OCT 2 5 2004

A

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

Permit Number: 04380292001

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 9540 W Panama Rd (no rural route) City Hallam NE, Zip 68368

Legal Description And ~~SW1/4~~ S2 - SW1/4 - 3 (Section) - 7 (Township) - N (Range) - 5 - E&N (Subdivision) - 450 W 1330 Sq (Addition) - Lot 2 (Block) - I.T. (Lot)

Geographical Location (if known): Longitude N/A Latitude 6th pm

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Art Brinkmeyer Signature Arthur Brinkmeyer

Address 9540 W Panama Rd City/State/Zip Hallam

☐ Check if owner designed system Home Phone 826-9013 Work Phone

C. Contractor

Name Mitch Martin Company Name AQUA Plumbing

Address 1025 Mill 10th City/State/Zip Crete NE 68333

☒ Check if contractor designed system Work Phone 826-2101

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

Designer Name Mitch Martin Firm AQUA plumbing Work Phone 826-2101

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 bdr design used as per Mitch Martin + Arthur Brinkmeyer Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify 2 Resident Live there

Design flow in gallons per day 600 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 10/25/04 Date frwd 10/26/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-12-04 Date frwd 11-12-04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 11-3-04 Date frwd 11-3-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Rounds

COULD NOT PREVENT LAGOON FROM BEING INSTALLED. WOULD HAVE PREFERRED APPLICANT WAIT FOR TOPO MAP —MP

Installation Final Written Approval

By Doug Amos

Date 7/19/05

Business Office Use Only

Date Rec'd 10/25/04

Amt Paid $200.00

Rec'd By CW Cash/Check No. 7052

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

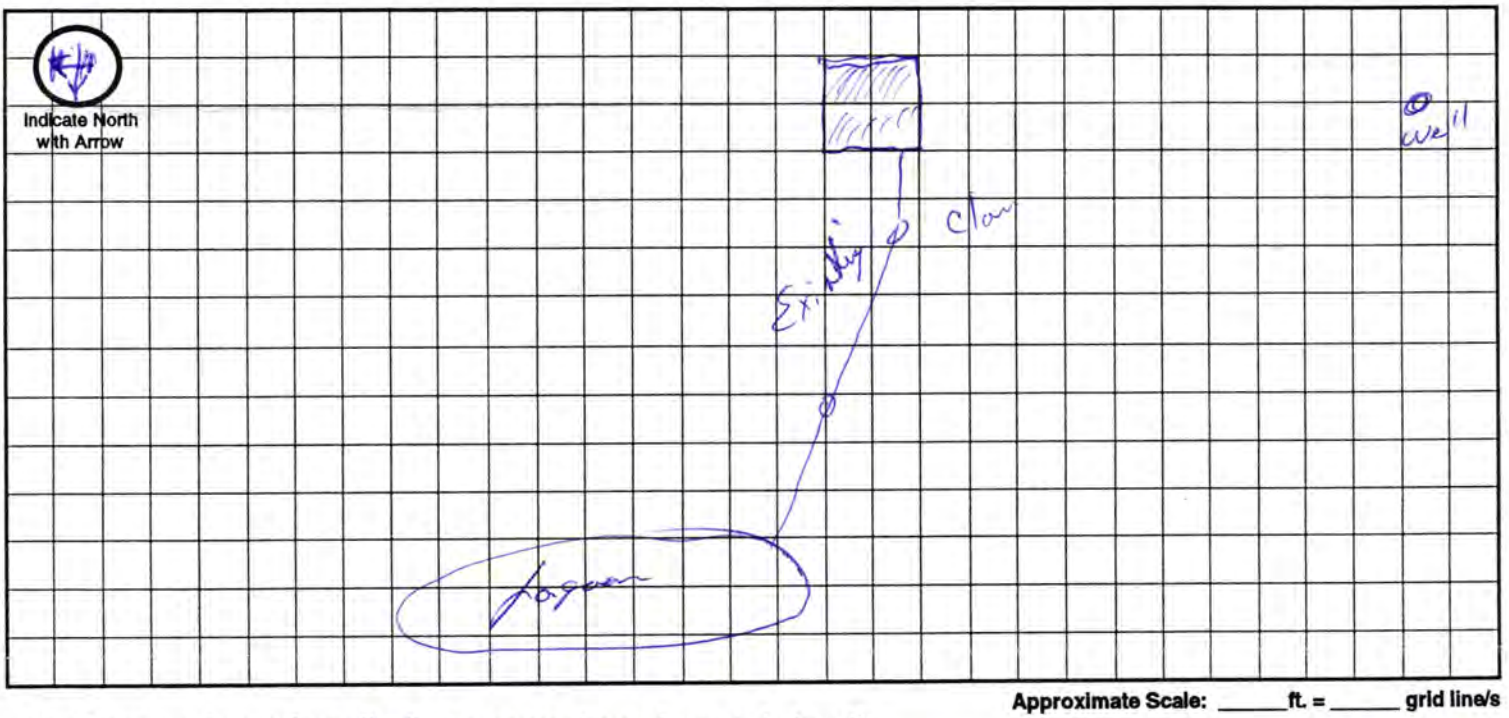
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C

