Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008822

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380318101

Issued 04/24/06
Expires 04/24/07
Revenue Code 3157

Establishment: STEVE MACDONALD
T7N R7E SEC 26
HILLTOP ESTATES BLK 1 LOT 3
26700 S 84 ST PL-FIRTH

FEES: $150.00

Permittee: STEVE MACDONALD
26700 S 84 ST PL
FIRTH NE 68358

TOTAL: $150.00

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: 063803181 01

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 26700 S. 84th St. Place (no rural route) City Firth NE, Zip 68358

Legal Description LCR 4164 — 1/4 — 1/4 — Section 23 (26) — Township 7N — Range 7E — Subdivision Hilltop Estates — Addition — Block 1 — Lot 3

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Steve MacDonald Signature Steve MacDonald

Address 26700 S. 84th St. Place City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone 791-2064 Work Phone 476-9700

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ 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 _____ 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 4/24/06 Date frwd 4/24/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 04/24/06

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 8851

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

D

Permit Number: 06380318I

Sewage Disposal System

As Built Plans & Specifications

Date 4-21-06

System Location (Indicate correct number and street)

Address 26700 S. 84th St. Place (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

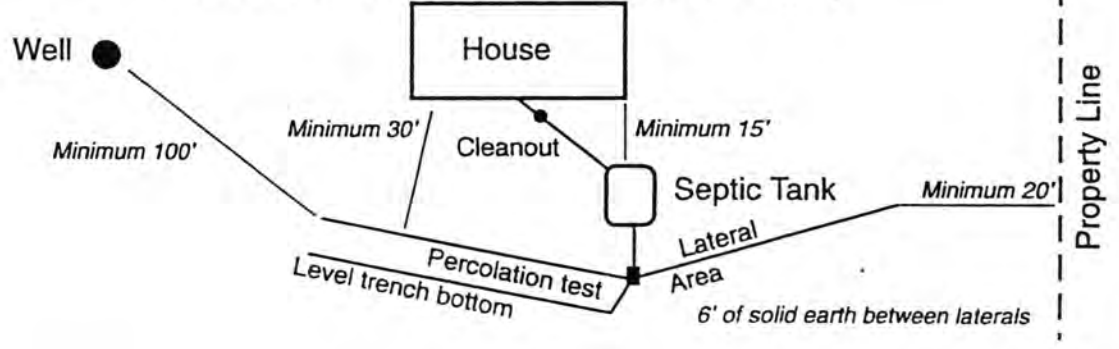
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

HES608 HEALTH ENVIRONMENT SYSTEM 04/25/06
LEGAL DESCRIPTION SEARCH -

TOWNSHIP: 7N RANGE: 7E SECTION: 23

011 <-- NEXT LINE TO DISPLAY

	QRTR	SUBDIVISION	BLK	LOT	OTHER DESCRIPTION	CR#
1						1466
2					9400 PELLA RD-FIRTH	5162
3		HILLTOP ESTS	1	3	8300 FIRTH HILL CIR-FIRTH	5248
4		HILLTOP ESTS-N ADDN		1	8345 FIRTH HILL-FIRTH	5218
5		HILLTOP ESTS-N ADDN		8	26404 S 84 ST CT-FIRTH	5219
6		IRON HORSE		4	25960 IRONHORSE CT-FIRTH	4926
7		IRONHORSE			IRON HORSE CIRCLE-FIRTH	4423
8		IRONHORSE ACRES ADDN		1	8900 PELLA RD-FIRTH	4362
9		IRONHORSE ACRES ADDN		11	26101 IRONHORSE CT-FIRTH	5351
10		IRONHORSE ACRES ADDN		5	25900 IRONHORSE CT-FIRTH	4975

