Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION

Permit # 02380243301

Issued 03/20/02
Expires 09/20/02
Revenue Code 3157

Establishment

ANDERSON HOMES INC
T7N R7E SEC 26 QTR NW
HILLTOP ESTS BLK 2 LOT 3
8301 CARLSON CT-FIRTH

FEES: $200.00

Permittee

ANDERSON HOMES INC
BOX 30842
LINCOLN NE 68503

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000848

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

A

Permit Number: 023802433

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 8301 CARLSON COURT City FIRTH NE, Zip NEBR.
(no rural route)

Legal Description NW 26 7N 7E HILLTOP ESTATES, BLOCK 2, LOT 3
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

Name ANDERSON HOMES INC Signature [signature]

Address P.O. BOX 30842 City/State/Zip LINCOLN NE 68503

☐ Check if owner designed system Home Phone 402-477-7387 Work Phone 402-432-0415

C. Contractor

Name LEONARD HARPER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 432-2204

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 5 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 3/20/02 Date frwd 3/20/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

(2.) **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature David L Holtzman

3. **City or County Engineer** Date rec'd 03/20/2002 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature [signature]

4/11/03 Need letter, septic, etc. to E.H.

Installation Final Written Approval

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

Date OCTOBER 22, 2004

Business Office Use Only

Date Rec'd 03/20/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 9279

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

5 Lpd

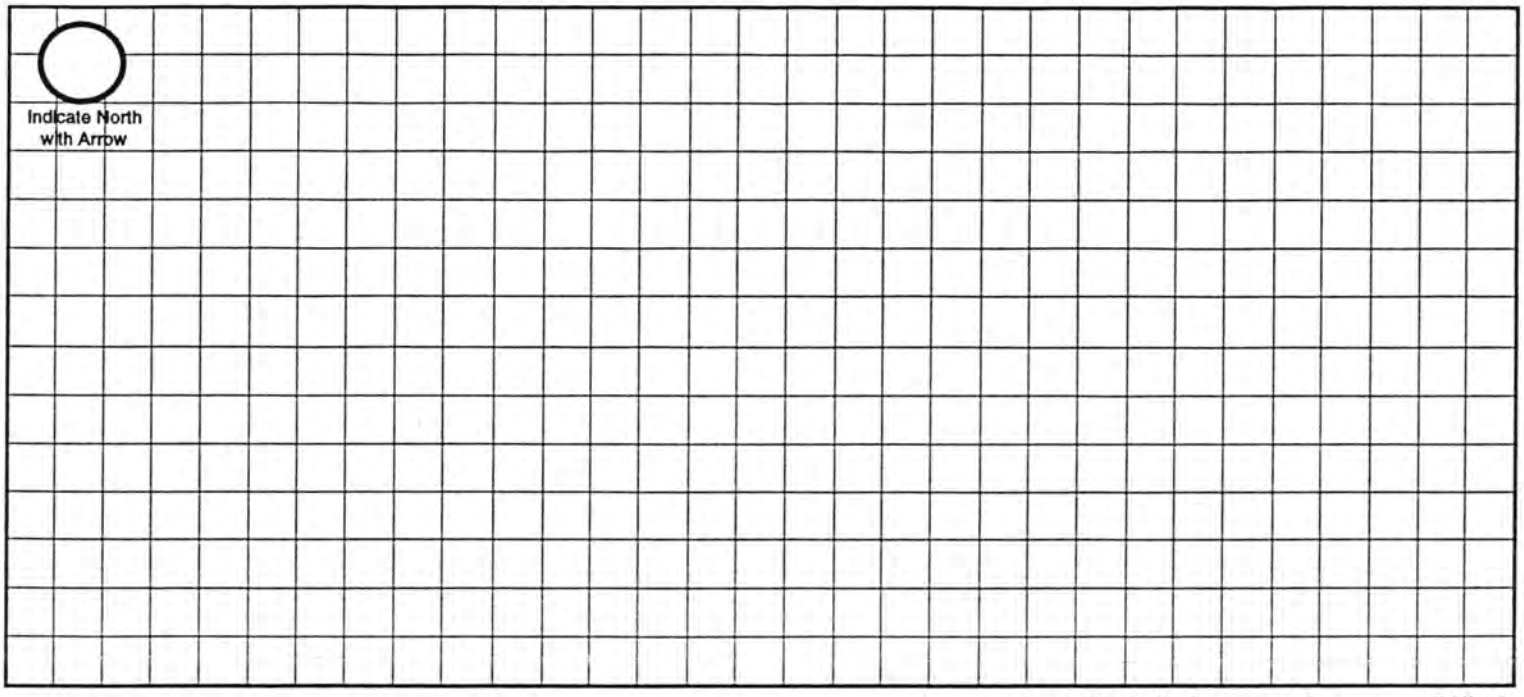
C

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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) _____ 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 Anderson Homes, Inc Date 3-18-02

(X) Installer Kirk Helmick Date 3-20-02

FORM 23-102 10-96