LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380188601

Issued 11/06/98
Expires 05/06/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
MARVIN PRICE
T7N R7E SEC 29 QTR SW
E 1/2
4500 FIRTH RD-FIRTH

TOTAL $150.00

Permittee
MARVIN PRICE & CYNTHIA MARA
RR0001
BOX 00117
FIRTH NE 68358

Issued By Carol D. Young
Health Director
Lincoln-Lancaster County Health Department

008281

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 4500 FIRTH ROAD (no rural route) City Firth NE, Zip 68358

Legal Description E ½ SW. ¼ 29 7N 7E
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 Marvin Price & C. Mara Signature Cynthia Mara

Address Rt. 1 Box 117 City/State/Zip Firth Ne. 68358

☐ Check if owner designed system Home Phone 791-2073 Work Phone 787-2955

C. Contractor

Name Marvin Price Company Name —

Address RT 1 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 John Strohmyer Firm Excavating Inc. Work Phone 470-3100

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 11/5/98 Date frwd 11/5/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-5-98 Date frwd 11-5-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/5/98 Date frwd 11/5/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Lagoon must be outside 100 yr. flood plain.

Installation Final Written Approval

FINAL Lagoon - LINE clearance Jr

By _____

Date _____

1/19/01 LAGOON NEEDS WARNING SIGNS + LOCK, J.C.H.

Business Office Use Only

Date Rec'd 11/05/98
Amt Paid 150.00
Rec'd By LO ~~Cash~~/Check No. 10133

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

B

Permit Number:

Lagoon

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Firth NE, Zip 68358
(no rural route)

Owner M Price & C Marg Addresss Rt. 1 Box 117 Firth NE 68358

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

Date of Tests 10/29/94 to 10/30/94 Weather: Precipitation _____ Temperature 50°

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: John Strohmyer
Phone: 470-3100
Address 6667 N.W. 48th
Lincoln NE 68524

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

LAGOON

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks MUST BE SEALED.

