Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

004930

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380281901

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

Establishment:
POE DEVELOPMENT CO
T7N R7E SEC 36
GOLDEN POND ESTS LOT 16
29300 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

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: 0438028 1901

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 29300 Golden Pond Rd (no rural route) City Firth NE, Zip Ne. 68358

Legal Description ____ ____ 26 7N 7E Golden Pond Estates ____ ____
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 Poe Developments Signature [signature]

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

☐ Check if owner designed system Home Phone 430-6911 Work Phone 430-6911/792-2246

C. Contractor

Name G & A Backhoe Company Name G & A Backhoe

Address RR1 City/State/Zip Eagle, NE.

☐ Check if contractor designed system Work Phone 450-1862

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

Designer Name G/A Backhoe Firm ____ Work Phone 782-2400

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. Stogdill

* Lagoon Must Be Protected From Flooding By The Lake

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

4/22/04 L.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 ____ Cash/Check No. 8267

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

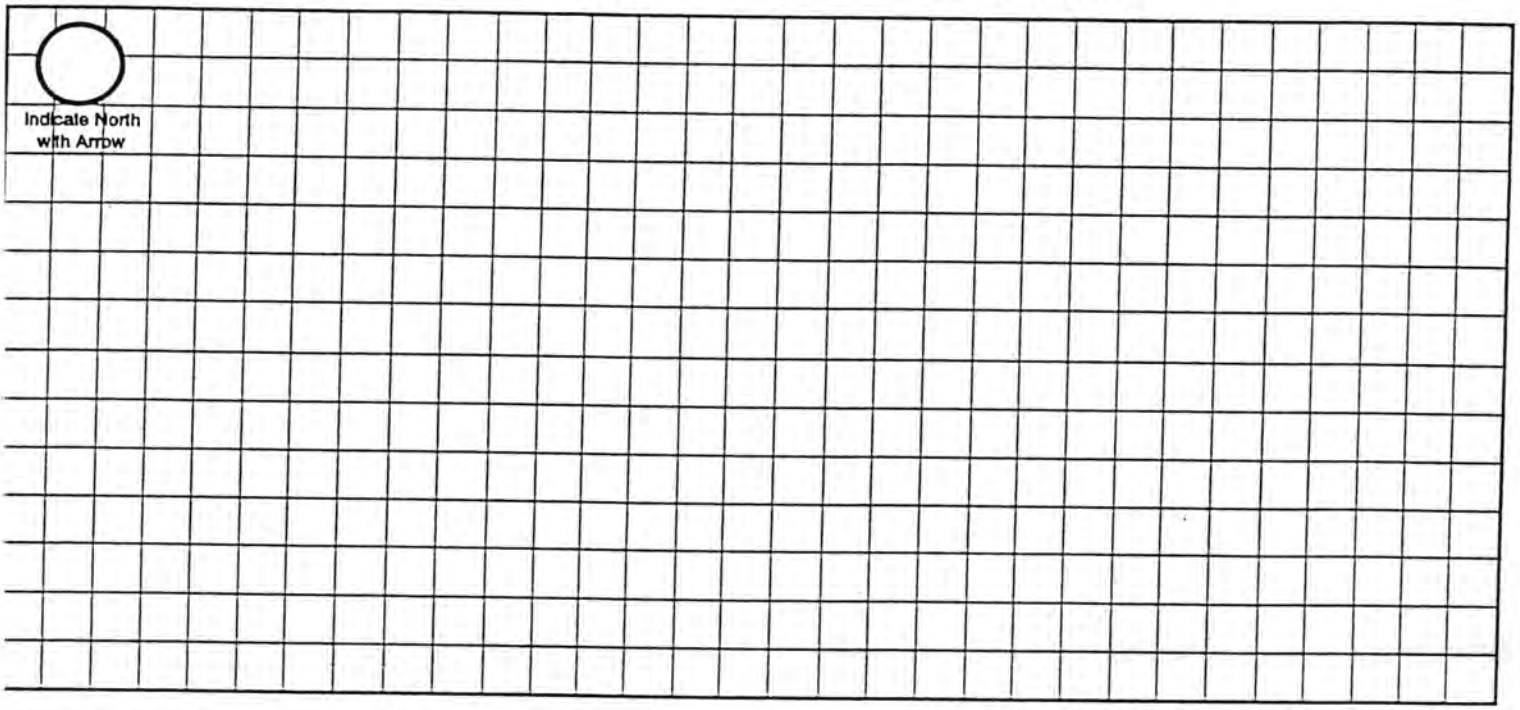
Lincoln-Lancaster County Health Department
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C

Permit Number: 043802819

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 Per Gordon Luke Date 4-22-04

Installer Gordon Luke Date 4-22-04

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

05/22/04

To Jerry Hood,
This is the as built drawing for a Lagoon System @ 29300 Golden Pond Road for Poe Development.

