# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002251

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380263801

Issued 05/15/03
Expires 11/15/03
Revenue Code 3157

Establishment CINDY SEARCEY
T7N R7E SEC 36
GOLDEN POND ESTS LOT 6
29101 N GOLDEN POND ESTS-FIRTH

FEES: $200.00

Permittee CINDY SEARCEY
2717 EVERETT ST
LINCOLN NE 68502

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

**A**

Permit Number: 03380263801

# 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 2901 N Golden pond estates (no rural route) City Firth NE, Zip 68358

Legal Description ____ ____ 36 (Section) 7N (Township) R7E (Range) GOLDEN POND ESTATES (Subdivision) ____ (Addition) 6 (Block) ____ (Lot)
1/4 1/4

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Cindy Scerey Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

### C. Contractor

Certification #42

Name Mike Kramer Company Name Circle K excavation

Address 235 E 2nd City/State/Zip Douglas NE 68344

☑ Check if contractor designed system Work Phone 580-2714

### 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 5/15/03<br>Date frwd 5/16/03 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Hood | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 5-14-03<br>Date frwd 5-14-03 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Michael A. Dwyer | |
| 3. **City or County Engineer** | Date rec'd 5-16-03<br>Date frwd 5-16-03 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature [signature] | |

### Installation Final Written Approval

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

Date NOVEMBER 21, 2003

***Business Office Use Only***

Date Rec'd 5/15/03

Amt Paid $200.00

Rec'd By CW Cash/Check No. 1384

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

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

**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address 2910 N Golden Pond (no rural route) City Firth NE, Zip _____

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) |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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### Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks Lagoon — agreed to seal w/ bentonite

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

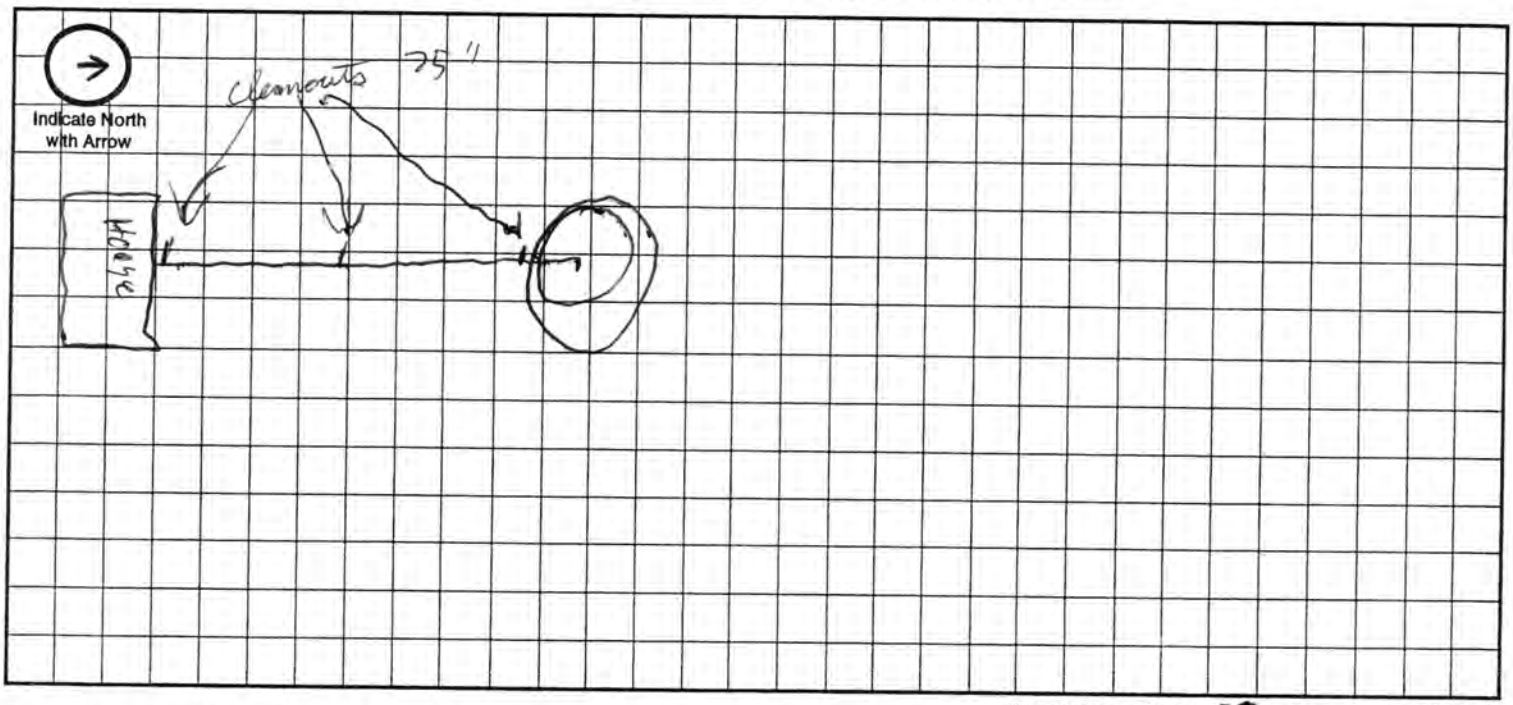
**Lincoln-Lancaster County Health Department**
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Phone: 402-441-8022

