LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380178901

Issued 06/25/98
Expires 12/25/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

MIKE ANDERSON
T11N R5E SEC 22
NORTHRIM ESTATES LOT 6
9900 NW 96 ST-MALCOLM

Permittee

MIKE ANDERSON
3461 N 52 ST
LINCOLN NE 68504-1807

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007677

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

JUN 18 1998

JUN 24 1998

A

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

Permit Number: 9838 01789

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 9900 NW 96TH (no rural route) City MALCOLM NE, Zip NE 68402

Legal Description 22 11N 5E NORTHRIM ESTATES LANCASTER COUNTY 6
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 MIKE ANDERSON Signature Mike Anderson

Address 3461 N. 52 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone (402) 465-8673 Work Phone _____

C. Contractor

Name JOHN STROHMEYER Company Name EXCAVATING INC.

Address 6667 NW 48TH City/State/Zip LINCOLN, NE 68524

☒ Check if contractor designed system Work Phone 470-3100 / 430-6023

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 6/25/98 Date frwd 6/25/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-20-98 Date frwd 6-22-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By James Bare

Date 1-12-99

Business Office Use Only

Date Rec'd 06/18/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 4285

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

SEWAGE LAGOON WILL SEAL

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

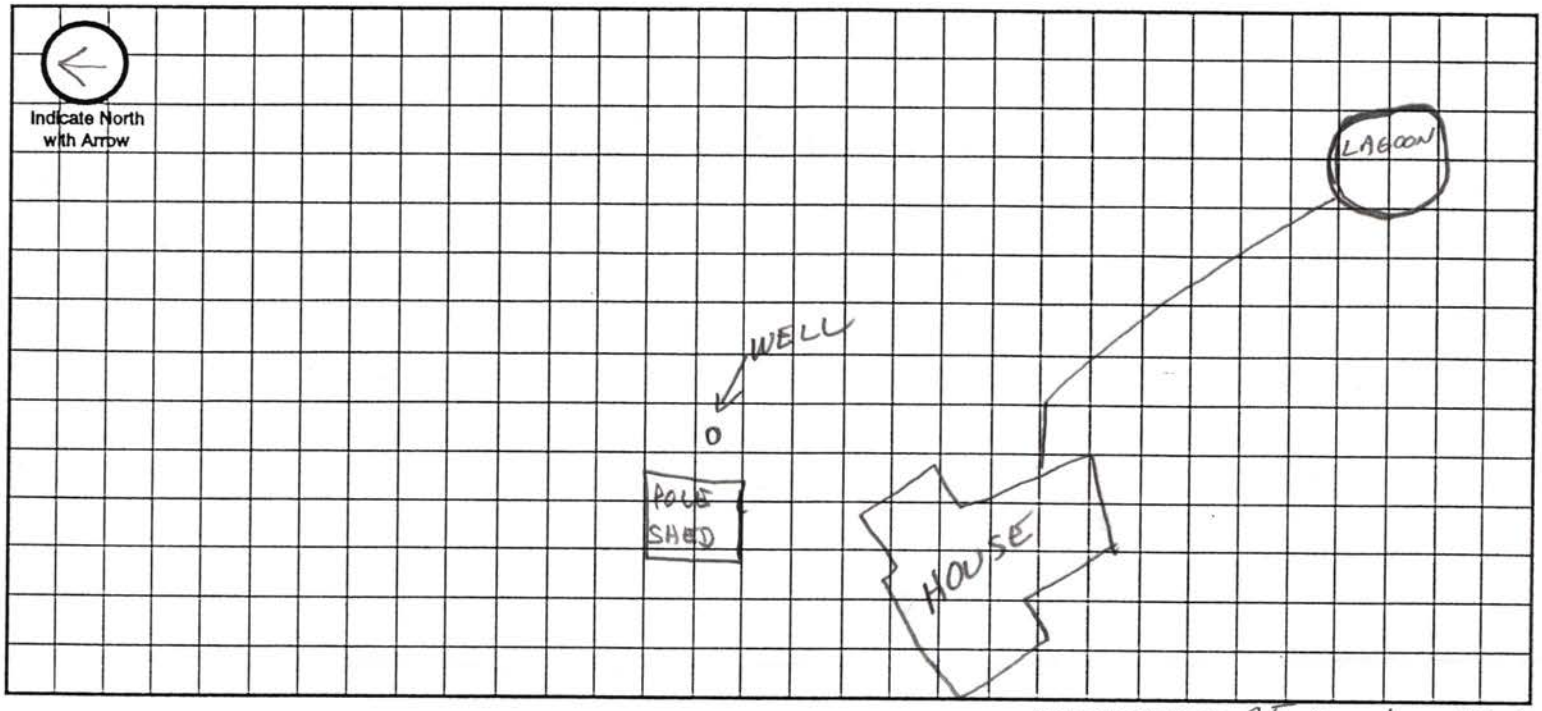
C

Permit Number: 98380 1789

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) 9900 NW 96TH City MALCOLM NE, Zip NE 68402

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 Mike Anderson Date 6-16-98

Installer John Thorbahn Meyer Date 6-16-98

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: 98380 1789

Sewage Disposal System

As Built Plans & Specifications

Date 8 3 98

System Location (Indicate correct number and street)

Address 9900 NW 96 City Malcom NE NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 10 in.
3. Distance between dwelling and septic tank: — 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 70 ft.

B. Septic Tank

1. Material: LAGONE —
   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

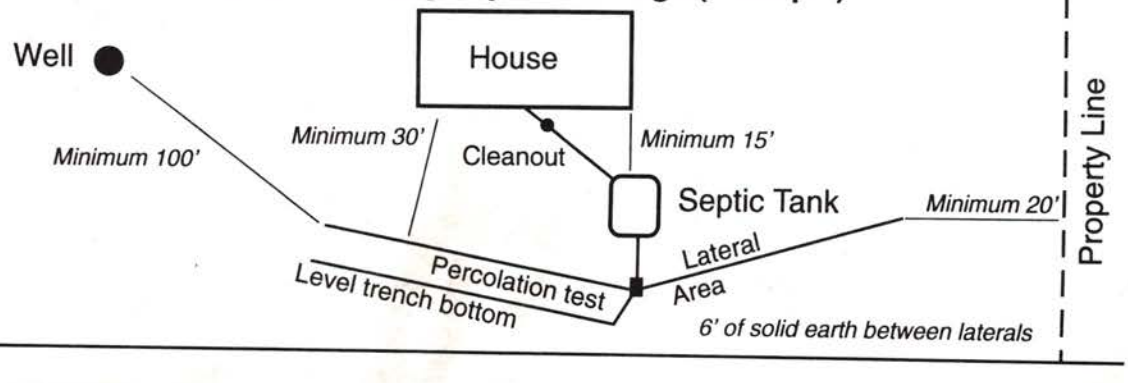
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other LAGONE
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.

