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

A

Permit Number: 03380262401

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)

NH

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

20 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 25235 SW 29 (no rural route) City Mantell NE, Zip 68404

Legal Description NE of NE 20 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 Curt Heller Signature _____

Address 5606 36th Pl City/State/Zip Hyattsville, Md. 20782

☐ Check if owner designed system Home Phone 301 277-2790 Work Phone 301 ~~703~~ 806-2919

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 So 72nd st City/State/Zip Hickman Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 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 4/21/03 Date frwd 4/22/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/22 Date frwd 4/22 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/22/03 Date frwd 4/22/03 ACTION ☒ Approved ☐ Disapproved Signature Doug Rowe

Lagoon + line – 5/7/03 DS

Installation Final Written Approval

By Doug Rowe

Date 3/24/05

Business Office Use Only
Date Rec'd 04/21/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5064

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

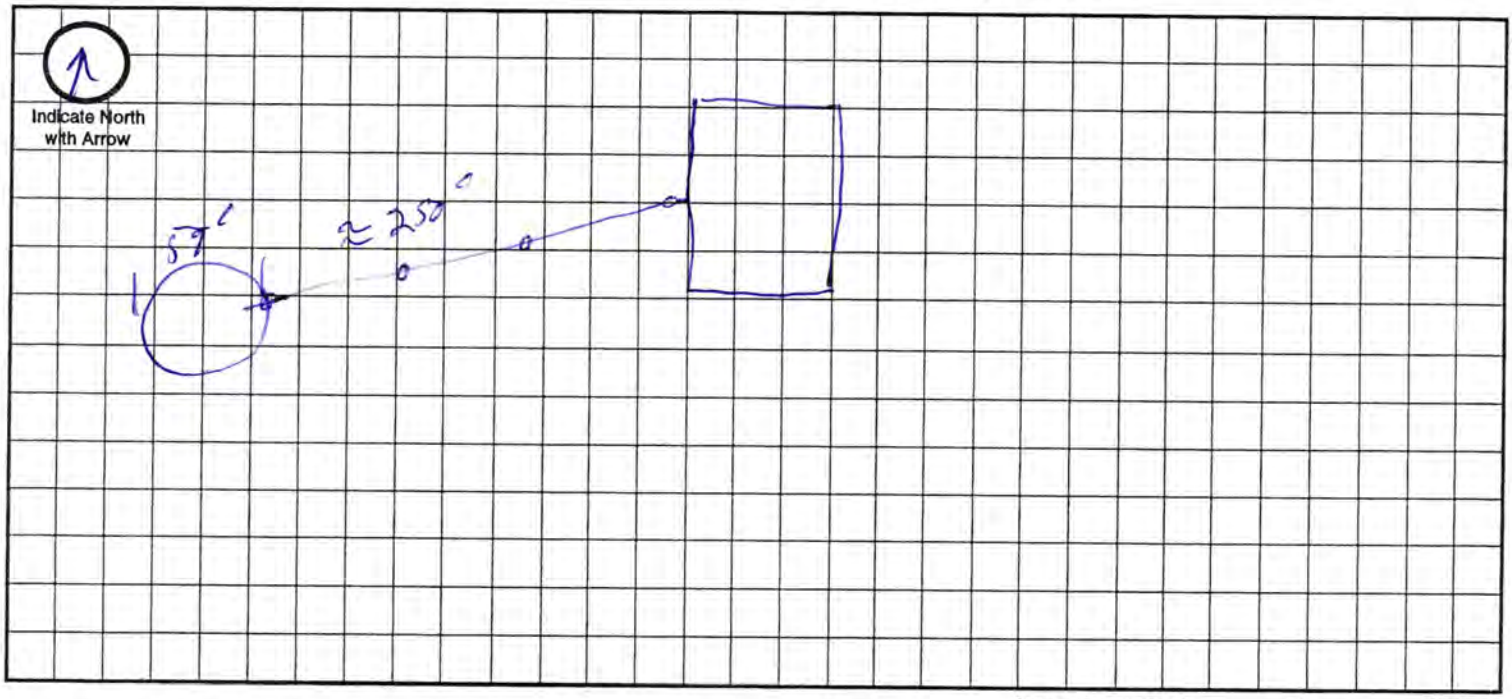
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802624

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) SW 29 (Court Hollow) 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	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 _____

Installer Brad Sanders Date 4-21-03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002137

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380262401

Issued 04/21/03
Expires 10/21/03
Revenue Code 3157

Establishment CURT HOLLEY
T7N R6E SEC 20 QTR NE
NE 1/4 OF NE 1/4
? SW 29TH IN MARTELL

FEES: $200.00

Permittee CURT HOLLEY
5606 36TH PL
HYATTSVILLE MD 20782

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

1/14/08

Plan to build new home on property and use existing lagoon. Existing residence to be non-occupied after construction. Lagoon has always maintained low water level. New home is only 1 Bedroom larger than existing home. I understand if lagoon imposes any environmental risks I will need to enlargen at that time. Upon completion of new residence the old residence is being reclassified as an AG Building.

Curt Hocke

Curt A. Hocke