Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009866

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 07380329501

Issued 01/25/07
Expires 01/25/08
Revenue Code 3157

Establishment:
ELDEN T CECH
T11N R7E SEC 9 QTR SE
VIEW POINTE NORTH LOT 13
12101 EMMA WALTER RD

FEES: $290.00

Permittee:
ELDEN T CECH
1405 WAVERLY RD
RAYMOND NE 68428

TOTAL: $290.00

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

JAN 24 2007

A

Permit Number: 07380329501 ref

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: 5.26 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 12101 Emma Dalton Rd (no rural route) City Lincoln NE, Zip 68517

Legal Description LCR 5920 SE 9 11 7 Views Pointe North 13
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

NCR 71613

Name Elden Cech Signature Elden T. Cech

Address 1405 Waverly Rd. City/State/Zip Raymond, NE. 68428 ACR 99340

☐ Check if owner designed system Home Phone 402 477-3763 Work Phone 402 467-8558

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 Lloyd Jakubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

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 1/25/07 Date frwd 1/25/07 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-26-07 Date frwd 1-26-07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 01/26/2007 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 7/26/07

Business Office Use Only

Date Rec'd 01/25/07

Amt Paid 290.00

Rec'd By LS Cash/Check No. 2135

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

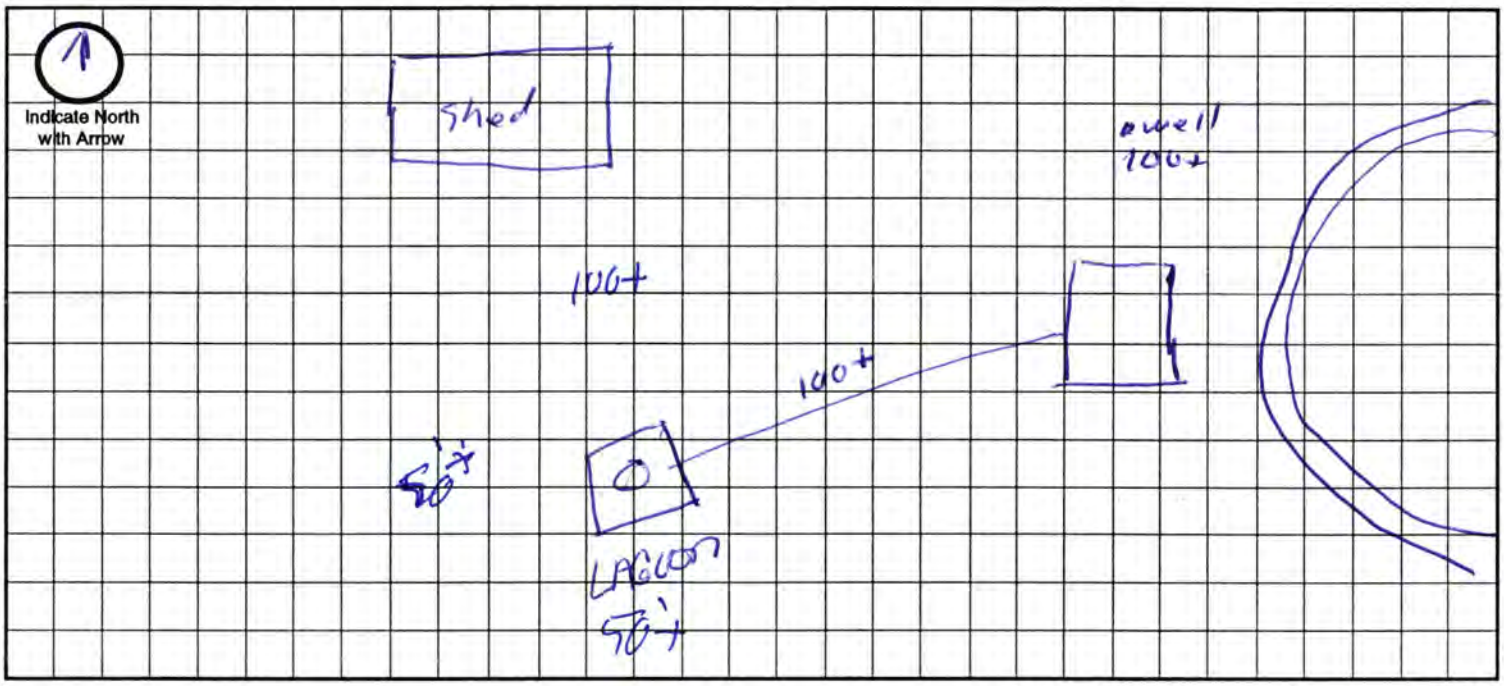
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C

