# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CLARK BENDAR
T11N R6E SEC 1
LOT 6IT
14500 N 14 ST-RAYMOND

Permittee

CLARK BENDAR
14500 N 14 ST
RAYMOND NE 68428

Permit # 01380240301

Issued 11/20/01
Expires 05/20/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000272

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

**A**

Permit Number: 013802403

# 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 14500 N. 14th (no rural route) City Raymond Nebr. NE, Zip

Legal Description 1/4 1/4 Section 1 Township 11 N Range 6E Subdivision Addition Block Lot C.T.

Geographical Location (if known): Longitude Latitude

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

### B. Owner

Name Clark Bendar Signature

Address 14500 N. 14th City/State/Zip Raymond Nebr

☐ Check if owner designed system Home Phone Work Phone

### C. Contractor

Name Chuck Schmidt Company Name Chuck Schmidt Const

Address 400 West Branch Oak City/State/Zip Davey Nebr

☐ Check if contractor designed system Work Phone 477-0555

### 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 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 11/20/01<br>Date frwd 11/20/01 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Hood | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 11/20/01<br>Date frwd | **ACTION** ☑ Approved ☐ Disapproved<br>Signature | |
| 3. **City or County Engineer** | Date rec'd 11/20/01<br>Date frwd 11/20/01 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature | |

12-20-01 pmm need Const [illegible]/dc

### Installation Final Written Approval

By Ron Maynard

Date 7-23-02

***Business Office Use Only***

Date Rec'd 11/20/01

Amt Paid $200.00

Rec'd By CW Cash/Check No. 10399

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

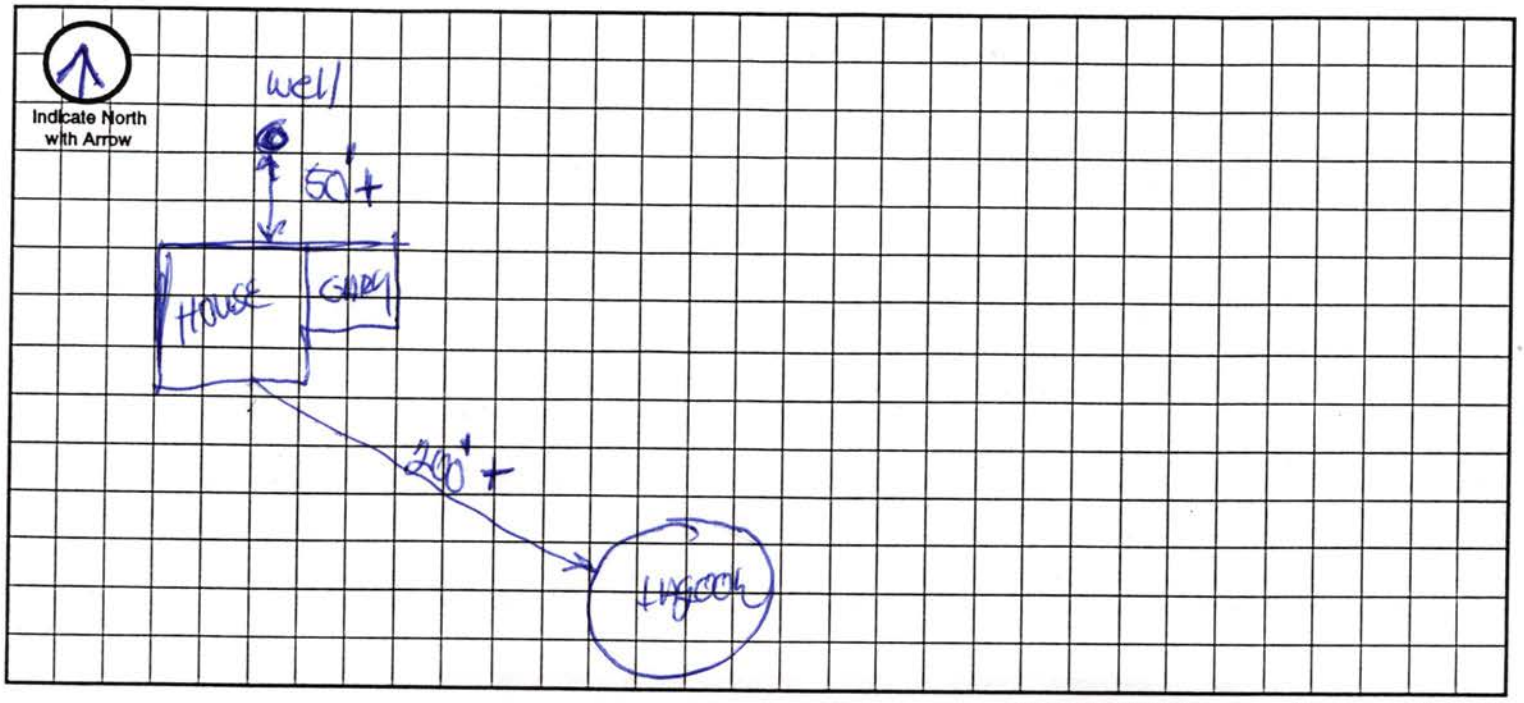
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 013802403

