Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000127

System Type: LAGOON

Situs: 28300 Brookie Pl.

Legal Description: T07N-R07E-S34-Lot 4

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	07/23/2008
Expires:	07/23/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

DLOUHY CONSTRUCTION
12500 S. 82ND ST
ROCA NE 68430

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

A

Permit Number
HS000127

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 28300 Brookie Place (no rural route) City Firth Meadows, NE Zip 68538

Legal Description Lot 4 Firth Meadows addition
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 Dlouhy Signature Russell R Dlouhy

Address 12500 So. 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone 423 9389 Work Phone 560 5545

C. Contractor

Name: Dlouhy Company Name Dlouhy Homes

Address 12500 So. 82 City/State/Zip Roca NE 68430

☐ Check if contractor designed system Work Phone 560 5545

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 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
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-8-08
Date frwd 7-8-08
ACTION ☒ Approved ☐ Disapproved
Signature Michele A. Hayden

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

TOTAL P.02

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

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☐ Check if owner designed system Home Phone 423 9389 Work Phone 560 5545

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Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 7/10/08 Amount Paid 305 cc
Received By _____ Cash/Check No. 7990

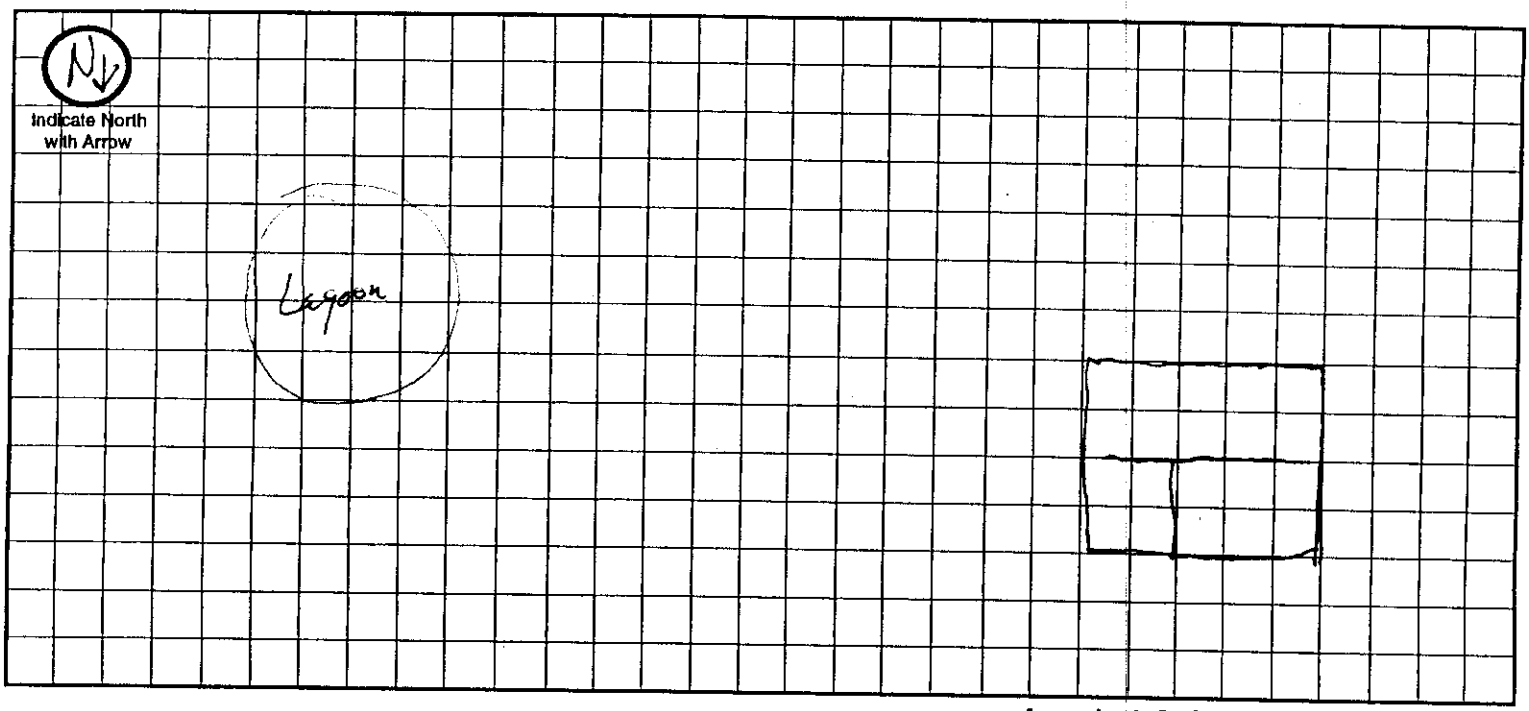
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000127

