Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005434

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380287701

Issued: 08/13/04
Expires: 02/13/05
Revenue Code: 3157

Establishment: MUHLBACH CONSTRUCTION
T11N R7E SEC 5 QTR NE
SE 1/4 OF NE 1/4

FEES: $200.00

Permittee: MUHLBACH CONSTRUCTION
14605 N 56 ST
LINCOLN NE 68514

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

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A

Permit Number: 04380287701

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 N 56th (no rural route) City Lincoln NE, Zip 68514

Legal Description SE (1/4) NE (1/4) 5 (Section) T11N (Township) R7E (Range) No (Subdivision) No (Addition) — (Block) 3 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Robert E Fritzinger Signature Robert E Fritzinger

Address Lot 22 Section 3 City/State/Zip Lincoln, Ne 68524

☐ Check if owner designed system Home Phone 402-525-2709 Work Phone 402-540-2243

C. Contractor

Name Hl Muhlbach Company Name H. L. Muhlbach Constr.

Address 14605 N 56th City/State/Zip Lincoln, Ne 68514

☑ Check if contractor designed system Work Phone 785-3815

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

Designer Name HL Muhlback Firm HL Muhlbach Constr. Work Phone 785-3815

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 300 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 8/13/04 Date frwd 8/16/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/16/04 Date frwd 8/16/04 ACTION ☒ Approved ☐ Disapproved Signature # 04009 (SUB. NUMBER)
3. **City or County Engineer** Date rec'd 8-16-04 Date frwd 8-16-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

5-26-05, no fence yet
5-9-05, no fence
11/23/04 Need fence, etc. J.C.H.

Installation Final Written Approval

By Ron Magnuson

Date 5-26-05

Business Office Use Only

Date Rec'd 08/13/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2206

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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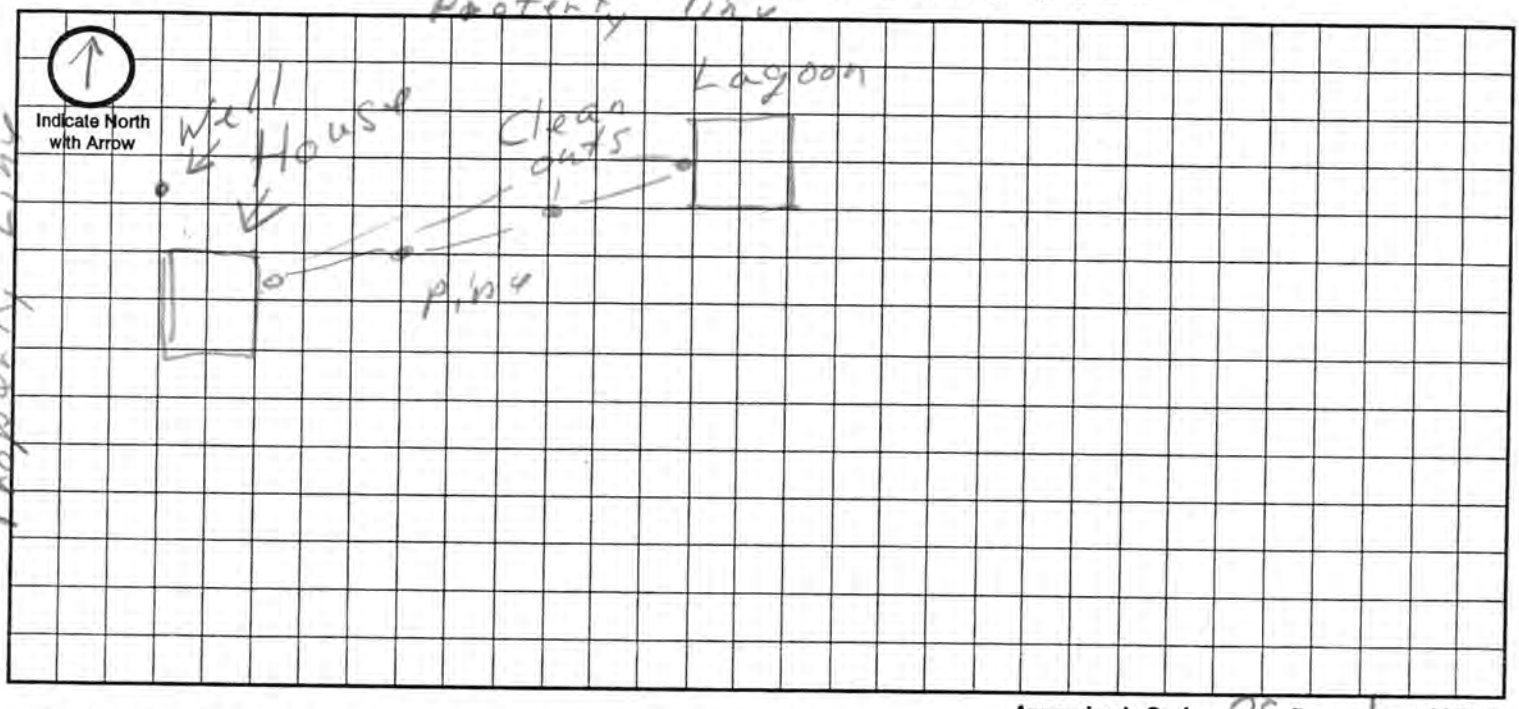
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C

Permit Number: 04380287 7

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) N 56th City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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 Robert E Fairbairn Date 8-11-04

Installer Danny L. Mullback Date 8-11-04

FORM 23-102 10-96

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Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-22-04

Robert (Bob) Fritzinger

System Location (Indicate correct number and street)

Address 14255 N 56th Str (no rural route) City Lincoln NE, Zip 68514

A. Building Sewer

1. Material: Schedule 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 180 ft.
   stream — ft.
   pressure line 60 ft.
   property line 250 ft.

B. Septic Tank

1. Material: Lagoon
   Number of compartments: 1
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 300 ft.
   Stream — ft.
   Pressure line 250 ft.
   Property line 200 ft.

C. Distribution Box

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

D. Absorption Field

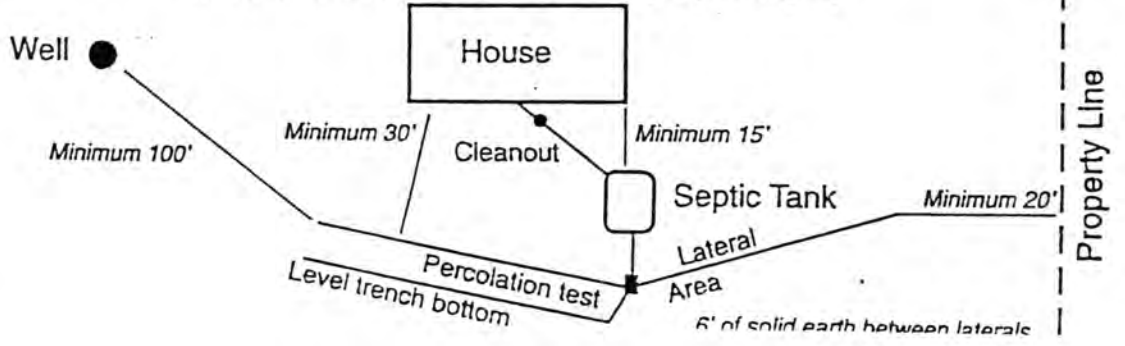
(Provide as-built drawings on back of this form)

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.

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