Permit Number: 04380292001

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) 9540 W Panama City Hallam NE, Zip 68368

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

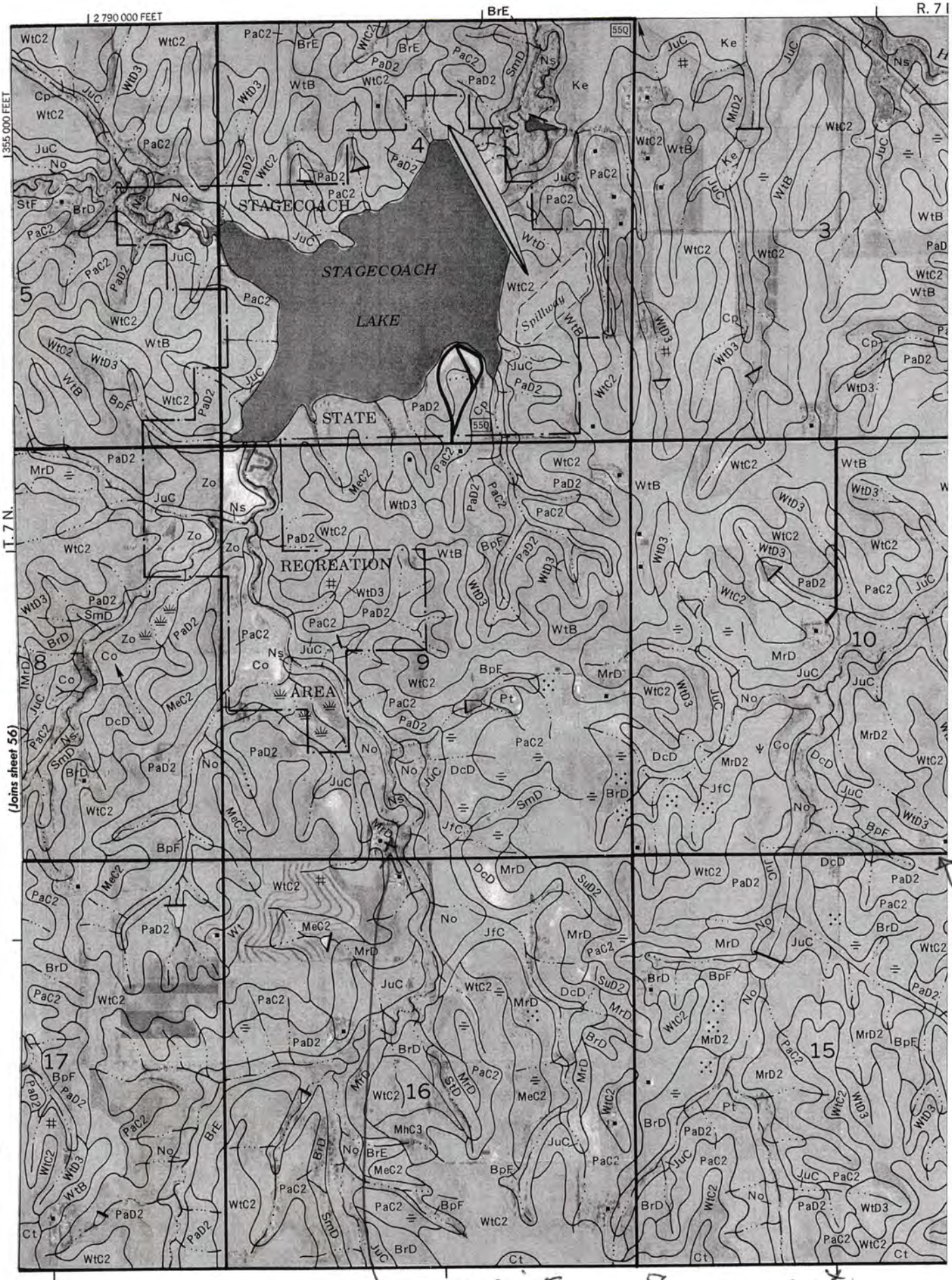
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒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

E. Required Signatures

Home Building Contractor _____ Date 10-21-04

Installer _____ Date 10-21-04

FORM 23-102 10-96


2 790 000 FEET
R. 7
1 355 000 FEET
T. 7 N.
STAGECOACH
LAKE
STATE
RECREATION
AREA
(Joins sheet 56)
Olive Ck Rd
Perc test site
S. 68th St