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. HS000480

System Type: LAGOON

Situs: 2133 W. Panama Rd.

Legal Description: T07N-R06E-S09-SW1/4 of NW1/4

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued: 04/19/2011
Expires: 04/18/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000480

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000480

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 2133 W Panama Rd (no rural route) City Martell, NE Zip 68404

Legal Description SW NE 9 7 6

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 67-09-200-005-000

B. Owner

Name Craig + Lori Gana Signature See Attached

Address 2200 W Panama Rd City/State/Zip Martell, NE 68404

Home Phone 402-430-2526 Work Phone Same

C. Certified Installer

Name: Lloyd Jirkovsky, Raymond Contracting Signature Kim L. Jakovsky for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6669 or 402-783-2663

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 39.74

☐ 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 4/12/11
Date frwd 4/12/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/11/11
Date frwd 4/11/11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-11-11
Date frwd 4-11-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploog

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-12-11 Amount Paid 335.-
Received By BH Cash/Check No. 7601

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

Form A Updated: 5/10

4-13-2011 14:13:58

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

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1. Health Department — Site visits — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature

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

3. City or County Engineer — Comments — Date rec'd — Date fwd — 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: 5/10

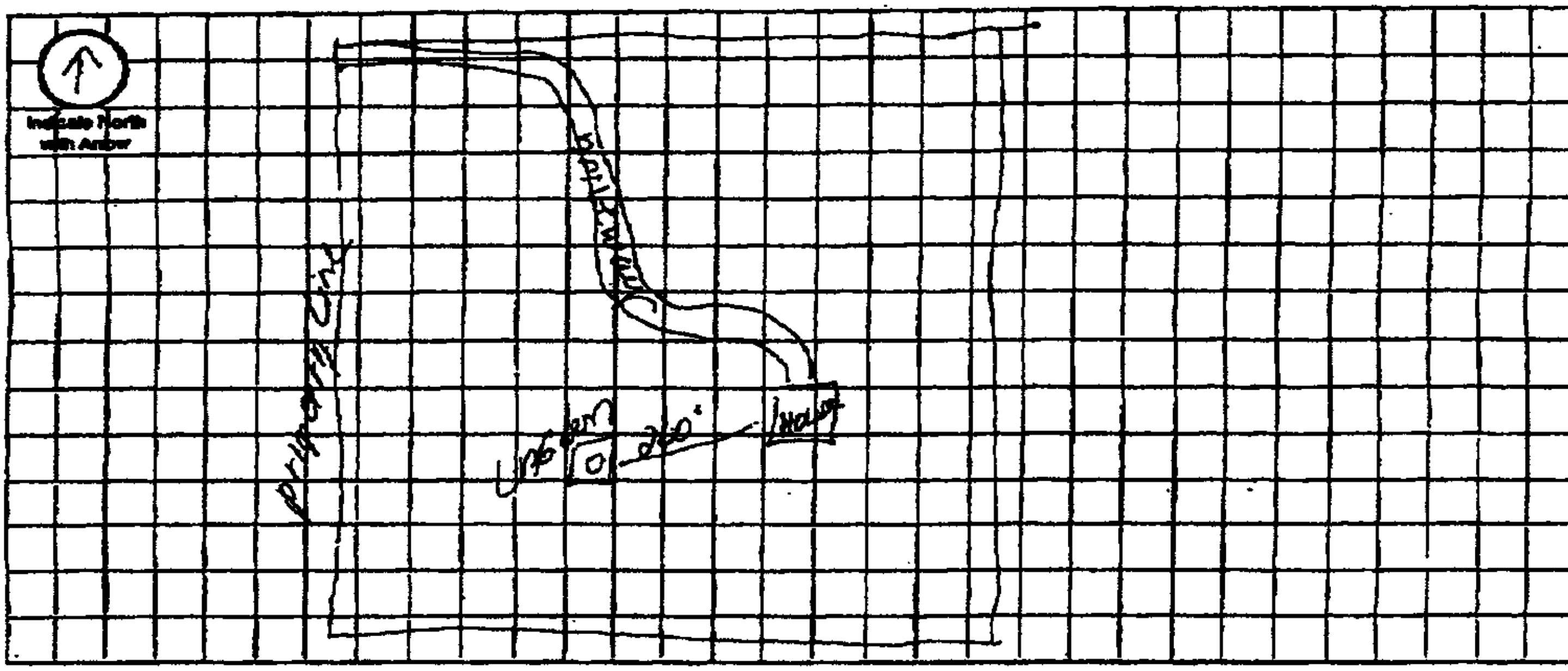
C

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

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: ______ ft. = ______ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2133 W Panama Rd City Martell NE, Zip 68404

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	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 [signature] Date 4/6/11

Installer [signature] Date 4-6-11

FORM 23-102 10-96