Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004929

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380282001

Issued: 04/22/04
Expires: 10/22/04
Revenue Code: 3157

Establishment:
POE DEVELOPMENT CO
T7N R7E SEC 36
GOLDEN POND ESTS LOT 21
28800 FONDA RD-FIRTH

FEES: $200.00

Permittee:
POE DEVELOPMENT CO
8701 ROCA RD
ROCA NE 68430

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
APR 22 2004

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

A

Permit Number: 04380282001

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 28800 ~~Cotton~~ Potter Rd (no rural route) City Firth NE, Zip 68372

Legal Description 36 7N 7E Golden Pond Estates 21
1/4 1/4 Section Township Range Subdivision 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 Pote Development Co Signature [signature] President

Address 6701 Roca Rd. City/State/Zip Roca, NE. 68430

☐ Check if owner designated system Home Phone 797-2266 Work Phone 420-6918

C. Contractor

Name G & A Backhoe Company Name Gordan Luke & G & A Backhoe

Address RR1 City/State/Zip Eagle NE

☐ Check if contractor designed system Work Phone 430-[illegible]

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

Designer Name _____ Firm G & A Backhoe Work Phone 797-2400

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 4/22/04 Date frwd 4/27/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-22-04 Date frwd 4-22-04 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Dwyer

3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

5/19/04 Need drawing. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood, R.E.H.S.

Date MAY 27, 2004

Business Office Use Only

Date Rec'd 04/22/04

Amt Paid 200.00

Rec'd By [signature] ~~Cash~~/Check No. 8267

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

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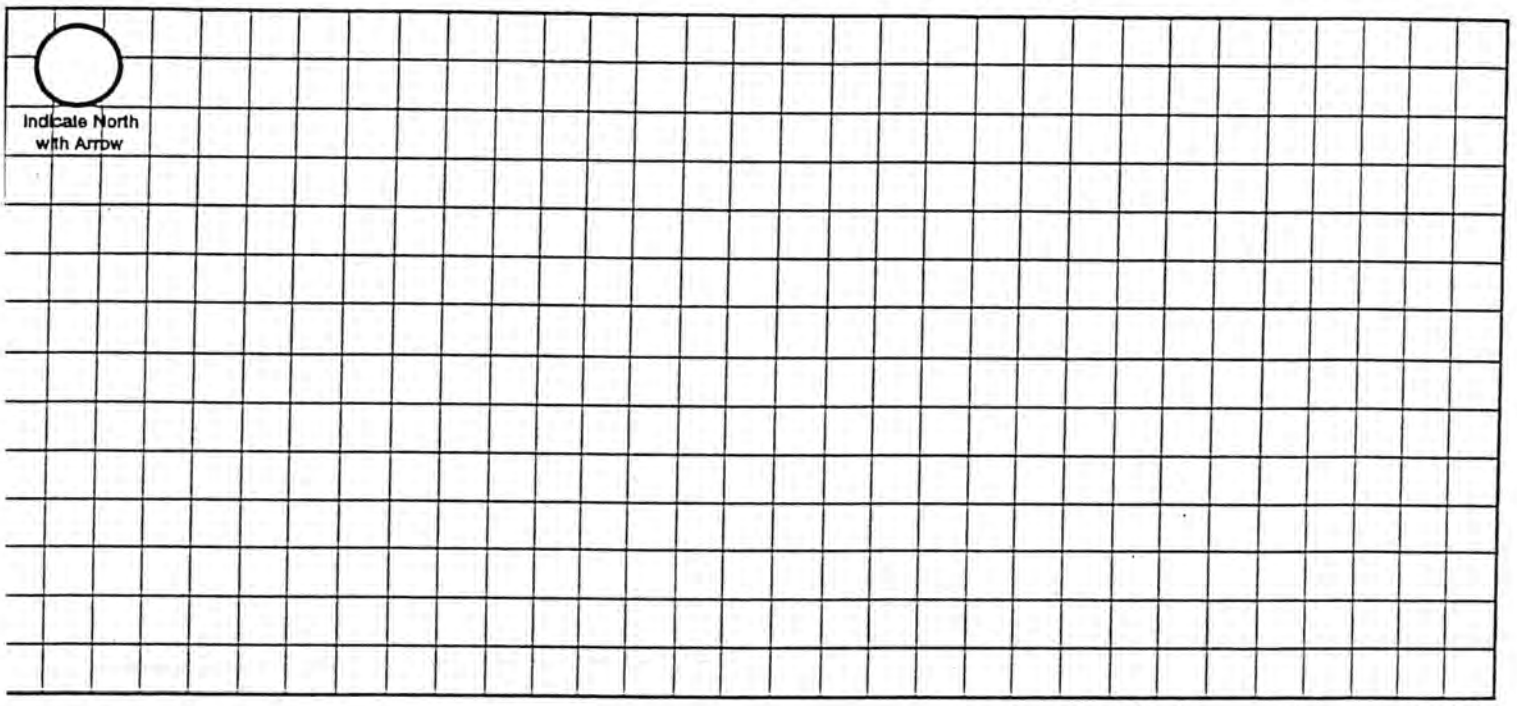
C

Permit Number: 04380282D

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 For Autumn Heights Landon Lukes Date 4-12-04

Installer _____ Date 4-22-04

G & A
BACKHOE SERVICE
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

05/22/04

To Jerry Hood,
This is the as built drawing for a Lagoon System @ 28800 Fonda Road for Poe Development.

