# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003176

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380273501

Issued 10/27/03
Expires 04/27/04
Revenue Code 3157

Establishment: POE DEVELOPMENT CO
T7N R7E SEC 36
GOLDEN POND ESTATES LOT 20
29001 N GOLDEN POND 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

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

RECEIVED OCT 27 2003

**A**

Permit Number: 03380273501

# 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 29001 N. Golden Pond Rd. (no rural route) City Firth NE, Zip 68358

Legal Description 36 (1/4) (1/4) Section 7N Township 7E Range Golden Pond Estates, L.C.U. Subdivision 20 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 Poe Signature _____

Address E 701 Rock Rd. City/State/Zip Roca NE. 68430

☐ Check if owner designed system Home Phone 792-2266 Work Phone 430 6911

### C. Contractor

Name Gordon Lake Company Name G-A Backhoe Service

Address _____ City/State/Zip Eagle NE.

☐ Check if contractor designed system Work Phone 450-7409

### 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 10/27/03 Date frwd 10/28/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-28-03 Date frwd 10-28-03 ACTION ☒ Approved ☐ Disapproved Signature Melvin A. Hoyle
3. **City or County Engineer** Date rec'd 10-28-03 Date frwd 10-28-03 ACTION ☒ Approved ☐ Disapproved Signature Terry V. Wendell

10/29/03 Inc + lagoon — Need fence + drawing

## Installation Final Written Approval

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

Date November 12, 2003

**Business Office Use Only**

Date Rec'd 10/27/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2299

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector 2 Applics

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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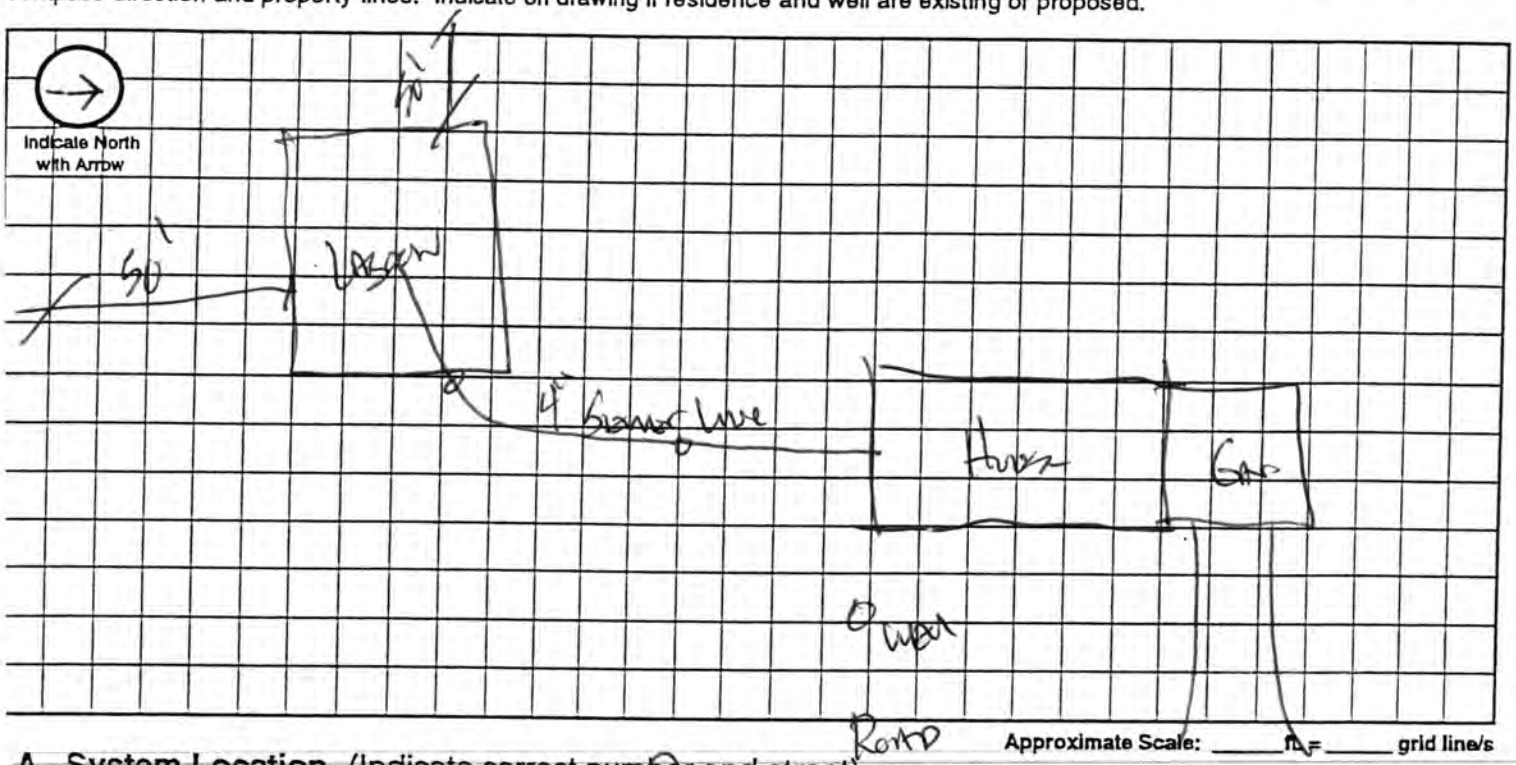
C

Permit Number: 033802735

# 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.




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

Address (no rural route) 2900 N Golden Rod Rd City Firth NE, Zip 68358

## 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 Lee Delmont for Nebr. Pumps Date 10/27/03

Installer Gordon Lee Date _____

RM 23-102 10-96

# 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**


NOV 0 3 2003

10/29/03

To Jerry Hood,
This is the as built drawing for a lagoon system @ 29001 Golden Pond Road for Poe Development.