017 TOTAL ENTRIES ENTER=MORE DISPLAY PF1=SUPP. INFO.
CLEAR=SEARCH MENU PF2=INSERT LEGAL

** MORE ITEMS TO DISPLAY **

HES640 HEALTH ENVIRONMENT SYSTEM PERMIT UPDATE 04/25/06

CASE NUMBER: 043802786 01 TYPE: 38 SEWAGE-INSTALLATION

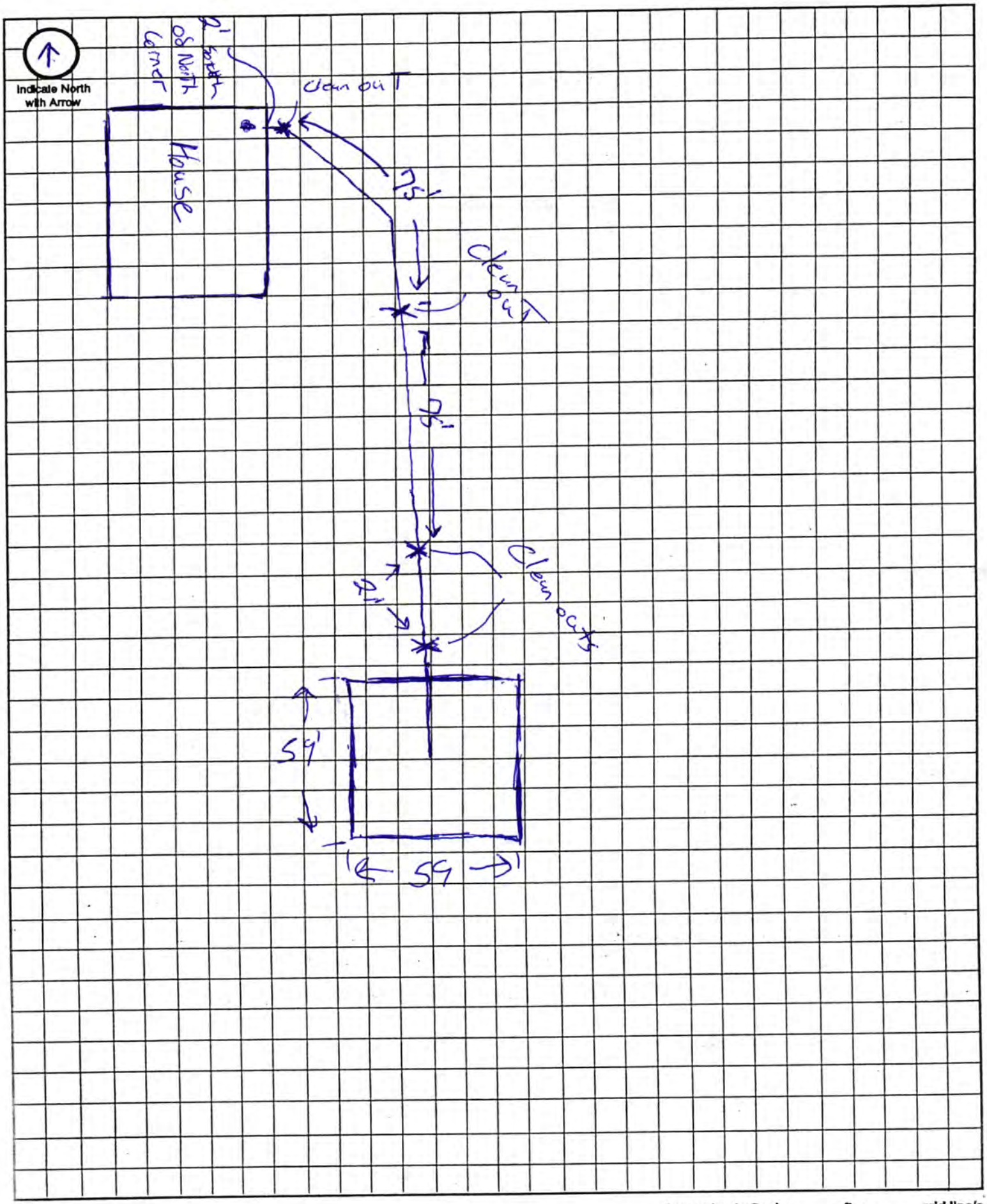
COMMENTS : LAGOON
:

ISSUED TO/ : 061658 BRENT EMRY
ESTABLSHMNT: T7N R7E SEC 23
LOC. TYPE: L HILLTOP ESTS BLK 1 LOT 3
LOC. CR# : 5248 8300 FIRTH HILL CIR-FIRTH

LICENSEE & : . BRENT EMRY .
MAILING : . 3536 CANYON RD .
ADDRESS - : . LINCOLN NE 68516 .
BLANK IF : . .
SAME AS ISS:

ISSUE DATE : 022704 EXPIRES: 082704 TOTAL FEES : 200.00
PERMIT FEES: 200.00 ACCT: 003157 OTHER FEES: .00 ACCT:
CLEAR=MASTER MENU PF11: ALL PERMITS FOR CASE REPRINT? Y/N:
ENTER=UPDATE PERMIT PF8: PERMITS FOR NAME

As Built Drawing



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