Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007628

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380300401

Issued 04/21/05
Expires 04/21/06
Revenue Code 3157

Establishment: ROBERT D PETERSON
T7N R7E SEC 25 QTR NE
LOT 20IT
10301 PELLA RD-FIRTH

FEES: $200.00

Permittee: ROBERT D PETERSON
7921 BROOKFIELD DR
LINCOLN NE 68502

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

APR 20 2005

APR 20 2005

A

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

Permit Number: 05380300401

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 26600 PETERSON LANE / 10301 PELLA ROAD (no rural route) City FIRTH NE, Zip 68358

Legal Description NE 1/4 25 Section 7N Township 7E Range ____ Subdivision ____ Addition ____ 20 Block ____ Lot F.T.

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name ROBERT D. PETERSON Signature ____

Address 7921 BROOKFIELD DR. City/State/Zip LINCOLN, NE, 68506

☐ Check if owner designed system Home Phone 489-3532 Work Phone ____

C. Contractor

Name KIRK HELMINK Company Name NEBR. DIRT WORKS

Address 26701 S. 110 ST. City/State/Zip FIRTH, NE 68358

☐ Check if contractor designed system Work Phone ____

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

Designer Name Dave Prusa Firm Nebr. Dirtworks Work Phone 402-525-0822

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 4/21/05 Date frwd 4/21/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-28-05 Date frwd 4-28-05 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 4-21-05 Date frwd 4-21-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Pburgh

7/5/05 Need letter etc.

Installation Final Written Approval

By Doug Muir

Date 1/17/07

Business Office Use Only

Date Rec'd 4/21/05

Amt Paid #200.00

Rec'd By ____ Cash/Check No. 6061

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

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

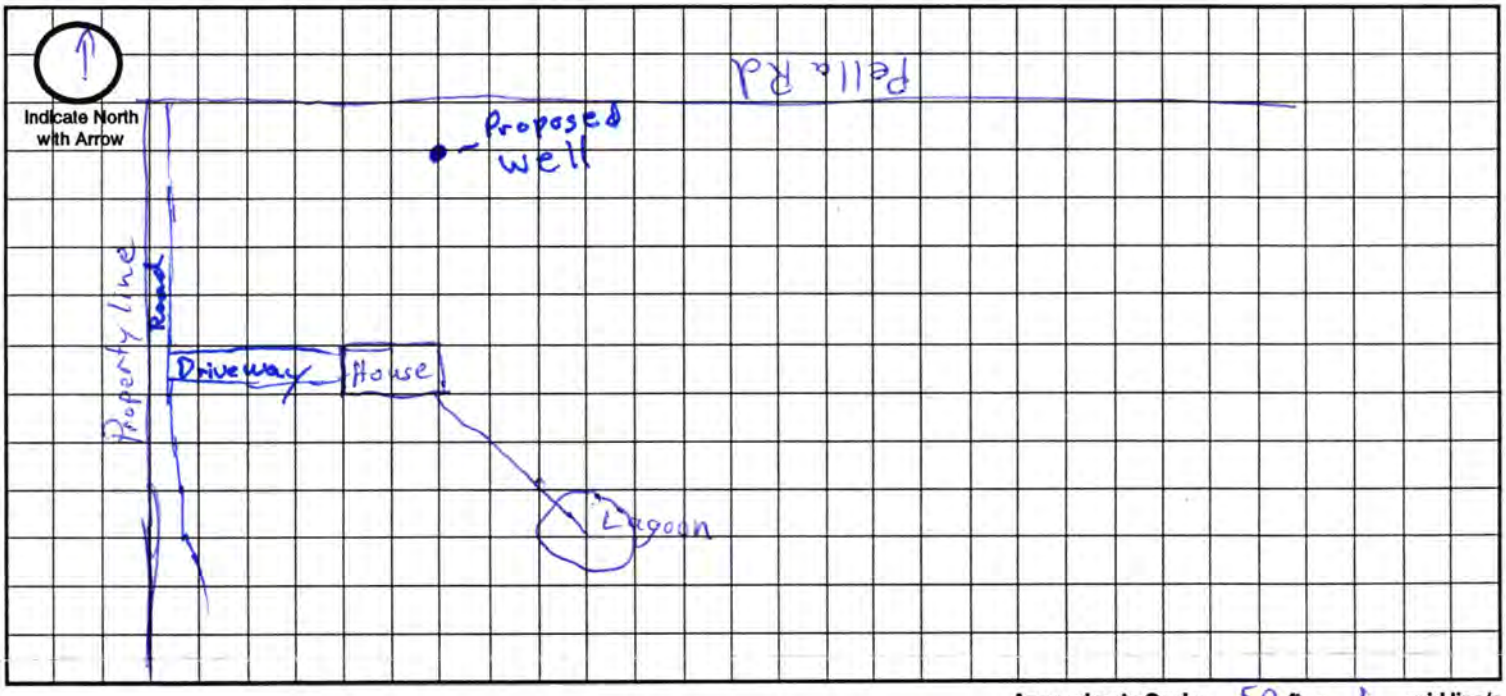
C

Permit Number: 053803004

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 26600 Peterson Lane 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

