Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380252001

Issued 08/21/02
Expires 02/21/03
Revenue Code 3157

Establishment

KIRK HELMINK
T7N R7E SEC 23 QTR SW
HILLTOP ESTS-1ST BLK 1 LOT 4
8340 FIRTH HILL CIR-FIRTH

FEES: $200.00

Permittee

KIRK HELMINK
26701 S 110 ST
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002829

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

A

Permit Number: 02380252001

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 8340 Firth Hill Cir. (no rural route) City Firth NE, Zip Ne 68358

Legal Description SW (1/4) 23 (1/4) (Section) 7N (Township) 7E (Range) Hilltop Estates (Subdivision) 1 (Addition) 1 (Block) 4 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Kirk Helmink Signature [signature]

Address 26701 S 110th City/State/Zip Firth Ne 68358

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Nebraska Dirtworks Company Name Same

Address 26701 S 110th City/State/Zip Same

☐ Check if contractor designed system Work Phone 450-0100

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

Designer Name Kirk Helmink Firm Nebraska Dirtworks Work Phone 450-0100

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.

DO NOT WRITE BELOW THIS LINE

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

1. Health Department	Date rec'd 8/21/02 Date frwd 8/22/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8.22.02 Date frwd 8.22.02	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. City or County Engineer	Date rec'd 8/22/02 Date frwd 8/22/02	ACTION ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

By [signature]

Date 7/29/04

Business Office Use Only
Date Rec'd 8/21/02
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. No #

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

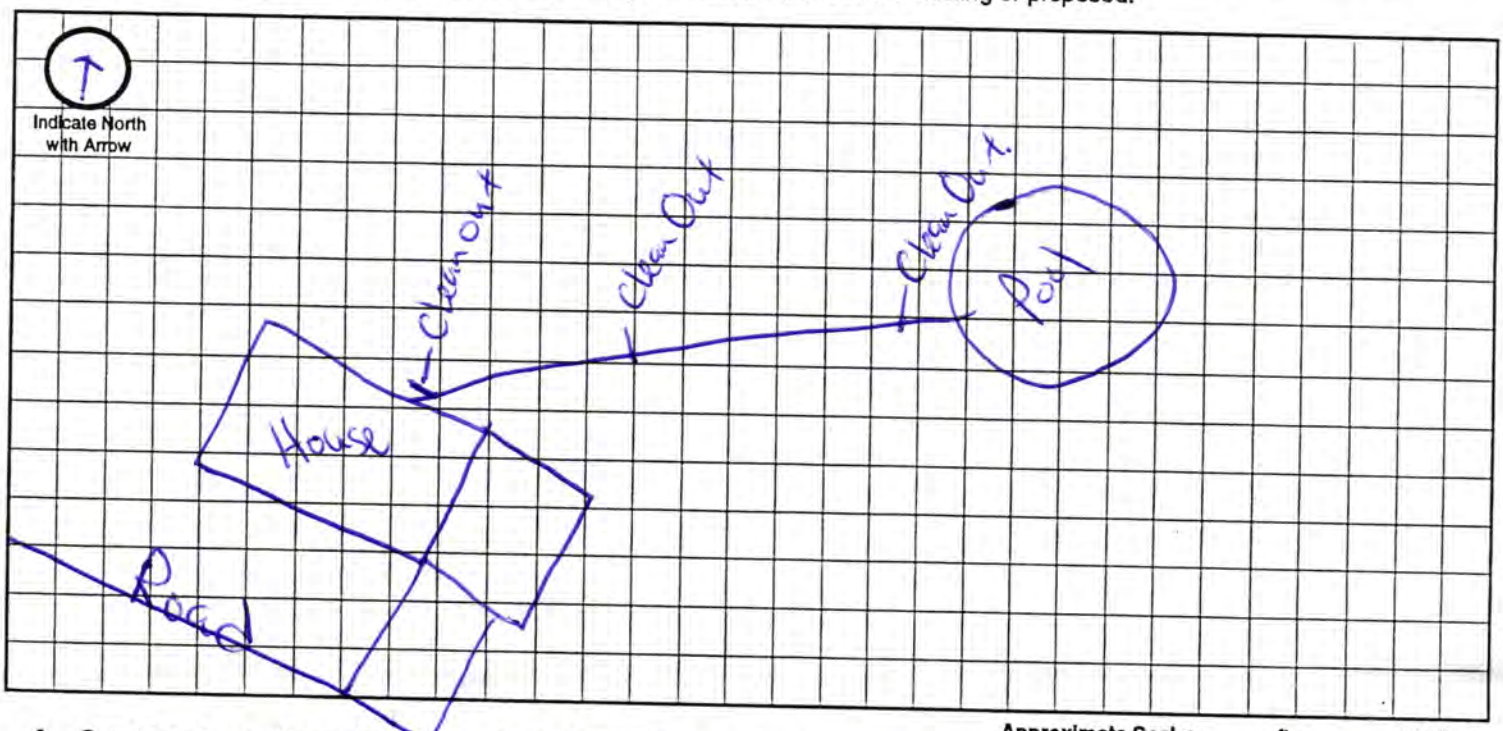
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802520

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) 8340 Firth Hill Cir City Firth NE, Zip Ne 68358

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 ☐	☐

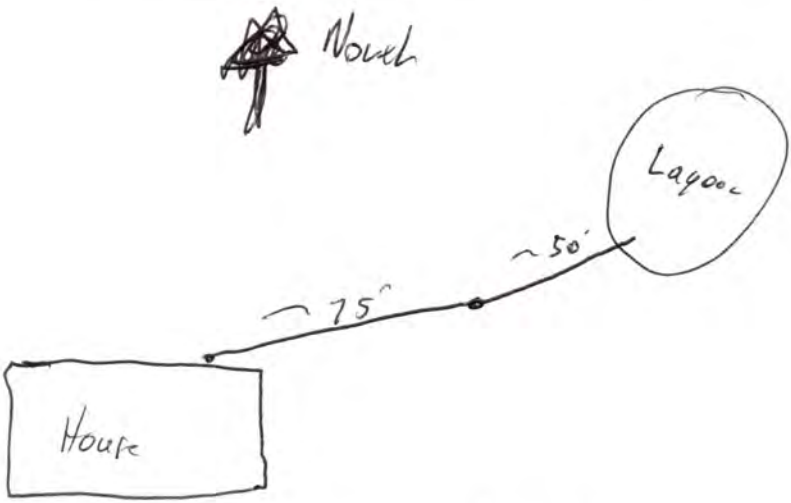
E. Required Signatures

Home Building Contractor Kirk Nehmer Date 8/21/02

Installer Kirk Nehmer Date 8/21/02

FORM 23-102 10-96

Field Notes 7/29/04



8300 Fish Hill Cr.

Lincoln-Lancaster County
HEALTH DEPARTMENT
"Working for Your Health for over 100 Years"