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

A

Permit Number: 04380278701

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 SW 29 (no rural route) City Hallam NE, Zip 68368

Legal Description NE of NE 20 T7N R6E
(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 Verlin Holle Signature _____

Address 3502 Jefferson st City/State/Zip Hyattsville, Md. 20782

☐ Check if owner designed system Home Phone (301) 864-2564 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Siemen & Drain

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

☒ Check if contractor designed system Work Phone _____

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.

Show us deed & survey for this 20 acre tract

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department**
   Date rec'd 2/27/04 Date frwd 3/1/04
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 3/29 Date frwd 3/29
   ACTION ☒ Approved ☒ Disapproved
   Signature Lue 3/1/04

3. **City or County Engineer**
   Date rec'd 3/29/04 Date frwd 3/29/04
   ACTION ☒ Approved ☐ Disapproved
   Signature

Installation Final Written Approval

By Doug Smith

Date 6/7/04

Business Office Use Only
Date Rec'd 02/27/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1007

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

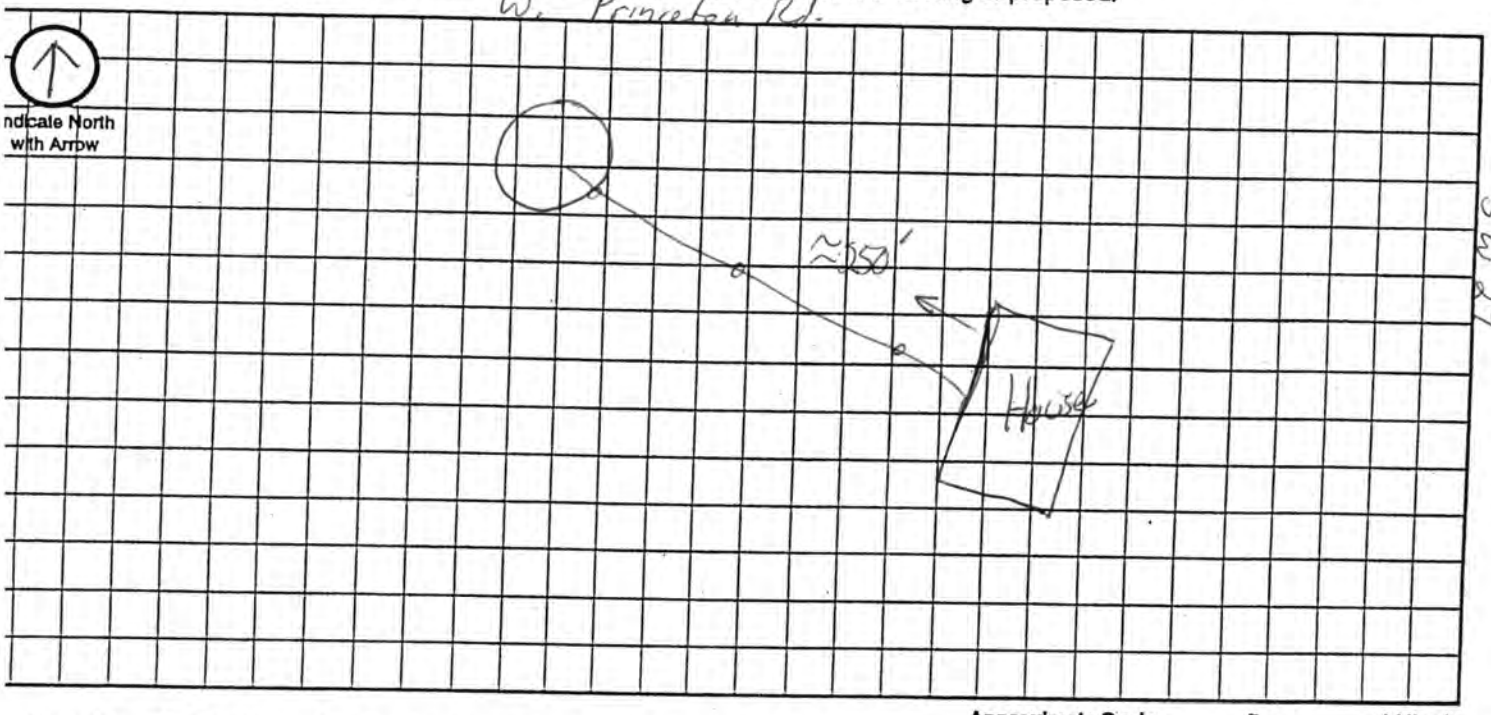
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) S429 7N 6E NE/4 of NE/4 City Hallam NE, Zip 68368

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

Required Signatures

ıe Building Contractor _____ Date _____

ıller Brad Donthirsk Date 2-27-04

23-102 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003384

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380278701

Issued 02/27/04
Expires 08/27/04
Revenue Code 3157

Establishment: VERLIN HOLLE
T7N R6E SEC 20 QTR NE
NE1/4OFNE1/4OFNE1/4
SW 29 ST-HALLAM

FEES: $200.00

Permittee: VERLIN HOLLE
3502 JEFFERSON ST
HYATTSVILLE MD 20782

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY