Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009926

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 07380332301

Issued 04/12/07
Expires 04/12/08
Revenue Code 3157

Establishment:
POE DEVELOPMENT
T7N R7E SEC 23
HILLTOP ESTS-1ST BLK 1 LOT 5
26133 S 84 ST CT-FIRTH

FEES: $290.00

Permittee:
POE DEVELOPMENT
637 VILLAGE VW
HICKMAN NE 68372

TOTAL: $290.00

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: 07380332301 paf

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: 3.86

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 21133 So. 84th St Ct. (no rural route) City Firth NE, Zip 68358

Legal Description LCR 5957 — 1/4 — 1/4 — Section 23 — Township 7N — Range 7E — Subdivision Hilltop 1st Add — Addition — Block 1 — Lot 5

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Poe Development Signature _____

Address 637 Village Way City/State/Zip Hickman, Ne. 68372

☐ Check if owner designed system Home Phone 792-0096 Work Phone 430-6990

C. Contractor

Name Southwick Company Name Southwick

Address _____ City/State/Zip Hickman, NE

☒ 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 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 _____
   Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 4/16/07
   Date frwd 4/16/07
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   line + lagoon 10/4/07 D.S.
   Need fence
   Date rec'd 04/16/2007
   Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

Installation Final Written Approval

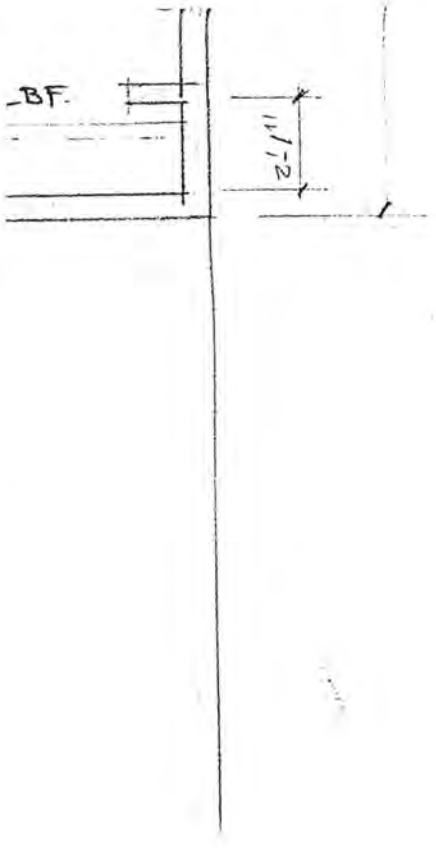
By _____

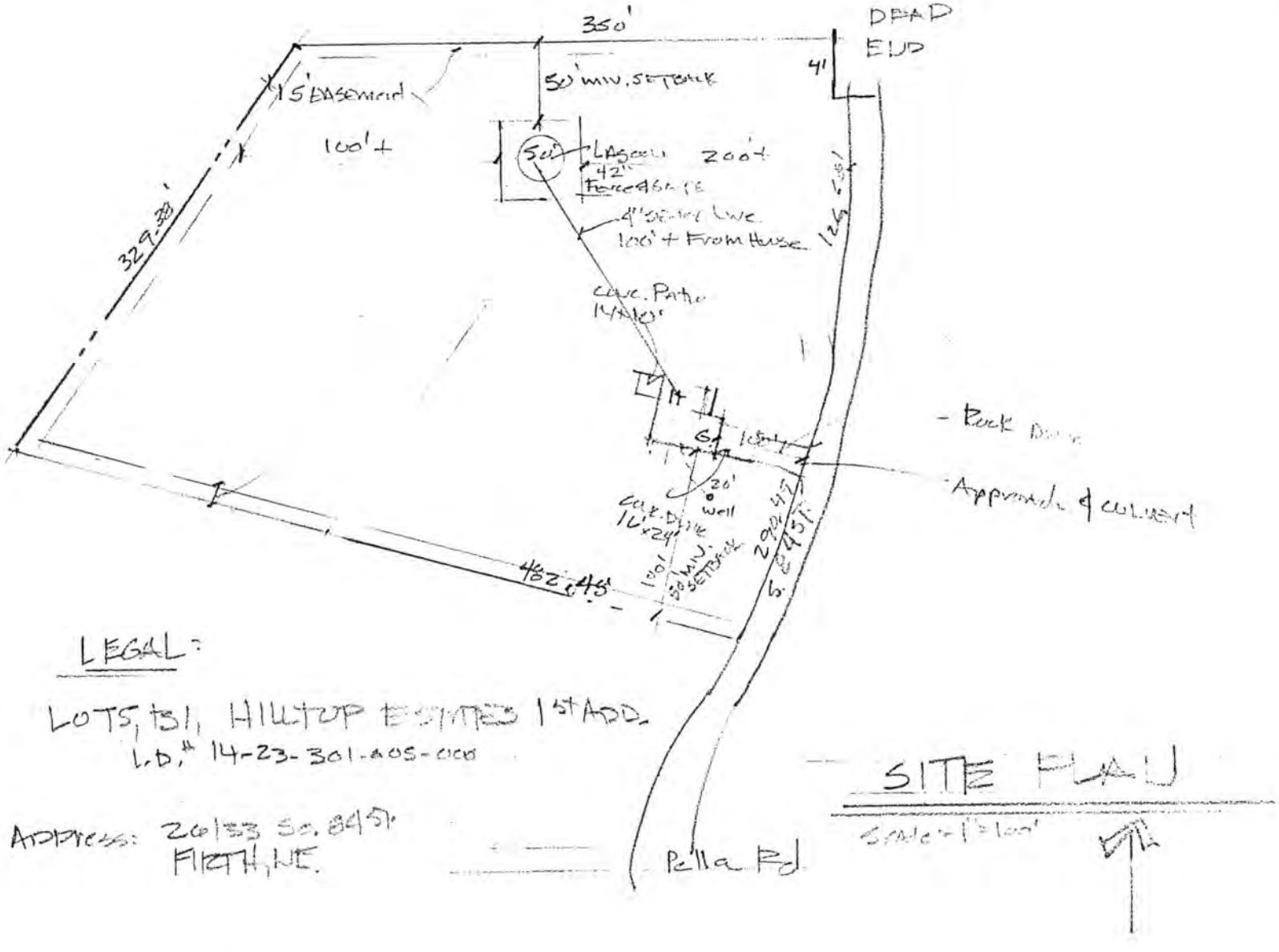
Date 11/5/07

Business Office Use Only
Date Rec'd 04/12/07
Amt Paid 290.00
Rec'd By _____ ~~Cash~~/Check No. 1692