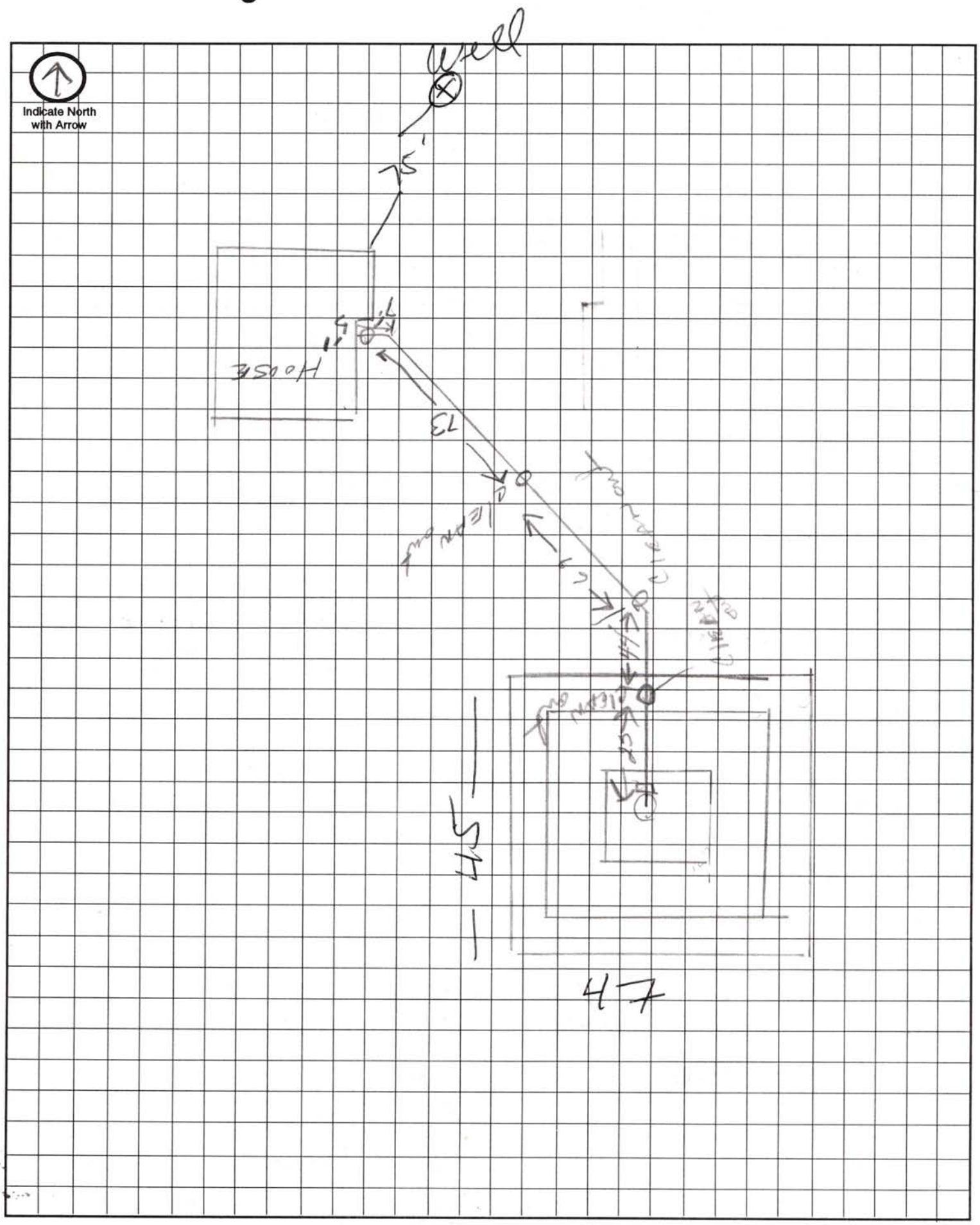
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. 98801789

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-15-98

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11; Range 5; Section 22;
Block ____; Lot 6; Addition NORTH RIM ESTATES LANCASTER COUNTY NE
Street Address 9900 NW 96TH MALCOLM NE.

2. Property Use: Residential X ☐; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☐

4. Description of proposed alteration, extension or repair: ____

5. Work to be done by: Owner ☐; or Contractor ☒, EXCAVATING INC.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	4300 00

Mike Anderson
Signature of Applicant (owner or lessee)

