Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

005132

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING PERCOLATION
TEST RESULTS

Permit # 04380283901

Issued 06/02/04
Expires 12/02/04
Revenue Code 3157

Establishment

CHRIS BOESIGER
T7N R7E SEC 33
PRAIRIE LAKE ESTS LOT 7
5601 PRAIRIE LAKE DR-FIRTH

FEES: $200.00

Permittee

CHRIS BOESIGER
3217 E NE #41 HWY
CORTLAND NE 68331

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

→ Jerry Hood — Prairie Lake Estates

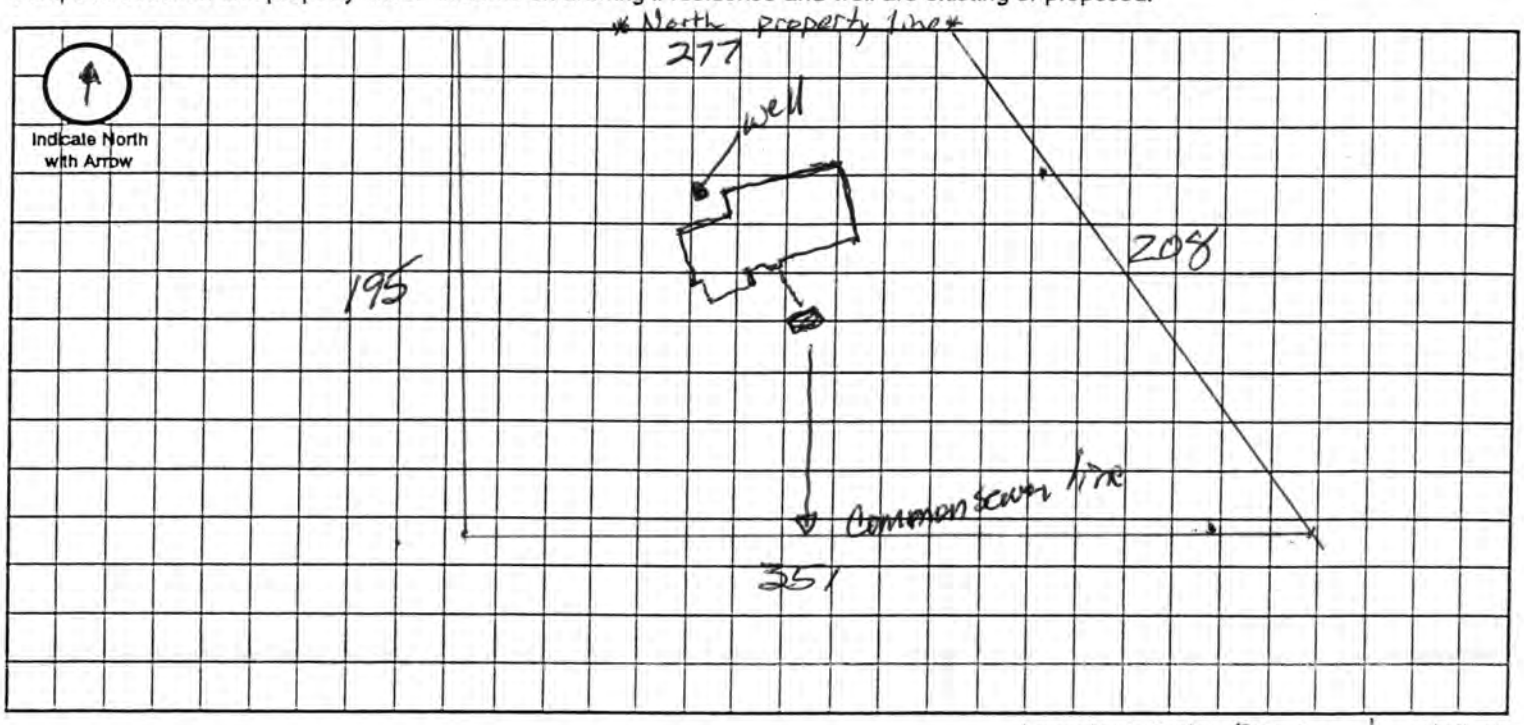
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802839

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5601 Prairie Lake Drive City Firth NE Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☒ Other Common Lagoon system at Prairie Lake Estates
PREVIOUSLY APPROVED — Questions call Mark Renner @ 791-2087

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

X Home Building Contractor Leslie W Jasa Date 6-1-04

X Installer _____ Date 6-1-04

FORM 23-102 10-96

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

JUN 0 2 2004

A

Permit Number: 04380283901

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 5601 PRAIRIE LAKE DRIVE (no rural route) City FIRTH NE, Zip 68358

Legal Description 1/4 1/4 Section 33 Township 7N Range 7E Subdivision PRAIRE LAKE ESTATES Addition 7 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 Chris Boesiger Signature Chris Boesiger

Address 3217 E. St. Hwy 41 City/State/Zip Cortland, NE 68331

☐ Check if owner designed system Home Phone 798-0380 Work Phone 416-1626

C. Contractor

Name Scott Prange Company Name Prange Construction

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name ~~Scott~~ Lyle Lothe & State of Nebraska Firm ESP Work Phone _____

Any Questions — call Marv Renner 791-2087

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ 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 6/2/04 Date frwd 6/3/04 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/3/04 Date frwd 6/3/04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6/3/04 Date frwd 6/3/04 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

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

Date FEBRUARY 11 2005

Built but not Required.

Business Office Use Only

Date Rec'd 6-2-04

Amt Paid $200.00

Rec'd By CW Cash/Check No. 1430

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