Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009826

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380328201

Issued 12/04/06
Expires 12/04/07
Revenue Code 3157

Establishment:
MITCHELL & JODI HOLT
T7N R7E SEC 36
CYRUS CIRCLE LOT 2
9833 CYRUS CIRCLE-FIRTH

FEES: $290.00

Permittee:
MITCHELL & JODI HOLT
BOX 41
COOK NE 68329

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 06380328201

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 9833 Cyrus Circle (no rural route) City Firth NE, Zip 68358

Legal Description LCR 5902 — 36 (Section) 7 (Township) 7 (Range) Cyrus Circle (Subdivision) Lot #2 (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 Mitchell & Jodi Hoyt Signature [signature]

Address PO Box 41 City/State/Zip Cook NE 68329-0041

☐ Check if owner designed system Home Phone 402/297-9973 Work Phone 402/416-8399

C. Contractor

Name Paul Weber Weberwell Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth Ne. 68358

☒ Check if contractor designed system Work Phone (402) 580-8311 (402) 791-3008

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

Designer Name _____ Firm _____ Work Phone _____

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 300 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2002

1. **Health Department** Date rec'd 12/4/06 Date frwd 12/4/06 ACTION ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-5-06 Date frwd 12-5-06 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 12-6-06 Date frwd 12-6-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Line + lagoon — Needs fence 12/12/06 DS.