# 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) _____ City _____ NE, Zip _____

## 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 _____ Date 11-20-2001

Installer _____ Date 11-20-2001

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 12-24-01 Clark Bates

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

Address 14500 N 14TH (no rural route) City _____ NE, Zip _____

### A. Building Sewer

1. Material: CLS 1160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling ~~and septic tank~~ LAGOON 253 ft.
4. Number of clean-outs: 4
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

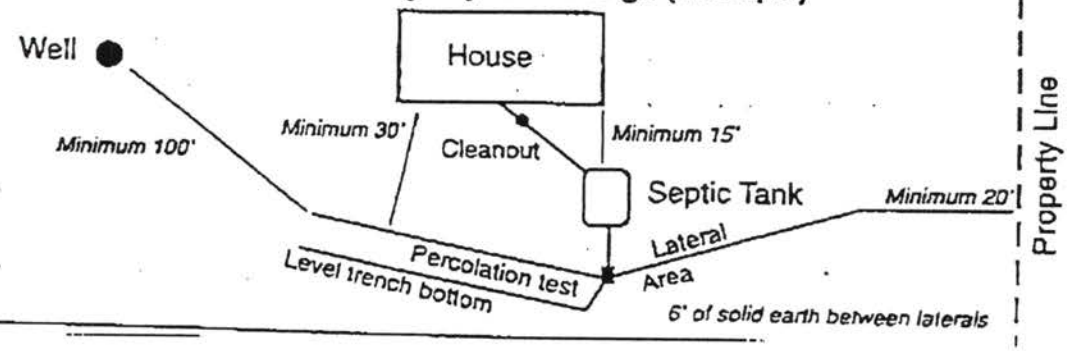
*(Provide as-built drawings on back of this form)*

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.

