LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380167901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/30/97
Expires 04/30/98
Revenue Code 18754

Establishment

DEE E STOVALL
T10N R8E SEC 14 QTR SW
1900 N 162 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee

DEE E STOVALL
3001 S 46 ST
LINCOLN NE 68506

Gregg Wright MD

Issued By ~~M. Jane Ford~~
Health Director

5389

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

Repair of old septic system

A

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

Permit Number:

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 1900 N. 162nd St. (no rural route) City Lincoln NE, Zip 68527

Legal Description SW 1/4 1/4 14 Section 10 Township 8 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 Dee Stovall Signature Dee E. Stovall pager 790-5090

Address 3001 S. 46th St. City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 483-2998 Work Phone 466-8491

C. Contractor

Name ~~Same~~ Norman Plumbing Company Name Norman Plumbing

Address 4217 Progressive/Ste 3 City/State/Zip Lincoln NE 68504

☐ Check if contractor designed system Work Phone 464-5721

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

Designer Name Same Firm ____ Work Phone ____

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 10-23-97 Date frwd 10-23-97 **ACTION** ☒ Approved ☐ Disapproved Signature Paul D. Thomas
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 ____

4-17-98 not installed yet.
9-1-98 need sewer seal

Installation Final Written Approval

4-1-99 time to plant sod

By Ron Meyer

Date 4-1-99

Business Office Use Only

Date Rec'd 10/23/97

Amt Paid 150.00

Rec'd By ____ Cash/~~Check~~ No. 150.00

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

Map #26 Sec. #14
Wymore soil

D

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

Permit Number:

Sewage Disposal System

SW¼, Sec 14-10-8

As Built Plans & Specifications

Date 9-1-98 Dee Stovall

System Location (Indicate correct number and street)

Address 1900 N. 162nd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: #40
   Diameter: 4" in.
2. Distance above basement floor: 4' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

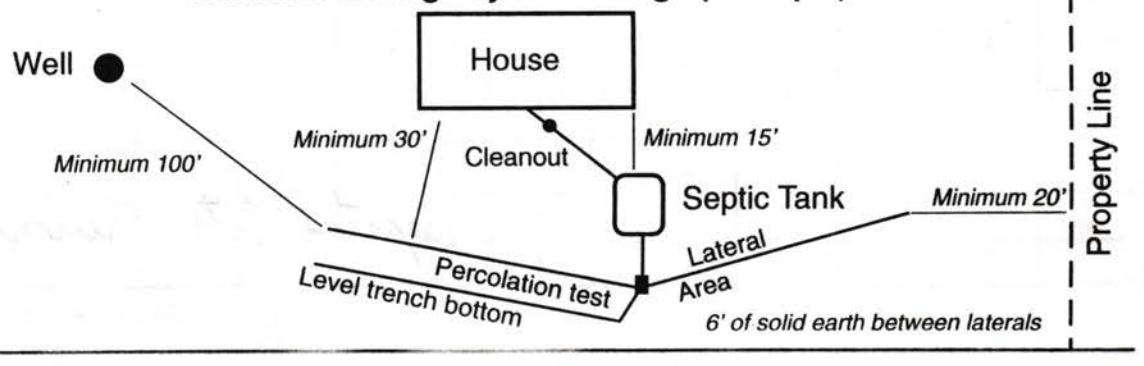
(Provide as-built drawings on back of this form)

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.

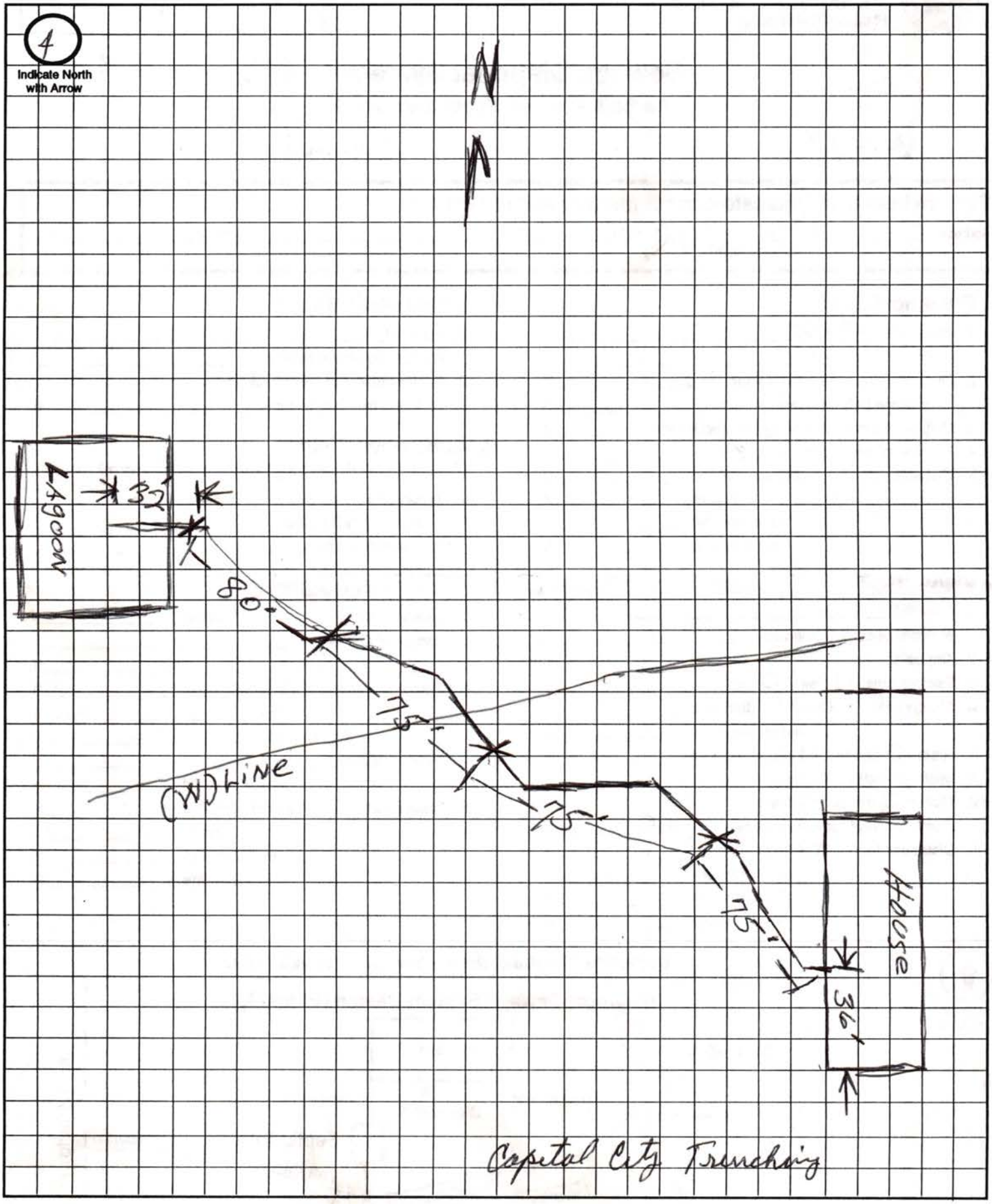
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

