# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008010

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: RANDY & MARILYN FOX
T11N R6E SEC 31 QTR SW
LOT 41IT
5150 W FLETCHER AVE

Permittee: RANDY & MARILYN FOX
1225 LANCASTER LN
LINCOLN NE 68505

Permit # 05380305901

Issued 07/19/05
Expires 07/19/06
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

JUL 1 8 2005

A

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

Permit Number: 05380305901

# 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 5150 W Fletcher Ave (no rural route) City Lincoln NE, Zip 68524

Legal Description 31 11N 6E 4/I.T.
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 Randy Fox Signature _____

Address 1225 lancaster lane City/State/Zip Lincoln NE 68505

☐ Check if owner designed system Home Phone 466 4973 Work Phone 481-3213

### C. Contractor

Name Dave Voigt Company Name Voigt T→T Excavating

Address PO Box 22753 City/State/Zip Linda, NE 68542

☐ Check if contractor designed system Work Phone 560-4267

### 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 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** 8-15-05, need some drawing | Date rec'd 7/19/05<br>Date frwd 7/19/05 | ACTION ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Hood | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 7/19/05<br>Date frwd 7/19/05 | ACTION ☒ Approved ☐ Disapproved<br>Signature | |
| 3. **City or County Engineer** | Date rec'd 7-19-05<br>Date frwd 7-19-05 | ACTION ☒ Approved ☐ Disapproved<br>Signature | |

### Installation Final Written Approval

By _____

Date 11/17/05

***Business Office Use Only***
Date Rec'd 07/19/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1605

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

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

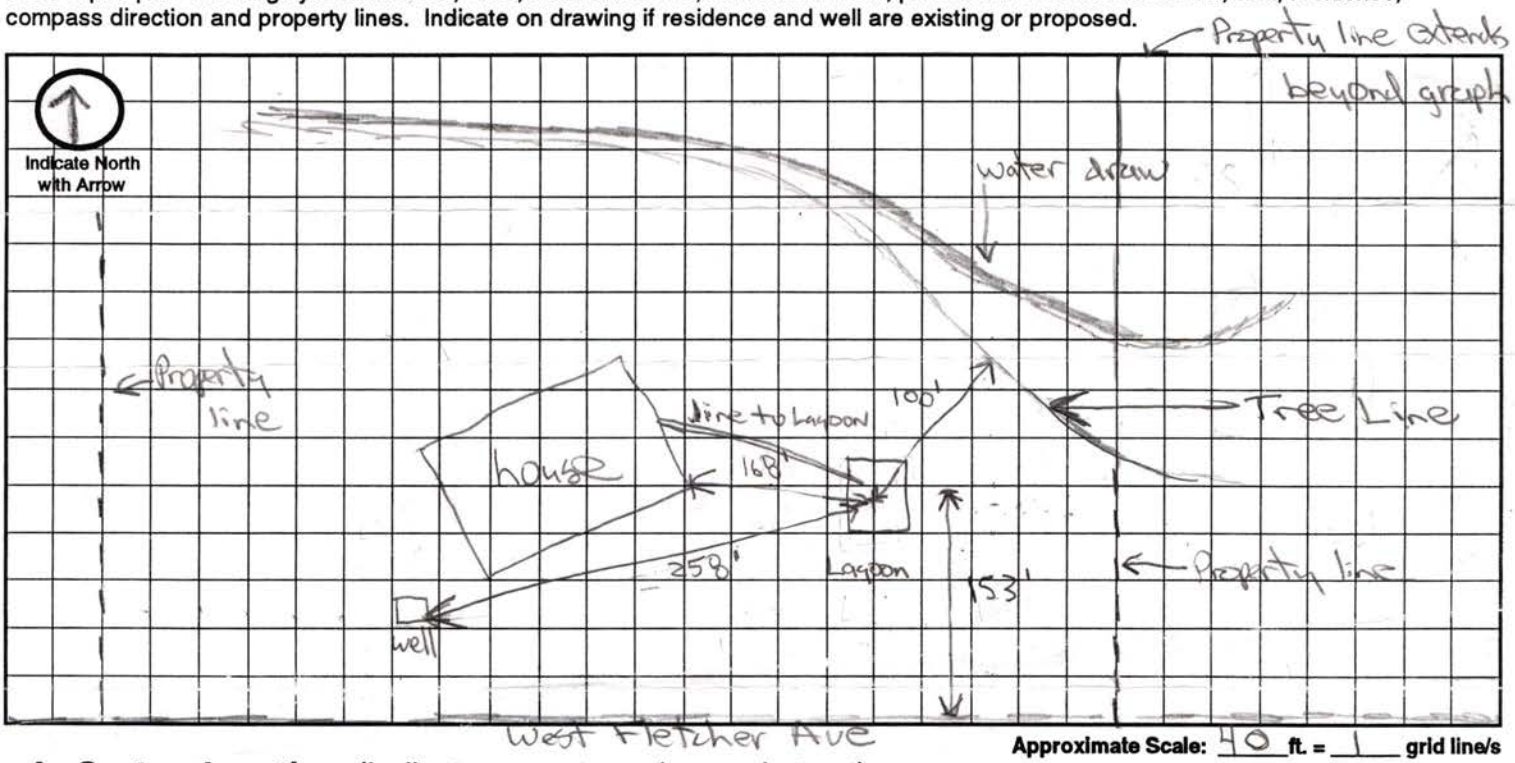
JUL 1 8 2005

**C**

Permit Number: 053803059

# 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: 40 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5150 w Fletcher Ave City Lincoln NE, Zip 68524

## 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 Randy Fox Date 7/6/05

Installer Vogt T&T Excavating Date 7-9-05

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 8-15-05

**System Location (Indicate correct number and street)**

Address 5150 W Fletcher Ave (no rural route) City Lincoln NE, Zip

## A. Building Sewer

1. Material: PVC Pipe
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 120 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

## B. Septic Tank

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

## D. Absorption Field

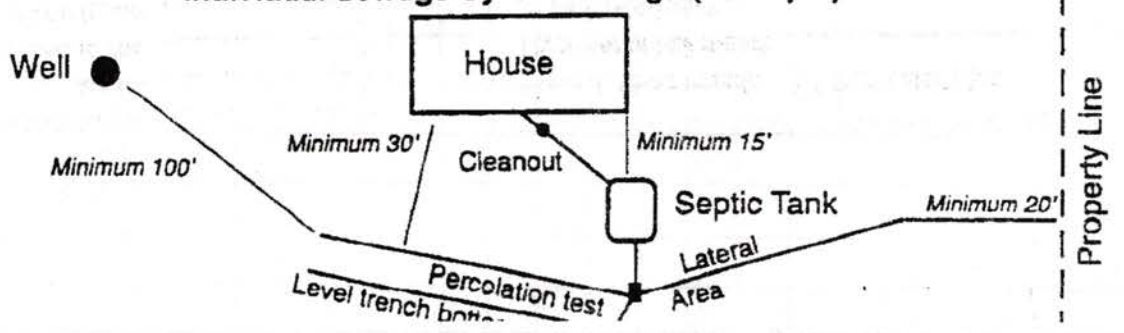
*(Provide as-built drawings on back of this form)*

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)



# As Built Drawing

