LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380158301

Issued 05/19/97
Expires 11/19/97
Revenue Code 18754

Establishment

MARY POLIVKA
T11N R7E SEC 27
LOT 19
7800 ARBOR ROAD

FEES: $150.00

TOTAL $150.00

Permittee

MARY POLIVKA
6101 N 27 ST
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

4620

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 7800 Arbor RD (no rural route) City Lincoln NE, Zip 68517

Legal Description Lot 19 NE 27-11-7
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 6101 N 27 Signature Mary Patterson

Address Lincoln NE City/State/Zip 68521

☒ Check if owner designed system Home Phone 438-339[illegible] Work Phone _____

C. Contractor

Name owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name owner 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 5/15/97 Date frwd 5/16/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/19/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 5-16-97 Date frwd 5-16-97 **ACTION** ☒ Approved ☐ Disapproved Signature [illegible]

12-9-97 need sewer

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 5/16/97 3249

Amt Paid 150 ⁰⁰

Rec'd By [illegible] Cash/Check No. 2105

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

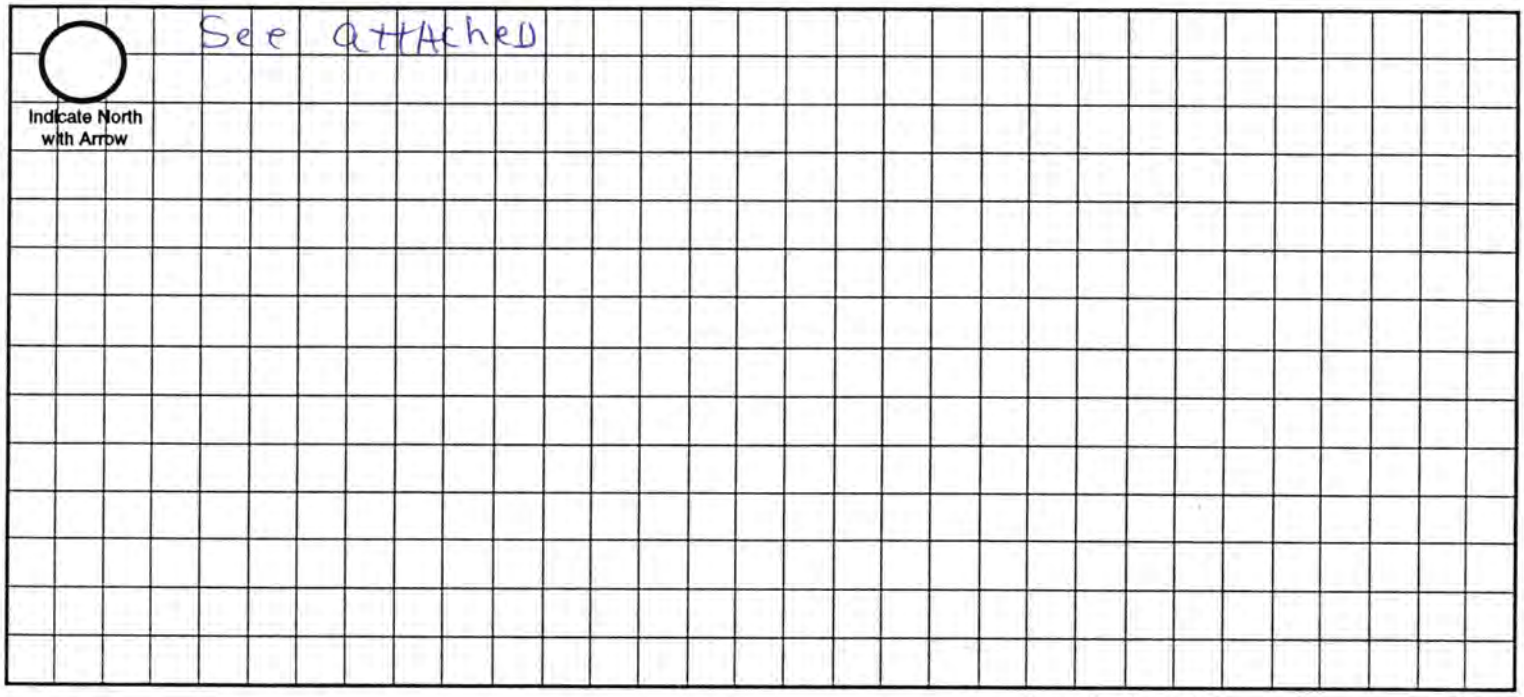
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 _____ NE, Zip _____

