Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003081

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380271601

Issued 09/22/03
Expires 03/22/04
Revenue Code 3157

Establishment:
COUNTRYSIDE HOMES
T7N R7E SEC 20 QTR NE
W1/2OF NW1/4 OFNE1/4 LOT P1
4801 PRINCETON RD-MARTELL

FEES: $200.00

Permittee:
COUNTRYSIDE HOMES
5300 W O ST
LINCOLN NE 68528

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: 0338027160|

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 6480 PRINSTON RD (no rural route) City Princeton/Roca/Hall NE, Zip

Legal Description W1/2 SW 1/4 SW 1/4 NE 1/4 20 (Section) 7N (Township) 7E (Range) Parcel / (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 Countryside Homes Signature Countryside Homes of Lincoln

Address 5300 WEST O ST City/State/Zip LINCOLN NE 68528

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name HARPER WELL Company Name Harper well

Address P.O Box 15 City/State/Zip Adams NE

☐ Check if contractor designed system Work Phone 402 988-2055 432-2204

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

Designer Name HARPER WELL Firm HARPER WELL Work Phone 402-432-2204

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 9-22-03 Date frwd 9-22-03 ACTION ☑ Approved ☐ Disapproved Signature Ron Mazour
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-22-03 Date frwd ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-22-03 Date frwd 9-22-03 ACTION ☑ Approved ☐ Disapproved Signature James Blough

signs + locks
11/25/03 need drawing ~~from~~ etc. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 22, 2004

Business Office Use Only

Date Rec'd 09/22/03
Amt Paid 200.00
Rec'd By Cash/Check No. 3121

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

AA-21539

Official Survey Record (1) (7)

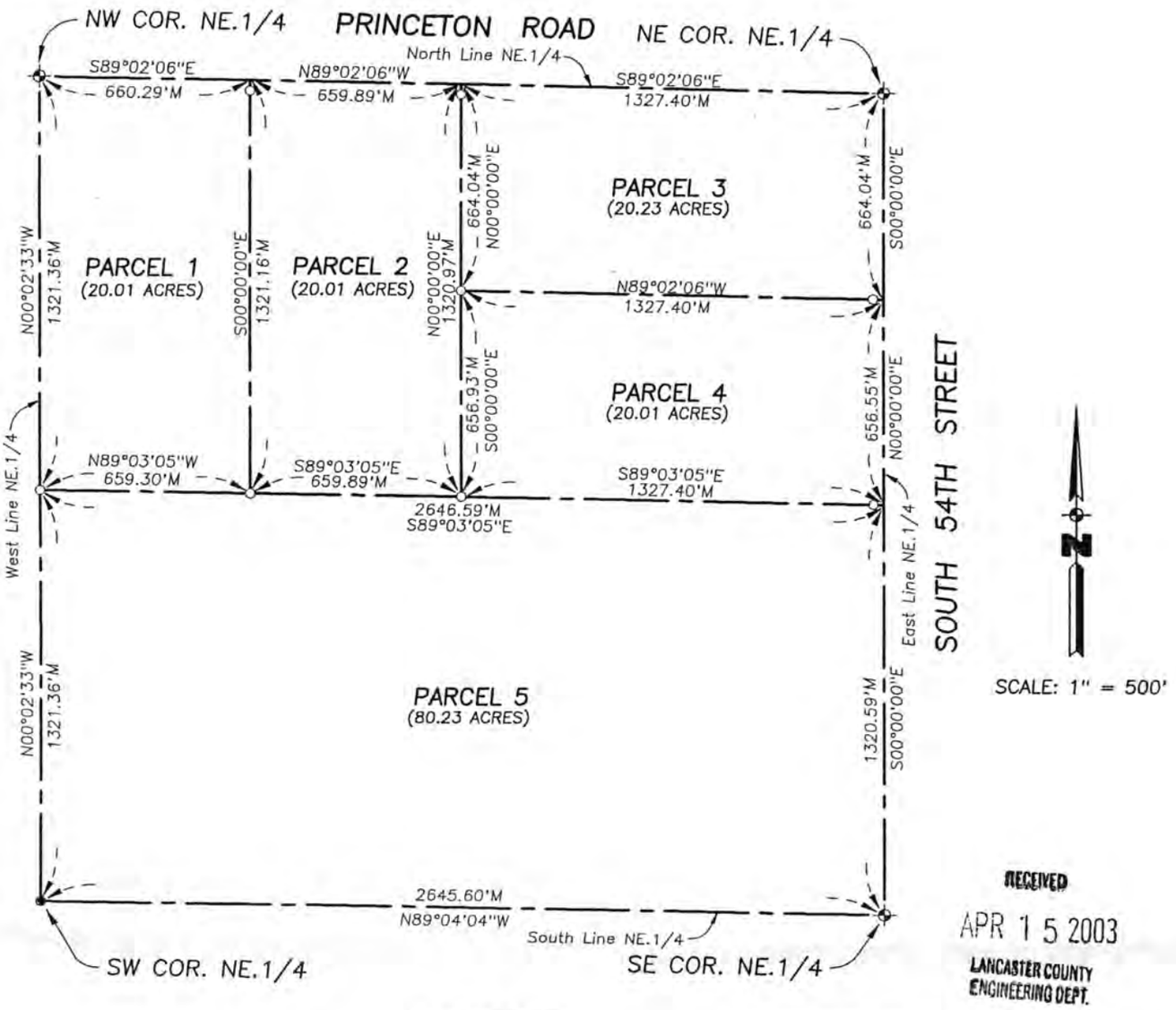
LANCASTER County, Nebraska

Phone (402) 434-2686
Fax (402) 434-2687

ALLIED SURVEYING AND MAPPING, INC.
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of the Northeast Quarter of Section 20 T. 7 N., R. 7E. of the 6th P.M.

