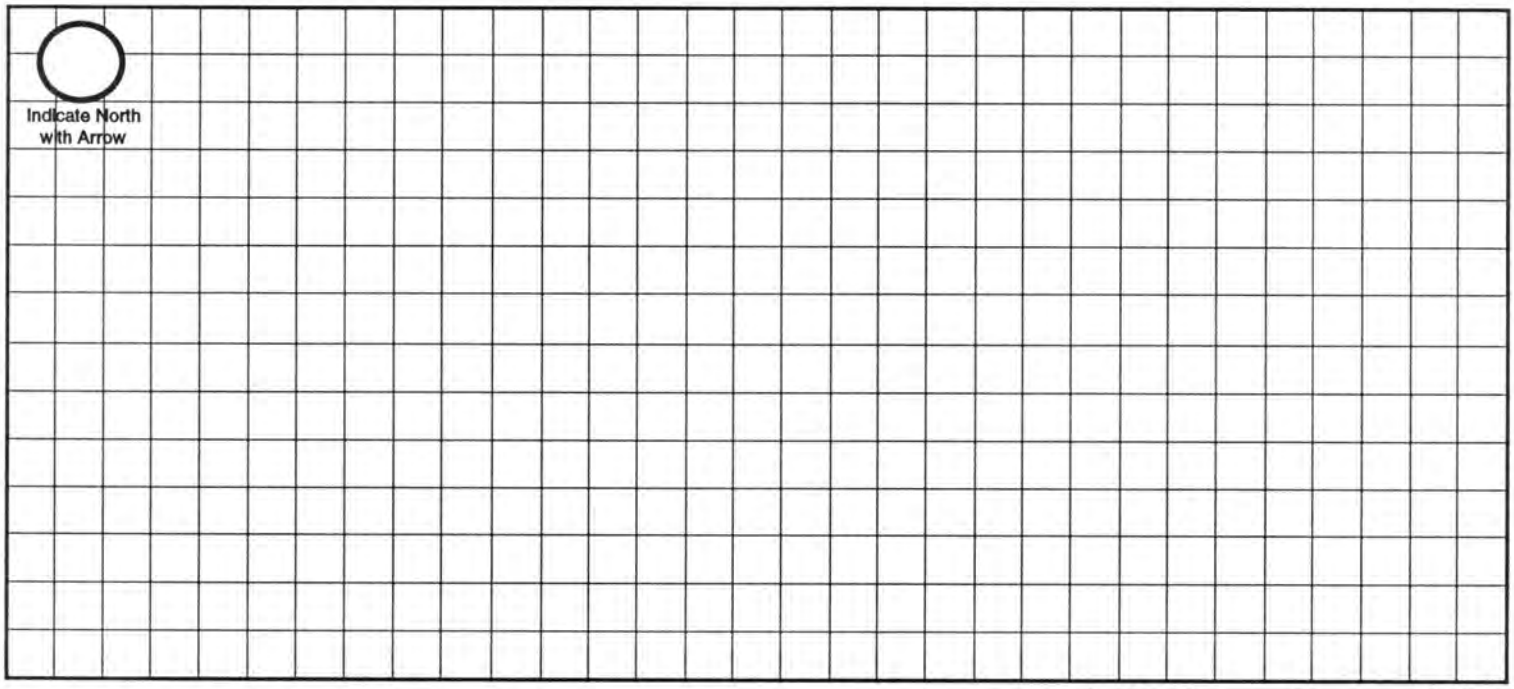
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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: _____ 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

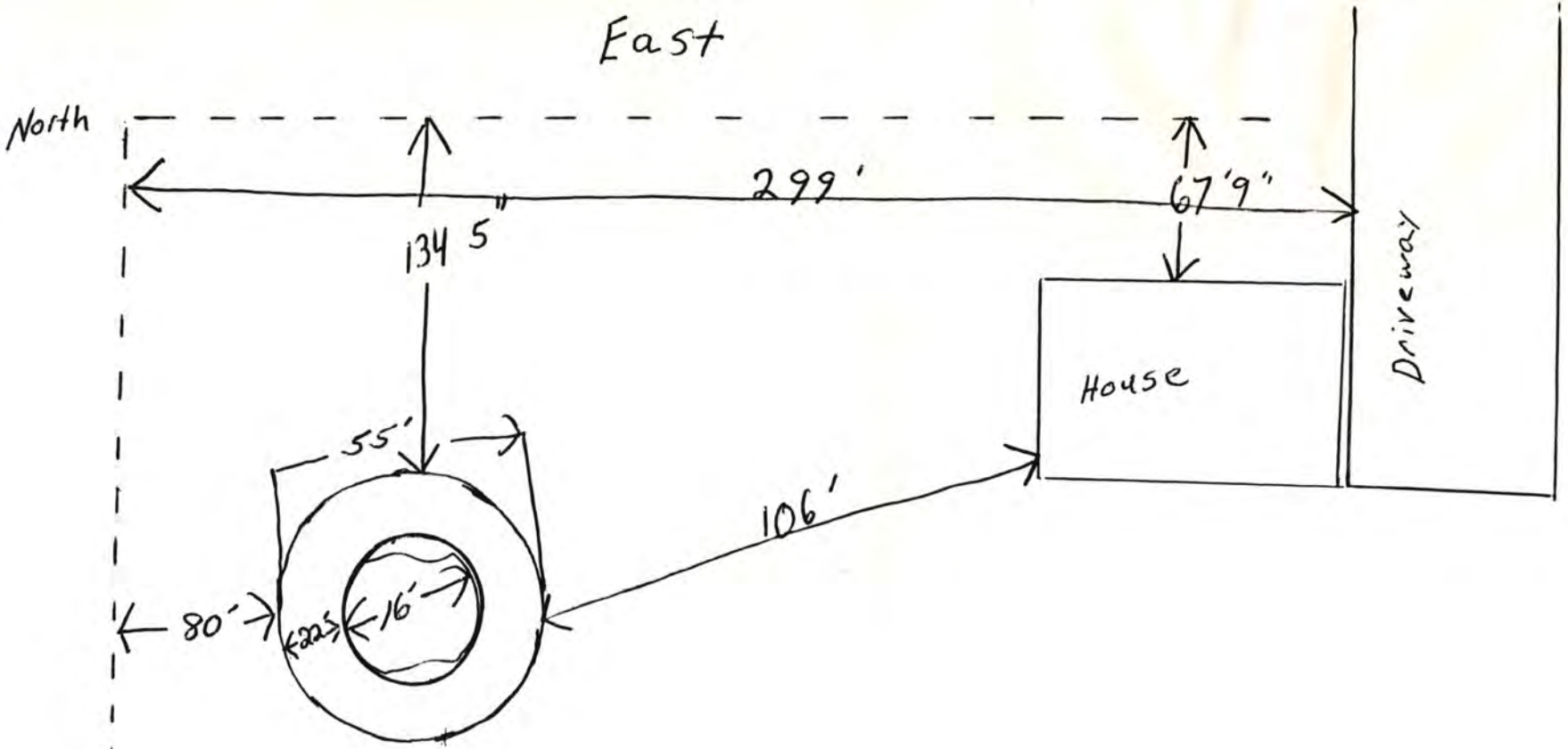
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Modular Home. Date _____

Installer Phillip O'Neill Date 3-10-97

FORM 23-102 10-96



North Fence To Lagoon 80'
Cross Lagoon 55'
Bottem Lagoon 16'
Depth Lagoon 22'

East Fence To Lagoon 134'5"
House To Lagoon 106'
East Fence To House 67'9"
Drive To North fence