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

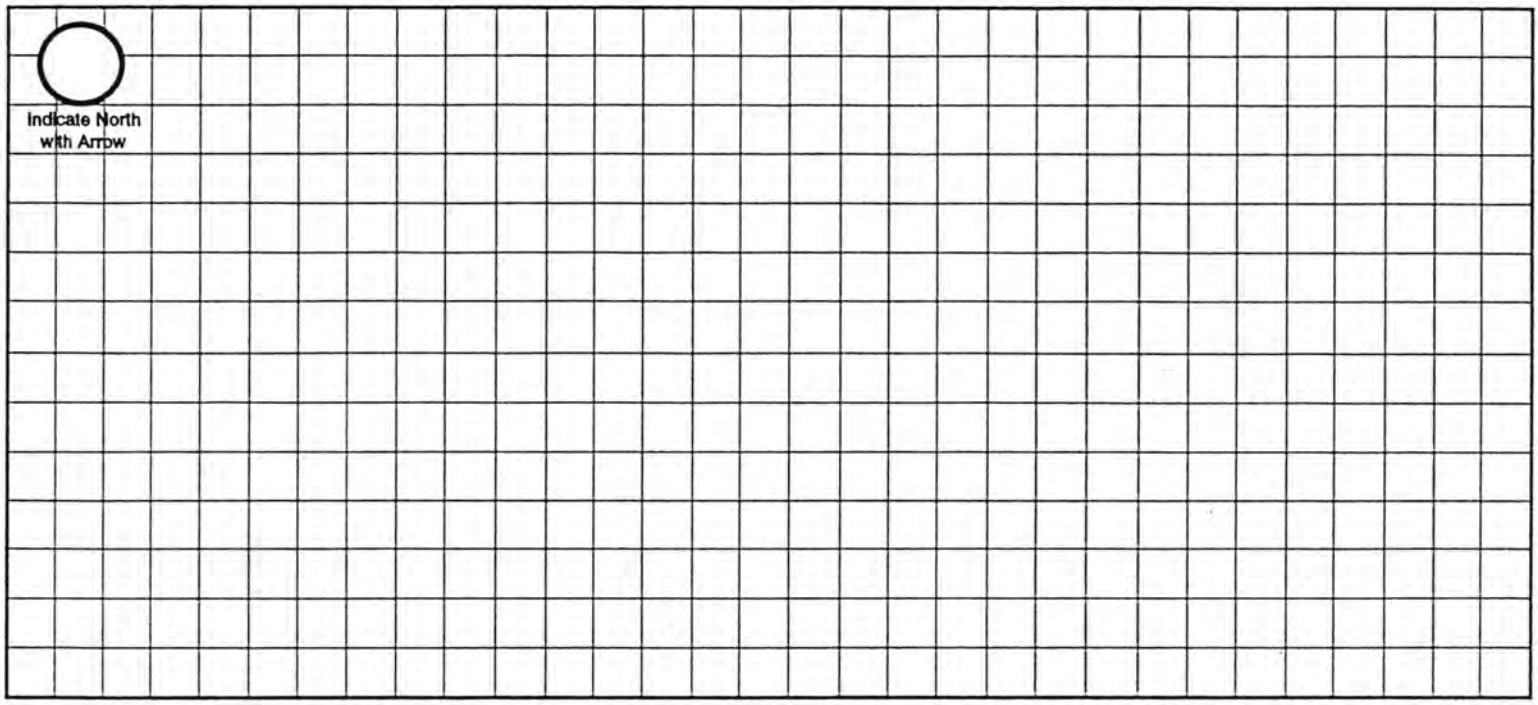
C

Permit Number:

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 Firth NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: JUDSON SILT LOAM. 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 [signature] Date 11/3/98

Installer [signature] Date 11/3/98

FORM 23-102 10-96

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

Lagoon

D

Permit Number: 98 3801 88601

Sewage Disposal System

As Built Plans & Specifications

Date 12-15-98

System Location (Indicate correct number and street)

Address 4500 Firth Rd. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: N.A. ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream N.A. ft.
   pressure line 100+ ft.
   property line 100+ 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)

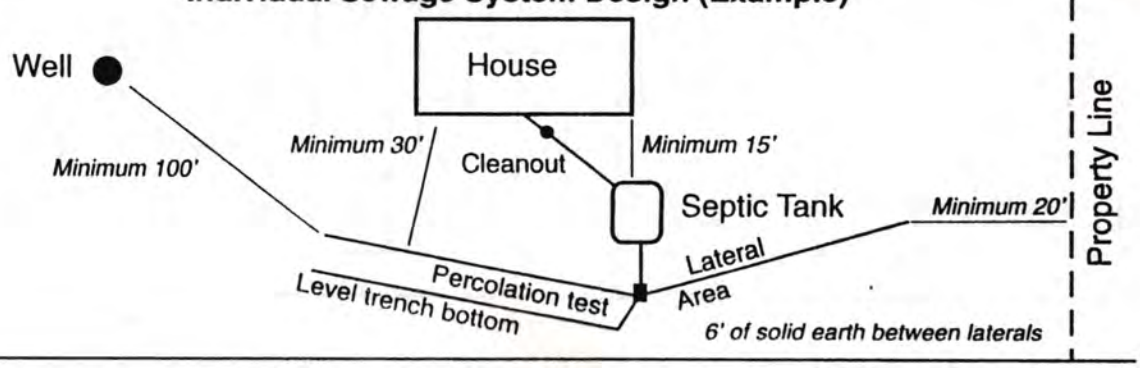
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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.

Will Seal Lagoon

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

12-17-98

Fred Mitz

LAGOON INSPECTION CHECK ~~OFF LIST~~

1.	Freeboard	2 Ft.	
2.	Top of dike	4 Ft.	
3.	Dike slope	3 to 1	
4.	Floor level		
5.	Dishcharge 1 Ft. above, onto apron concrete		OK
6.	Depth measurement device		OK
7.	One cleanout every 75 Ft. One cleanout 1 Ft. ab/water level at dike		OK
8.	Slope at least 1/8 per in. (Maximum 1/4 in.)		OK
9.	Pipe (2241)		