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) 28300 Brookie Place City Firth Meadows NE, Zip 68538

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

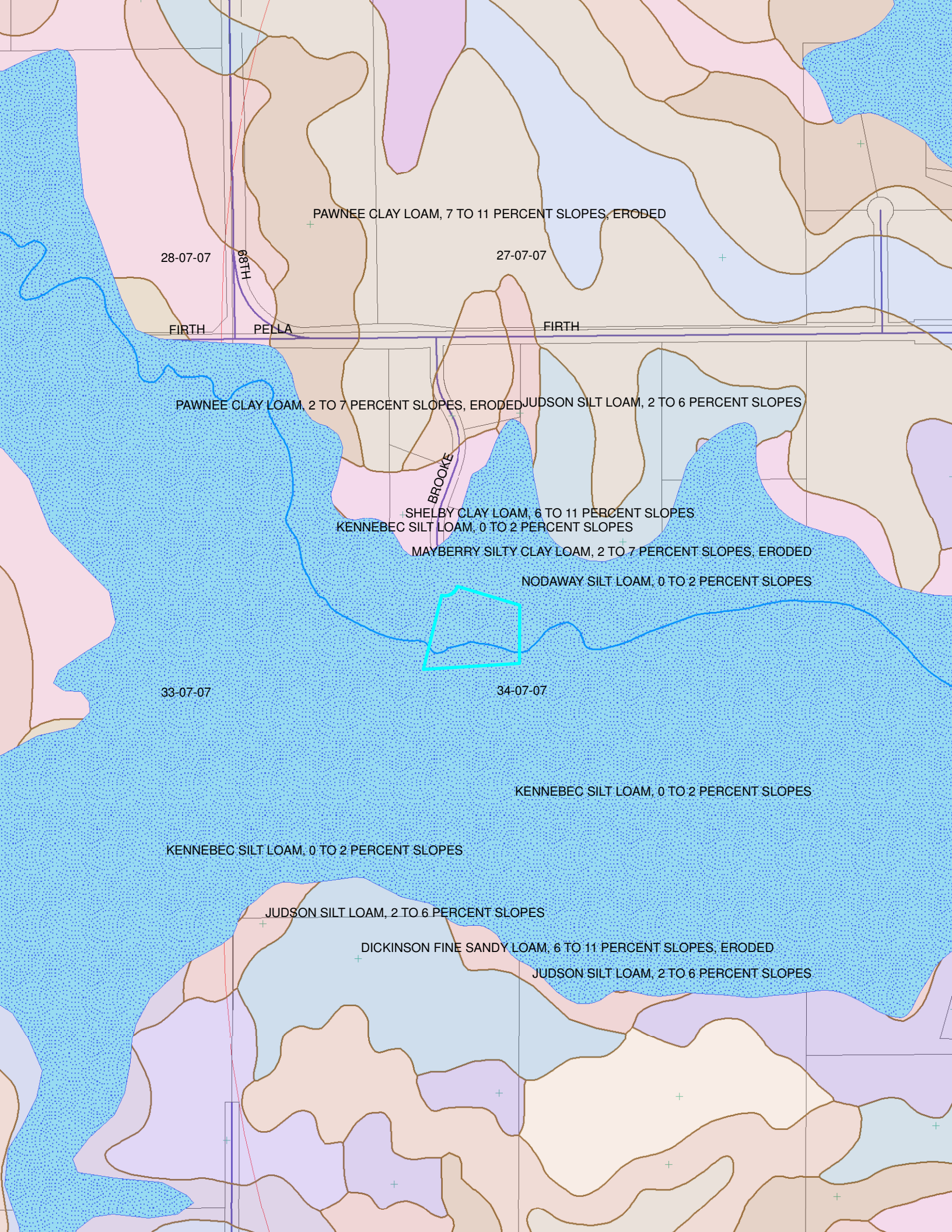
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Russell R Ahrens Date 7-3-8

Installer _____ Date _____

FORM 23-102 10-96


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
28-07-07
27-07-07
68TH
FIRTH
PELLA
FIRTH
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BROOKE
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
33-07-07
34-07-07
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

ALLEN SURVEYING
SERVICES INC.

