Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET : LINCOLN, NE 68510-1514

002977

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380268901

Issued 08/13/03
Expires 02/13/04
Revenue Code 3157

Establishment:
CASEY HUDSON
T10N R6E SEC 30
CUSHMAN PARK LOT 10
4301 W F ST

FEES: $200.00

Permittee:
CASEY HUDSON
4907 W MCGUIRE RD
LINCOLN NE 68524

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

A

Permit Number: 03380268901

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 4301 W F St (no rural route) City Lincoln NE, Zip NE

Legal Description 1/4 1/4 Section 30 Township 10N Range 6E Cushman Park Subdivision Lot 10 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 Casey Hudson Signature [signature]

Address 4907 W McGuire City/State/Zip Lincoln 68524

☐ Check if owner designed system Home Phone 890-1256 Work Phone _____

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 8/13/03 Date frwd 8/13/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
10-10-03, need drawing

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/13/03 Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature [signature]

3. **City or County Engineer** Date rec'd 8-13-03 Date frwd 8-13-03 **ACTION** ☑ Approved ☐ Disapproved Signature [signature]

Top of dike must be one foot above flood plain. C.H. See "C" sheet for location of liners

Installation Final Written Approval

By Doug Smith

Date ~~8/20/03~~ 6/24/04

Business Office Use Only
Date Rec'd 8-13-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 1097

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

Utilize as field note

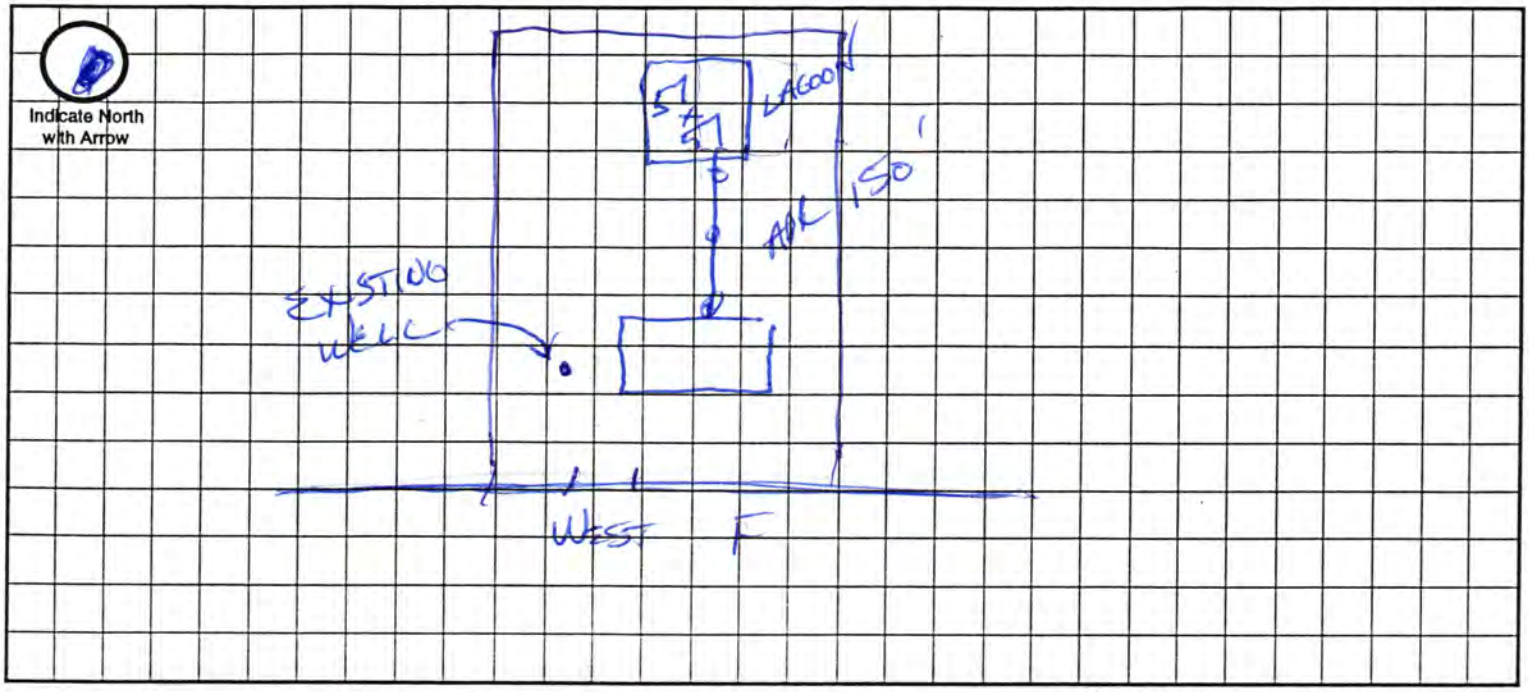
C

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

Permit Number: 033802689

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) 4301 W "F" City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other NA

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 _____ Date 8/12/03

Installer _____ Date 8/12/03

FORM 23-102 10-96

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

D

Permit Number:

30-10-6

Sewage Disposal System

As Built Plans & Specifications

Date 10/10/03 CASEY HUDSON

System Location (Indicate correct number and street)

Address 4301 W F ST (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: 4 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: LAWSON 194 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 40 ft.
   stream NA ft.
   pressure line 20 ft.
   property line 70 ft.