10. Bottom measurement
Square

2-3	43	13	46	16
4	48	18	52-22	

DISTANCE

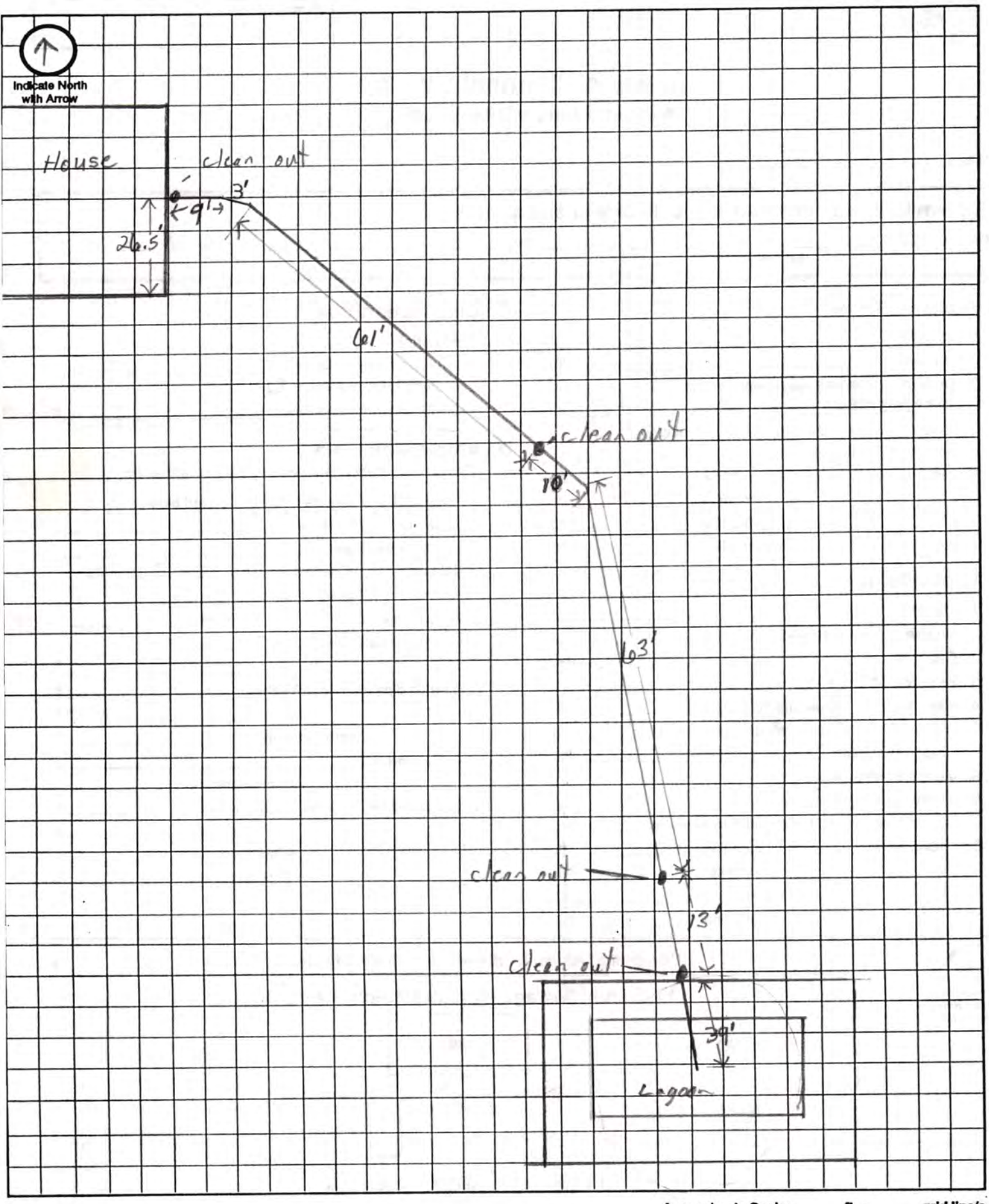
1.	100 Ft. from proposed on existing home	✓
2.	50 Ft. from adjacent property/public R-of-Way	✓
3.	200 Ft. from other residence	✓
4.	100 Ft. from well (inside edge)	✓
5.	50 Ft. from well to sewer line	

SEP2503/1

needs to be seeded, needs fence
Pat says the well is way on the other
Side of the house -


SHEET NUMBER 61
R. 6 E.
R. 7 E.
(Joins sheet 56)
(Joins sheet 62)
19
20
29
30
31
32
Ns
Ke
Ct
Bu
Wt
No
JuC
PaC2
PaD2
WtC2
WtD3
WtB
WtD
BrD
StD
StF
SmD
SuD2
MgC2
PbC3
ShC
BpF
Nemaha River
1 Mile
5000 Feet
Scale 1:20000
325 000 FEET
2 790 000 FEET

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s