Permit Number: 073803295

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) 1210 Emma Walter Rd City Lincoln NE, Zip 68517

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 ☑	☑

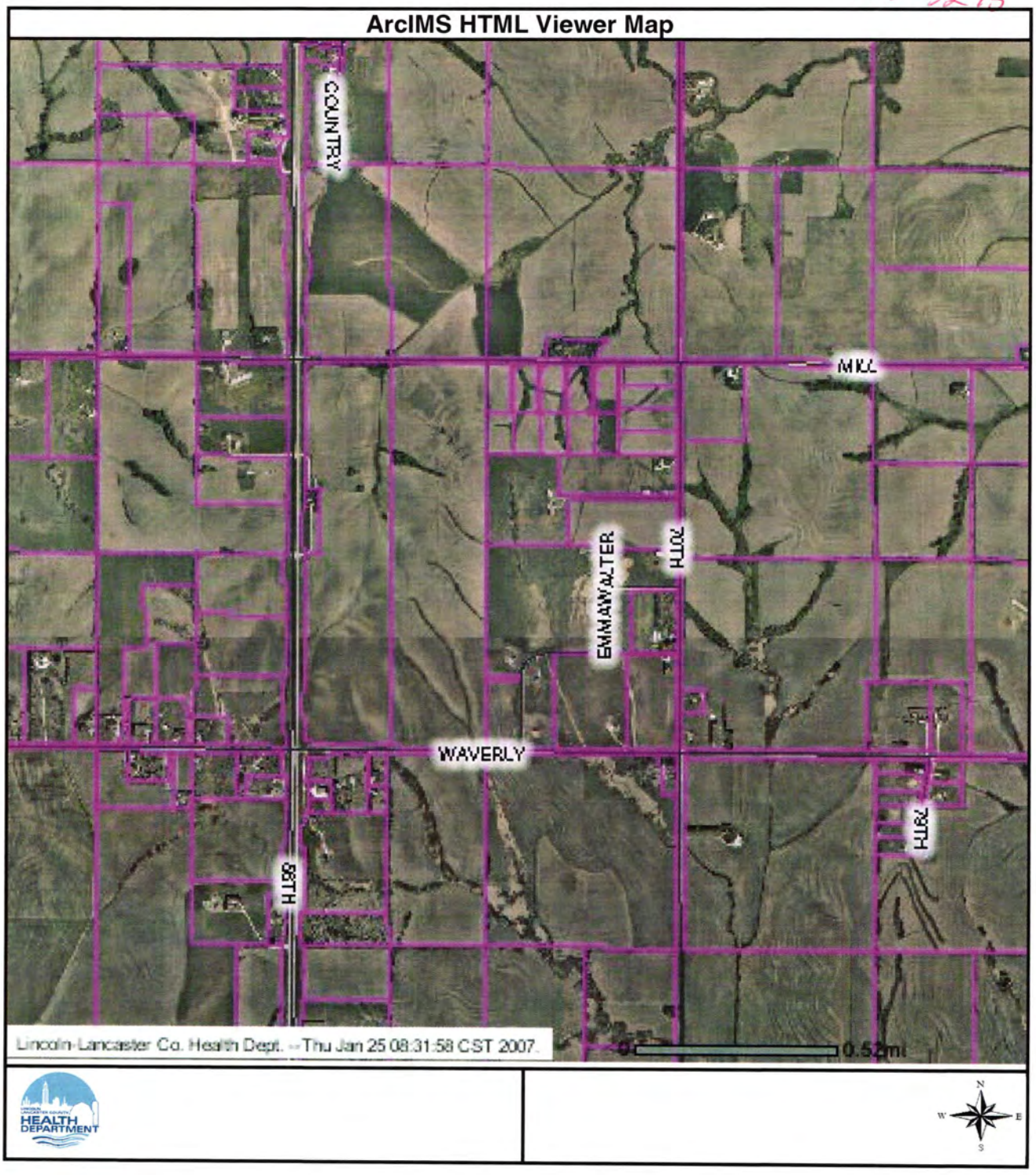
E. Required Signatures

Home Building Contractor Glen T. Cole Date 1-22-07

Installer Kevin L. Jakubowski #C1197 Date 1-22-07

FORM 23-102 10-96

073803295


ArcIMS HTML Viewer Map
COUNTRY
MILL
70TH
EMMAWALTER
WAVERLY
58TH
78TH
Lincoln-Lancaster Co. Health Dept. -- Thu Jan 25 08:31:58 CST 2007
0 0.52mi
HEALTH DEPARTMENT
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