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

C Sheet Drawing





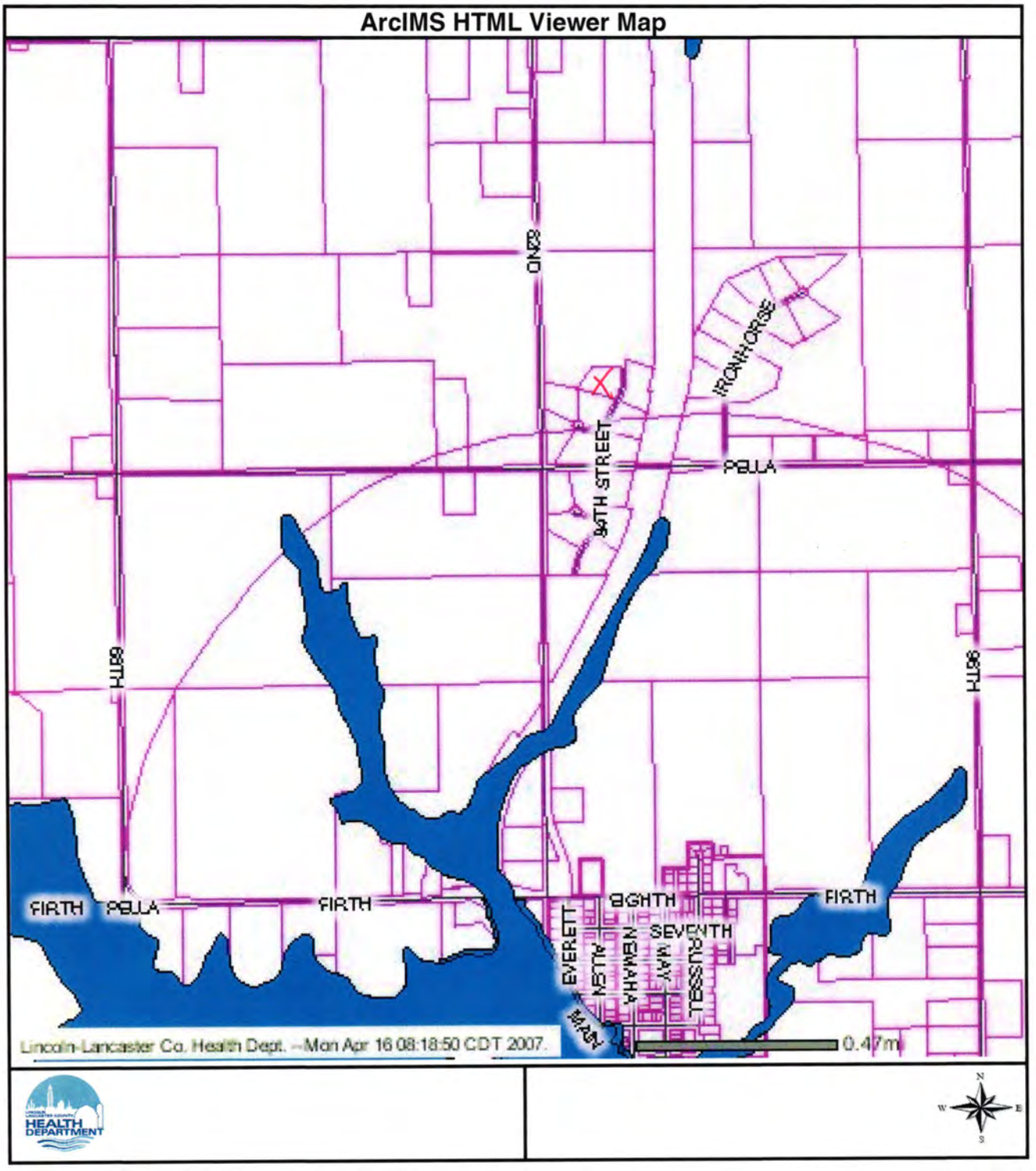
