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

A

Permit Number: 05380309001

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 7805 W. Olive Creek Rd (no rural route) City Hallam NE, Zip 68368

Legal Description NW. NW. NE Sec 14 Township 7N Range 5E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude West -96.826291° Latitude North 40.581078°

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

B. Owner

Name Ryder Pierson Signature [signature]

Address 7805 Olive Creek Rd City/State/Zip Hallam Ne 68368

☐ Check if owner designed system Home Phone _____ Work Phone 402-826-2272

C. Contractor

Name Mitch M Martin Company Name AQUA plumbing

Address 1025 W 10th City/State/Zip Crete Ne 68333

☑ Check if contractor designed system Work Phone (402) 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 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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/6/05 Date frwd 9/7/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 9-7-05 Date frwd 9-7-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

– Need fence

Installation Final Written Approval

By [signature]

Date 1/19/06

Business Office Use Only
Date Rec'd 09/07/05
Amt Paid 200.00
Rec'd By S Cash/Check No. 5002

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

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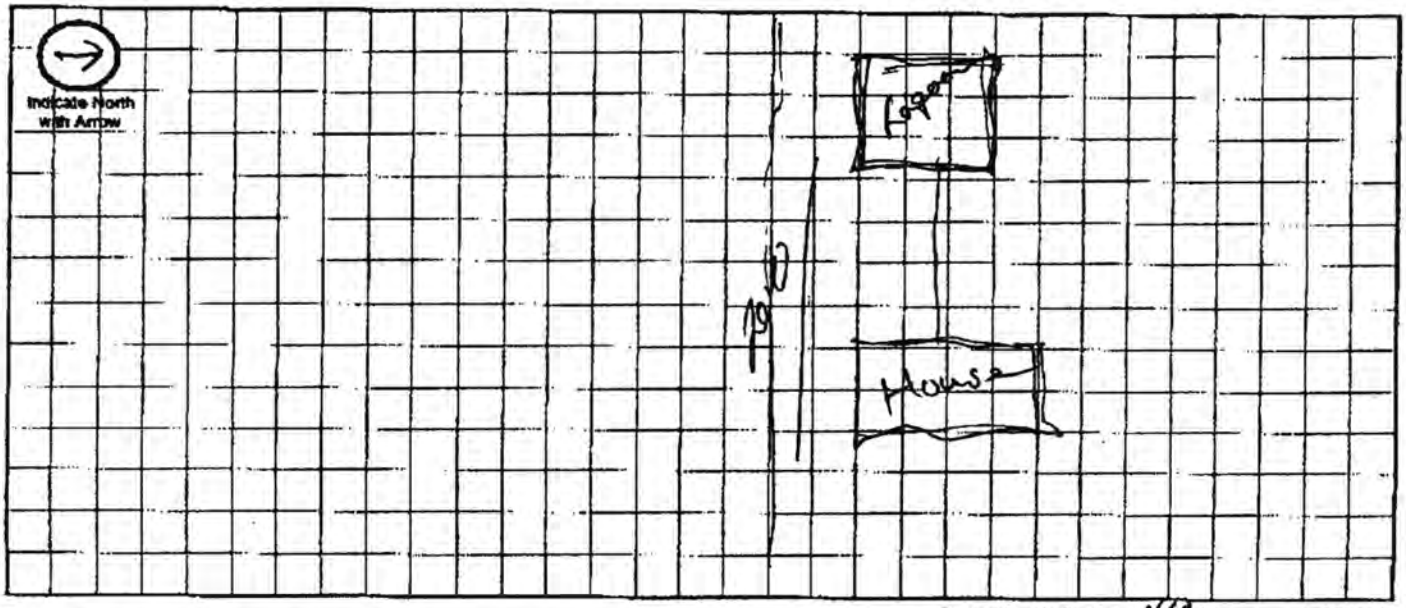
C

Permit Number: 053803090

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: N/A ft. = _____ 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 4-9-05

Installer _____ Date 9-7-05

FORM 23-102 10-96

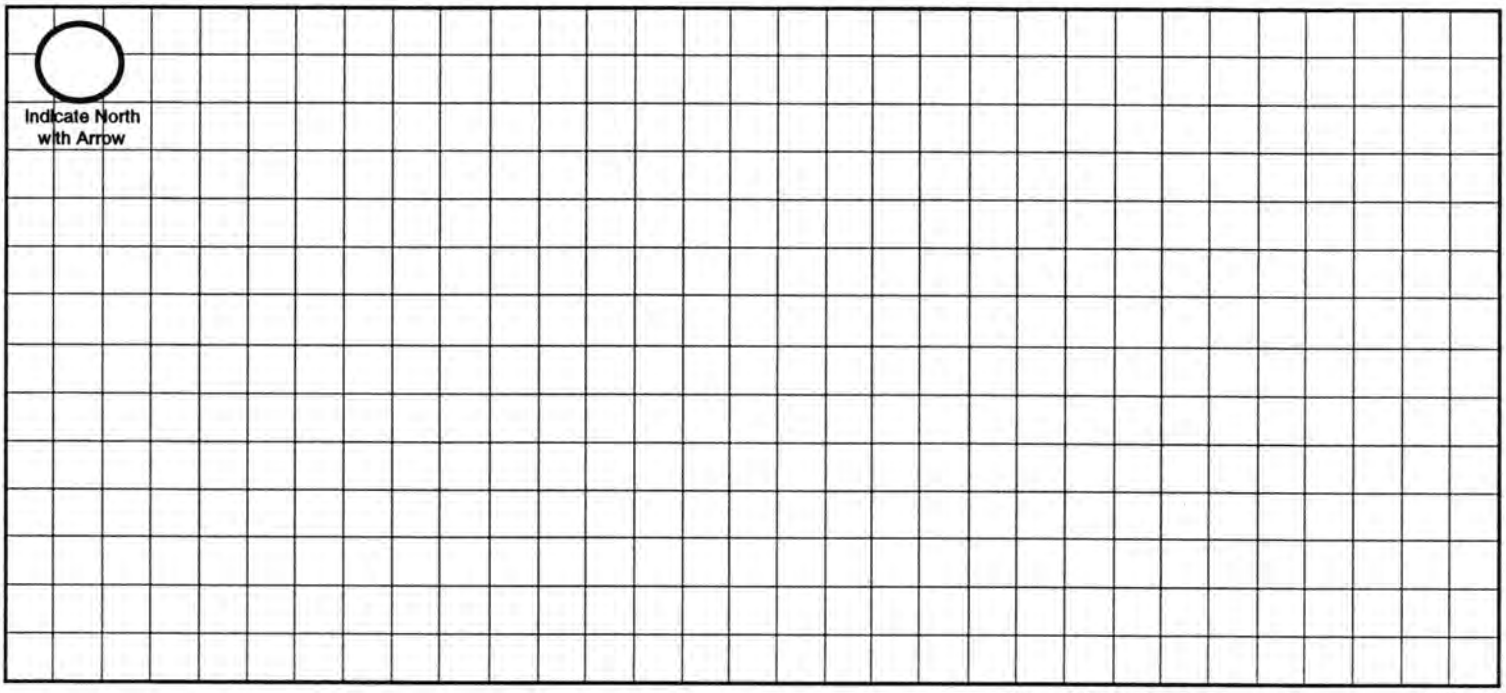
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 05380309O

Sewage Disposal System
Preliminary Plan Specifications

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Approximate Scale: _____ ft. = _____ grid line/s

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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 9-9-05

Installer _____ Date _____

FORM 23-102 10-96