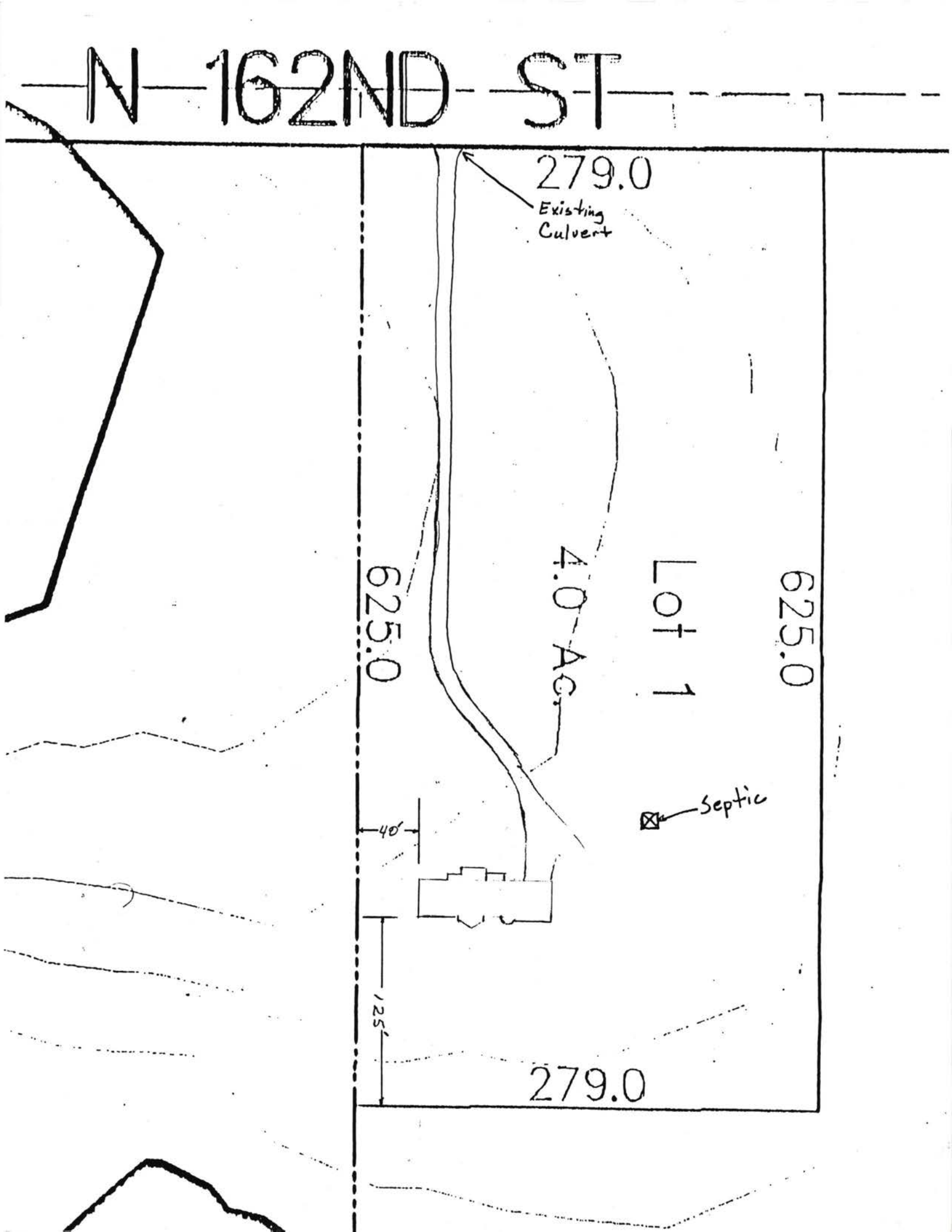
As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 26




N 162ND ST
279.0
Existing Culvert
625.0
4.0 Ac.
LOT 1
625.0
Septic
40'
125'
279.0