Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

TIM L POWERS
T10N R6E SEC 31
LOT 13IT
4901 W A ST

Permitee

TIM L POWERS
4901 W A ST
LINCOLN NE 68510

Permit # 99380200901

Issued 06/11/99
Expires 12/11/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010565

A JUN 1 0 1999

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

Permit Number: 99802009

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 4901 W A ST (no rural route) City LNK NE, Zip 68522

Legal Description 31 ~~LOT 13 6E NW 31 10 6~~ 10N Subdivision Addition Block 13I Lot

1/4 1/4 Section Township Range

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name TIM POWERS Signature Tim S. Powers

Address 4901 W. AST City/State/Zip LNK NE 68522

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name STAN KLOESE Company Name DIRTWORKS PLUS INC

Address 12800 NW 70TH City/State/Zip RAYMOND NE 68428

☑ Check if contractor designed system Work Phone [illegible] - 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 4 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 6/10/99 Date frwd 6/10/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

9/3/99 Need fence, signs, etc.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date FEBRUARY 1, 2000

Business Office Use Only

Date Rec'd 06/10/99

Amt Paid 150 ~~00~~

Rec'd By _____ Cash/Check No. 1688

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

JUN 1 0 1999

C

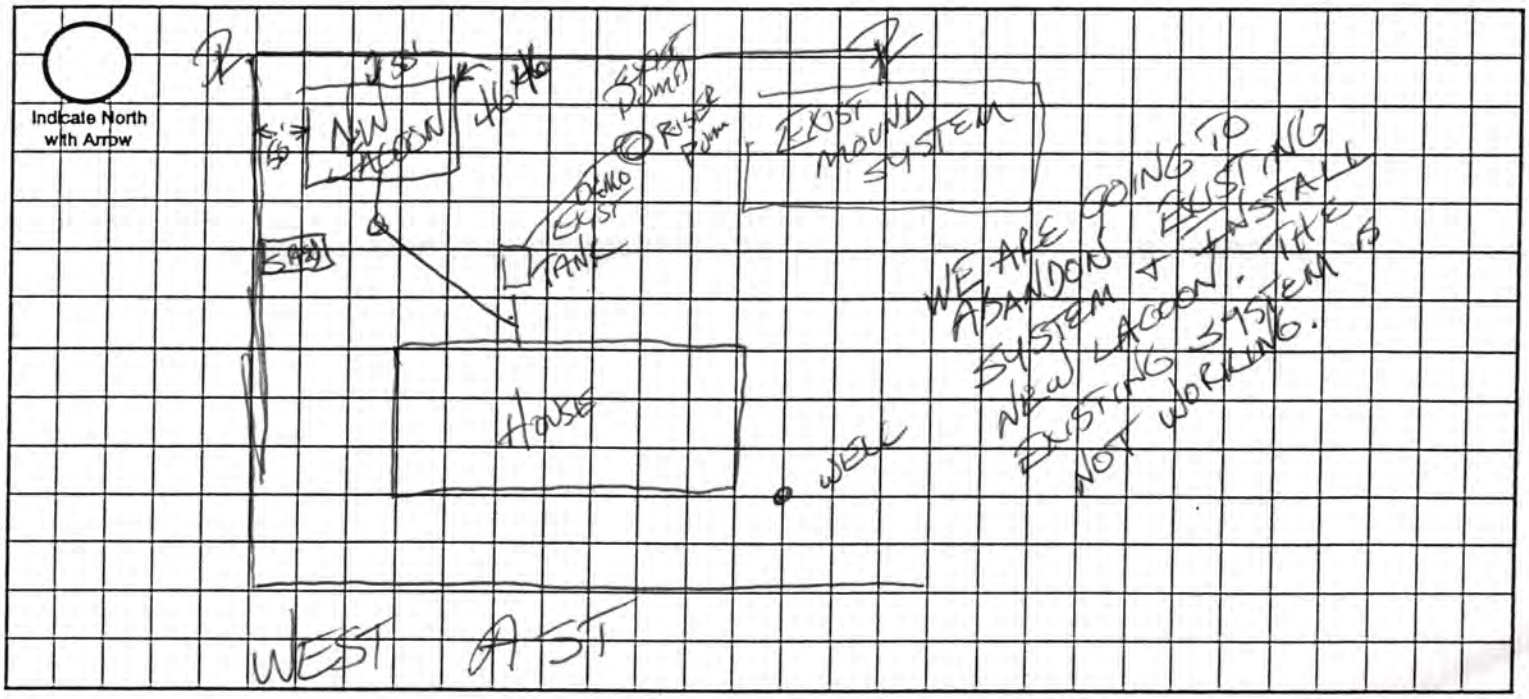
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 9938 02009

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) 4901 W. A ST City LNK NE, Zip 68522

