



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET

Lincoln, NE 68510-1514

(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

No. 98380184201

SEWAGE INSTALLATION
LAGOON

Issued 09/03/98

Expires 03/03/99

Revenue Code 3157

Establishment

GARY SUMMERS
T10N R8E SEC 32 QTR NE
NE QTR OF NE QTR
13101 A ST-WALTON

FEES: \$150.00

PAID

Permittee

GARY SUMMERS
5340 PRESCOTT AVE
LINCOLN NE 68461

TOTAL \$150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008109

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



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

A

Permit Number:

983801842

Sewage Disposal System Request for Site Clearance and Permit

Include Form B, Form C
and Applicable Fees
with this Application.

REPLACE SEPTIC SYSTEM

☐ 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 13101 "A" STREET City Walton NE, Zip 68461
(no rural route)

Legal Description NE NE 32 1/4 10N 8E
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 Gary Summers Signature _____

Address 5340 Prescott City/State/Zip Lincoln Ne 68506

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd st City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 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 9/1/98

Date frwd _____

ACTION ☒ Approved ☐ Disapproved

Signature Terrold C. Hood

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 _____

Installation-Final Written Approval

By Paul D. Harris

Date 11-17-98

Business Office Use Only

Date Rec'd 09/01/98

Amt Paid 150.00

Rec'd By PS Cash/Check No. 3140



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

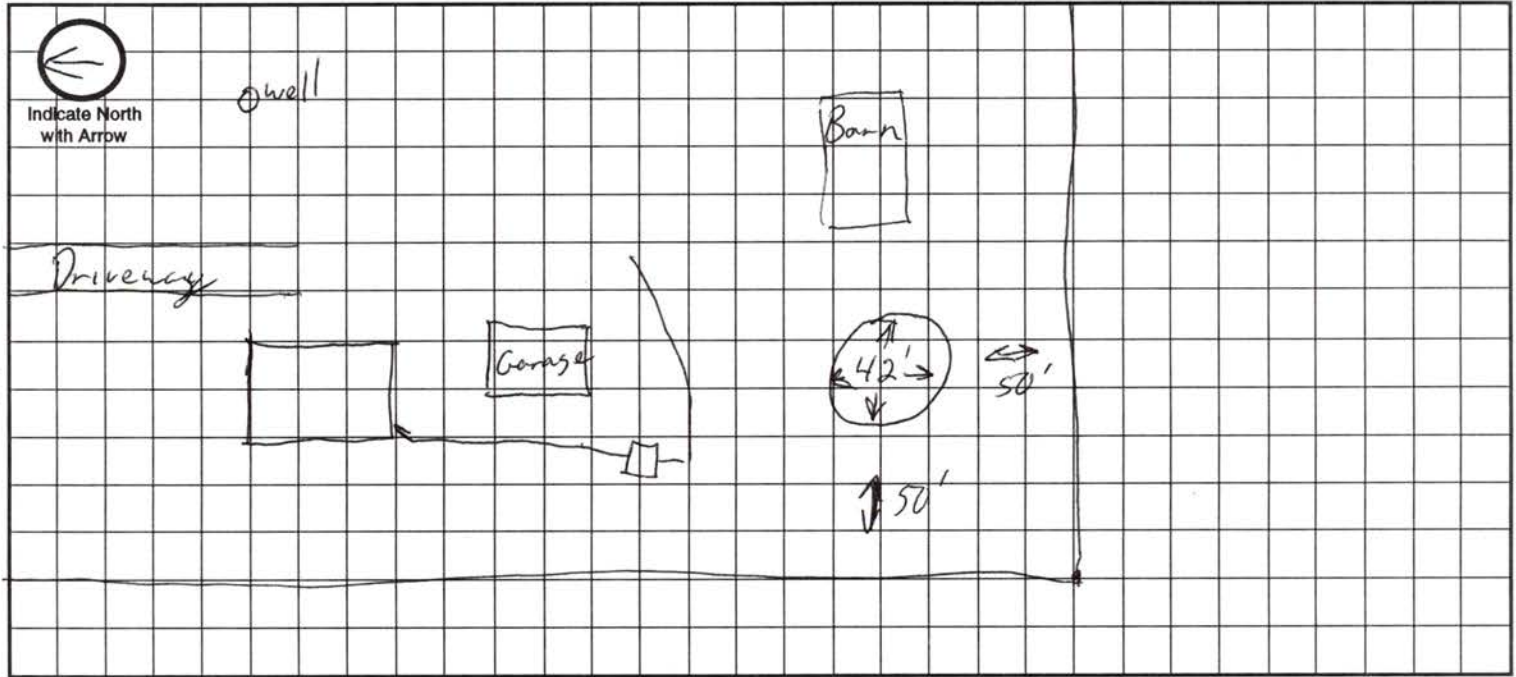
C

Permit Number:

983801842

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) 13101 A St. City Walter NE, Zip 68461

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	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	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 EXISTING HOUSE Date _____
Installer Brad Southworth Date 9-1-98



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

Paul D.

D

Permit Number:

983801842

Sewage Disposal System As Built Plans & Specifications

Date 9-98

System Location (Indicate correct number and street)

Address 13001 Ast City Walter NE, Zip 68461
(no rural route)

A. Building Sewer

- Material: Sch 40 PVC
Diameter: 4 in.
- Distance above basement floor: _____ in.
or distance below basement floor: _____ in.
- Distance between dwelling and septic tank: 152' ft.
- Number of clean-outs: Lagoon
- Distances to: well or suction line NA ft.
stream NA ft.
pressure line NA ft.
property line 25 ft.

B. Septic Tank

- Material: _____
Number of compartments: _____
- Capacity: _____ gal.
- Factory built: ☐ Yes ☐ No
- Manholes: Over inlet, diameter _____ in.
Over outlet, diameter _____ in.
Riser: ☐ above ☐ below grade _____ in.
- Inlet: ☐ baffle ☐ tee
- Outlet: ☐ baffle ☐ tee
- Depth to top of tank, below unfinished grade: _____ in.
- Distances to: Well or suction line _____ ft.
Stream _____ ft.
Pressure line _____ ft.
Property line _____ ft.

C. Distribution Box

- Material: _____
Number available outlets: _____
- Factory built: ☐ Yes ☐ No
- Distance from septic tank: _____ ft.

D. Absorption Field

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

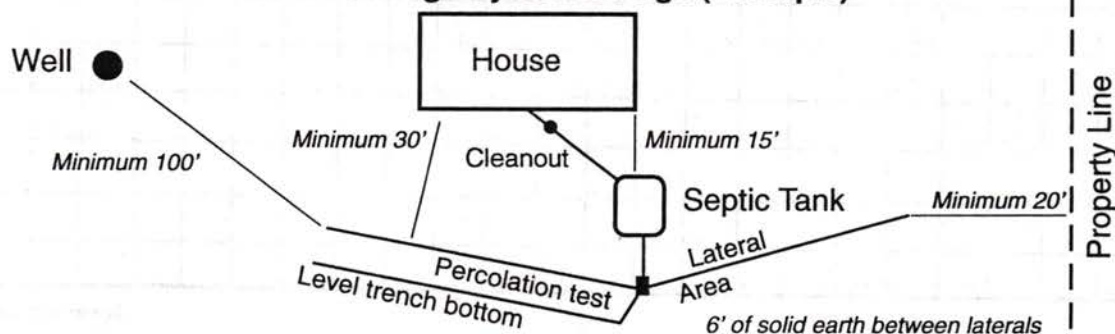
- Type: ☐ Half rounds ☐ Perforated pipe
Diameter of half round: _____
or perforated pipe: _____
Material: ☐ fiberglass ☐ plastic ☐ concrete
☐ other _____
- Lateral lines: Number _____
Length of each line: _____ ft. _____ ft. _____ ft.
- Trench dimensions: Width _____ ft.
Slope _____ in/100 ft.
Average depth _____ in
- Filter material: _____
Depth of material _____ in.
- Distances to: Well or suction line _____ ft.
Stream _____ ft.
Pressure line _____ ft.
Property line _____ ft.



