Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005963

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380294001

Issued 10/05/04
Expires 04/05/05
Revenue Code 3157

Establishment:
MAX F BLOSS
T7N R7E SEC 27
WILLNERD ACRES LOT 1
82ND & DAVID DR-FIRTH

FEES: $200.00

Permittee:
MAX F BLOSS
5840 LA SALLE ST
LINCOLN NE 68516

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: 04380294001

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 82nd David Drive (no rural route) City Firth NE, Zip Ne 68358

Legal Description 1/4 1/4 Section 27 Township 7N Range ~~6E~~ 7E Subdivision Willnerd Acres Addition Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name MAX Bloss Signature Max F Bloss

Address 5840 La Salle City/State/Zip Lincoln NE. 68516

☐ Check if owner designed system Home Phone 440-5363 Work Phone 440-5363

C. Contractor

Name MAX Bloss Company Name —

Address 5840 La Salle City/State/Zip Lincoln NE. 68516

☐ Check if contractor designed system Work Phone 440-5363

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

Designer Name Mike Kern Firm Sanco Work Phone 417-8309

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.

Willis 430' Ref - 6736

DO NOT WRITE BELOW THIS LINE

Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/5/04 Date frwd 12/1/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-5-04 Date frwd 10-5-04 ACTION ☒ Approved ☐ Disapproved Signature Mike Hoffer
3. **City or County Engineer** Date rec'd 12-15-04 Date frwd 12-15-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

Installation Final Written Approval

By Doug Ambel

Date 6/12/07

Business Office Use Only

Date Rec'd 10-05-04

Amt Paid $200.00

Rec'd By CW Cash/Check No. 5200.

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

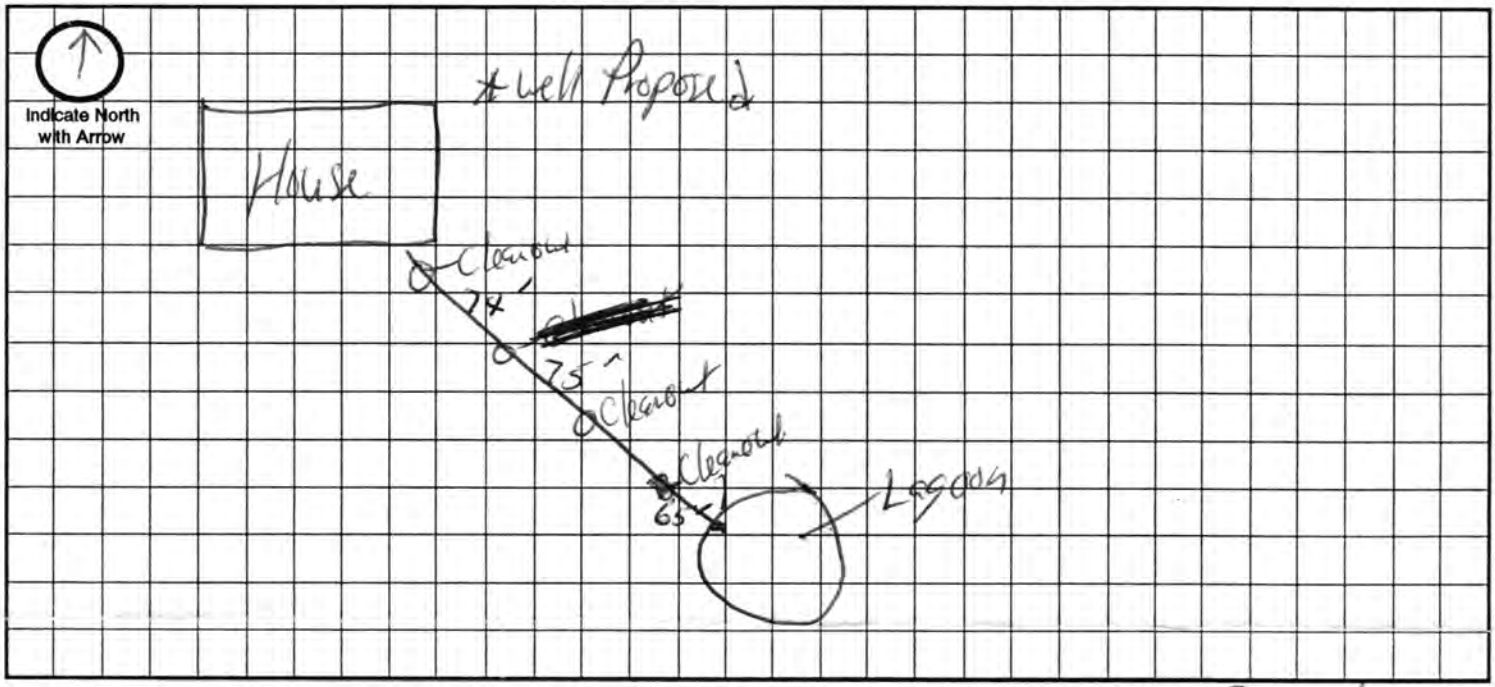
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C D