July 14, 2008

Mr. Nate Hartman
Lancaster County Health Department
3140 N Street
Lincoln Nebraska 68510

RE: LOT 4, Firth Meadows Addition

Dear Mr. Hartman,

I, Derek A. Beenblossom, a Registered Land Surveyor under the laws of the State of Nebraska, do hereby certify that on July 2, 2007, I did perform a survey to verify the elevations of a septic lagoon located on Lot 4, Firth Meadows Addition, and that those elevations are as follow:

Northeast corner of lagoon	Elev. 1330.7'
Southeast corner of lagoon	Elev. 1330.2'
Southwest corner of lagoon	Elev. 1330.9'
Northwest corner of lagoon	Elev. 1330.9'

The elevations of said lagoon all appear to meet the minimum finish floor elevation as set fourth in the Firth Meadows Addition Final Plat as recorded in the Lancaster County Register of Deeds office, as instrument # 04-029067, and filed on May 7, 2004.

Very Cordially,

NEBRASKA PROFESSIONAL REGISTERED LS-570 LAND SURVEYOR DEREK A. BEENBLOSSOM

Derek A. Beenblossom LS
President

Office: 466-4366 • Fax: 466-4367 • 627 North 66th Street • Lincoln, NE 68505

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

JUL 17 2008

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

	For Insurance Company Use:
A1. Building Owner's Name Russ Dloughy	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28300 Brookie Place City Firth State NE ZIP Code 68430	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 4, Firth Meadows Addition. Parcel ID# 14-34-101-004-000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. N 40°32'05.07" Long. W 096°37'31.16" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1

A8. For a building with a crawl space or enclosure(s), provide
- a) Square footage of crawl space or enclosure(s) 0 sq ft
- b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0
- c) Total net area of flood openings in A8.b 0 sq in

A9. For a building with an attached garage, provide:
- a) Square footage of attached garage 0 sq ft
- b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 0
- c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Village of Firth 310135	Lancaster	Nebraska

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
31109C0586	E	9/21/2001	9/21/2001	A	1328.9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☐ FIRM ☐ Community Determined ☒ Other (Describe) Private Engineer

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date ____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized U.S.G.S Vertical Datum NAVD 88

Conversion/Comments ____

440' 852

Check the measurement used.

a)	Top of bottom floor (including basement, crawl space, or enclosure floor)	1130.5'	☒ feet	☐ meters (Puerto Rico only)
b)	Top of the next higher floor	1339.2	☒ feet	☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet	☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	1335.5'	☒ feet	☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	1335.2.	☒ feet	☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade (LAG)	1330.3	☒ feet	☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade (HAG)	1336.5'	☒ feet	☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

☒ Check here if comments are provided on back of form.



Certifier's Name DEREK A. BEENBLOSSOM License Number RLS 570

Title PRESIDENT Company Name ALLEN SURVEYING SERVICES INC

Address 627 NORTH 66TH STREET City LINCOLN State NE ZIP Code 68505

Signature Derek A. Beenblossom Date 7/2/2008 Telephone 402-466-4366

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28300 Brookie Place	Policy Number
City Firth State NE ZIP Code 68430	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Derek A. Berlocsom — Signature

7/02/2008 — Date

☒ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
a) Top of bottom floor (including basement, crawl space, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address | City | State | ZIP Code

Signature | Date | Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____._____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____._____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name | Title

Community Name | Telephone

Signature | Date

Comments

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28300 Brookie Place	For Insurance Company Use: Policy Number
City Firth State NE ZIP Code 68430	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Front View (North Side)



