Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003717

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380279601

Issued 03/23/04
Expires 09/23/04
Revenue Code 3157

Establishment:
DOROTHY DOESCHOT
T7N R7E SEC 20 QTR NE
LOT 11IT
25101 S 54 ST-FIRTH

FEES: $200.00

Permittee:
DOROTHY DOESCHOT
14000 S 12 ST
ROCA NE 68430

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380279601

Sewage Disposal System

Request for Site Clearance and Permit

See attached Drawings + information

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 Legal = Part of Lot 1 I.T. in the NE ¼, NE ¼, NE ¼ of Sec 20 T7N R7E

A. System Location (Indicate correct number and street)

Address 2501 South 54th (no rural route) City Firth NE, Zip NE

Legal Description 20 7N 7E 1 I.T.
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude See Attached Plot map Latitude

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

B. Owner Dorothy Doescher

Name ~~Billette, Merle (Wilhelm)~~ Signature Dorothy Doescher

Address 14000 S 12th City/State/Zip Roca, NE 68430 481-3760

☒ Check if owner designed system Home Phone 421-3643 Work Phone ~~441-7104 - Billette~~

C. Contractor

Name Eldon Tucker Company Name None

Address P.O. 147 City/State/Zip Hallam, NE 68368

☑ Check if contractor designed system Work Phone 610-0417

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Eldon Tucker Firm none Work Phone 610-0417

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 ~~375~~ gpd Type of Wastewater: ☑ Domestic ☐ Non-Domestic. Lagoon 5' level 64' Top 70' Bottom 34'

(Bennite or Liner) 450 or 3 barrel test

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd 3/23/04 Date frwd 3/24/04 ACTION ☒ Approved ☐ Disapproved Signature Jarrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/24/04 Date frwd 3/24/04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3-24-04 Date frwd 3-24-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Rounds

Installation Final Written Approval

By

Date 11/13/06

Business Office Use Only
Date Rec'd 03/23/04
Amt Paid 200.00
Rec'd By Cash/~~Check~~ No. CASH

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

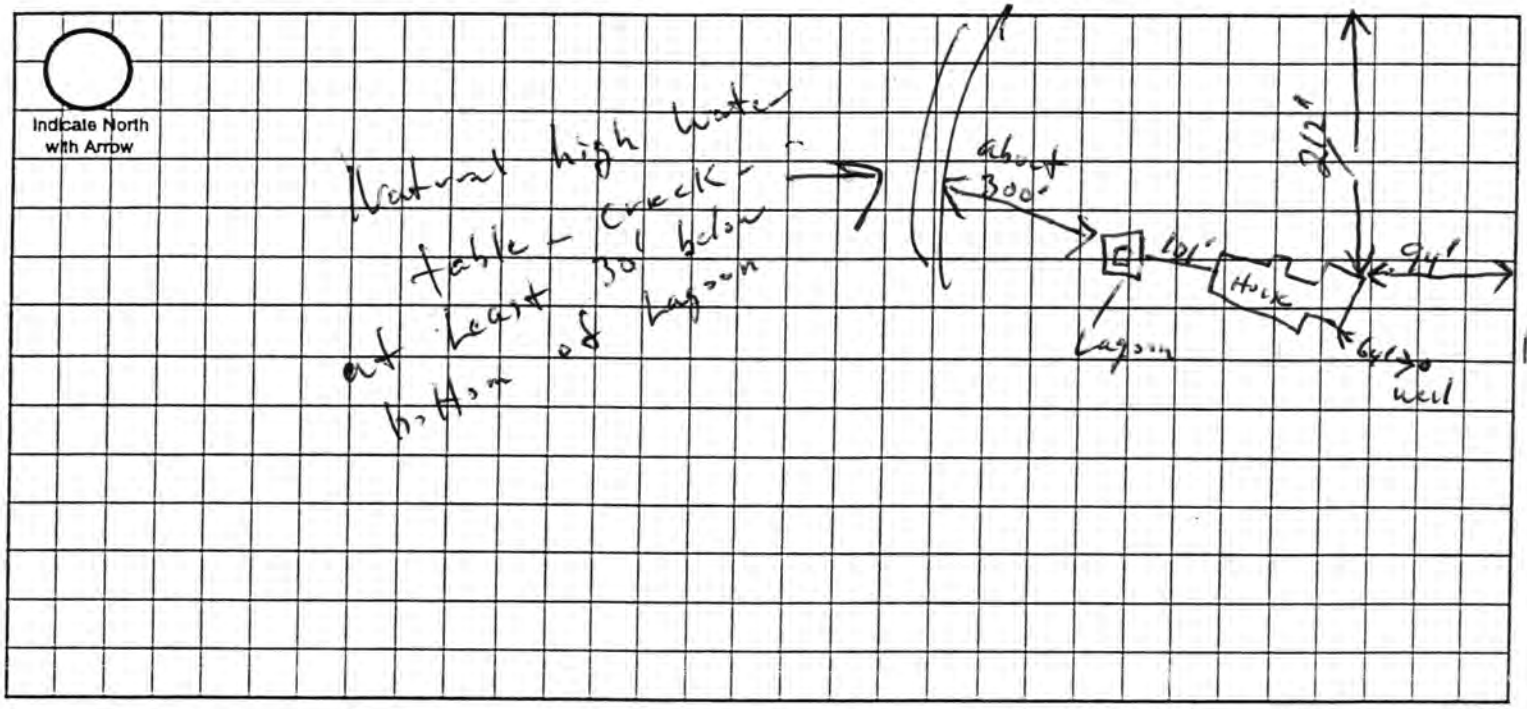
Lincoln-Lancaster County Health Department
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C

Permit Number: 25101 50,54HH
043802796

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 _____ Date 3-23-04

Installer _____ Date 3-23-04

FORM 23-102 10-96