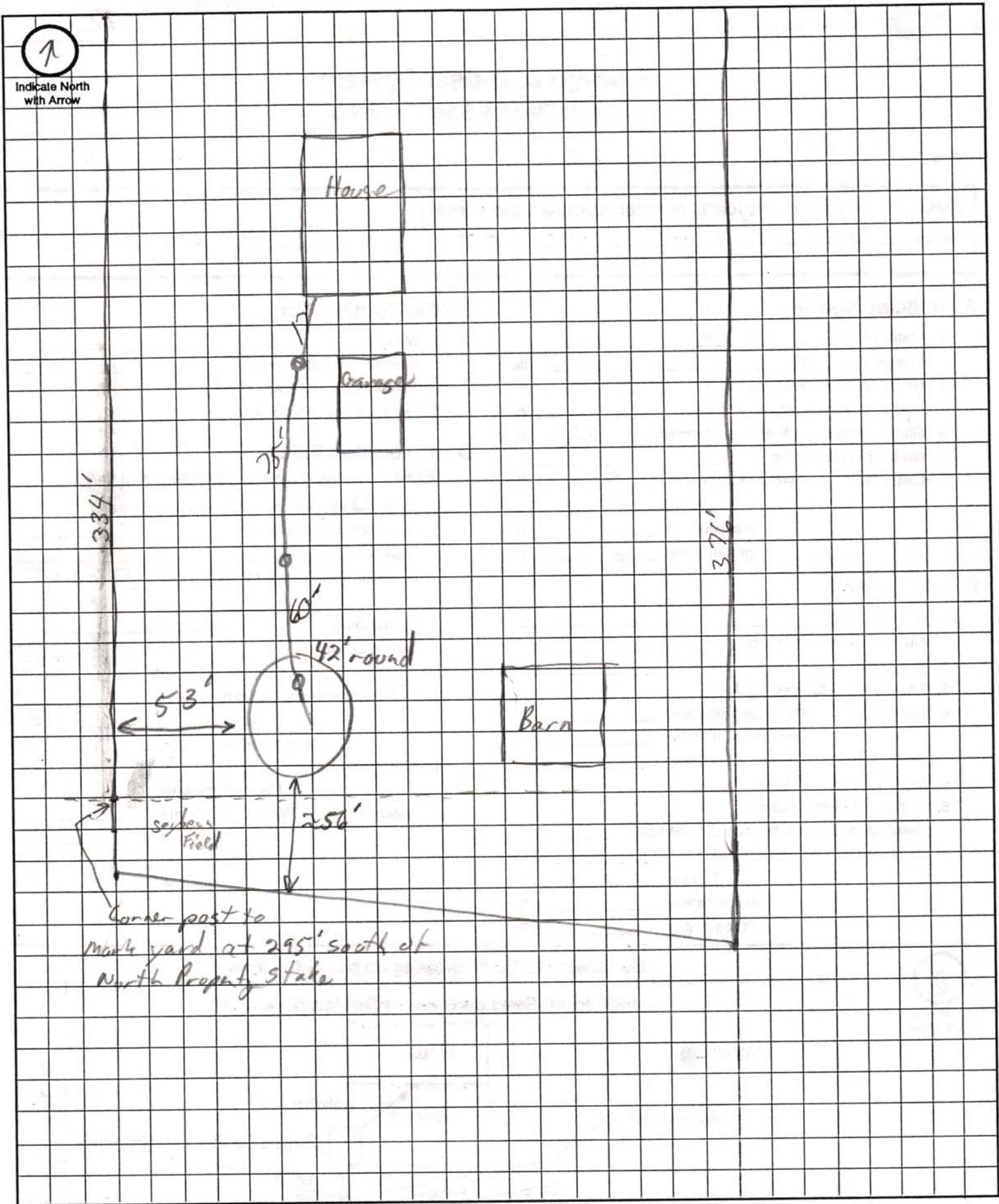
Indicate North
with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS

LINCOLN, NEBRASKA 68502

FILE NO. 2232-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

6 MONTHS

TYPE OF PERMIT

THIS PERMIT EXPIRES

Welmer & Dorthy Moore, 4727 East Lafayette, Unit 108, Phoenix, AZ 85018

ISSUED TO

ADDRESS

TION; R8E; Sec 32; No. 300' of E-455 of NE 1/4

LEGAL DESCRIPTION

REMARKS:

NONTRANSFERABLE

ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
\$ <u>0.00</u>	\$	\$	\$ <u>30.00</u>
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	<u>110.16</u>	<u>148.14</u>	<u>6-2</u>

RECEIVED BY

DATE

AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: 8-5-85

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. 10N; Range 8E; Section 32;
Block _____; Lot _____; Addition 70300*W/E 1500 - 4550
Street Address NE4

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: add sewer line
90' x 100' x 3' lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Sinter Sew Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	\$	
b. Labor	\$	<u>1100</u>
c. Other	\$	<u>30</u>
TOTAL	\$	<u>1130</u>

Walter & Dorothy Moore
Signature of Applicant (owner or lessee)

4727 East Lafayette Unit 108
Address Phoenix AZ 85018

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: \$ 30.00

2. Site Visits:
Date: 8-5-85 by: Jim
Date: 8/6/85 by: J.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Verrill C. Noob

4. INSTALLATION/FINAL WRITTEN APPROVAL
Date: 8/7/85 by: J.C. Noob