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 TED POLIUKA (OWNER) Date 5/15/97

Installer SAME Date 5/15/97

FORM 23-102 10-96

DEC 8 1997

D

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

Permit Number: 9738015 8301

Sewage Disposal System

As Built Plans & Specifications

Date 5/15/97

System Location (Indicate correct number and street)

Address 7800 Arbor Rd (no rural route) City Lincoln NE NE, Zip 68517

A. Building Sewer

1. Material: _____
   Diameter: 4" Sch 40 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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)

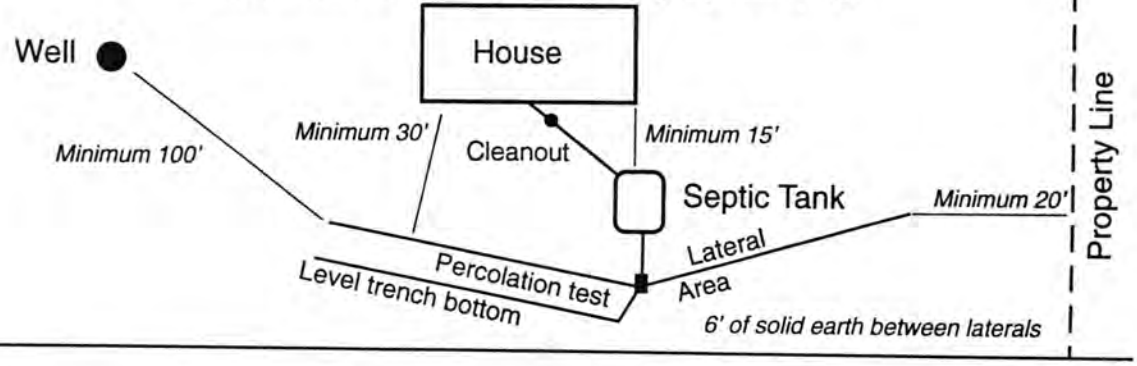
1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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.

