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

RECEIVED
MAR 31 2005

A

Permit Number: 05380298901

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 1800 1900 FIRTH RD (no rural route) City FIRTH NE, Zip NE 68358

Legal Description SW¼ SE¼ 25 7N 6E
(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 Gary Behrends Signature Gary Behrends

Address 1800 Firth RD City/State/Zip Firth Ne 68358

☐ Check if owner designed system Home Phone 798 7477 Work Phone 798 7776

C. Contractor

Name Paul Weber Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth Ne 68358

☐ Check if contractor designed system Work Phone (402) 580-8311

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 2 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 3/31/05 Date frwd 3/31/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-31-05 Date frwd 3-31-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/31/05 Date frwd 3/31/05 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Thurber

Date 7/31/06

Business Office Use Only
Date Rec'd 3-31-05
Amt Paid $200.00
Rec'd By ew Cash/Check No. 1001

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

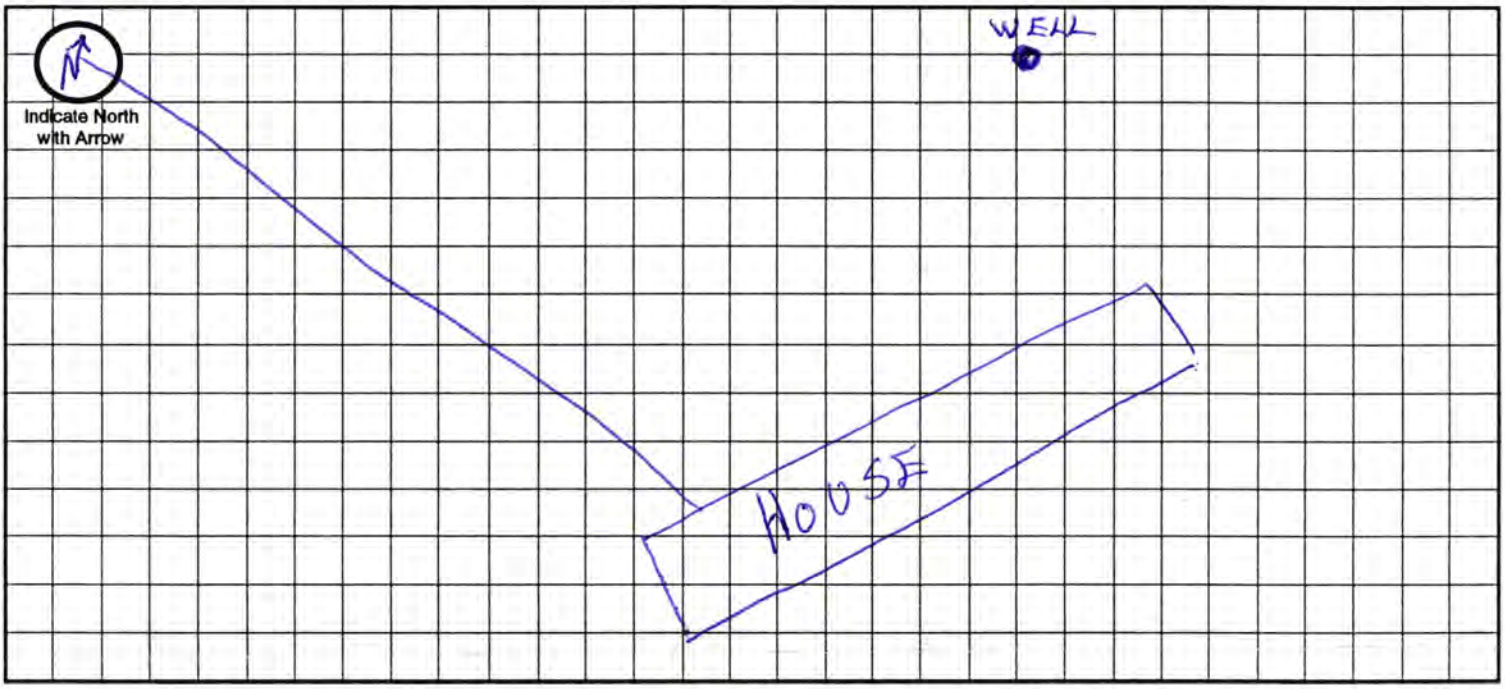
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C

Permit Number: 053802989

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) _____ 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 Gary Behrends Date March 30 2005

Installer Paul Weber Weber Well Date March 31 2005

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006570

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380298901

Issued 03/31/05
Expires 03/31/06
Revenue Code 3157

Establishment:
GARY BEHRENDS
T7N R6E SEC 25 QTR SE
SW 1/4 OF SE 1/4
1800 FIRTH RD-FIRTH

FEES: $200.00

Permittee:
GARY BEHRENDS
1800 FIRTH RD
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY