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

A

Permit Number:

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 ~~2750~~ 1975 E 70 1/2 St Panama Rd City Martell NE NE, Zip 68404
(no rural route)

Legal Description ~~South one half~~ Pt. S½SE¼ 7N 6 East of the 6th P.M. SEE ATTACHED
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Elden R Forsgren Signature Elden R Forsgren 890-4735

Address 510 Stage coach AV City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone 792-2335 Work Phone 479-3294

C. Contractor

Name Allen Brandt Company Name Brandt Homes Const

Address RR1 Box 138 City/State/Zip Martell Ne Box 138

☐ Check if contractor designed system Work Phone 560-4284 or 798-7426

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 4 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 8/20/99 Date frwd 8/20/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoot
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/20/99 Date frwd 8/20/99 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-20-99 Date frwd 8-20-99 ACTION ☒ Approved ☐ Disapproved Signature _____

8/23/99 Need fence, drawing, liner etc. per C.F.

Installation Final Written Approval

By John Fleer

Date 11-1-99

Dog a random spot, Cinder in place

Business Office Use Only
Date Rec'd 08/20/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 669

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

LCHD

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address ~~2150~~ 1970 West Panama Rd (no rural route) City Martell [redacted] NE NE, Zip 68404

Owner Elden R Forsgren Address 510 Stage coach Av Hickman NE 68372

X Soil Type (SCS): DICKENSON SANDY LOAM Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
		NO Perc Test											
		Building Lagoon.											

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon must be sealed! Dickenson Sandy Loam.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date _____

FORM 23-101 10-96

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

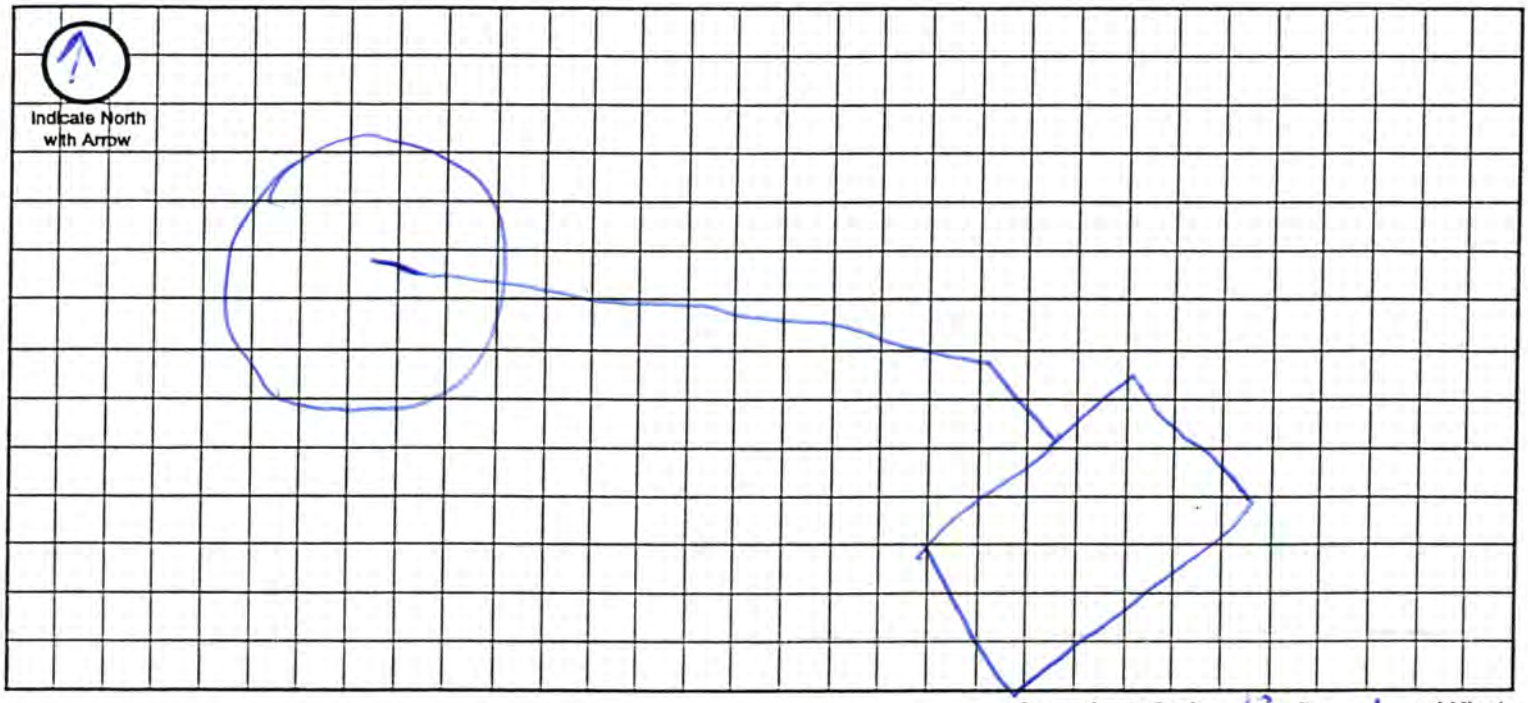
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

X

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: 13 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) ~~2150~~ 1970 West Panama Rd City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: DICKENSON SANDY LOAM 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 Elden Forsgren Date 6-9-99