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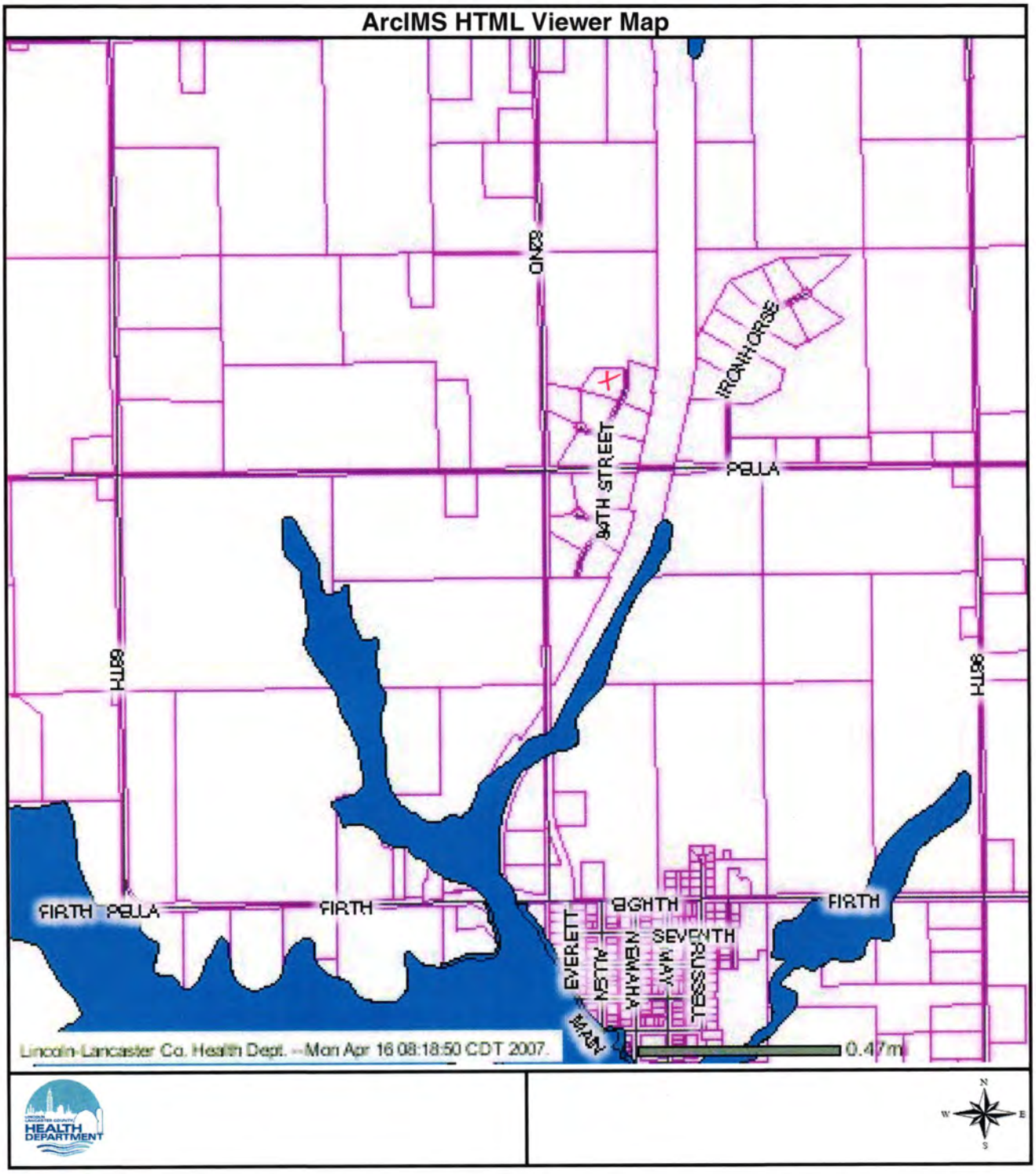
LOTS, 151, HILLTOP ESTATES 1ST ADD.
I.D.# 14-23-301-005-000

