Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

POE DEVELOPMENT CO
T7N R7E SEC 36
GOLDEN POND ESTS LOT 1
GOLDEN POND RD-FIRTH

Permittee

POE DEVELOPMENT CO
8701 ROCA RD
ROCA NE 68430

Permit # 01380234801

Issued 08/13/01
Expires 02/13/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Health Director

016205

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

AUG 1 4 2001

A

Permit Number: 013802348

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 Golden Paws Rd. (no rural route) City Firth NE, Zip

Legal Description Lot 1, Golden Paws Estates, Firth, Ne. (1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Section 36 Township 7N Range 7E

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Roe Signature

Address 8701 Roca Rd City/State/Zip Roca, NE. 68430

☐ Check if owner designed system Home Phone 792-2216 Work Phone 430-6911

C. Contractor

Name Roe Development Co. Company Name Same

Address 8701 Roca Rd City/State/Zip Roca, NE. 68430

☐ Check if contractor designed system Work Phone 430-6911

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 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 7/25/01 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoop
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-27-01 Date frwd 8-13-01 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Heyl
3. **City or County Engineer** Date rec'd 08/15/01 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature

Provided Lagoon is NOT Subject To Flooding From Waterway / Pond

Installation Final Written Approval

By

Date

8/28/01 Need fence, signs, etc. JCH

2-18-01, mm need 4 fence, gate & signs.

Business Office Use Only
Date Rec'd 07/25/01
Amt Paid 200.00
Rec'd By
~~Cash~~/Check No. 5954

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector (2 Sewage Applica)

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 013802348

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

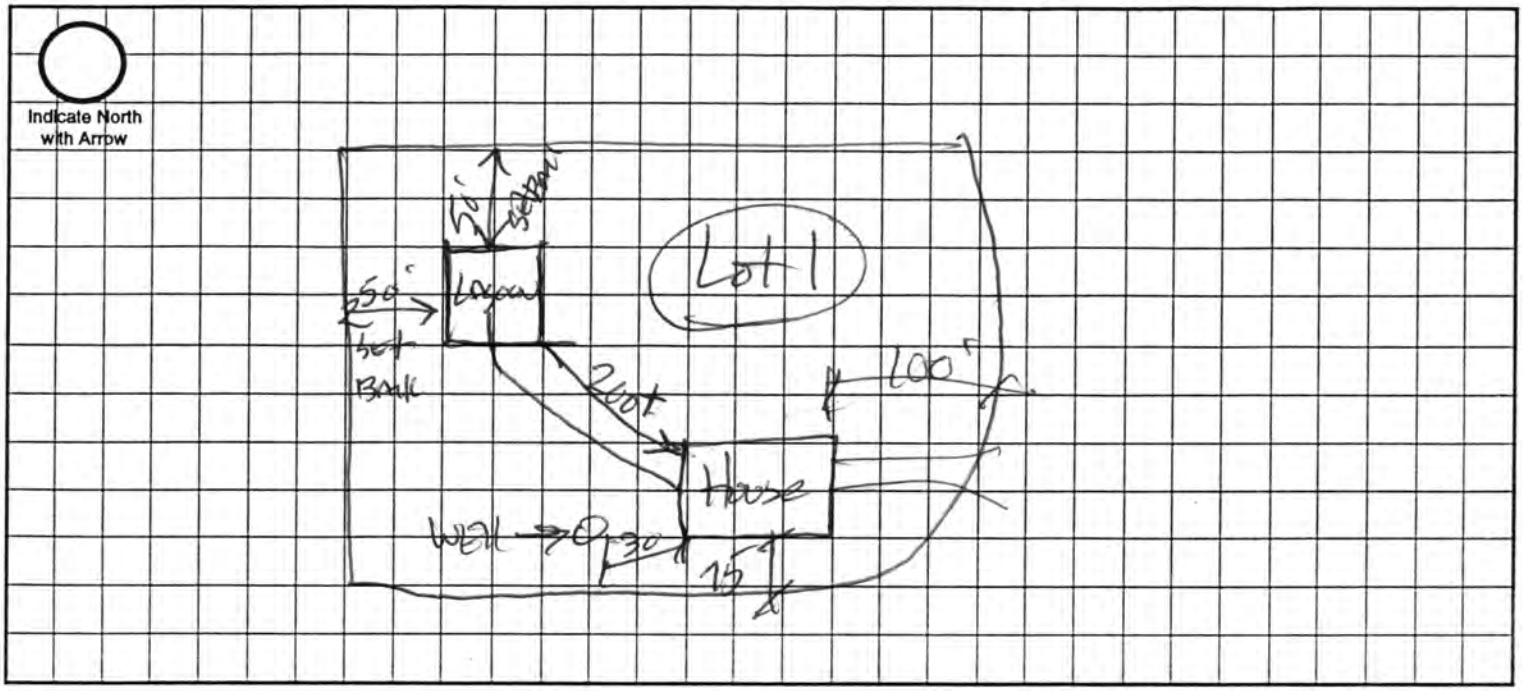
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C

