Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380199601

Issued 05/26/99
Expires 11/26/99
Revenue Code 3157

Establishment

JOHN FUCHSER
T11N R5E SEC 15 QTR SE
COUPE DEVIL HGTS-1ST BLK NW LOT 4
NW84TH & W BLUFF RD-MALCOLM

FEES: $150.00

TOTAL: $150.00

Permitee

JOHN FUCHSER
7220 COLBY ST
LINCOLN NE 68505

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010343

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

A

Permit Number: 993801996

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 (not available yet) NW corner of NW 84th & West Bluff Rd. City Malcolm NE, Zip 68402
(no rural route)

Legal Description S ½ of SE¼ 15 11 North 5 East of the 6th P.M. Coupeville Heights 1st 4
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 John Fuchser Signature John Fuchser

Address 7220 Colby City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone (402) 466-8001 Work Phone (402) 479-1593

C. Contractor

Name Gordon Lukes Company Name G & A Backhoe Service

Address 2319 So. 214th St. City/State/Zip Eagle, NE 68347-1995

☒ Check if contractor designed system Work Phone (402) 781-2400

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~~ 4 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 5/7/99 Date frwd 5/7/99	ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 5/18/99 Date frwd 5/18/99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 5/7/99 Date frwd 5/7/99	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Paul Thomas

Date 11-30-99

Business Office Use Only

Date Rec'd 05/07/99

Amt Paid 150 ⁰⁰

Rec'd By LS ~~Cash~~/Check No. 5745

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

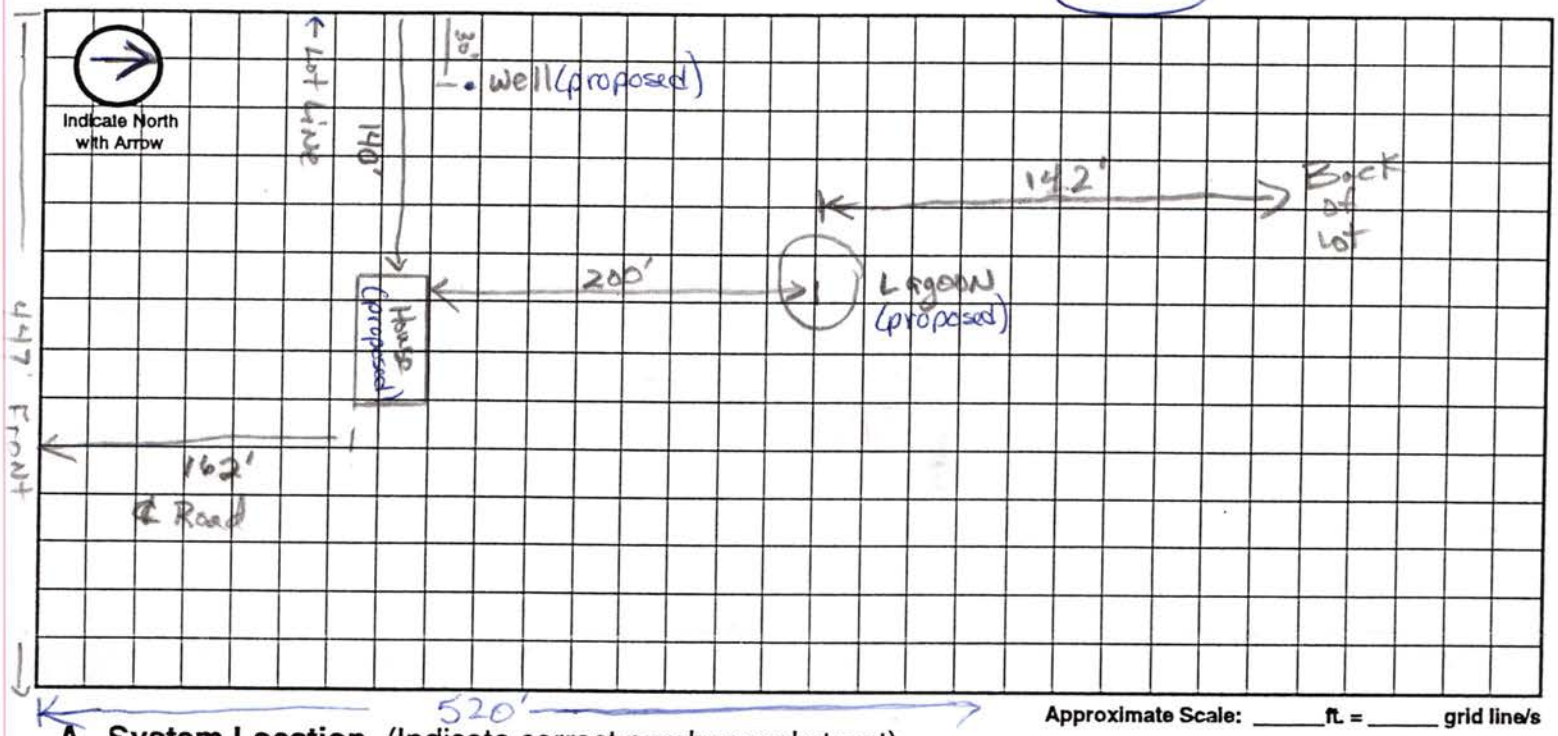
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: ~~402-441-8022~~

