Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002731

(402) 441-8000

Permit # 03380264901

Issued 06/11/03

Expires 12/11/03

Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Permit SEWAGE INSTALLATION
LAGOON

Establishment BRIAN DURAN
T7N R7E SEC 36
GOLDEN POND ESTS LOT 13
29000 GOLDEN POND RD-FIRTH

Permittee BRIAN DURAN
29000 GOLDEN POND RD
FIRTH NE 68358

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director

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

A

Permit Number: 03380264901

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

X **A. System Location (Indicate correct number and street)**

Address 29000 GOLDEN POND ROAD (no rural route) City FIRTH NE, Zip

Legal Description 1/4 1/4 Section 36 Township 7N Range 7E Subdivision GOLDEN POND ADDN Addition – Block 13 Lot

Geographical Location (if known): Longitude Latitude

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

X **B. Owner**

Name BRIAN DURAN Signature by

Address 29000 GOLDEN POND City/State/Zip FIRTH NE

☐ Check if owner designed system Home Phone 423-5049 Work Phone 402-540-3

X **C. Contractor**

Name ART ROBERTSON Company Name INLAND CONSTRUCTORS

Address 140 BENTON COURT City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 402-560-5126

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

Designer Name Scott Hawes Firm HAWES CONTRACTING INC. Work Phone 402-499-1166

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 6/11/03 Date frwd 6/11/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-9-03 Date frwd 6-9-03 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Huff
3. **City or County Engineer** Date rec'd 6/11/03 Date frwd 6/11/03 ACTION ☒ Approved ☐ Disapproved Signature

6/13/03 Need drawing. J.C.H.

Installation Final Written Approval

By Doug Myers

Date 12/21/06

Business Office Use Only

Date Rec'd 6/11/03
Amt Paid 200.00
Rec'd By CW Cash/Check No. 3012

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

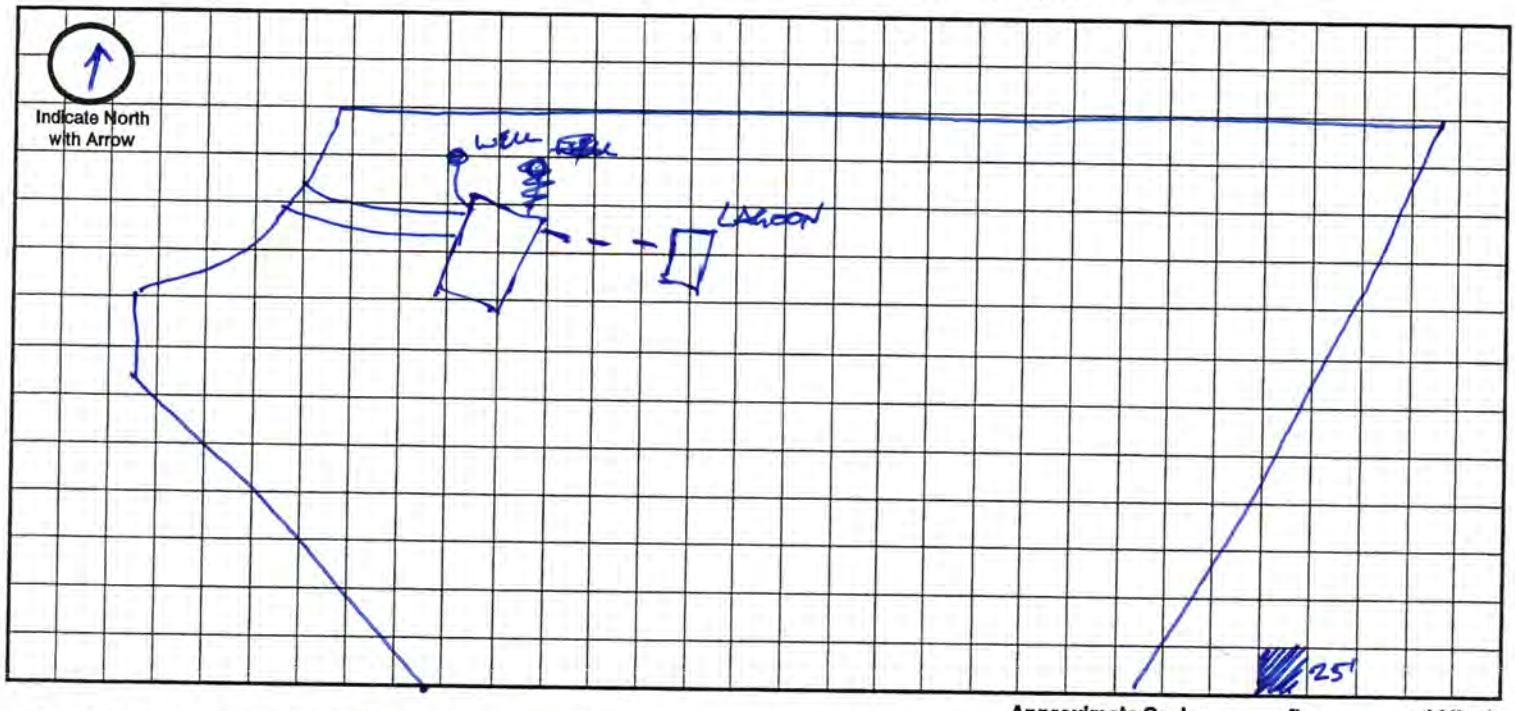
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802649

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

X A. System Location (Indicate correct number and street)

Address (no rural route) 29000 GOLDEN PONDS City FIRTH 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

X Home Building Contractor _____ Date 6-9-03

Installer HAES CONTRACTING INC Date 6-5-03

Scott Haes

FORM 23-102 10-96

Lancaster County

County Assessor/Register of Deeds
Property Information

InterLinc

Parcel Identification No: 14-36-301-013-000

Taxing District:	0063 RURAL
Property Class:	RLOT RURAL PLATTED LOT
Neighborhood:	3804 MARKET AREA EIGHT
Situs Address:	99999 **NO SITUS** ST RURAL
Final Value Summary for Tax Year 2004	
Total Value:	211,100

Property Owner:
DURAN, BRIAN R & KERRI L
29000 N GOLDEN POND RD
FIRTH NE 68358

Legal Description:
GOLDEN POND ESTATES CORRECTED PLAT LOT 13



Click Photo to Enlarge

Sale History:

Instrument #	Sale Date	Sale Pri
03-022998	03/06/2003	49,000

Land and Miscellaneous
Residential Information — Display Building 01
Building Sketch — Display Building 01
Map
Treasurer's Information

County Assessor | Property Information