Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002154

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380262501

Issued 04/23/03
Expires 10/23/03
Revenue Code 3157

Establishment: TOD M THIEMAN
T11N R5E SEC 14 QTR NE
LOT 20IT
11555 NW 70 ST-RAYMOND

FEES: $200.00

TOTAL: $200.00

Permittee: TOD M THIEMAN
11555 NW 70 ST
RAYMOND NE 68428

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380262501

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 11555 NW 70th St. (no rural route) City Raymond NE, Zip 68428

Legal Description NE 14 11N 5E 20 I.T.
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 Tod M Thieman Signature Tod M Thieman

Address 11555 NW 70th City/State/Zip Raymond / NE / 68428

☐ Check if owner designed system Home Phone (402) 304-0179 Work Phone (402) 434-5665

C. Contractor STAN KROESE

Name ~~Tod M Thieman~~ Company Name DIRT WORKS PLUS INC

Address ~~11555 NW 70th~~ 7324 BALL City/State/Zip ~~Raymond / NE / 68428~~ LINCOLN NE

☑ Check if contractor designed system Work Phone ~~(402) 434-5665~~ 560-1208

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 4/23/03 Date frwd 4/23/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   10-23-03, mm Notice 4-28-04, mm OK
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-23-03 Date frwd 4-23-03 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/23/03 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayfield

Date 4-28-04

Business Office Use Only

Date Rec'd 04/23/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1090

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

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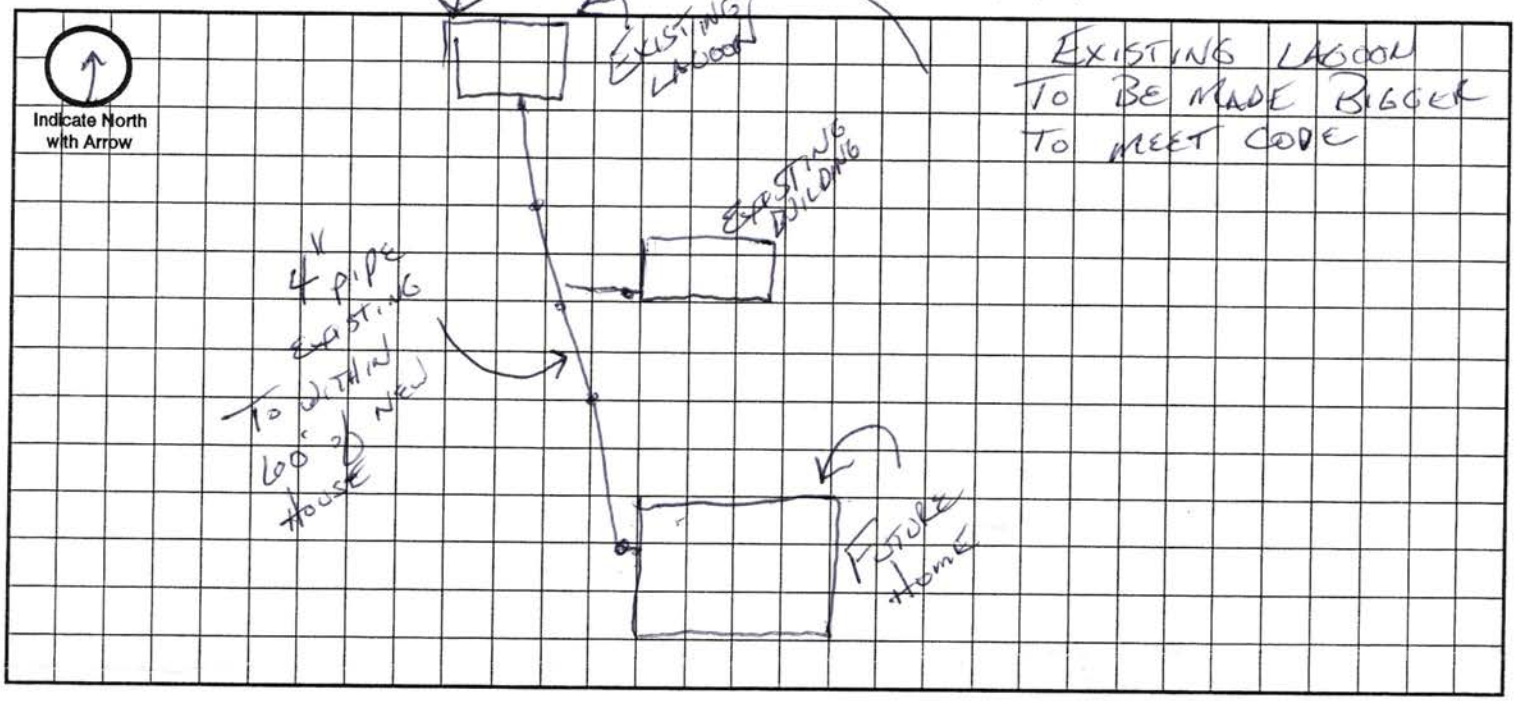
C

Permit Number: 033802625

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) 11555 NW 70th St. City Raymond NE, Zip 68428

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 John M [signature] Date 21 April 2003

Installer [signature] Date 4/22/03

FORM 23-102 10-96