Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005383

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380286601

Issued 07/22/04
Expires 01/22/05
Revenue Code 3157

Establishment:
JOHN & MANDY LUCAS
T7N R7E SEC 27
WILLNERD ACRES LOT 2
8101 DAVID DR-FIRTH

FEES: $200.00

nittee:
JOHN & MANDY LUCAS
8101 DAVID DR
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

COPY

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

A

Permit Number: 04380286601

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 8101 David Drive (no rural route) City Firth NE, Zip 68358

Legal Description ____ ____ 27 7N 7E Willnerd Acres 2
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 John & Mandy Lucas Signature ____

Address 8101 David DR. City/State/Zip Firth NE- 68358

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor Travis Bugbee

Name ~~Bugbee Homes~~ Company Name Bugbee Homes

Address 5301 NW Fairway City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 402-580-7339

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

Designer Name Mike Knorr #043 Firm ____ Work Phone 799-2696 417-8309

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 7/22/04 Date frwd 7/23/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-22-04 Date frwd 7-22-04 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Thiele
3. **City or County Engineer** Date rec'd 07/23/04 Date frwd ____ ACTION ☒ Approved* ☐ Disapproved Signature ____

* Subject To System Being Constructed Above The 100yr Flood Plain

Installation Final Written Approval

By Jerrold C. Wood 07/23/04

Date SEPTEMBER 26, 2005

10/15/04 FENCE UP, NEED DRAWING

Business Office Use Only
Date Rec'd 7/22/04
Amt Paid #200.00
Rec'd By JW Cash/Check No. ____

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

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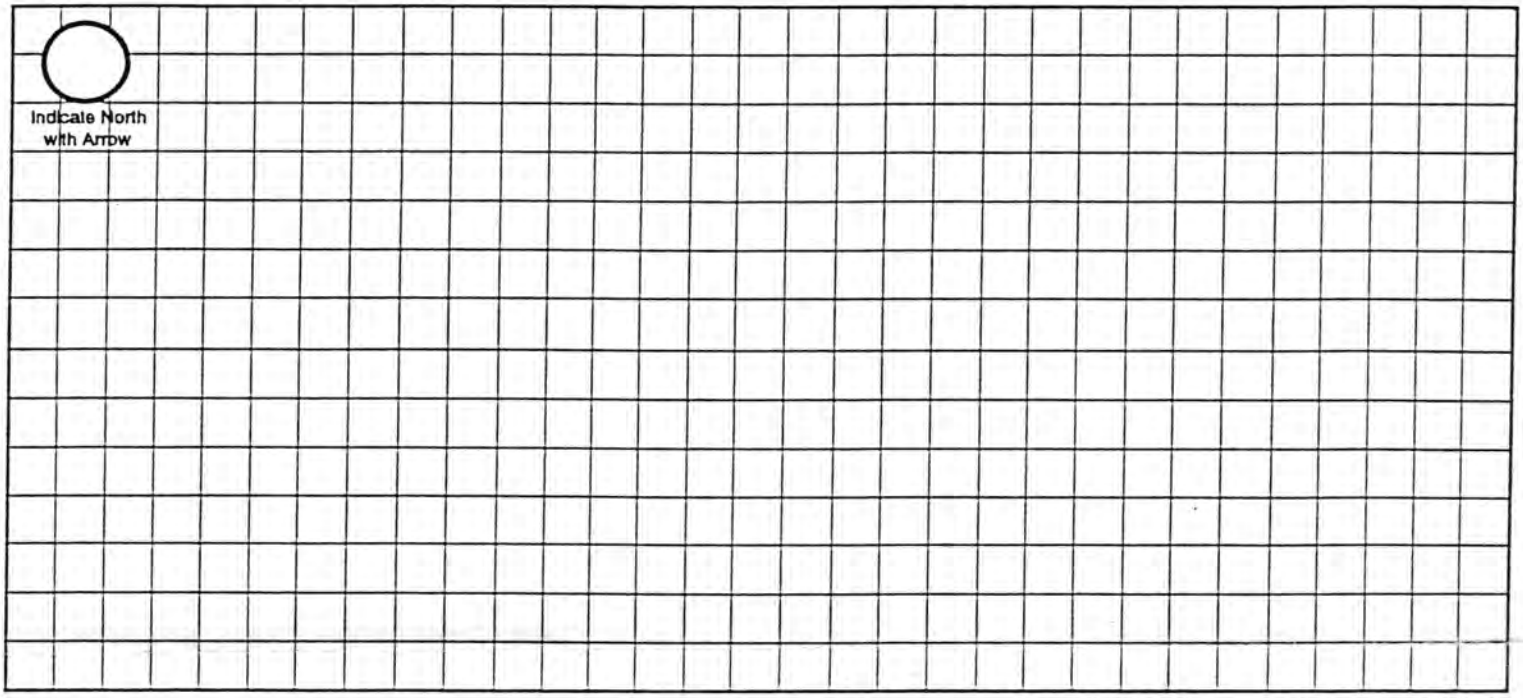
C

Permit Number: 043802866

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 Dave Boyles Date 7-12-04

Installer Mike Krug Date 7-12-04

FORM 23-102 10-96