Scale North with Arrow

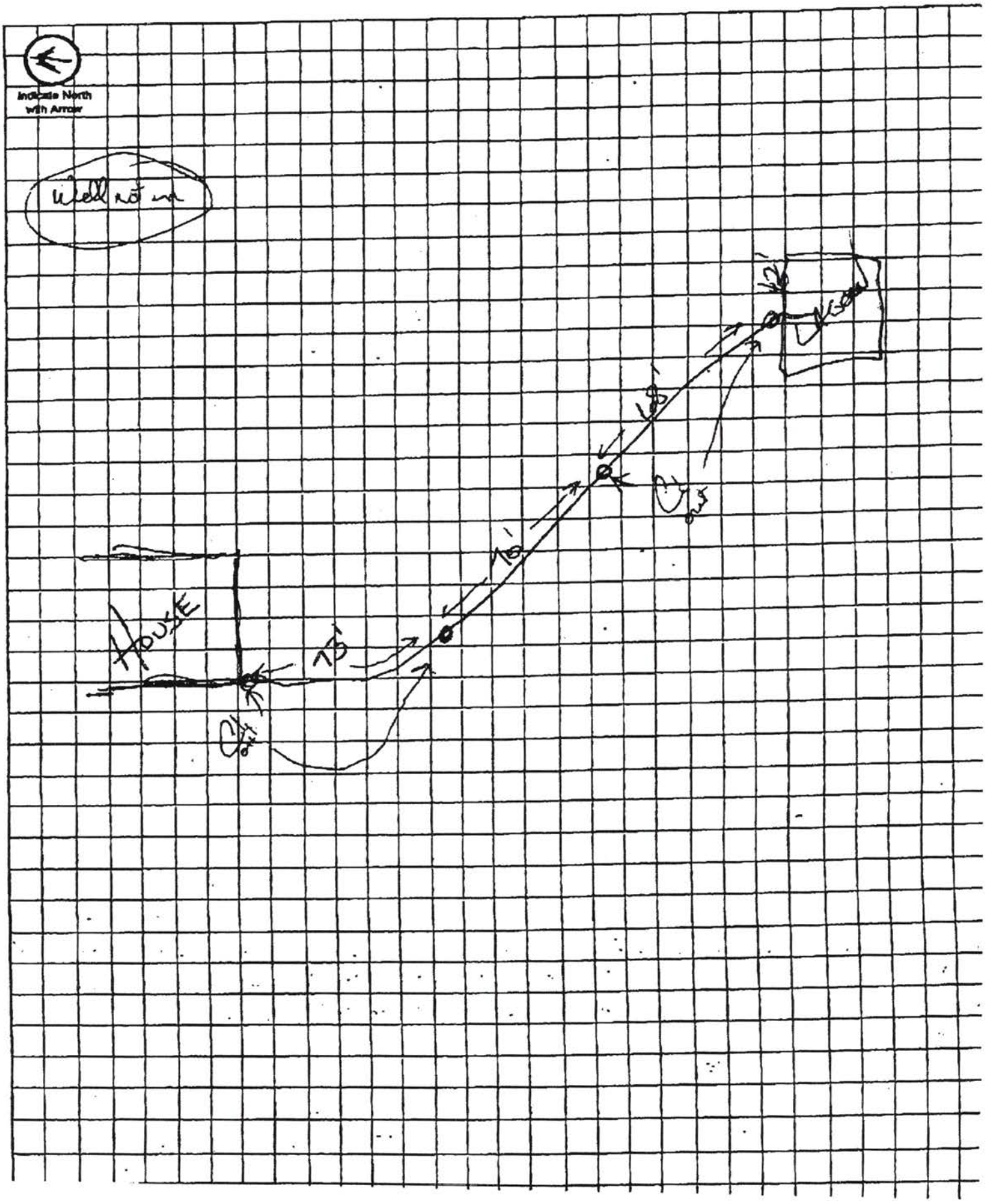
**Complete "As Built" drawing on back of this form.**