Installer Elden Forsgren Date 6-9-99

LEGAL DESCRIPTION

Description of a 21.00 acre tract of land located in the South One-Half of the Southeast Quarter of Section 4, Township 7 North, Range 6 East of the 6th P.M., Lancaster County, Nebraska (more particularly described as follows)

Beginning at the Southwest corner of the South One-Half of the Southeast Quarter of said Section 4 THENCE in a Northerly direction, along the West line of the South One-Half of the Southeast Quarter of said Section 4, on an assumed bearing of North 00 degrees 00 minutes 00 seconds East for a distance of 1322.42 feet to the Northwest corner of the South One-Half of the Southeast Quarter of said Section 4

THENCE South 87 degrees 32 minutes 11 seconds East, along the North line of the South One-Half of the Southeast Quarter of said Section 4, for a distance of 692.40 feet

THENCE South 00 degrees 00 minutes 00 seconds East for a distance of 1322.32 feet to a point on the South line of the South One-Half of the Southeast Quarter of said Section 4

THENCE North 87 degrees 32 minutes 41 seconds West, along the South line of the South One-Half of the Southeast Quarter of said Section 4, for a distance of 692.40 feet to the Point of Beginning

Together with and subject to covenants, easements, and restrictions of record.

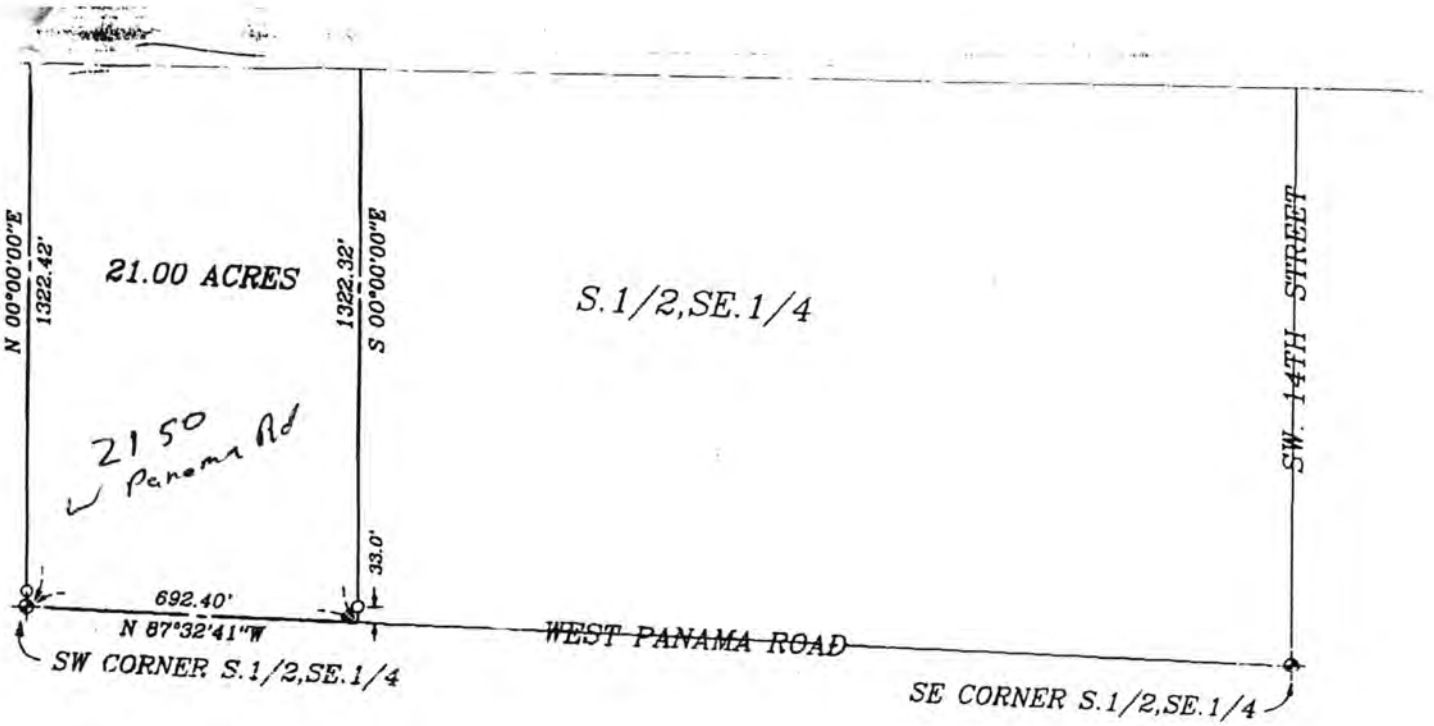
Said property contains 21.00 acres more or less.

Dale starts

Send this with sewer Permit.

2150 West Panama Rd.

NOV-11-1997 07:45 FROM ALLIED SURVEYING INC. TO 9140276123O7 P.01



SCALE: 1" = 400'

SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked o. All dimensions are in feet and decimals of a foot.

NEBRASKA REGISTERED LS-333 KERRY W. SIMONDS

Signed this 10th day of November 1997

NAME Kerry W. Simonds

Surveyor's License # 333
Nebraska L.S. (SEAL)

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514
(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

ELDEN R FORSGREN
T7N R6E SEC 4
S 1/2
2150 W PANAMA RD-MARTELL

Permitee

ELDEN R FORSGREN
510 STAGECOACH AVE
HICKMAN NE 68372

Permit # 99380206901

Issued 08/20/99
Expires 02/20/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010881