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 11
FIRTH

Permittee

POE DEVELOPMENT CO
8701 ROCA RD
ROCA NE 68430

Permit # 01380234701

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

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016206

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: 013802347

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

Legal Description Lot 11, Golden Pond Estates, Forth, NE.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 36 7N 7E Latitude _____

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

B. Owner

Name Poe Signature _____

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

☐ Check if owner designed system Home Phone 792-2266 Work Phone 430-6900

C. Contractor

Name Mundhenke trenching Company Name Mundhenke trenching

Address P.O. Box 575 City/State/Zip Milford, NE. 68405

☒ 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 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 Gerald C. Hoo
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-27-01 Date frwd 8-13-01 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Voeller
3. **City or County Engineer** Date rec'd 08/15/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Dugal Deamon

Provided Lagoon Is NOT subject To Flooding From Waterway/Pond

Installation Final Written Approval 08/15/01

By _____

Date _____

Need fences, signs, etc.

Business Office Use Only
Date Rec'd 07/25/01
Amt Paid 200.00
Rec'd By LO ~~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

C

Permit Number: 0138023 47

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 11, Golden Pond Estates City Firth NE, Zip 68372

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 Pac Development Co. Date 7-25-2001

Installer Mindhorst Trenching Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 28801 Yonder Rd. (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

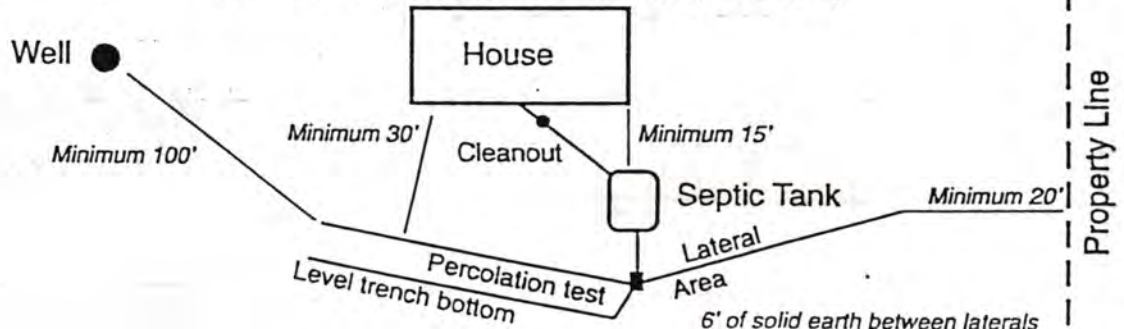
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

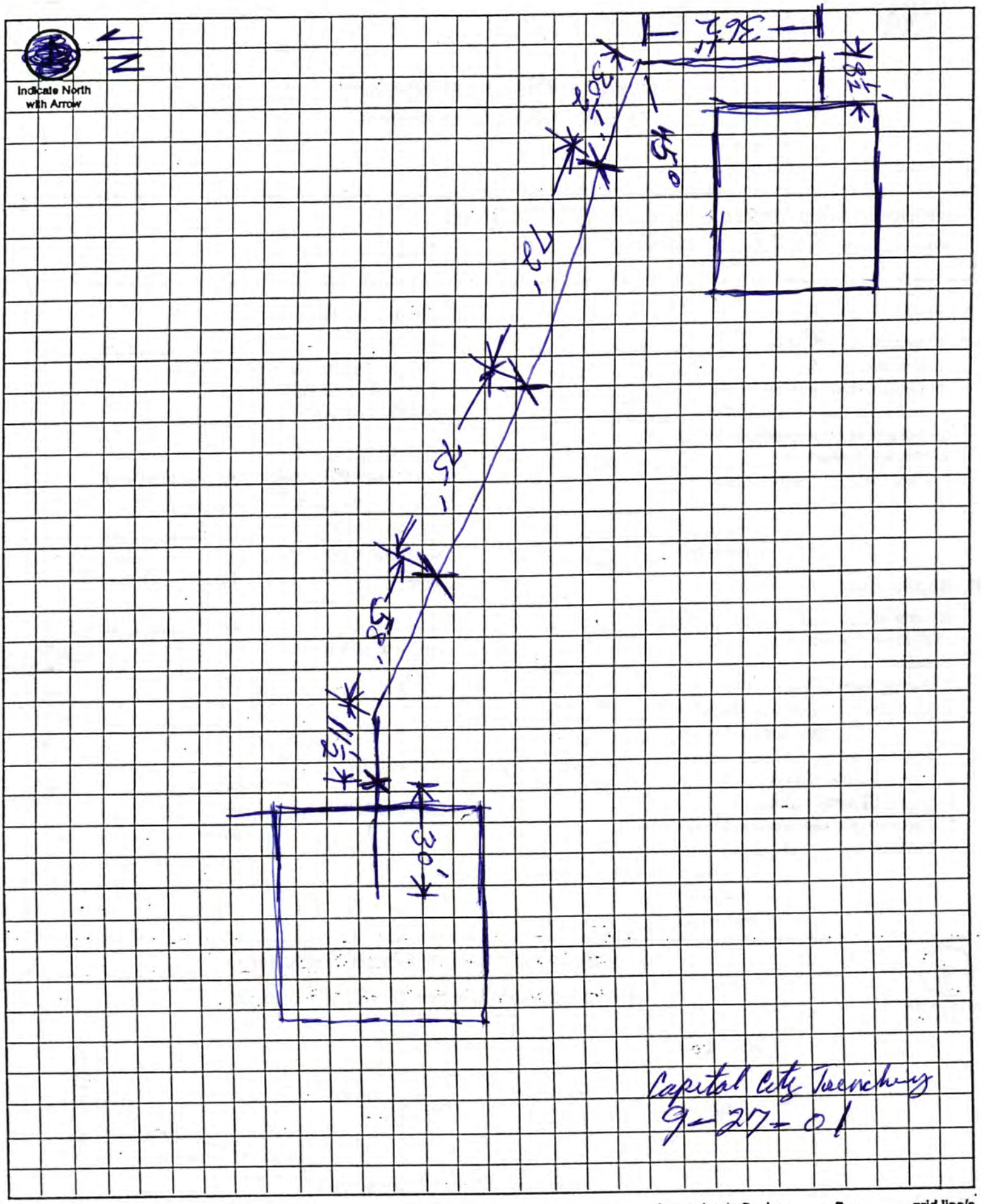
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

28801 Fonda



Capital City Trenchless
9-27-01

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