Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009875

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380329701

Issued: 02/01/07
Expires: 02/01/08
Revenue Code: 3157

Establishment:
TODD WHIPPEL
T7 R7 SEC 23
LOT 7
25901 IRONHORSE CT-FIRTH

FEES: $290.00

Permittee:
TODD WHIPPEL
7353 S 34 CT
LINCOLN NE 68516

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: 07380329701 nf

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: 3.5 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 25901 Iron Horse Ct. (no rural route) City Firth NE, Zip 68358
NCR 5922

Legal Description # 23 7 7 7
1/4 1/4 Section Township Range 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 NCR 71616

Name Todd Whippel Signature # [signature]
Address # 7353 S 34th Ct. City/State/Zip # Lincoln Ne 68516
☐ Check if owner designed system Home Phone # 402 3288317 Work Phone # 402 489 6116

C. Contractor

Name # GUARDIAN HOMES INC Company Name Guardian Homes
Address # 13740 S 0148 TR City/State/Zip # BENNET NE 68317
☐ Check if contractor designed system Work Phone # 402-432-8784

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

Designer Name Dave Prusa Firm Nebr. Dirtworks Work Phone 402-792-0085

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 2/1/07 Date frwd 2/1/07 ACTION ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 2-1-07 Date frwd 2-1-07 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Line + Lagoon needs license — 7/12/07 O.S.

Installation Final Written Approval

By [signature]
Date 8/1/07

Business Office Use Only
Date Rec'd 02/01/07
Amt Paid 290.00
Rec'd By cs Cash/Check No. 9357

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

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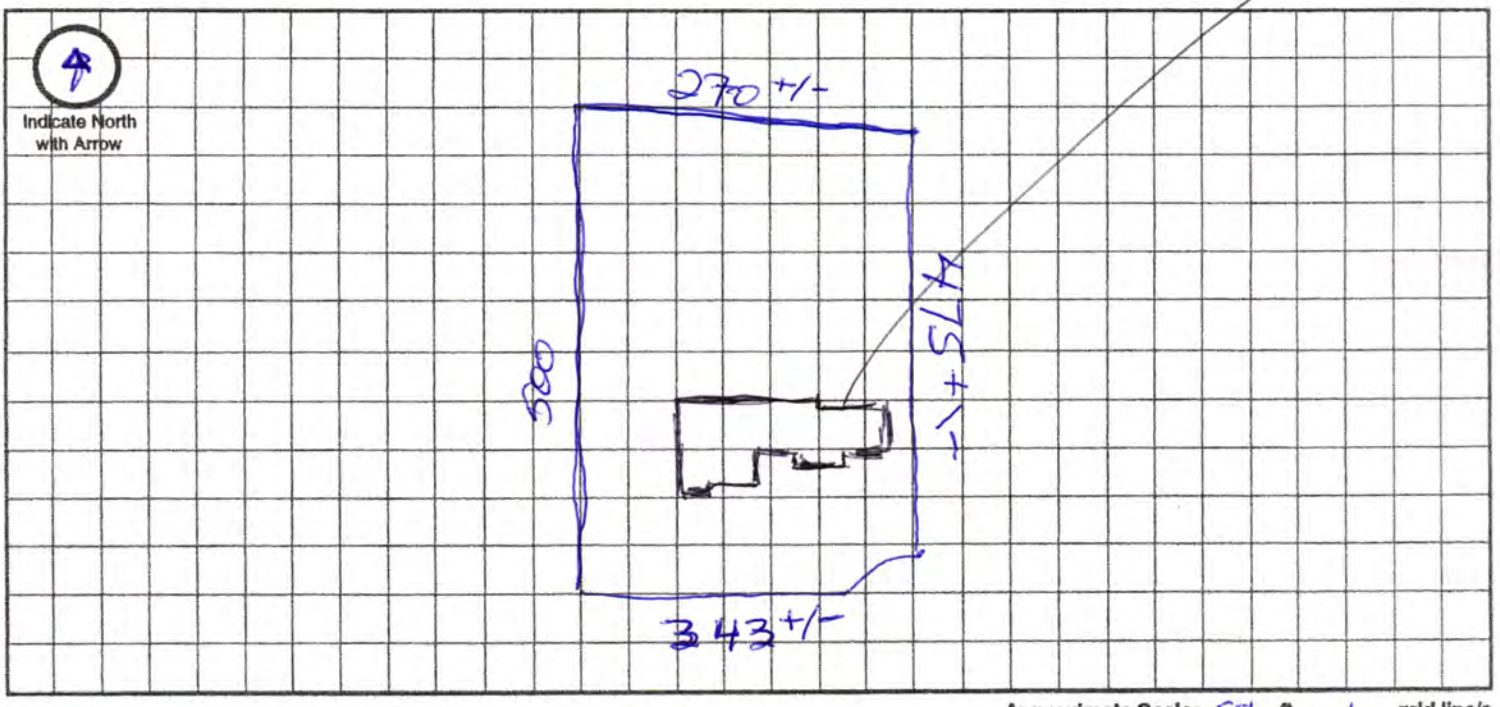
C

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.