E. Lagoon (See drawing on back)

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

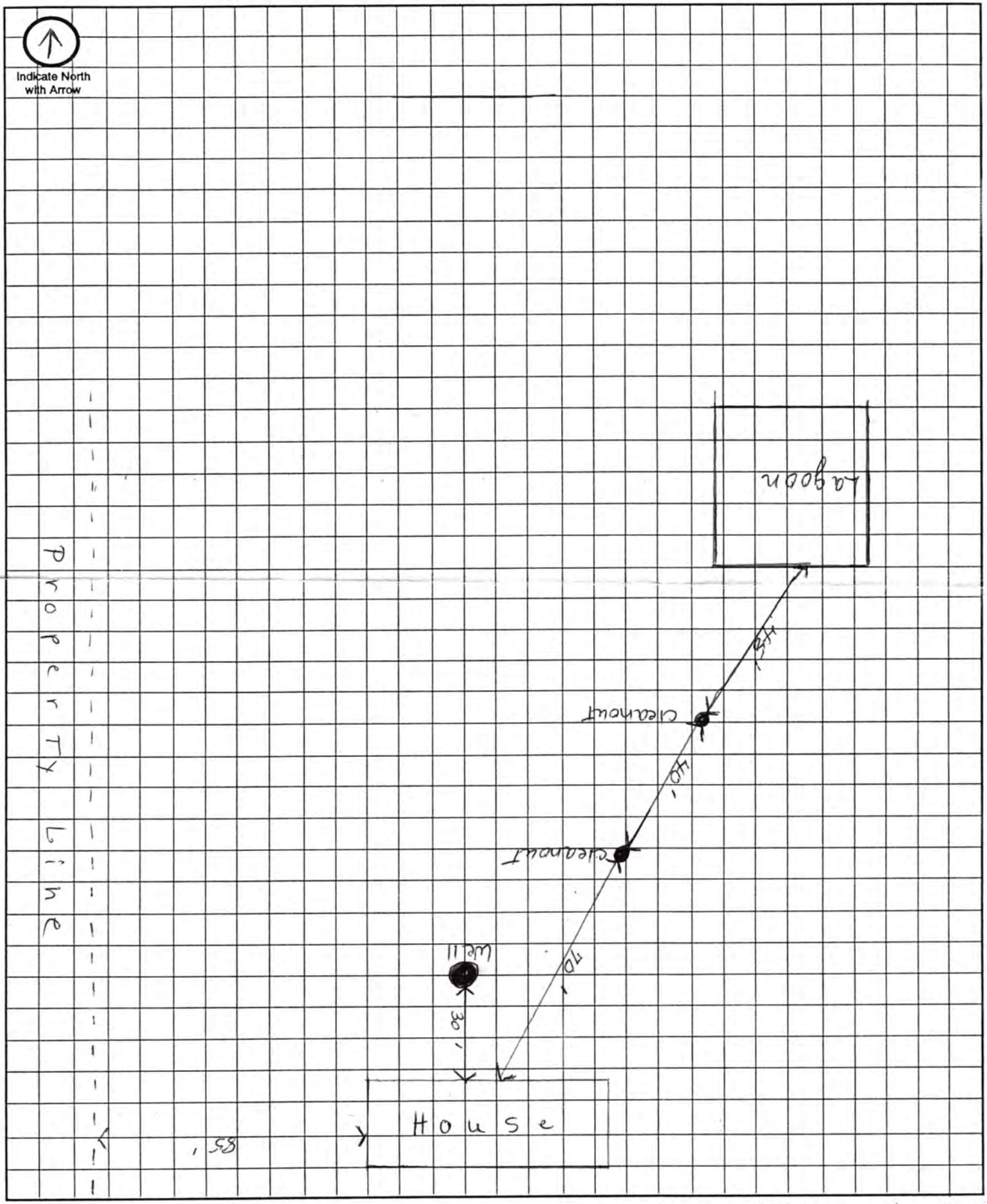
Individual Sewage System Design (Example)