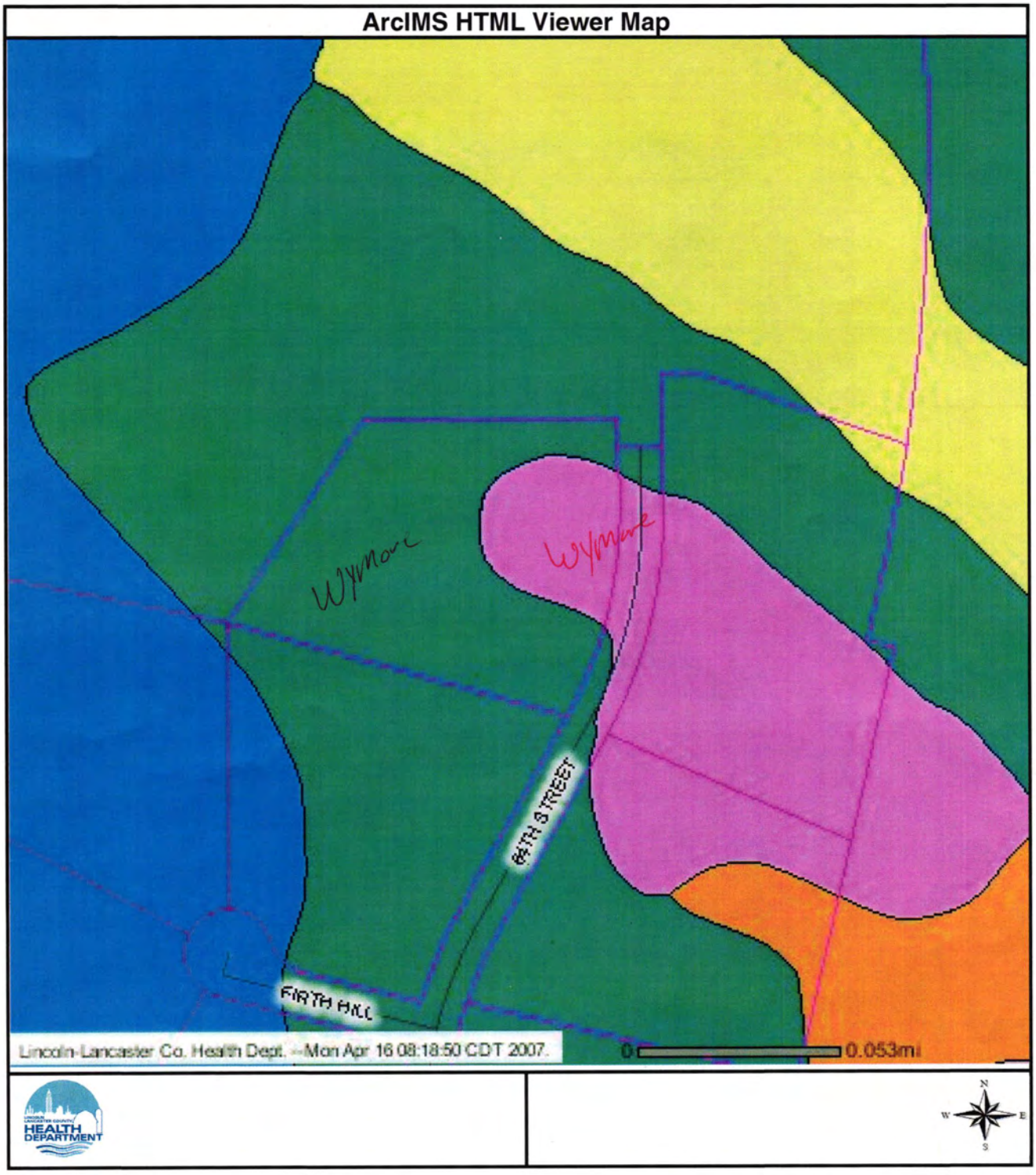
ADDRESS: 20153 SO. 84TH
FIRTH, NE.

