Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380225601

Issued 10/24/00
Expires 04/24/01
Revenue Code 3157

Establishment

BILL G CARLSON
T7N R7E SEC 23 QTR SW
LOT 24IT
82ND & PELLA RD-FIRTH

FEES: $200.00

Permitee

BILL G CARLSON
8300 CARLSON CT
FIRTH NE 68358

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013849

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

A

Permit Number: 0038 02256

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 NOT ASSIGNED 82ND + PELLA RD City FIRTH NE, Zip 68358
(no rural route)

Legal Description SW 1/4 1/4 23 Section 7N Township 7E Range HILLTOP Subdivision 43.34 ACRES 5 ACRES Addition 3 Block 6 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address PID 14-23-300-004-000

B. Owner

Name Bill G Carlson Signature Bill G Carlson 14-23-300-007-000 14-23-300-005-000

Address 8300 Carlson Court City/State/Zip Firth NE 68358

☐ Check if owner designed system Home Phone 402-791-2378 Work Phone 402-525-2591

C. Contractor

Name Kirk Helmick Company Name Nebraska Dirt Works

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

☐ Check if contractor designed system Work Phone 402 450-0100

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

Designer Name DIRT WORKS 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 10/24/00 Date frwd 10/24/00	ACTION ☑ Approved ☐ Disapproved Signature [signature]	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/24/00 Date frwd 10/24/00	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 10/25/00 Date frwd 10/25/00	ACTION ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

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

Date MARCH 9, 2001

Business Office Use Only

Date Rec'd 10/24/00
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. 8012

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 0038 02256

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 82nd + Pella Rd (no rural route) City Firth NE, Zip 68358

Owner Bill Carlson Addresss

Soil Type (SCS): Clay Percolation Rate: min./inch

Date of Tests to Weather: Precipitation Temperature

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name:

Phone:

Address

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 0

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Clay encountered at 1 ft depth. A sealed lagoon will be constructed

Signature of Reviewing Official John F Ellis Date 10-24-00

FORM 23-101 10-96

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Phone: 402-441-8022

C

Permit Number: 00380256

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) 82ND & Pella Rd. City _____ NE, Zip _____

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 Dan Kohl Vantage Pointe Homes Date 10-24-00

Installer Mark Helmink Nebraska Dirt Works Date 10-24-00

FORM 23-102 10-96

Vantage Pointe Homes

0038072356

The Weatherwax Residence

Legal Description

SW 1/4 of Sec. 23-T7N-R7E,
Lancaster County, Nebraska.