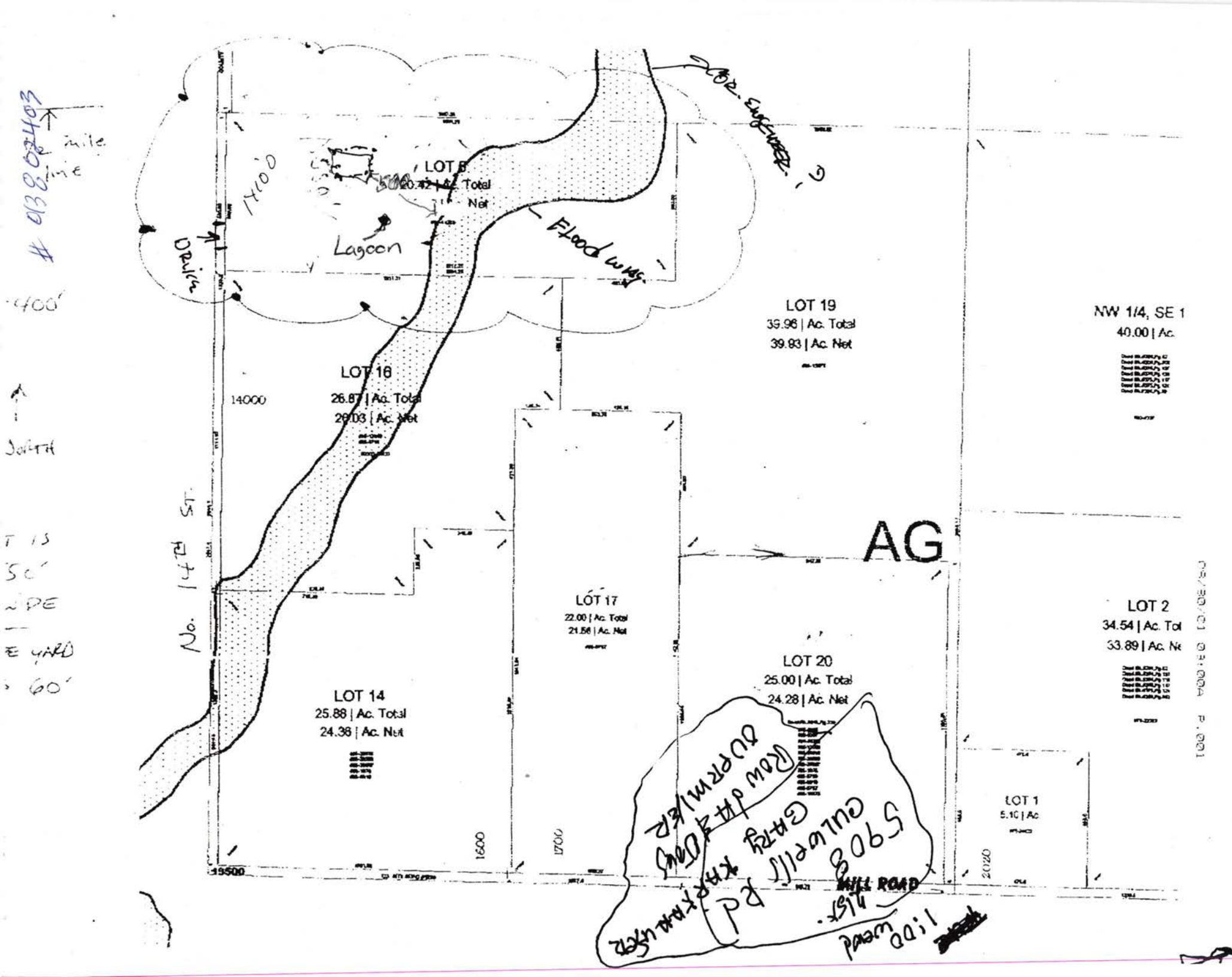
**Individual Sewage System Design (Example)**




LM 23-103 10-96

# As Built Drawing




LOT B
20.42 | Ac. Total
Net
Lagoon
Flood wtrs
Drain
14100
LOT 19
39.96 | Ac. Total
39.83 | Ac. Net
NW 1/4, SE 1
40.00 | Ac.
LOT 18
26.87 | Ac. Total
29.03 | Ac. Net
14000
AG
No. 14TH ST.
LOT 17
22.00 | Ac. Total
21.56 | Ac. Net
LOT 2
34.54 | Ac. Tot
33.89 | Ac. Ne
LOT 20
25.00 | Ac. Total
24.28 | Ac. Net
LOT 14
25.88 | Ac. Total
24.38 | Ac. Net
LOT 1
5.10 | Ac
1600
1700
19500
2020
MILL ROAD