B. Septic Tank

1. Material: NA
   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: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

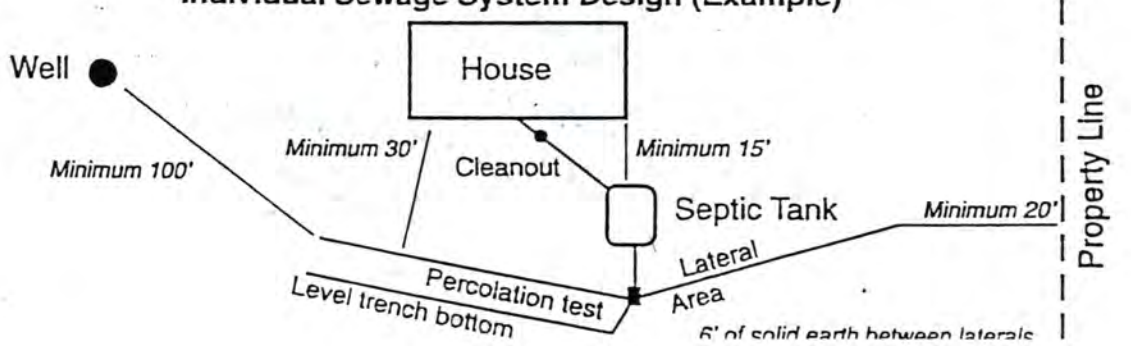
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe NA
   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.

Indicate North with Arrow

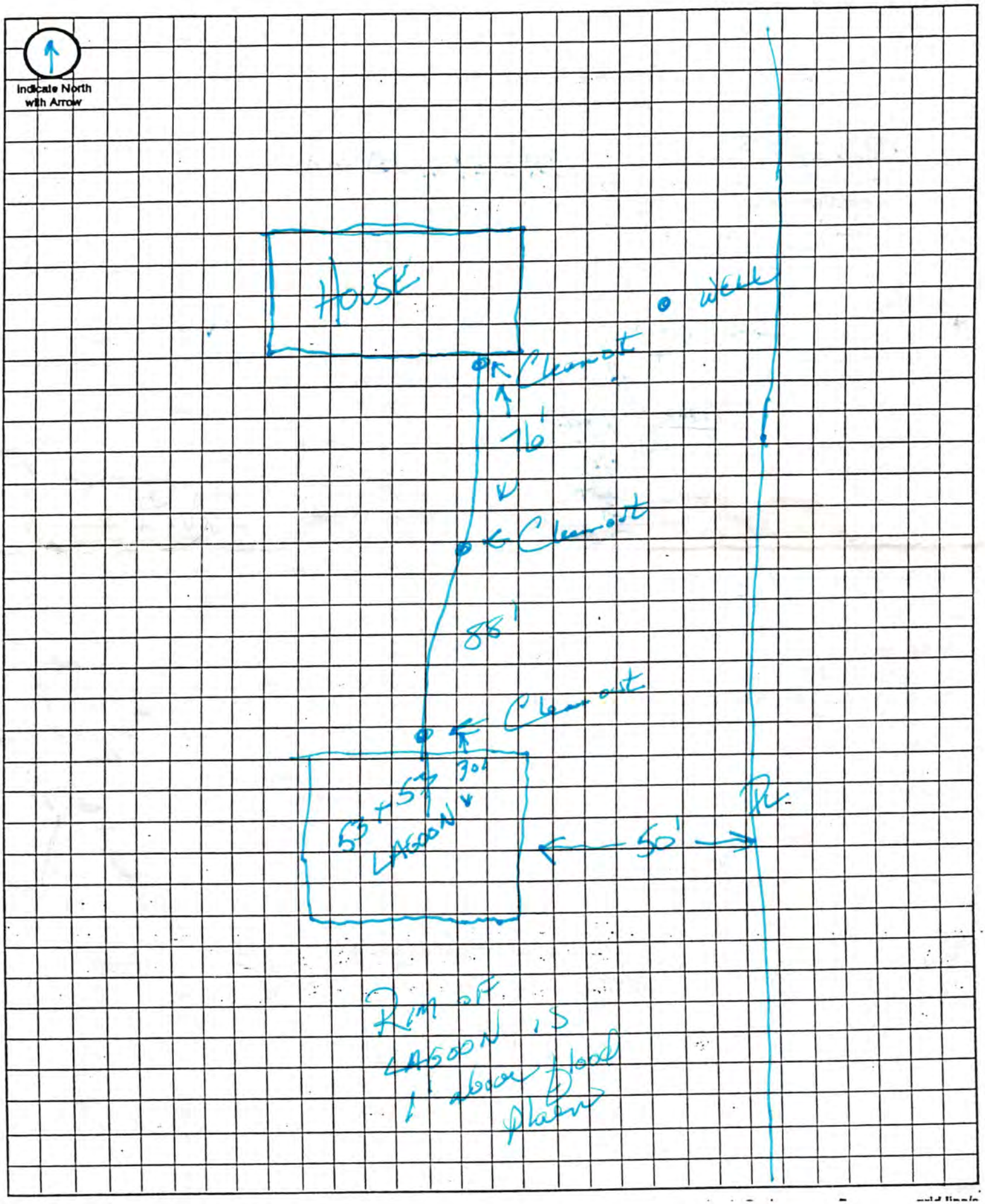
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