FORM 23-103 10-96

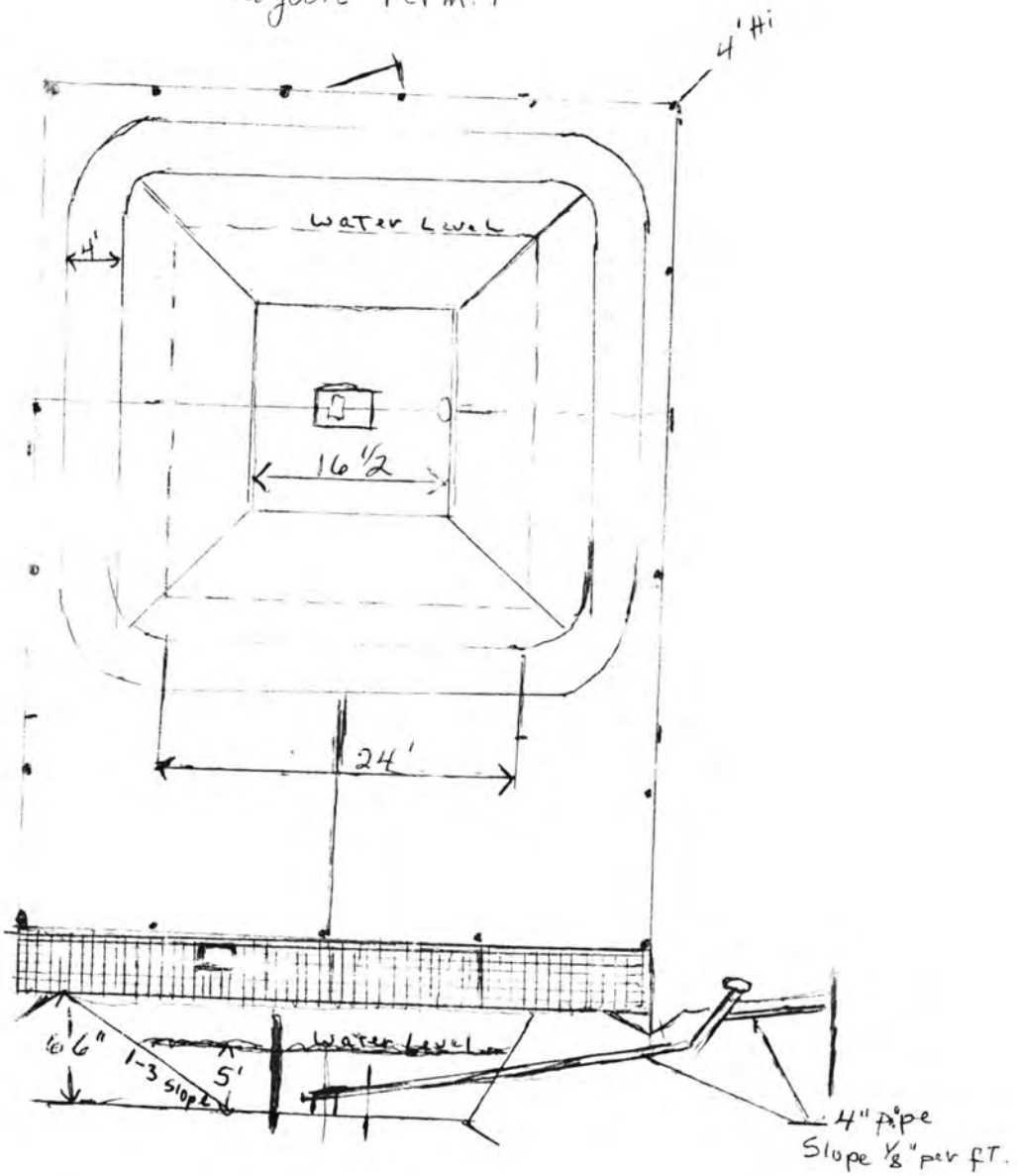
As Built Drawing

Ted & Mary Poliuka
6101 N. 27th
Lincoln, NE 68521



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

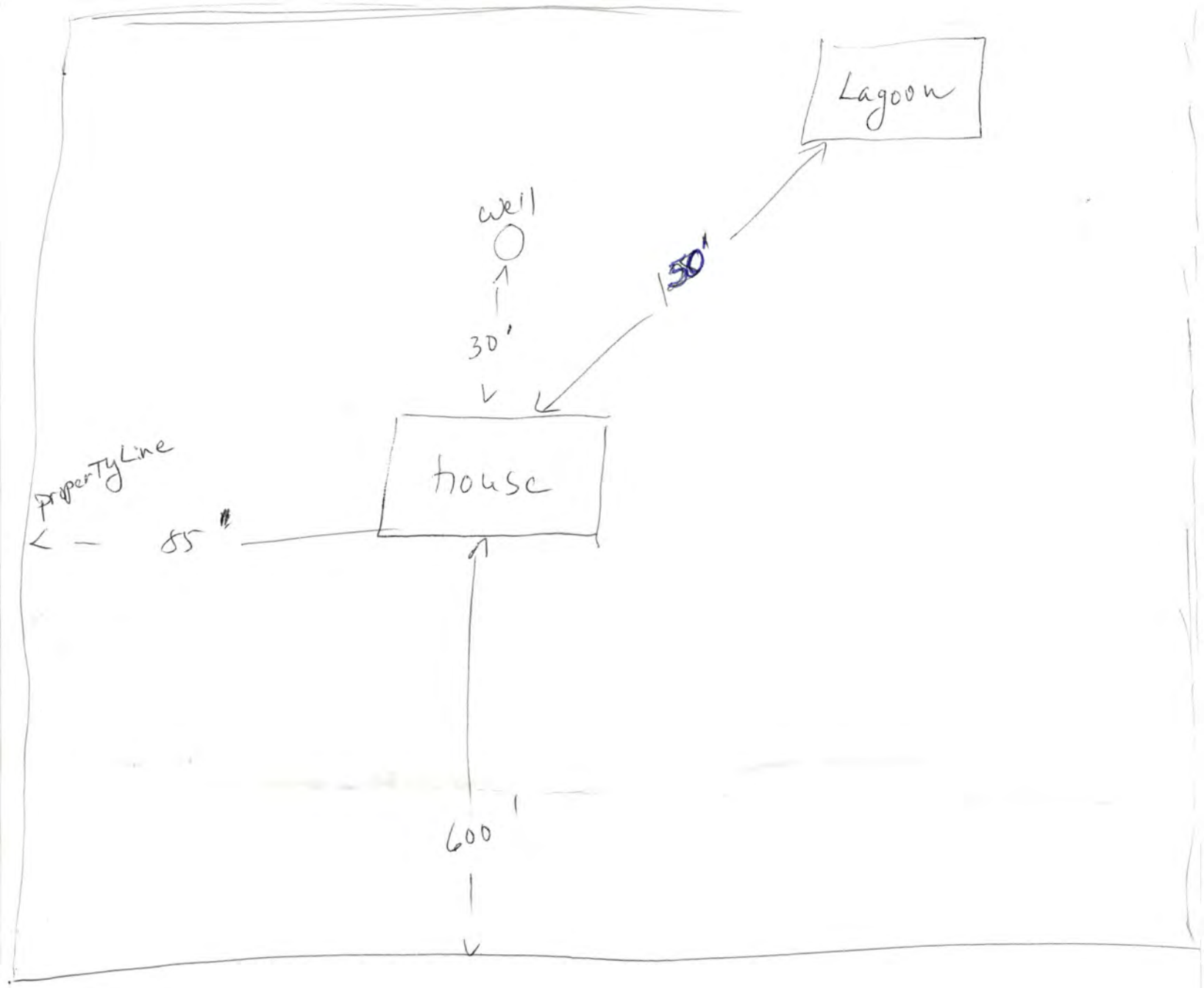
Lagoon Permit



Lot 19 NE 27-11-7 7800 Arbor RD Lincoln NE 68517

TED + Mary Polivka
6101 N 27th ST
Lincoln NE 68521

(over)

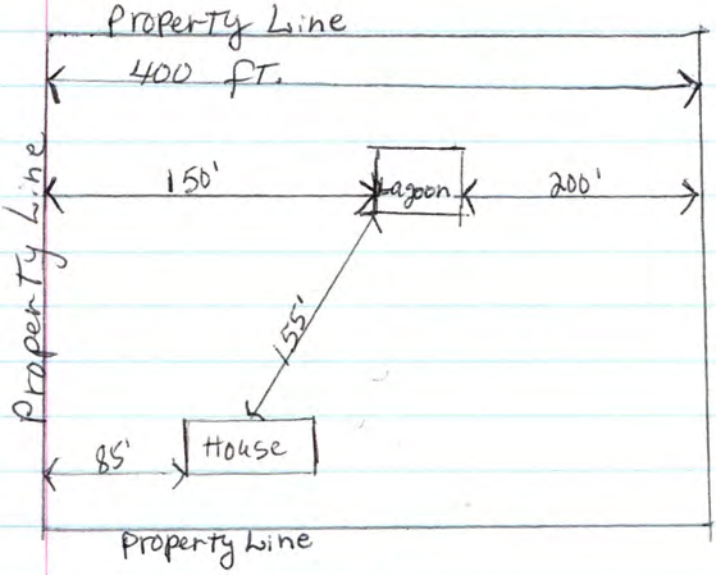

Lagoon
well
50'
30'
house
property Line
55'
600'

Lot 19 NE 27-11-7

Ted & Mary Polivka
7800 Arbor RD
Lincoln NE 68517
Permit #97380158301

DEC 8 1997

100 Year
Flood Plain



Lagoon is over 200' ft. from flood plain

See Flood Plain Map

Highlighted "X" is where lagoon is located

100 yr Flood Plain
400' from West property line
G
CREEK
SALT
Levee
Levee
I
80
Levee
X
J
Arbor RD
L
K
Levee
STREET
84TH
Levee
SALT
CREEK
M
CORPORATE
LIMITS
L
A
Overflow
Creek
B
C
NORTHERN