Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009747

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 06380328001

Issued: 11/30/06
Expires: 11/30/07
Revenue Code: 3157

Establishment:
DANJA SIDERS
T11N R6E SEC 26 QTR SE
NW 1/4 OF SE 1/4 LOT 1
1200 ALVO RD

FEES: $290.00

Permittee:
DANJA SIDERS
4900 N 14 ST
LINCOLN NE 68521

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

A

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

Permit Number: 0638032800 1 tdf

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: 100+ acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1200 ALVO ROAD City LINCOLN NE, Zip 68521

(no rural route)

Legal Description LOR 5400 NW SE 26 11N - 6E + Lot 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 NCR 71593

Name AGINVEST LLC DANJA SIDERS Signature Danja Siders

Address 4900 N. 14th Street ACR 59337 City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone 402 435 8475 Work Phone 402 304 1309

C. Contractor

Name _____ 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 J. Gabelman Firm Rayconn Contracting Work Phone 890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 _____ Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved	Signature Doug Ruhr
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 _____

Installation Final Written Approval

By Doug Ruhr

Date 11/27/06

Business Office Use Only

Date Rec'd 11/30/06

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 6323

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

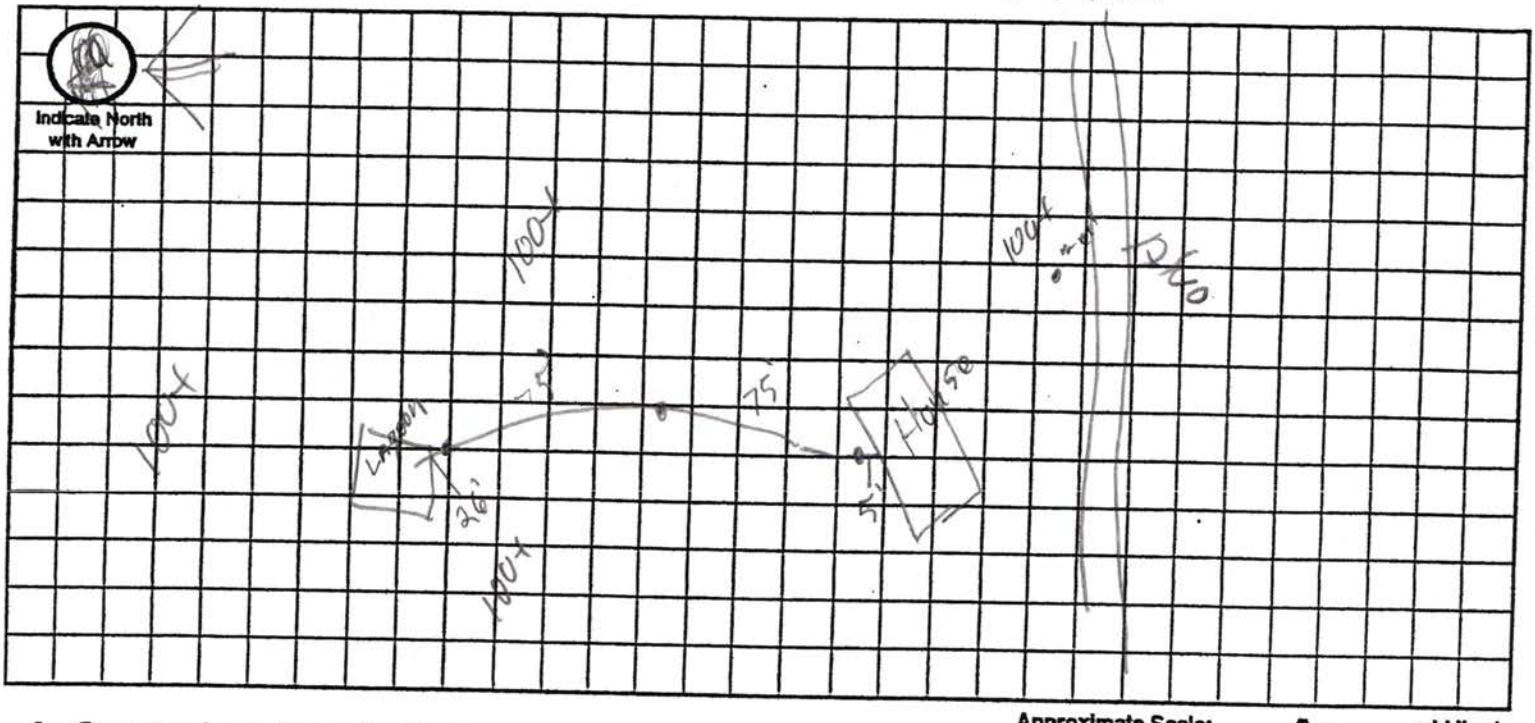
Lincoln-Lancaster County Health Department
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D C

Permit Number:

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) 1200 Alvo Rd. City Lincoln NE, Zip 68521

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon class 160 4" pipe

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 DANA SIDERS FOR AG INVEST LLC Date 11.29.06

Installer Lloyd [illegible] Date 11/29/06