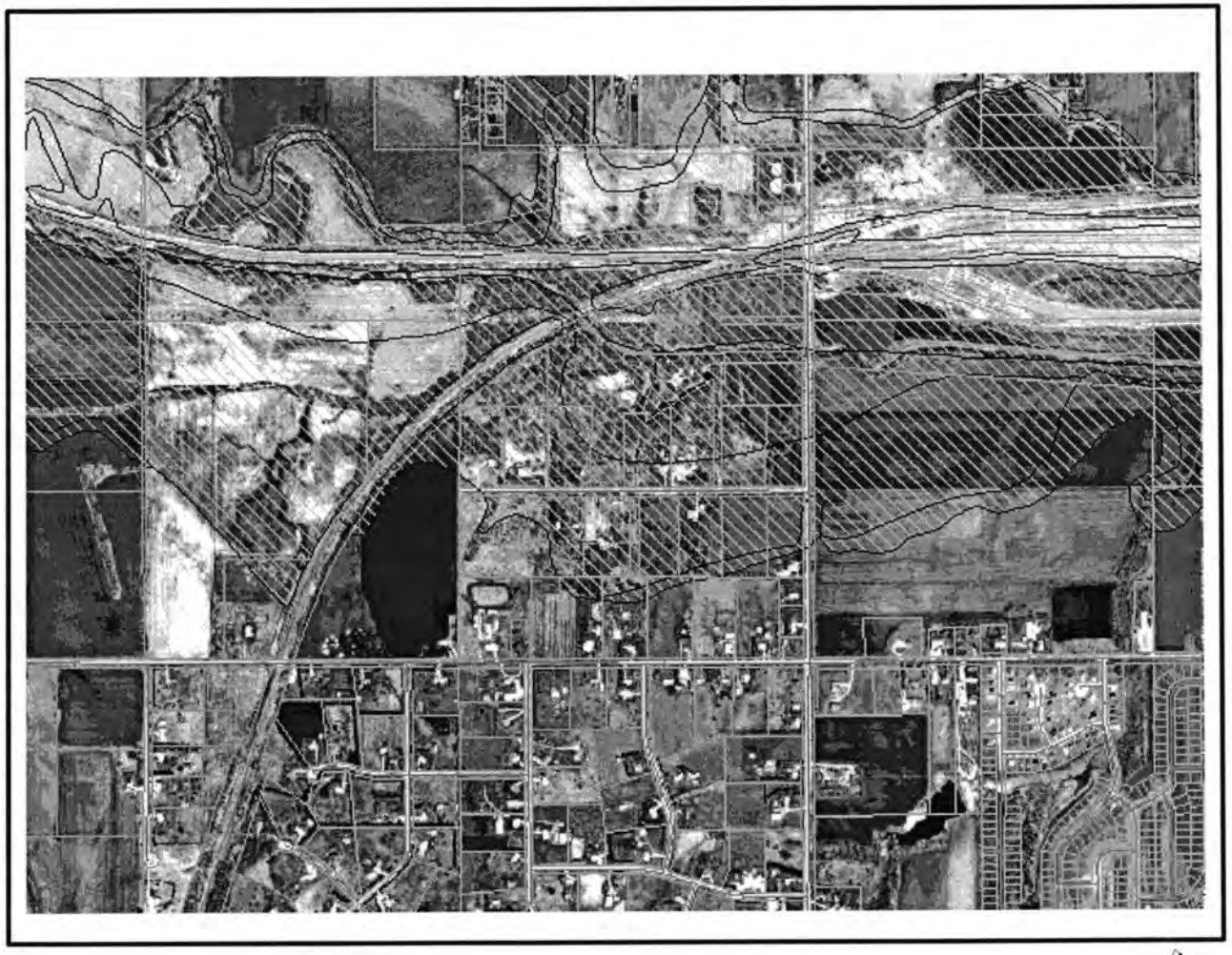
FORM 23-103 10-96

As Built Drawing



ESRI ArcExplorer 2.0

4301 West "F" Street



Thursday, Aug 14 2003