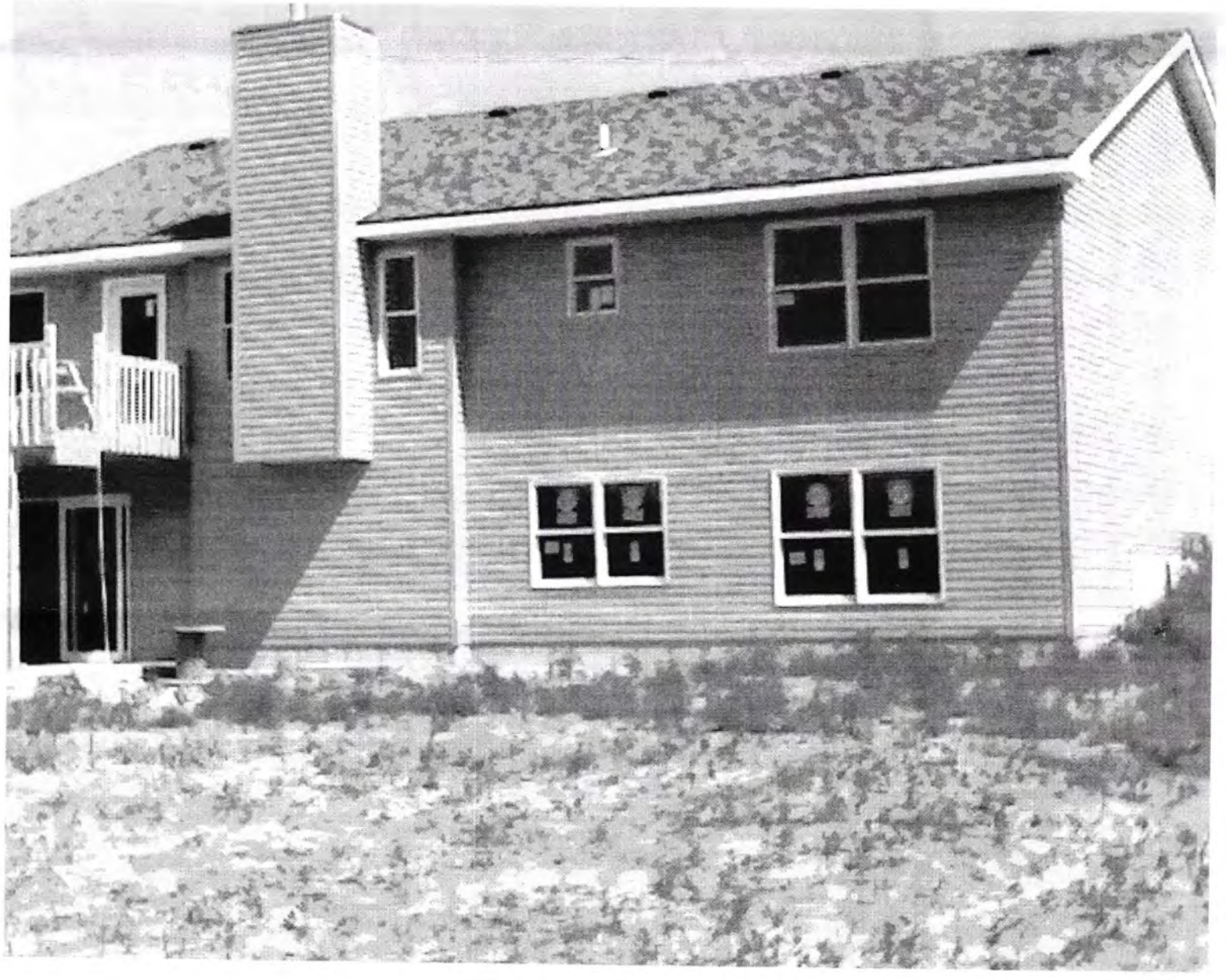
Building Photographs

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28300 Brookie Place	Policy Number
City Firth State NE ZIP Code 68434	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

Rear View (South Side)



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

SCANNED

A

Permit Number
HS000127

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

Installation Final Written Approval
By _____
Date 7/30/08

Business Office Use Only
Date Received 7/10/08 Amount Paid 305.00
Received By _____ Cash/Check No. 7990