**C**

Permit Number:

# 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:** 20 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 Lagoon

## 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 _____ Date _____

Installer Mike Kruse Date 5/15/03

FORM 23-102 10-96

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

APR 1 4 2005

**Laboratory Report Printed on: April 14, 2005**

**LLCHD**
**LINCOLN LANCASTER COUNTY HEALTH DEPT.**
**JOHN CHESS**
**3140 N STREET**
**LINCOLN, NE 68510**

## Laboratory Analysis For: PRIVATE COLIFORM

**Sample Comments:**

Laboratory Number: **P27361-3**
Sampled By: **JERROLD HOOD**
Location: **29101 GOLDON POND RD**
Sample Point:

Date Collected: **12-Apr-2005 11:29 AM**
Date Received: **13-Apr-2005**

| Parameter | Results | Units | Method | Analysis Date | Analyst |
|---|---|---|---|---|---|
| TOTAL COLIFORM | **Total coliform absent - meets bacteriological standards** | cfu/100ml | 9223B-PA | 04/14/05 | TW/JN |
| E. COLI | **E. coli absent** | cfu/100ml | 9223B-PA | 04/14/05 | TW/JN |

**Note: see reverse side of report for description of acronyms and data qualifiers**

**For inquiries on result interpretation call: (402) 471-6435.**

P27361-3

APR 12 2005

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 29101 Golden Pond Rd, Firth, NE 68358

Parcel ID 14-36-301-006-000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition Golden Pond Estates

Directions to Property ___

Location of Well NW of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of House Year Installed 2003

Site Hazards (dogs, etc.) dog

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Trisha Kantor / Cindy Searcey | 29101 Golden Pond Rd<br>Firth, NE | 525-5806-H<br>791-5157-C |
| Tenant/Buyer: | Mark Mattson | 6401 Saline Dr<br>Lincoln, NE 68504 | 525-0145-C |
| Return to: | Mark Mattson<br>* Shelly Nitz | same | 402-643-6564 (Fax)<br>Attn: Shelly Nitz Realtor |

Signature of Applicant Mark Mattson Address 6401 Saline Dr<br>Lincoln, NE 68504 Date 4 / 9 / 05

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 4 / 12 / 05 Amount #200.00 Check No. 2320 Initials ___

**DATA ENTRY** Date ___/___/___ Case No. ___ Initials ___

**PRELIMINARY STATUS--By** Jerrold C. Hook **DATE:** 4 / 13 / 05

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | | Additional Site Visits |
|---|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved | ☐ | Date ___/___/___ by ___ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional | ☐ | Date ___/___/___ by ___ |
| Nitrate | ☒ 1.0 ppm | ☐ ___ ppm | Disapproved | ☒ | Date ___/___/___ by ___ |

**Comments:** SEWAGE LAGOON NEEDS WARNING SIGNS REPLACED. VEGETATION AROUND LAGOON SHOULD BE KEPT DOWN.

See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

applicant let drop