Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003311

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380276501

Issued 01/14/04
Expires 07/14/04
Revenue Code 3157

Establishment:
KIRK HELMINK
T7N R7E SEC 23
HILLTOP ESTS-N ADDN LOT 1
8345 FIRTH HILL-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

EPH COPY

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

A

Permit Number: 0H380276501

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 8345 Firth Hill Circ. (no rural route) City Firth NE, Zip 68358

Legal Description ____ 23 (Section) 7N (Township) 7E (Range) Hilltop Estates (Subdivision) 1st ~~North~~ Add. (Addition) 1 (Block) ____ (Lot)
1/4 1/4

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 Kirk Helmink

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

☐ Check if owner designed system Home Phone 791-5559 Work Phone 450-0100

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 Mike Knorr Firm ____ Work Phone 779-2696

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 1/14/04 Date frwd 1/15/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoot
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-12-04 Date frwd 1-12-04 ACTION ☒ Approved ☐ Disapproved Signature Mike Hoefer
3. **City or County Engineer** Date rec'd 1-15-04 Date frwd 1-15-04 ACTION ☒ Approved ☐ Disapproved Signature [illegible]

8/5/04 ~~Need letter~~, drainage, J.C.H.

Installation Final Written Approval

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

Date November 2, 2004

Business Office Use Only

Date Rec'd 01/14/04
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 1466

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector 2 Applicas

P26613-17

FEB 10 2005

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8345 Firth Hill Circle

Parcel ID 14-22-302-001-000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 23 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition Hilltop Estates 2nd Addn.

Directions to Property 1 Mile South of Norris Schools - North side of road.

Location of Well Front of Property Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Kirk Helmink	26701 So. 110 St. Firth, NE 68358	450-0100
Tenant/Buyer:	Justin & Katrina Pryor	520 Conestoga Hickman, NE	797-3168
Return to:	Buyers		

Signature of Applicant Justin L. Pryor / Katrina T. Pryor Address 520 CONESTOGA AVE. HICKMAN NE 68372 Date 2/8/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/10/05 Amount $200.00 Check No. 1566 Initials M

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/11/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 2/14/05

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

FEB 15 2005

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

Laboratory Report Printed on: February 14, 2005

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P26613-17**
Sampled By: **JERROLD HOOD**
Location: **8345 FIRTH HILL CR**
Sample Point:

Date Collected: **11-Feb-2005 11:05 AM**
Date Received: **11-Feb-2005**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	02/12/05	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	02/12/05	JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.