Permit Number: 0138023 48

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) Lot 1 Golden Pond Estates 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 ☐	☐

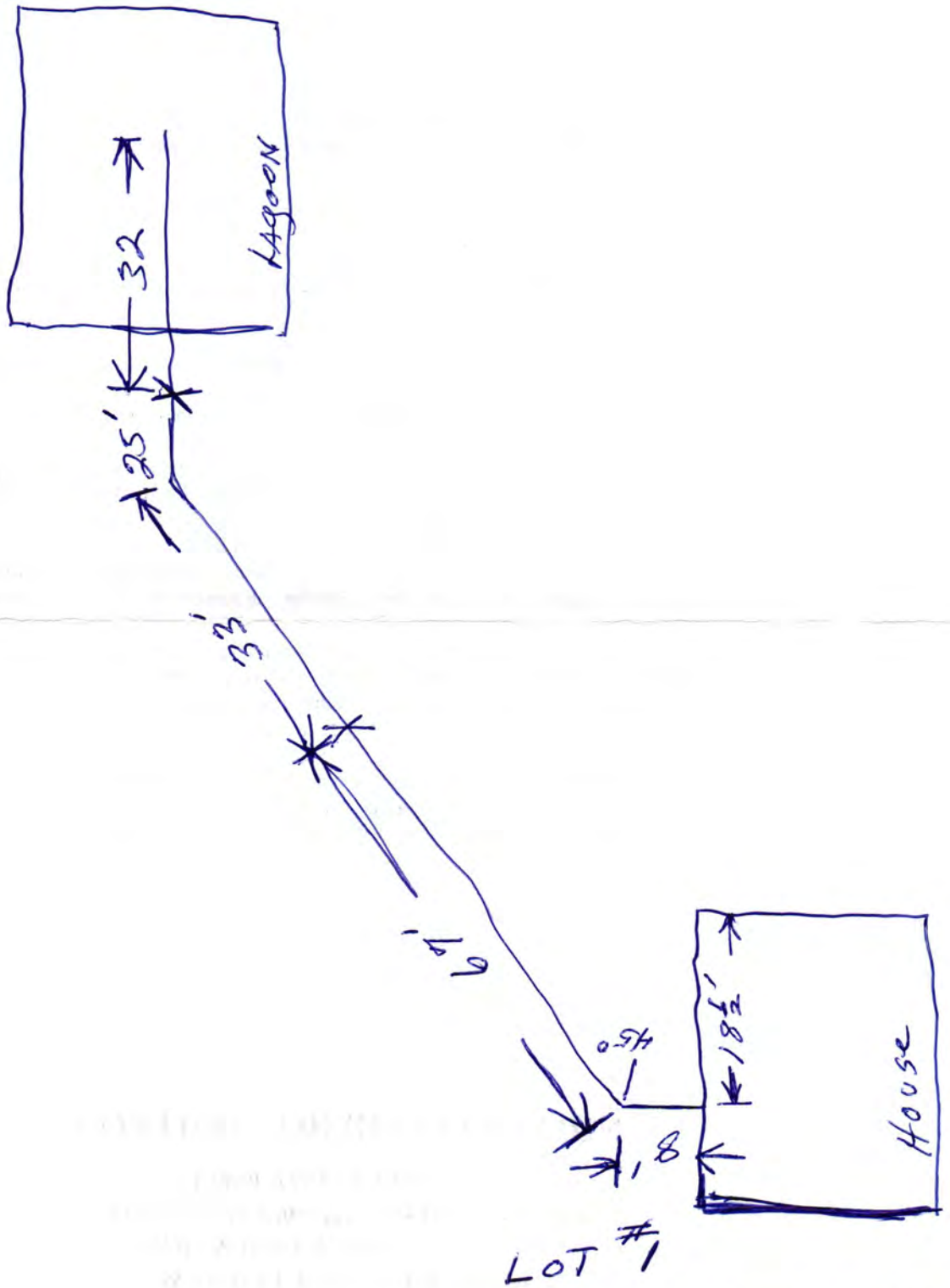
E. Required Signatures

Home Building Contractor Paul Dahlgren Jr Date 7-25-01

Installer _____ Date _____

FORM 23-102 10-96

(5) Line PVC 4"
Below Floor 18"



LOT #1

Capital Cuts Trenching
9-27-01