C

Permit Number: 993801996

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) (not available yet) NW corner of NW 84th St + West Bluff Rd City Malcolm NE, Zip 68402

LEGAL: Lot 4 of Coupeville Heights 1st Addition located in the South ½ of the Southeast ¼ of Section 15, Township 11 North, Range 5 East of the 6th P.M, Lancaster County, Nebraska

B. Proposed Septic Tank/s

N/A

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

N/A

Percolation Rate _____ (min. per inch) Soil Type: STEINAUER CLAY LOAM 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 ☒	N/A 500 ☐	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 N/A ☒	☒

E. Required Signatures

Home Building Contractor _____ Date 5/5/99

Installer _____ Date 5/5/99

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: 99380 1996

Lagoon

Sewage Disposal System

As Built Plans & Specifications

Date 6-29-99

System Location (Indicate correct number and street)

Address NW 8400 Trevisa CT (no rural route) City ~~Lincoln~~ Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Class 1100 plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: N.A. ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream N.A. ft.
   pressure line 50 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

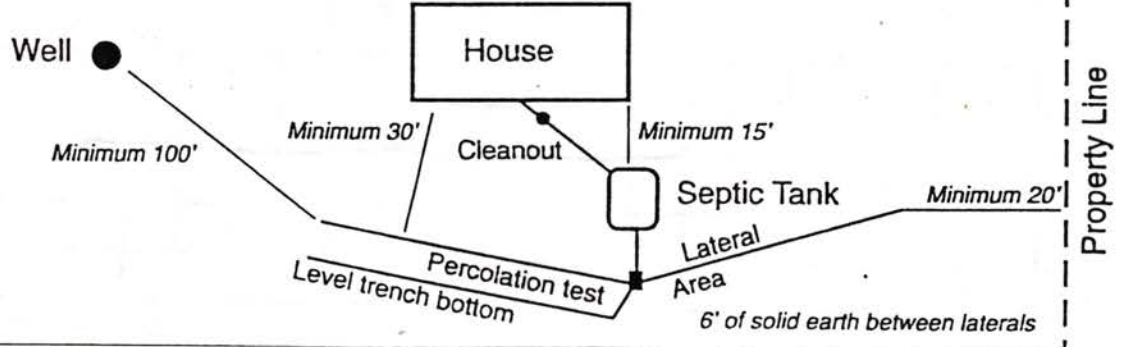
(Provide as-built drawings on back of this form)

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.

