LLCHD HS000055

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

A

Permit Number HS000055

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ❑ Septic System ❑ Lagoon ❑ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 26701 S 110th (no rural route) City Firth, NE Zip 68358

Legal Description NE 1/4 25 7 7
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Longitude: _____ Latitude: _____

❑ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Kirk Helmink Signature [signature]

Address 26701 S 110th City/State/Zip Firth NE 68358

❑ Check if owner designed system Home Phone 791-5559 Work Phone 792 0085

C. Contractor

Name: Ne Outback Inc Company Name _____

Address 7500 Panama Rd City/State/Zip _____

❑ Check if contractor designed system Work Phone _____

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

Designer Name Dave Prusa Firm Nebraska Pitworks Work Phone 525-0822

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 Well Permit Applied for ❑ Yes ❑ No ❑ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ❑ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits * snow on ground Date rec'd _____ ACTION ☑ Approved ❑ Disapproved
Caught by sewer old lagoon Date frwd _____ Signature _____
New lagoon looks good.

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ❑ Approved ❑ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ❑ Approved ❑ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date 12/31/07
105 ft from well

Business Office Use Only
Date Received 12/31/07 Amount Paid 305.00
Received By [signature] Cash/Check No. 8856

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

* Contacted b/s about #10 5'ers # stakes on 12/31/07

1-3-2008 / 8:34:26

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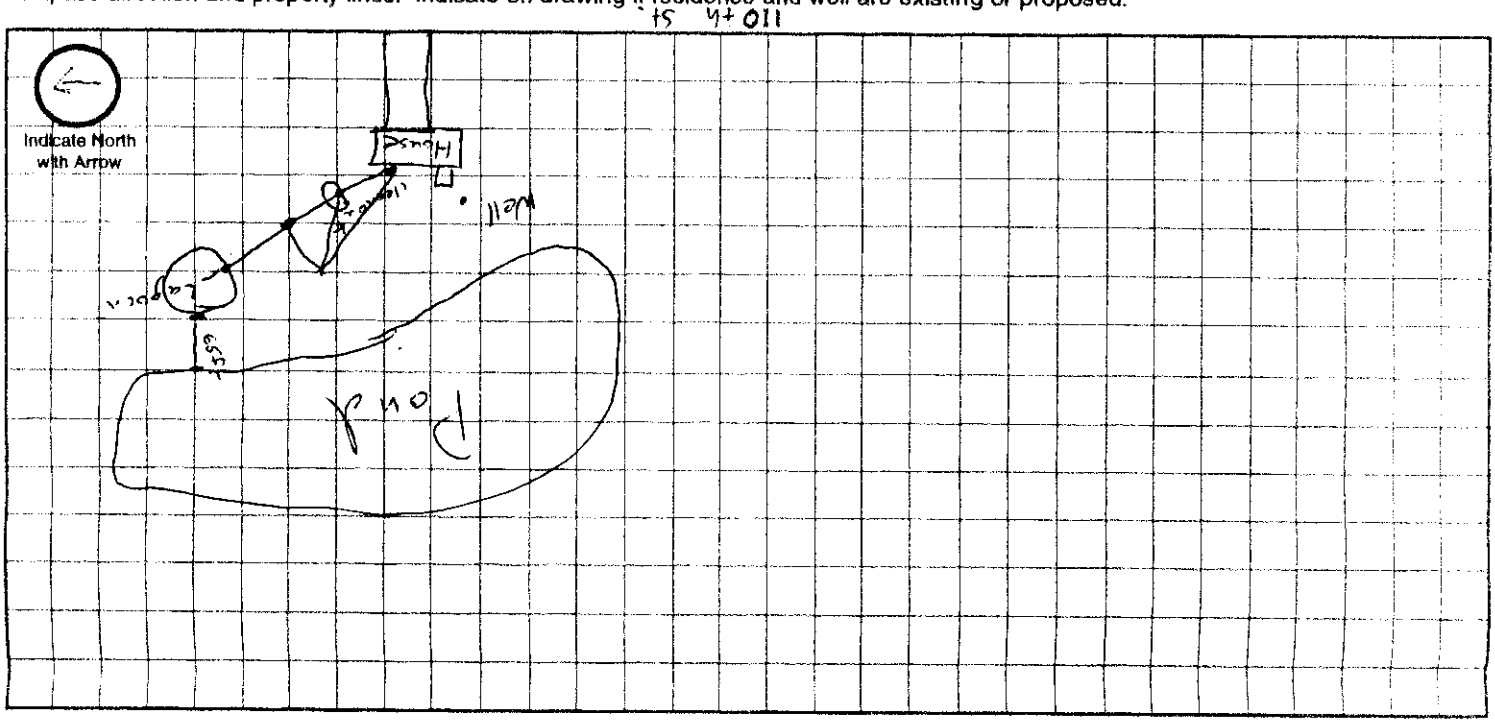
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C

Permit Number:

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

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 _____ Date _____

Installer Date

1-3-2008 8:34:30


24-07-07
19-07-08
PELLA
WATER
25-07-07
110TH
30-07-08