HOME NOT TO SCALE



Approximate Scale: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 25901 Ironhorse Ct City Firth NE, Zip 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 _____

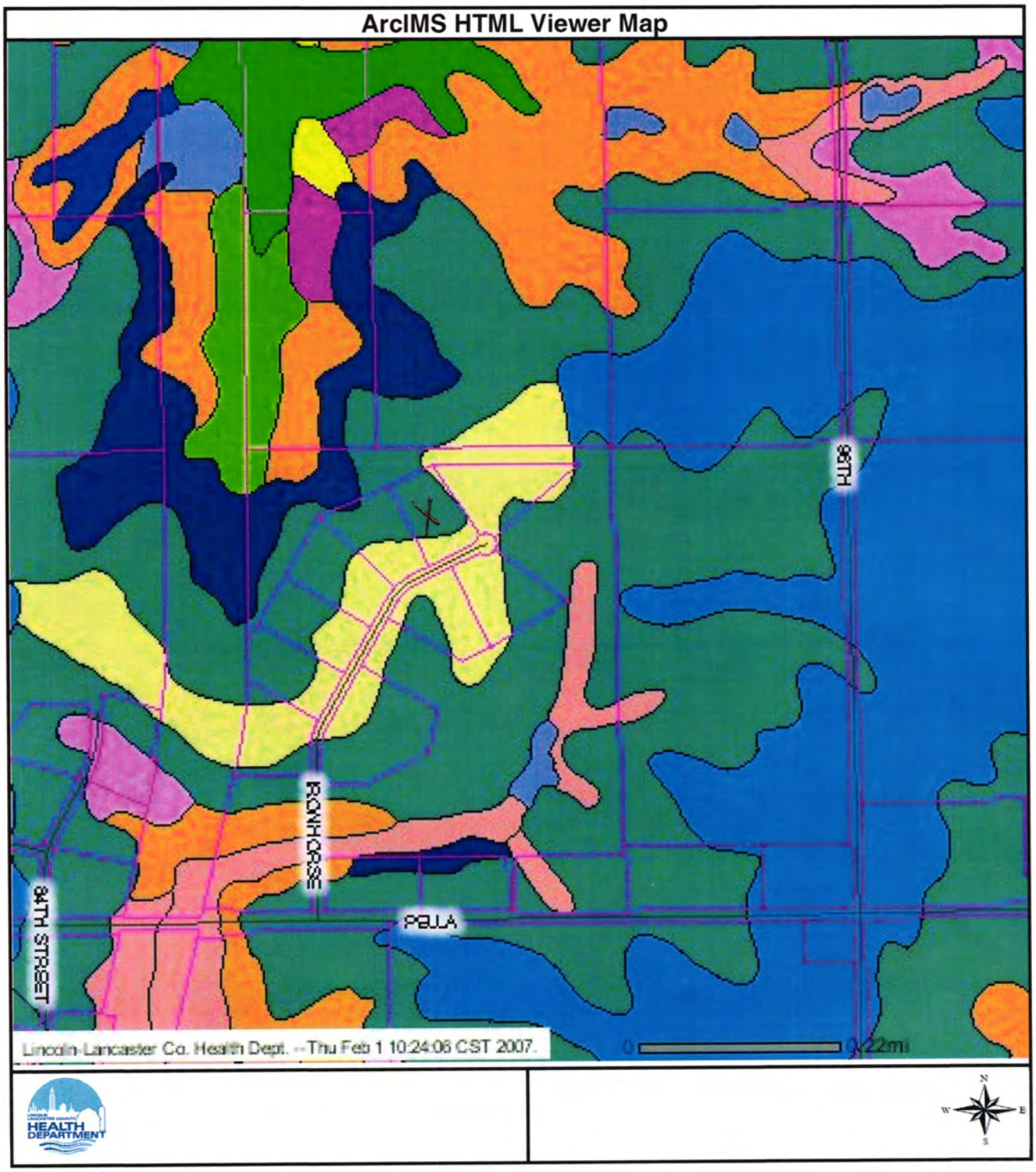
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