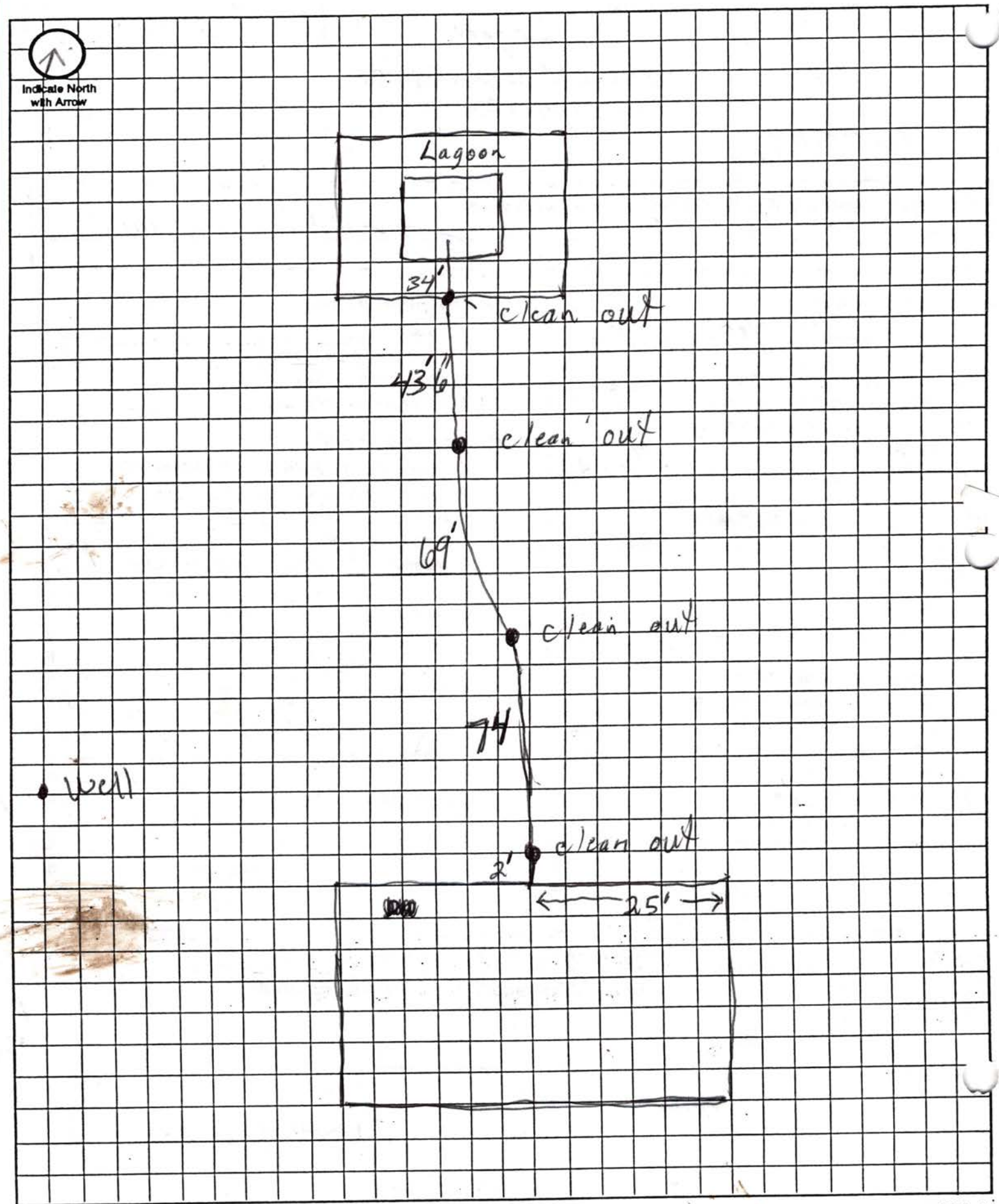
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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