LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380190301

Issued 12/04/98
Expires 06/04/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

KEITH & RENAY DEY
T7N R8E SEC 6 QTR NW
LOT 20
21601 S 120 ST-HICKMAN

Permittee

KEITH & RENAY DEY
21601 S 120 ST
HICKMAN NE 68372

Issued By Health Director
Lincoln-Lancaster County Health Department

008345

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 9838 01903

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 21601 S. 120th St. (no rural route) City Hickman NE Zip 68372

Legal Description SEE ATTACHED

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
SE		6	7N	8E				~~20~~

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Keith A. & Renay C. Dey Signature [signature]

Address 21601 S. 120th St. City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone 402-792-2654 Work Phone 402-471-3906

C. Contractor

Name Lorin Oosting Company Name Oosting Well & Plbg

Address 734 Elm City/State/Zip Adams, Ne 68301

☒ Check if contractor designed system Work Phone 988-2055

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

Designer Name Lorin Oosting Firm Oosting Well & Plumbing Work Phone 988-2055

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 12/3/98 Date frwd 12/3/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/7/98 Date frwd 12/7/98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 12/7/98 Date frwd 12/7/98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 12/03/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 1073

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

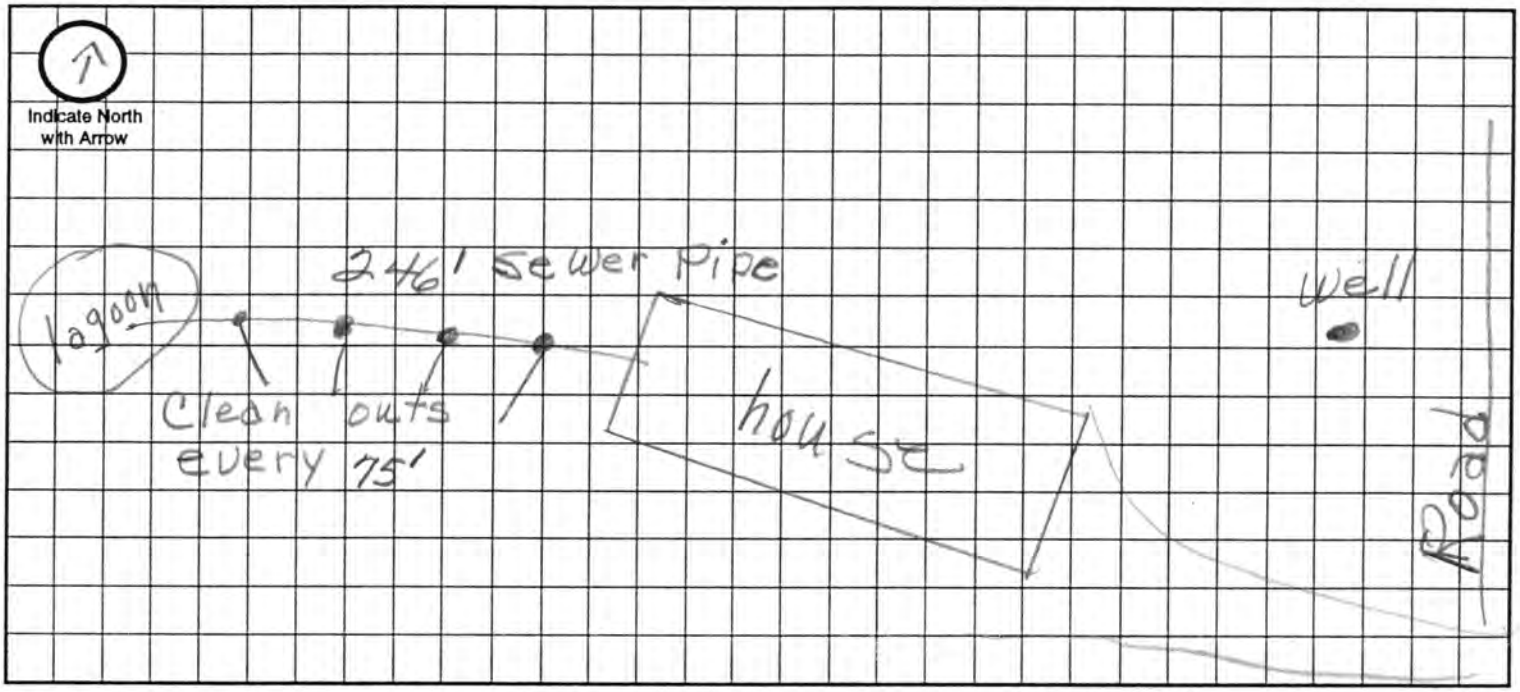
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380 1903

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) 21601 S. 120th St. City Hickman NE, Zip 68372

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 _____ Date _____

FAX MEMO
PAGES 1 DATE 12-3 FAX# 441-6201
TO Jerry Hood
FROM Keith Dey
CO.
PH# 471-3906 FAX#

