Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008672

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: BRAD & LORI JOHNSON
T7N R7E SEC 18
LOT 11IT
385 OLIVE CREEK RD

Permittee: BRAD & LORI JOHNSON
5730 LIMESTONE RD
LINCOLN NE 68512

Permit # 06380316301

Issued 03/07/06
Expires 03/07/07
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

MAR 0 8 2006

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Permit Number: 063803163 01

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 385 Olive Creek Rd (no rural route) City _____ NE, Zip _____

Legal Description NE1/4 (1/4) 1/4 18 (Section) 7N (Township) 7E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) _____ (Lot) 11 I.L.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Brad & Lori Johnson Signature Brad Johnson

Address 5730 Limestone Rd City/State/Zip Lincoln, NE, 68512

☐ Check if owner designed system Home Phone 420-1557 Work Phone 441-8915

C. Contractor

Name Brad Southwick Company Name _____

Address _____ City/State/Zip Hickman, NE

☒ Check if contractor designed system Work Phone _____

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 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 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-7-06 Date frwd 3-7-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Smith

Date 9/8/06

Business Office Use Only

Date Rec'd 3/7/06

Amt Paid 175.00

Rec'd By CW Cash/Check No. 1508

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

MAR 0 3 2006

Brad Johnson

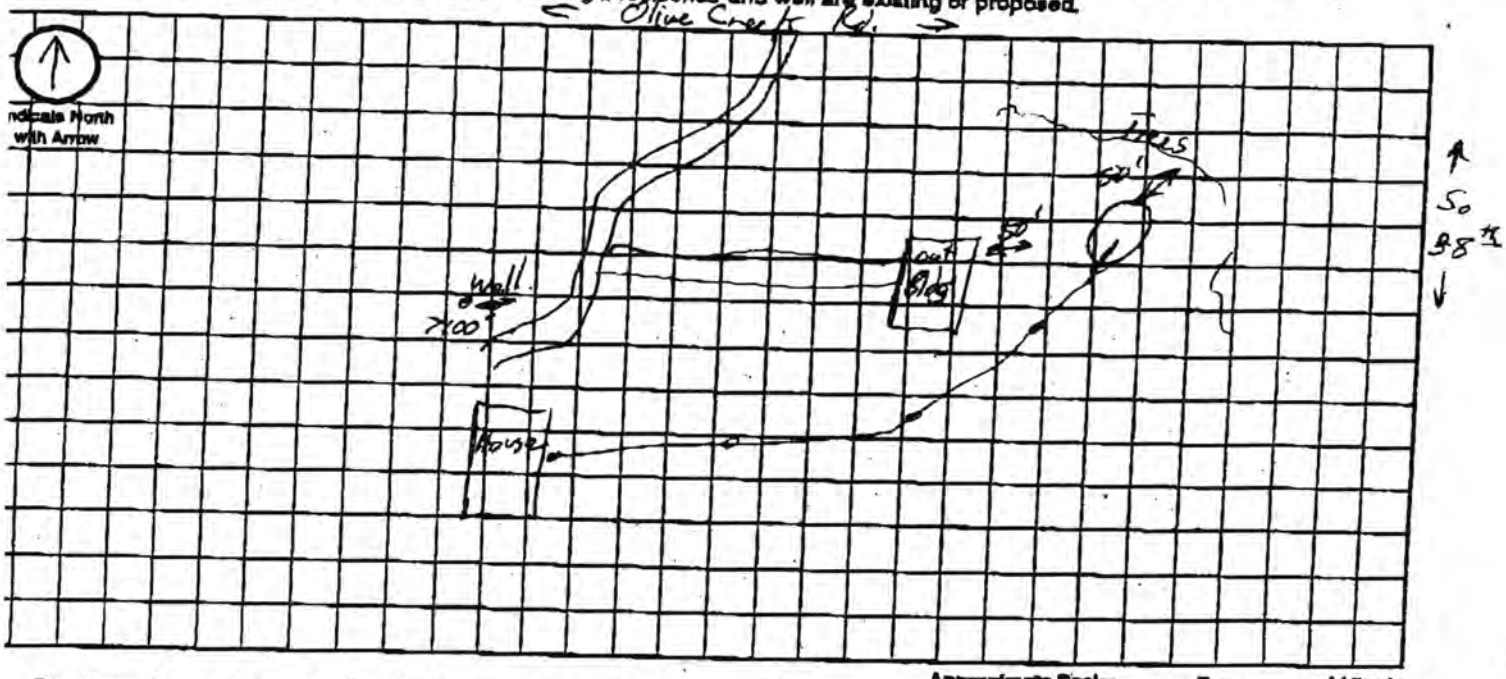
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Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, mpass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) Olive Creek Rd City Hickman NE Zip 68372

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

e of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
eld (ft)	100 ☐	600 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
pen (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

e Building Contractor _____ Date _____

ller Brad Johnson Date 2-28-06