Permit Number: 043802940

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) 82nd Dove Drive Lot 1 City Firth NE, Zip NE 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

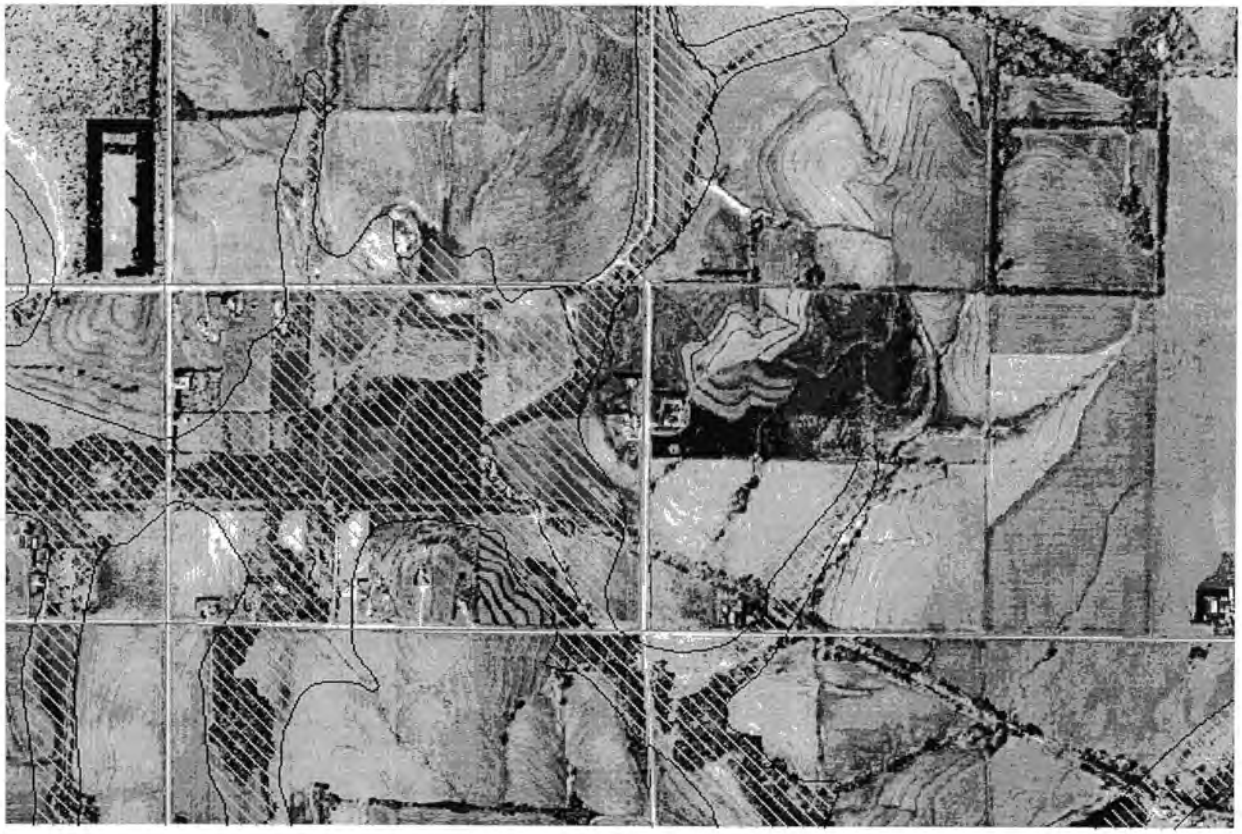
Home Building Contractor Mark F Blatt Date 10-6-04