Installation Final Written Approval

By _____

Date _____

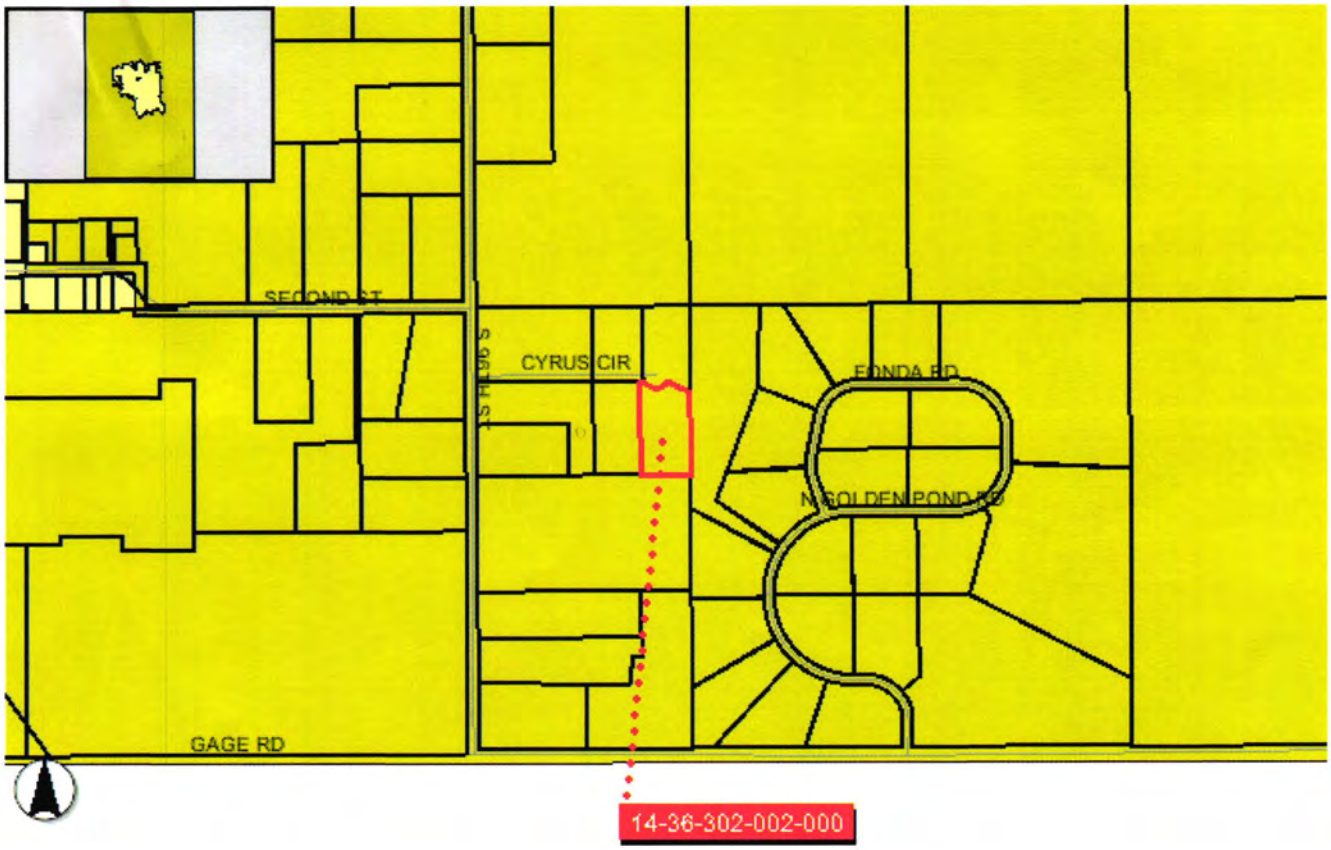
Business Office Use Only

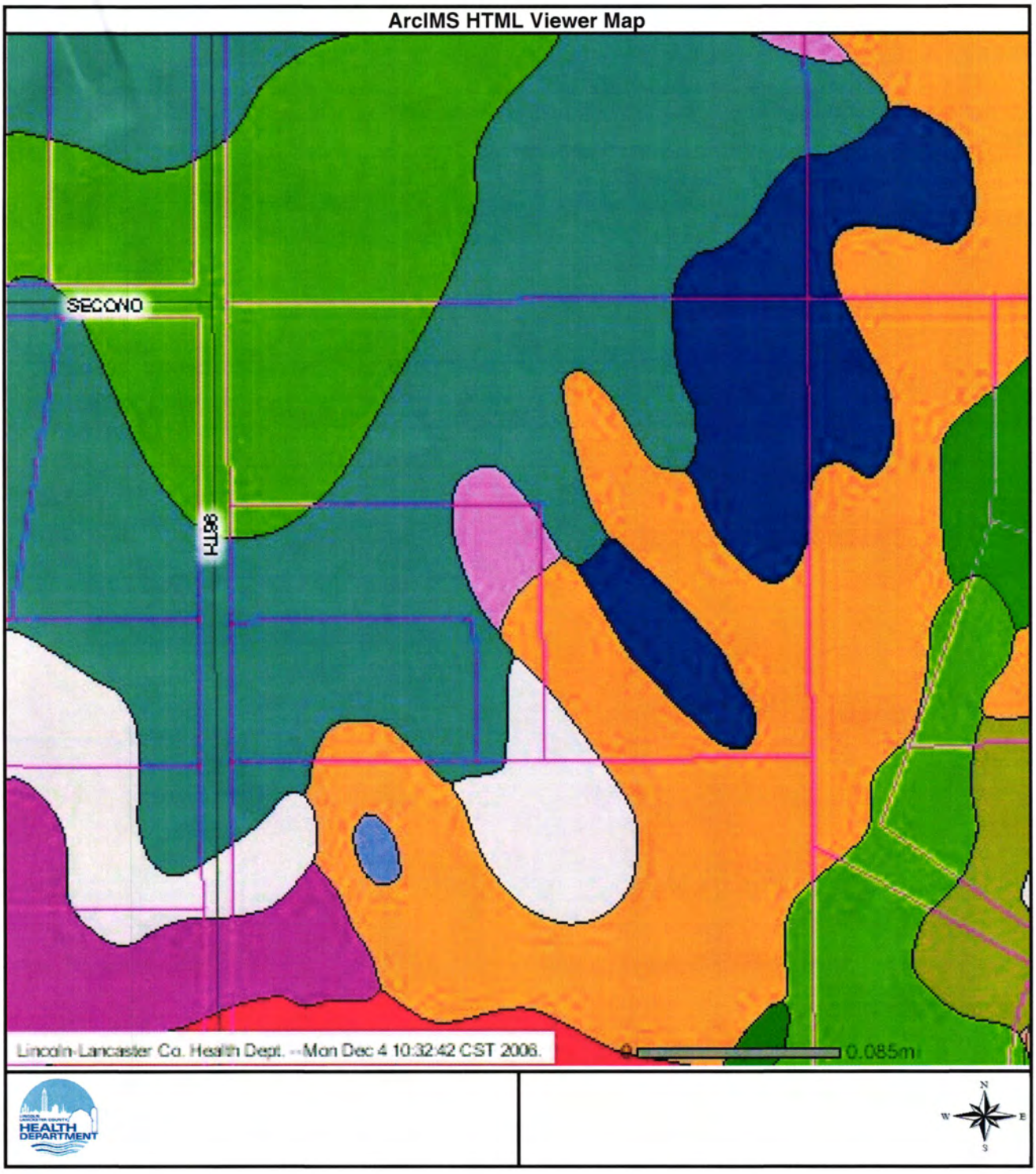
Date Rec'd 12/04/06

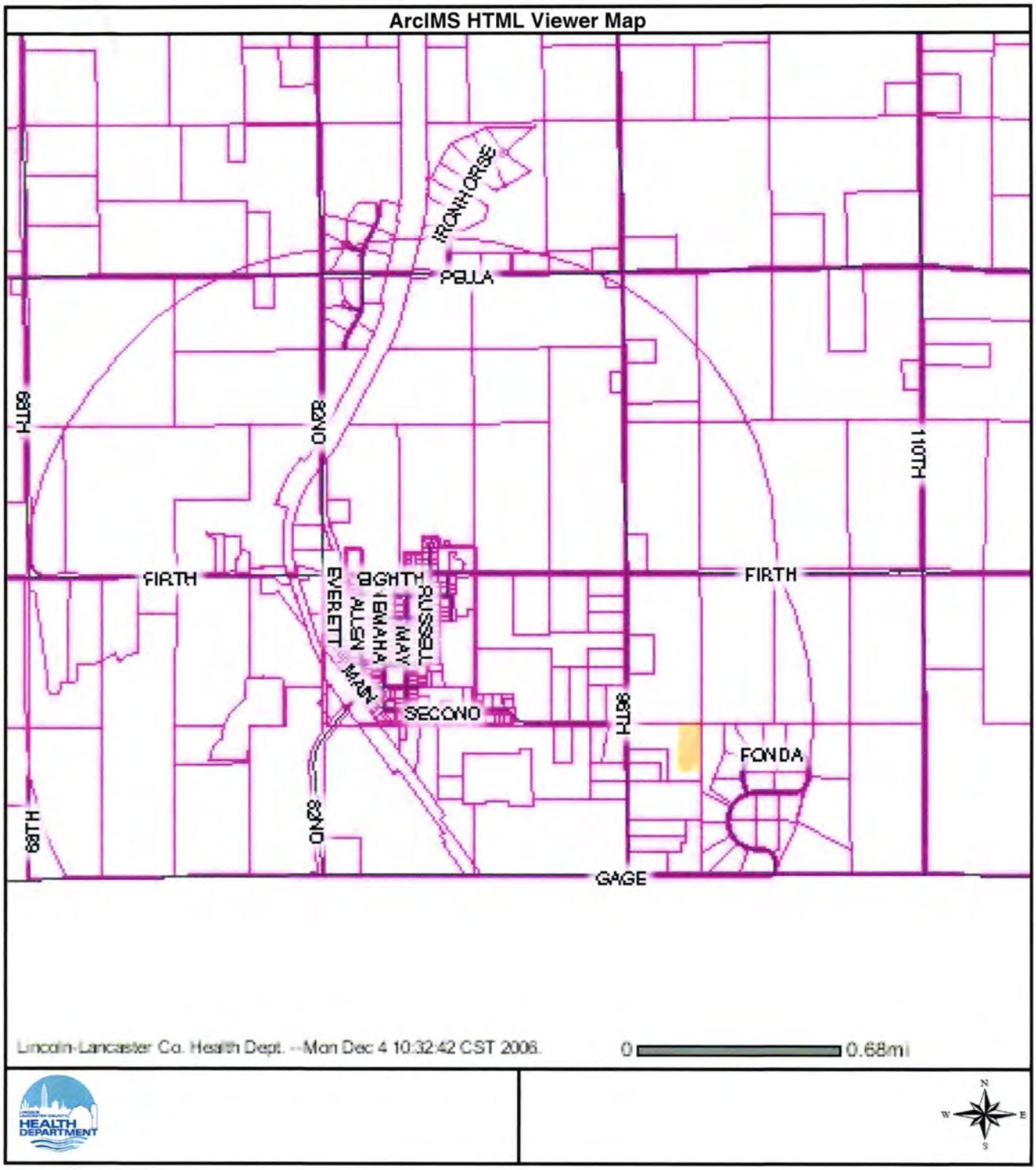
Amt Paid 290.00

Rec'd By ls Cash/Check No. 1124

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