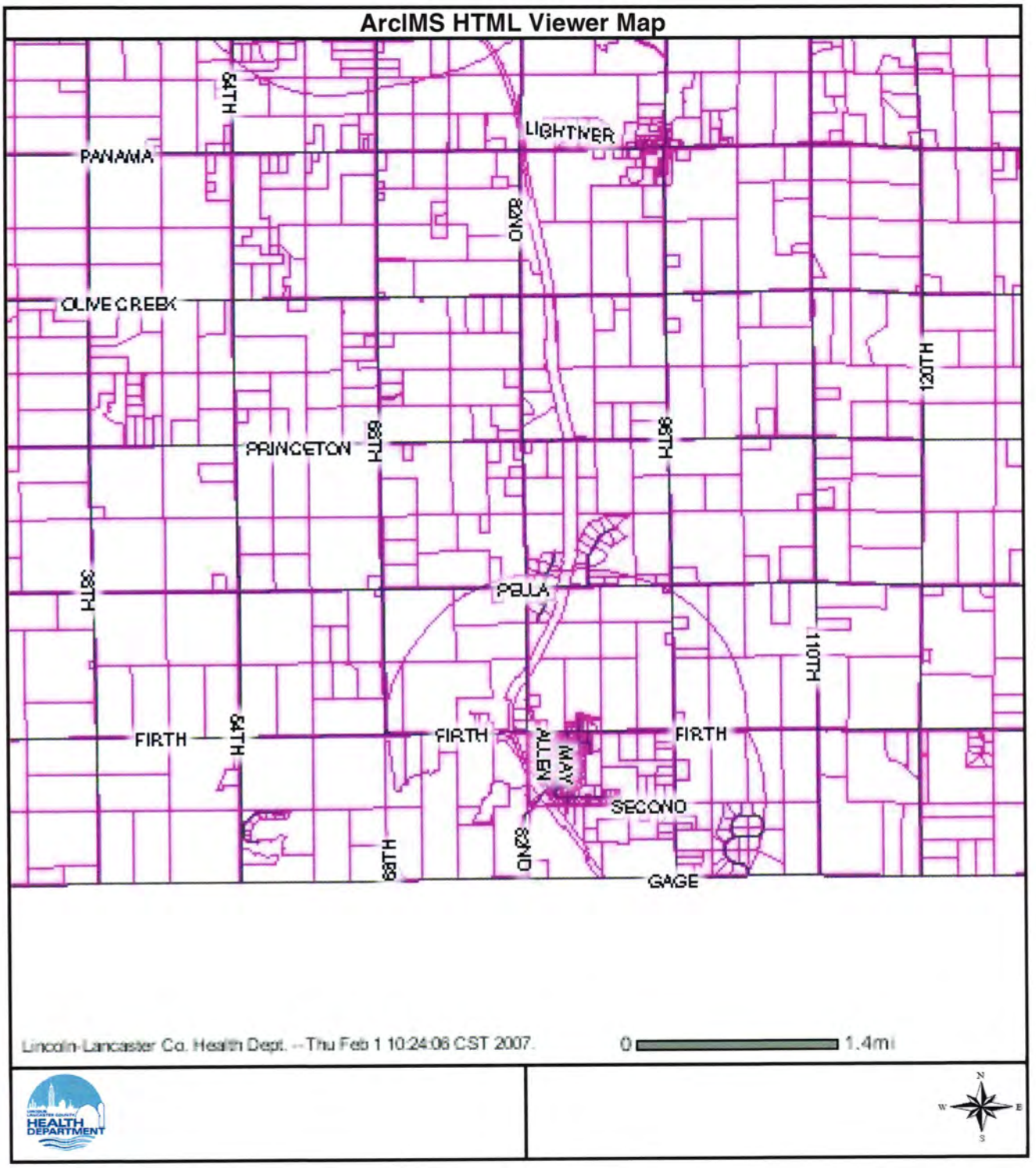
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☒	100 ☒	200 ☒	☐