Installer Mike Fons Date 10 05 04

FORM 23-102 10-96

ESRI ArcExplorer 2.0

20001 South 120th Street



streets

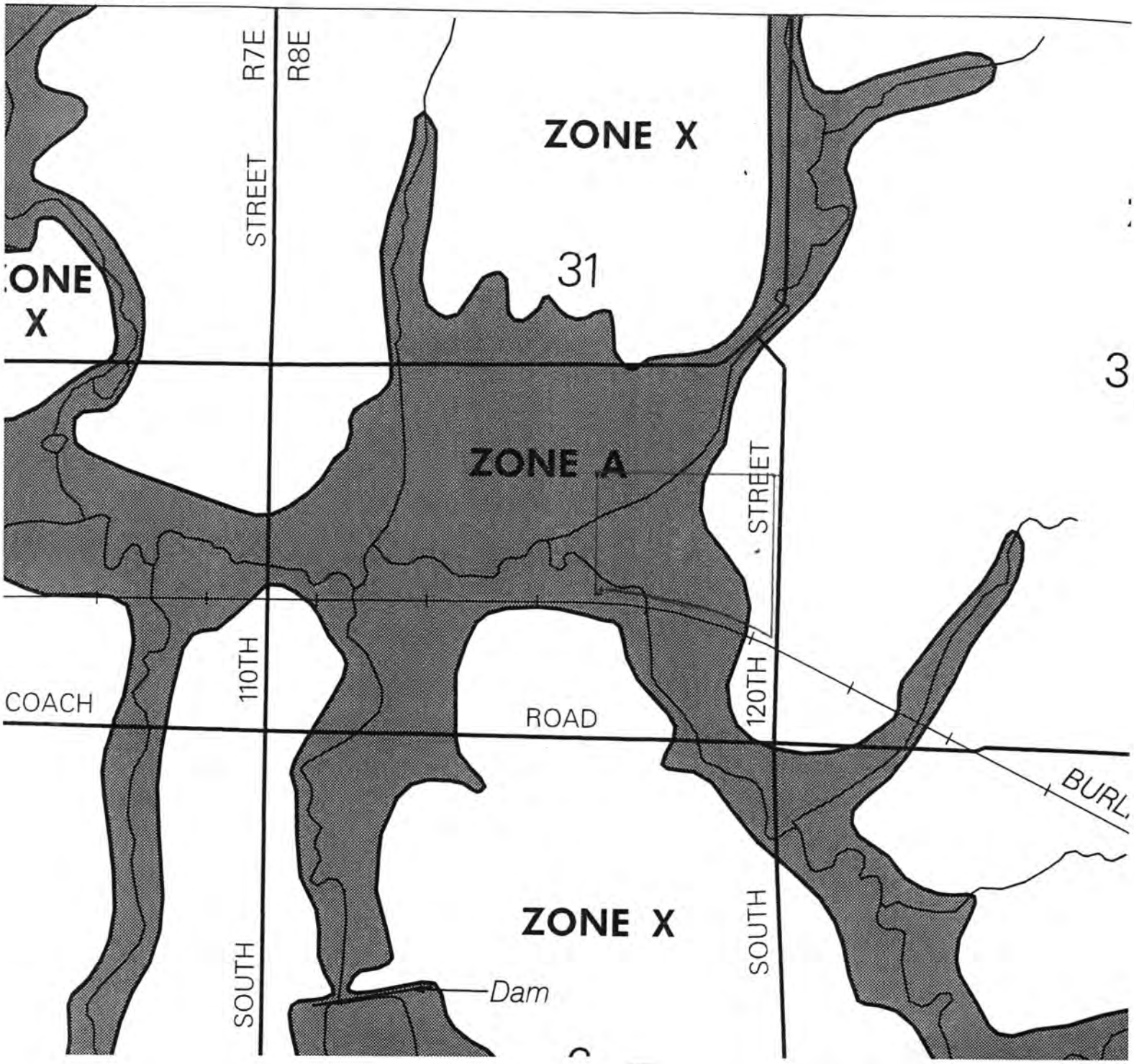
flood1

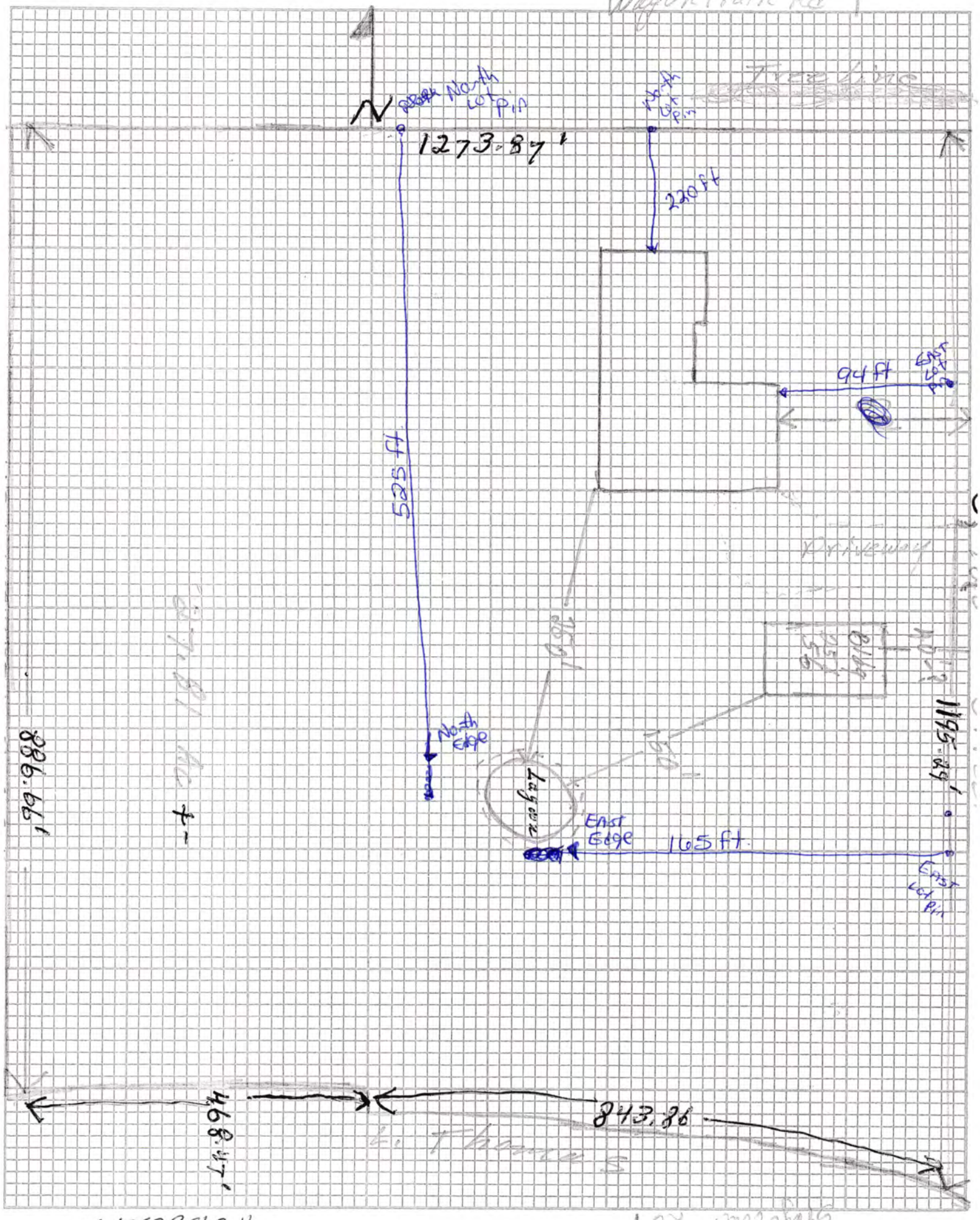
N

Tuesday, Dec 14 2004

C

PANEL 0465


R7E
R8E
STREET
ZONE X
31
ONE
X
3
ZONE A
STREET
110TH
120TH
COACH
ROAD
BURL
SOUTH
ZONE X
SOUTH
Dam


Wagon Train Rd
North Lot Pin
1273.87'
220 ft
94 ft
East Lot Pin
525 ft
North Edge
East Edge
165 ft
East Lot Pin
1195.89'
886.69'
+-
843.86'
469.47'
0438029940