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

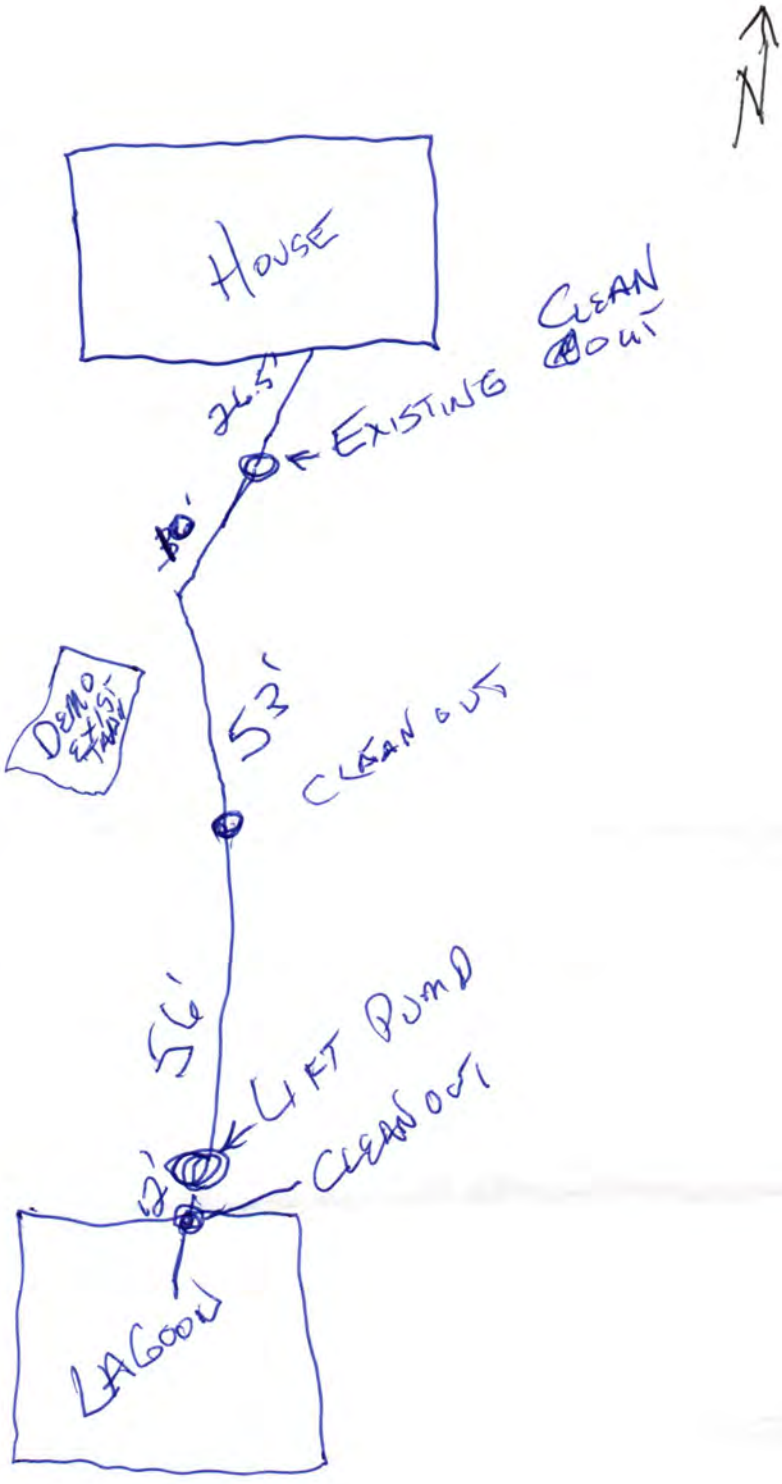
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑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

E. Required Signatures

Home Building Contractor Jim D. Powell Date 6-9-99

Installer _____ Date 6/9/99

FORM 23-102 10-96


N
HOUSE
CLEAN OUT
26.5'
EXISTING
10'
DEMO-EXIST
53'
CLEAN OUT
56'
LIFT PUMP
CLEAN OUT
18'
LAGOON

010

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOA

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to requ ... inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 4901 W. A.

Twp 10N Range 6E Section 31 1/4 NW 1/4 Block ___ Lot 13 Addition ___

Directions to Property ___

Location of Well E. SIDE of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System S. of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Laurel GREG GREER	4901 W. A. St	CHILDS PHONE NO phone 437-65
Tenant/Buyer:	Tim Powers	1320 SW 24th	438-8553
Return to:	Lynette Wilson	7141 A St	483-4741

Signature of Applicant Timothy L. Powers Address 1320 SW 24th Date 6/25/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/29/93 Received $150.00 Check ☑ # 1633 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/1/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS AN EXPERIMENTAL SYSTEM HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 7/6/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

201