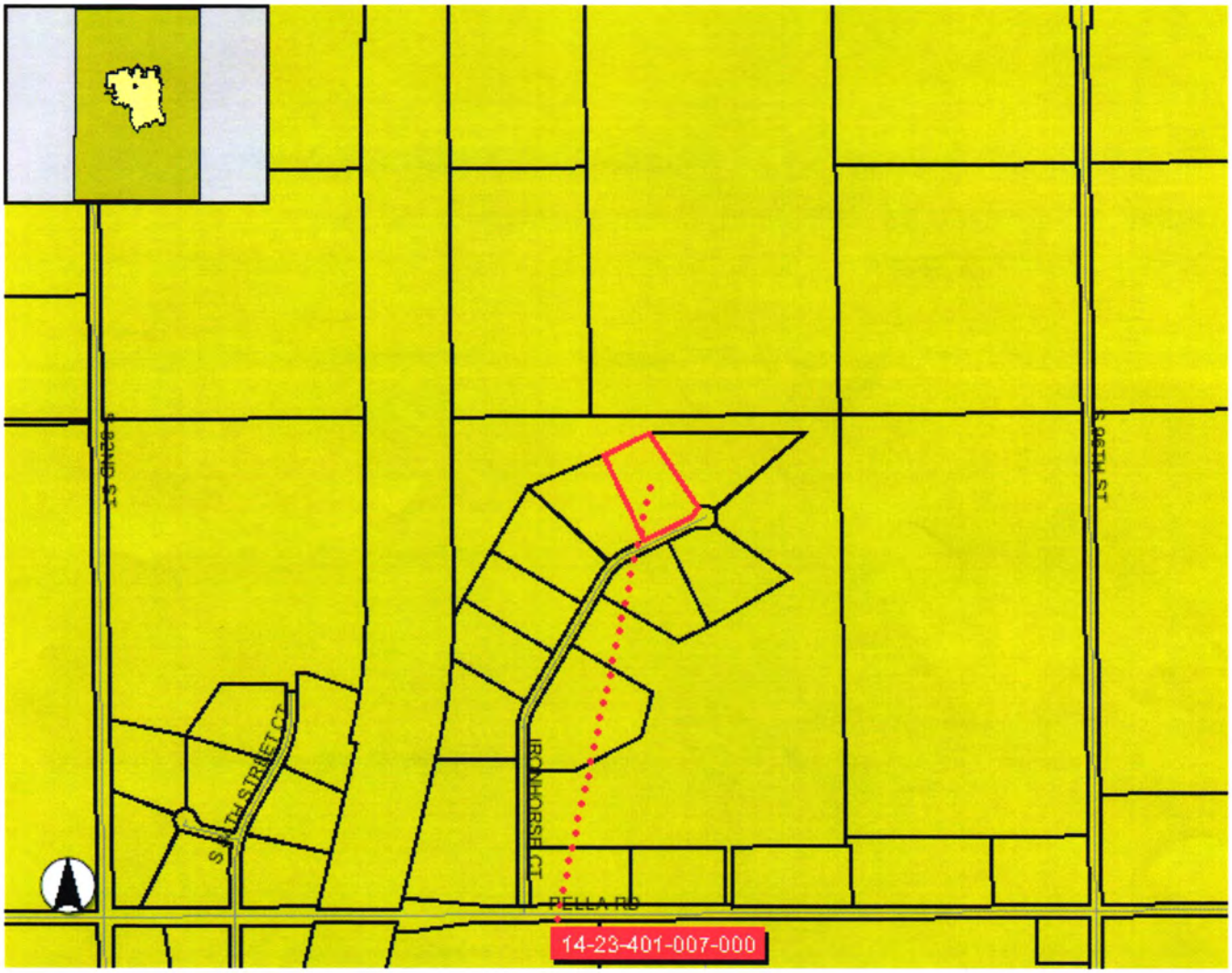
E. Required Signatures

Home Building Contractor Mr Conversion Homes Inc Date 1-31-07

Installer Date


ArcIMS HTML Viewer Map
98TH
IRONHORSE
84TH STREET
PELLA
Lincoln-Lancaster Co. Health Dept. -- Thu Feb 1 10:24:06 CST 2007.
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HEALTH DEPARTMENT
N
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ArcIMS HTML Viewer Map
84TH
LIGHTNER
PANAMA
80NO
OLIVE CREEK
120TH
PRINCETON
88TH
98TH
38TH
PELLA
110TH
FIRTH
84TH
FIRTH
ALLEN
MAY
FIRTH
SECONO
80NO
68TH
GAGE
Lincoln-Lancaster Co. Health Dept. -- Thu Feb 1 10:24:06 CST 2007.
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1.4mi
HEALTH DEPARTMENT
N
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S 82ND ST
S 96TH ST
SMITH STREET CT
IRONHORSE CT
PELLA RD
14-23-401-007-000