3461 N. 52 LINCOLN NE 68402
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ ____

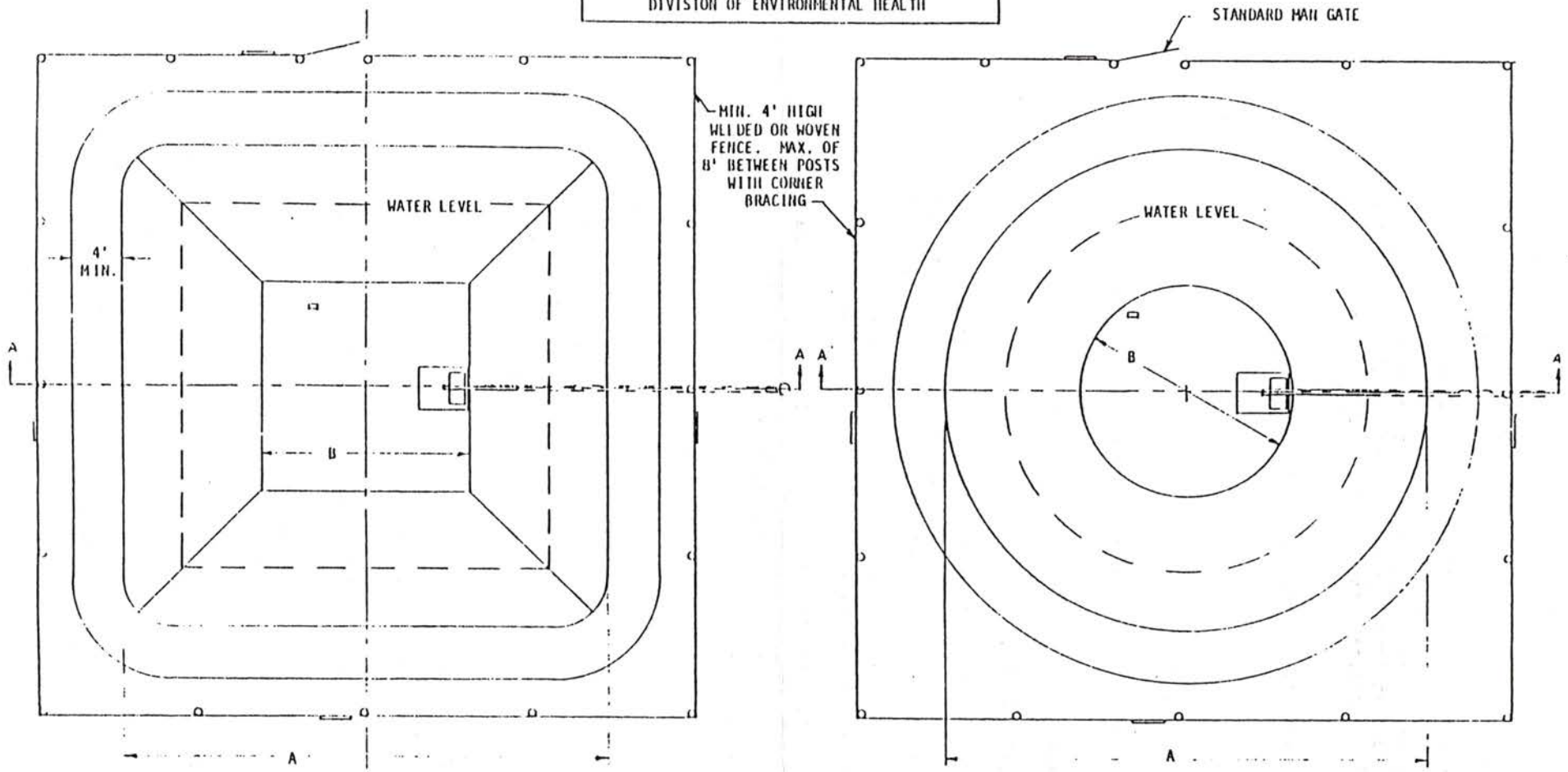
2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

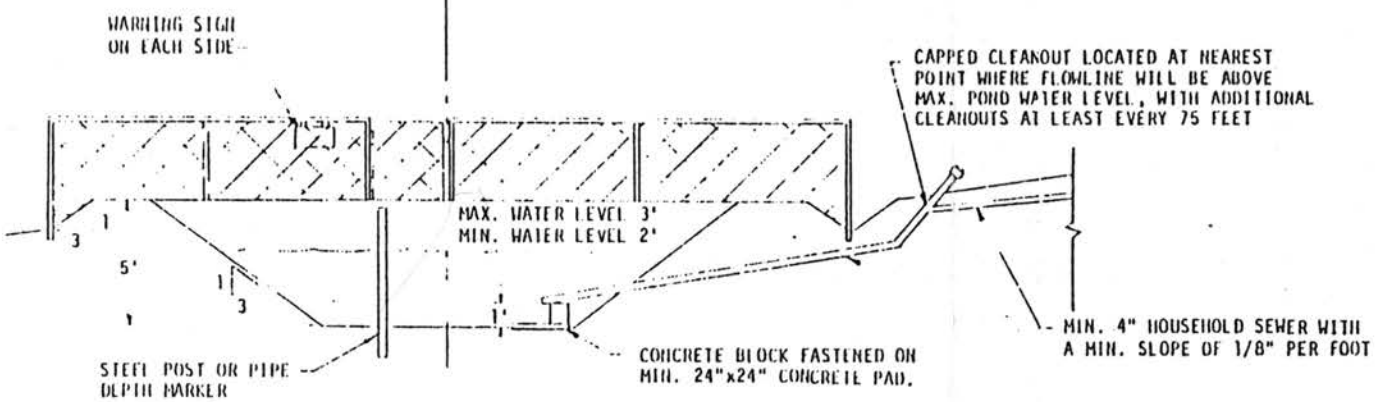
3. Date: Approved ☐; Disapproved ☐
by: ____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

Mike Anderson
APPLICANT'S SIGNATURE

FORM 20111-0278