SECOND ST
S 56TH ST
CYRUS CIR
FONDA RD
N GOLDEN POND RD
GAGE RD
14-36-302-002-000


ArcIMS HTML Viewer Map
SECOND
84TH
Lincoln-Lancaster Co. Health Dept. --Mon Dec 4 10:32:42 CST 2006.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
IRONHORSE
PIONEER
84TH
82ND
110TH
FIRTH
EVERETT
84TH
IDAHO
MAY
RUSSELL
ALLEN
SECOND
88TH
FONDA
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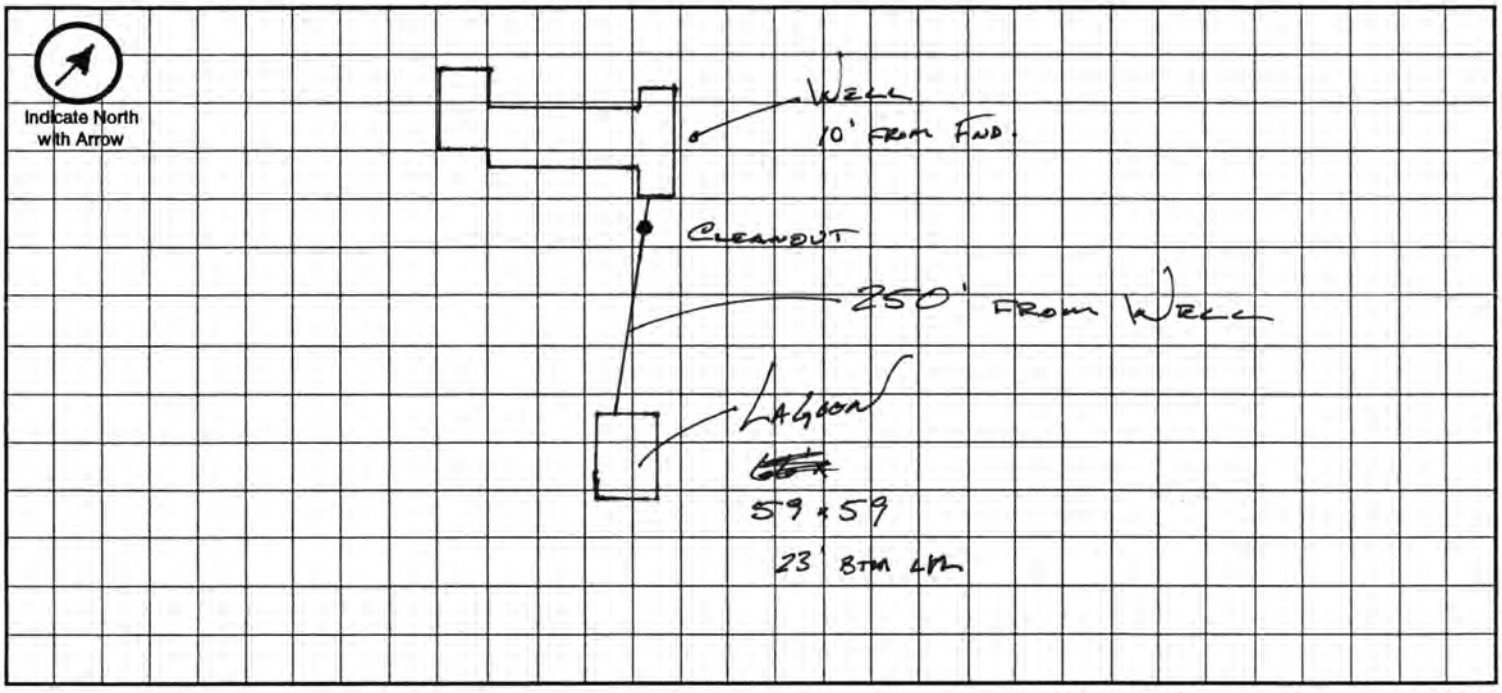
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C

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 _____ 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 _____ Date _____

Installer _____ Date _____