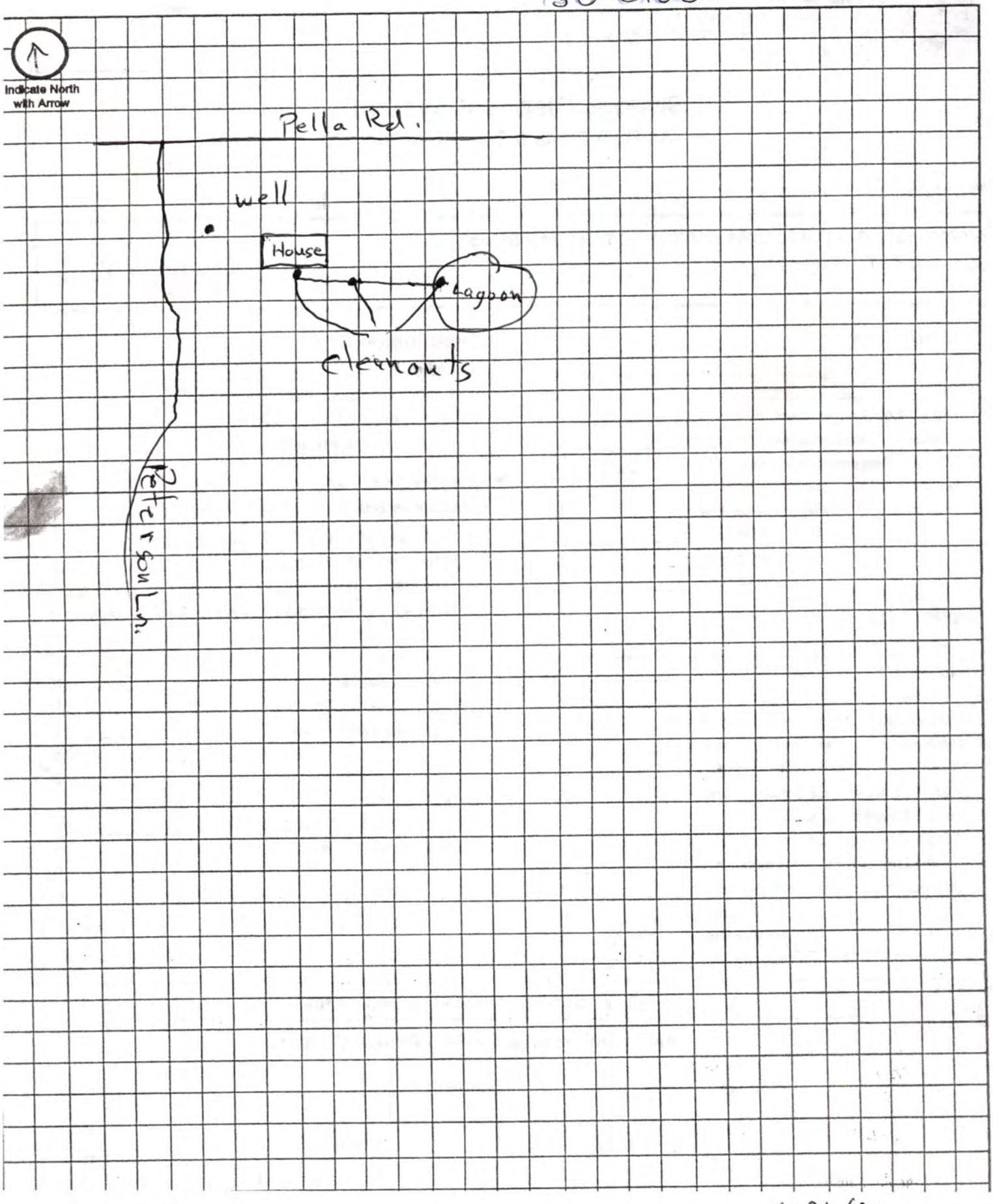
Home Building Contractor Robert Peterson Date 4/17/05

Installer Dave Preuss Date 4/18/05

FORM 23-102 10-96

Ne Dirt Works
Firth, NE. 68357
791-3030
450-0100

As Built Drawing



40 ft/sq.

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

RECEIVED
JUL 12 2005

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-6-05 Bob Peterson

System Location (Indicate correct number and street)

Address 10301 Peterson Ln. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)

