Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003047

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380271201

Issued 09/02/03
Expires 03/02/04
Revenue Code 3157

Establishment: DON JOHNSON HOMES
T11N R7E SEC 15
FINIGAN RIDGE ADDN BLK 2 LOT 1
11900 N 79 ST

FEES: $200.00

Permittee: DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

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: 03380271201

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 11900 N. 79 (no rural route) City Lincoln NE, Zip NE

Legal Description 15 11N 7E Finigan Ridge Ad 2 1
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 Don Johnson Homes Signature Janice Jurs

Address 5901 N. 27 City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 436-3228 Work Phone 432-0775

C. Contractor

Name Ben Vost Company Name Vost Excavating

Address _____ City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 1-402-994-3595

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

Designer Name Don Johnson Homes Inc. Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ 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** (12-31-03. no need survey)
   Date rec'd 9/2/03 Date frwd 9/8/03
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 9-8-03 Date frwd 9-8-03
   ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer**
   Date rec'd 9/8/03 Date frwd 9/8/03
   ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayer

Date 4-14-04

Business Office Use Only

Date Rec'd 9/2/03

Amt Paid $200.00

Rec'd By _____ Cash/Check No. 12957

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

11900 N. 79th

C

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

Permit Number: 033802712

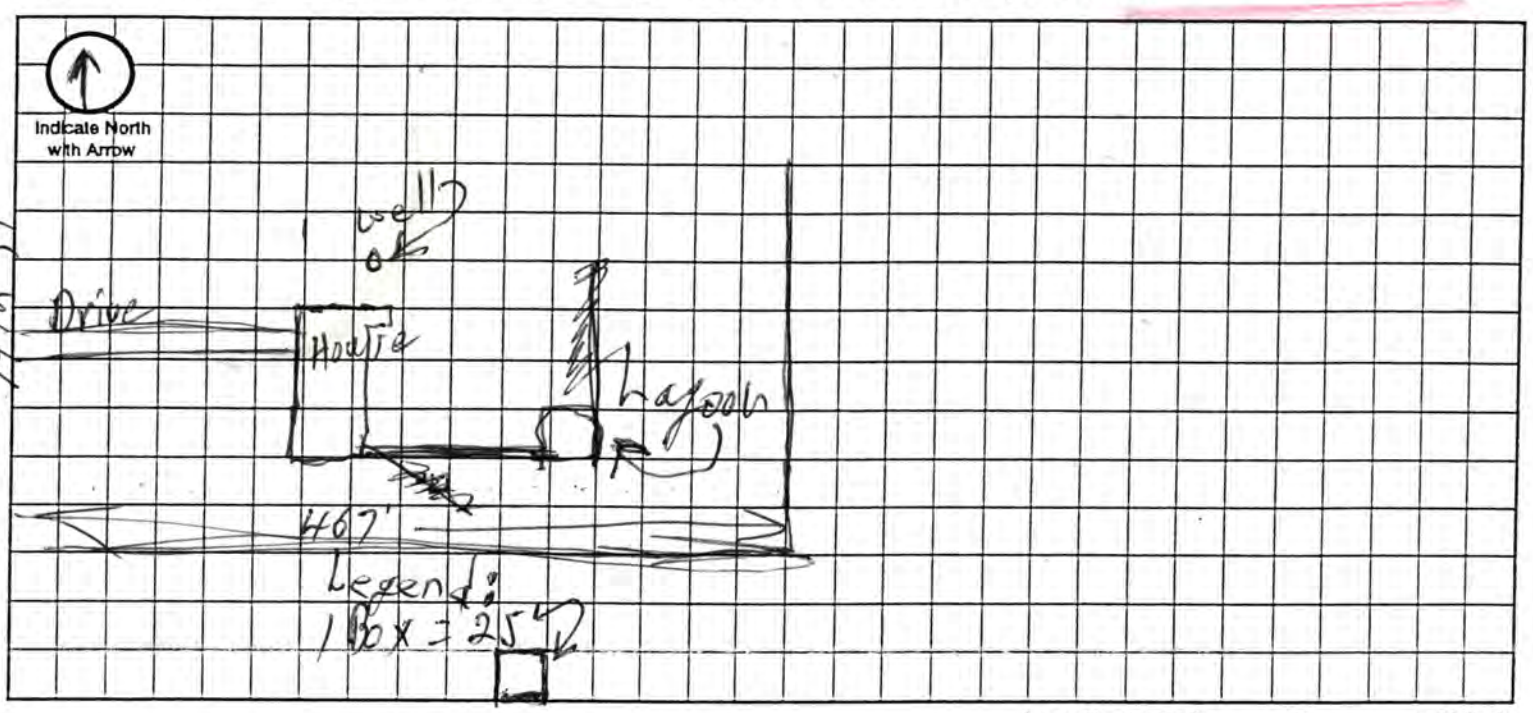
T11N, R7E. Sec 15

Sewage Disposal System

Preliminary Plan Specifications

RECEIVED SEP 3 2003

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) 11900 N 79th City Lincoln NE, Zip NE

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 Don Johnson Homes Janice Jurma Date 9-3-03

Installer _____ Date 9-3-03

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:

Sewage Disposal System
As Built Plans & Specifications

Date 12-31-03

System Location (Indicate correct number and street)

Address 11900 Waverly Road (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 38 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☒ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC - 5 Drop Boxes
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

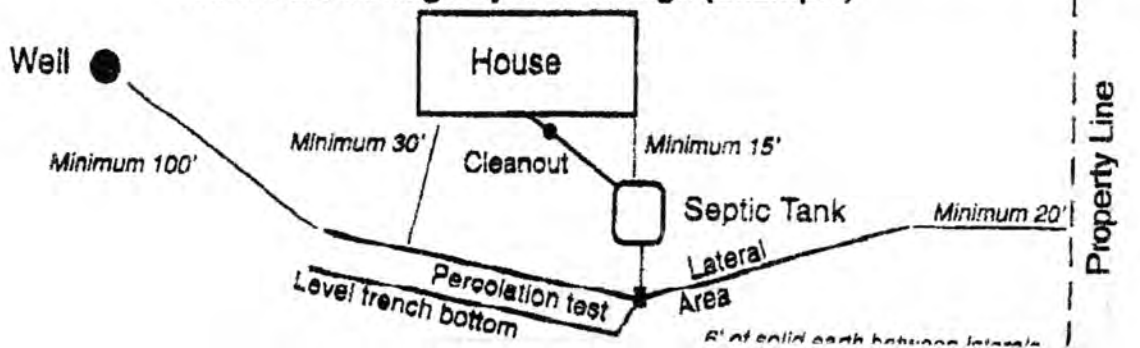
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: In Filter
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number ____
   Length of each line: 80 ft. 80 ft.
   80 ft. 80 ft., 80 ft.
3. Trench dimensions: Width 5 ft.
   Slope 2" in/100 ft.
   Average depth 24 in
4. Filter material: Sand
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