Job No. 31716 February 2003



RECEIVED
APR 15 2003
LANCASTER COUNTY
ENGINEERING DEPT.

LEGEND:

- o = Set 1" x 24" Iron Pipe
- ● = Found
- ⌖ = Found corner as recorded
- M = Measured distance
- P = Plat distance
- R = Record distance
- △ = Set temp. point

RECEIVED
MAY 2 P 2003
SURVEY RECORD REPOSITORY
County
007-007 1/1

SURVEYORS CERTIFICATE

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

Signed this 17th day of February 2003.

NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License #333
Nebraska L.S.

(SEAL)

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS

Wendy — Countryside
474-2441

Rod Johnson property

4801 E Princeton Rd

Parcel 1 with part of
lot 1 + 2

~~NE 1/4~~ NW cor.

NE 1/4

7-7-20

W 1/2 of NW 1/4 of NE 1/4 of 20-7

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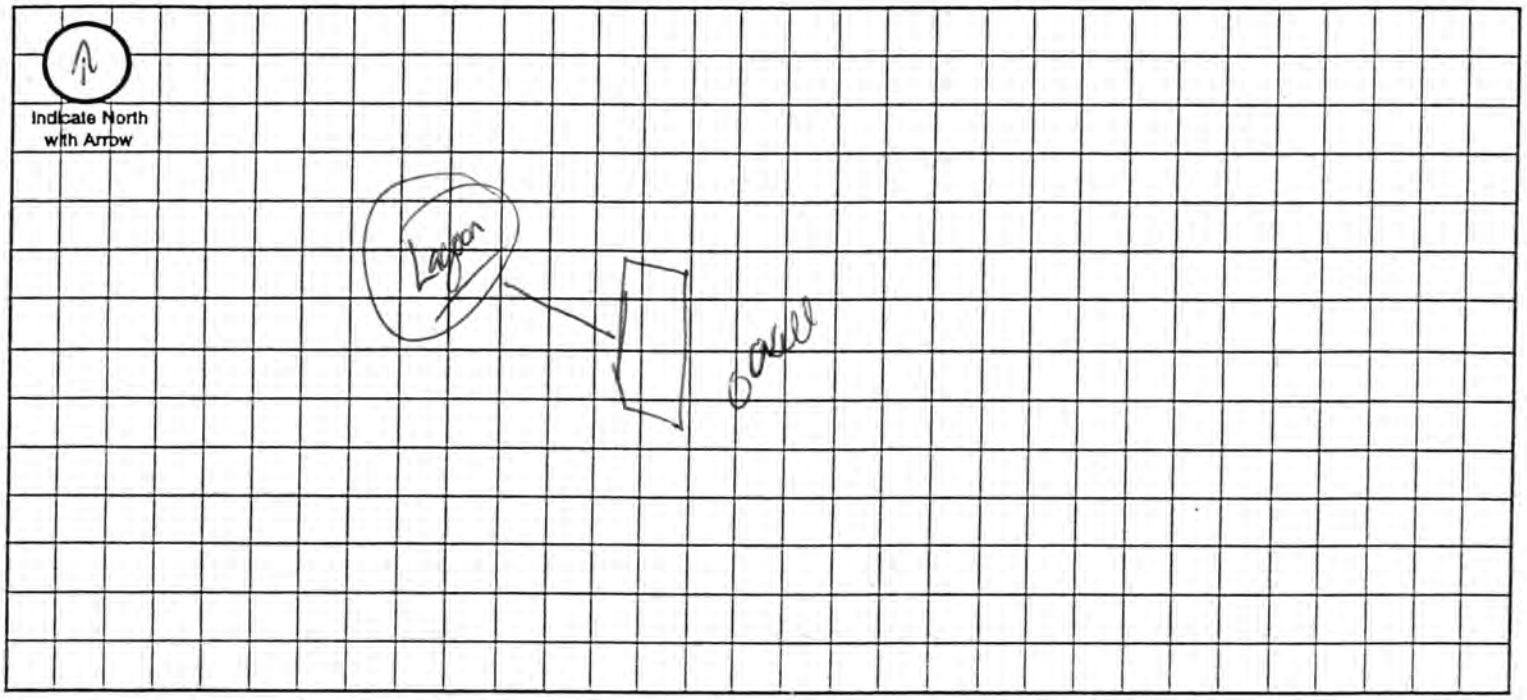
C

Permit Number:

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) 54 Princeton RD City Morrill 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 Country Side Homes of Lincoln Date _____

Installer [illegible] Date 9/18/03

FORM 23-102 10-96