SITE PLAN

SCALE: 1" = 100'


ArcIMS HTML Viewer Map
84TH
IRONHORSE
94TH STREET
PELLA
68TH
98TH
FIRTH
PELLA
FIRTH
EIGHTH
SEVENTH
FIRTH
EVERETT
ALDEN
NEBRAHA
HWY
RUSSELL
ASPEN
Lincoln-Lancaster Co. Health Dept. --Mon Apr 16 08:18:50 CDT 2007.
0.47mi
HEALTH DEPARTMENT
N
W
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ArcIMS HTML Viewer Map
84TH
IRONHORSE
PIOLA
94TH STREET
88TH
FIRTH
PIOLA
FIRTH
EIGHTH
SEVENTH
EVERETT
ALVO
NEMAHA
MAY
RUSSELL
FIRTH
Lincoln-Lancaster Co. Health Dept. -- Mon Apr 16 08:18:50 CDT 2007.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
Wymore
Wymore
84TH STREET
FIRTH HILL
Lincoln-Lancaster Co. Health Dept. --Mon Apr 16 08:18:50 CDT 2007.
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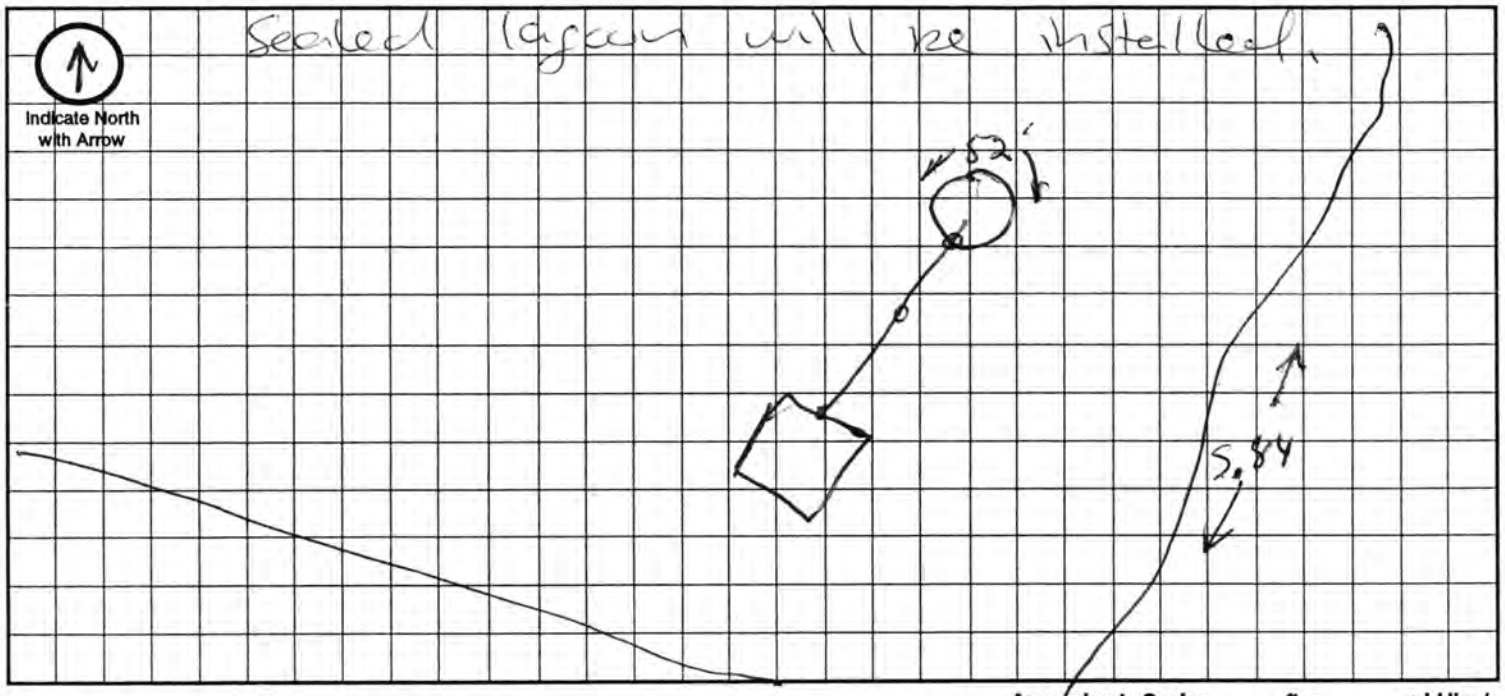
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022
Fax 402-441-3890

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) 26133 S 84th City Firth NE, Zip Ne

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 ☐	☐
X Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

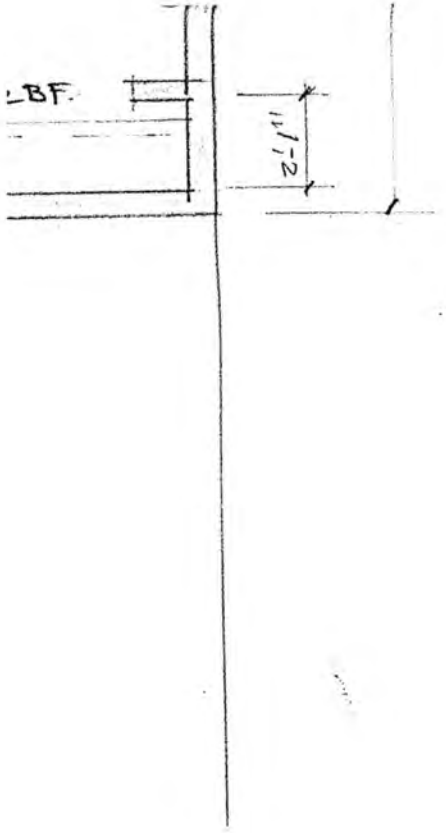
E. Required Signatures

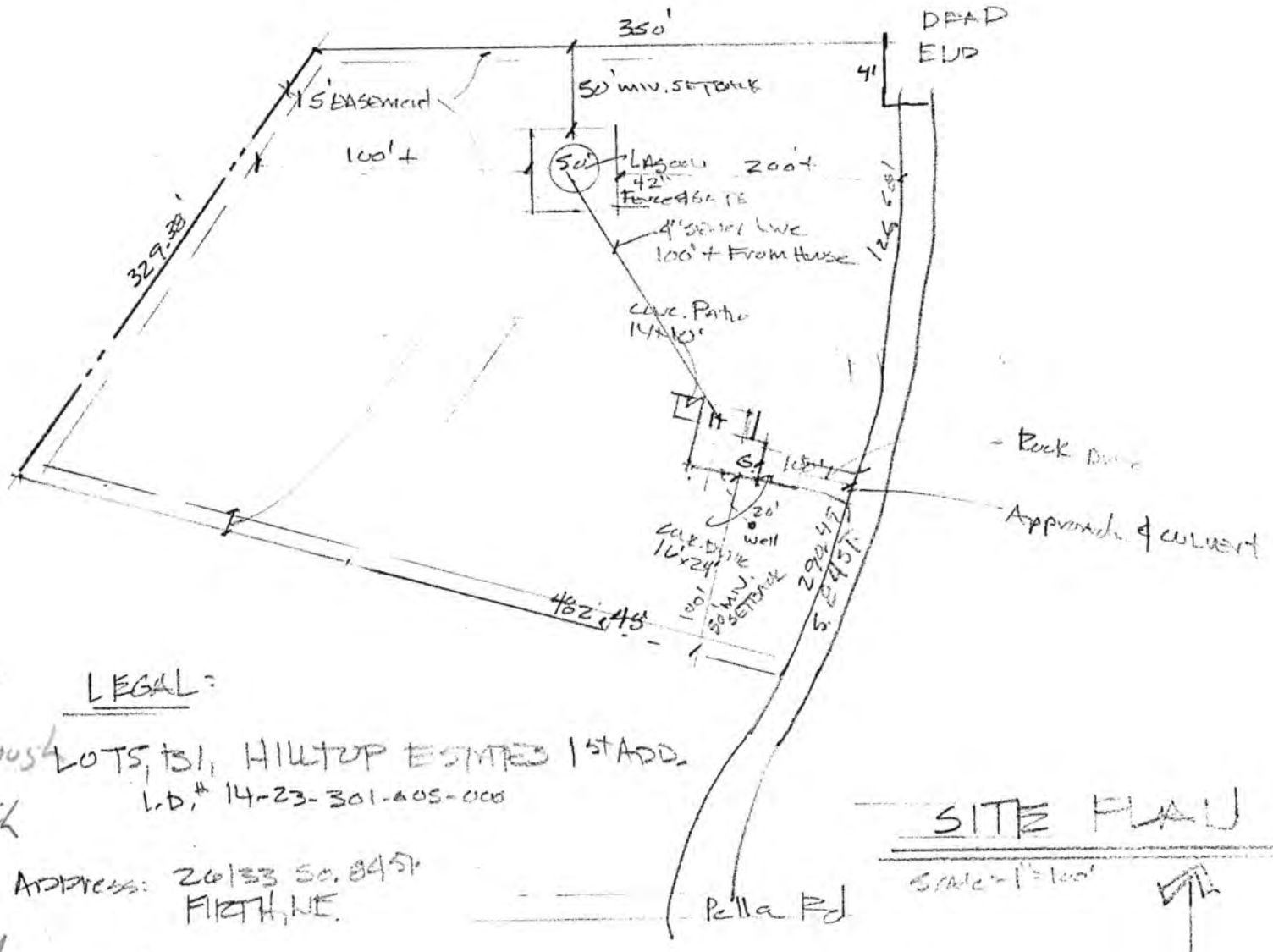
Home Building Contractor _____ Date 4/11/07

Installer X _____ Date 4/16/07

FORM 23-102 10-96

C sheet Drawing





House must have Sewer line exit Through Basement Wall with Sewage Ejector pump for Basement Sewer only

LEGAL:

LOTS, 151, HILLTOP ESTATES 1ST ADD.
L.D.# 14-23-301-405-000

ADDRESS: 20153 SO. 84ST. FIRTH, NE.

SITE PLAN

SCALE: 1" = 100'

Brad Sartin
4/12/07