Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380243401

Issued 03/22/02
Expires 09/22/02
Revenue Code 3157

Establishment

GORDON J ESSINK
T7N R8E SEC 6
LOT 25
11900 PANAMA RD-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee

GORDON J ESSINK
3443 LAKEVIEW LN
COLUMBUS NE 68601

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001049

MAR 2 2 2002

A

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

Permit Number: 023802434

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 11900 Panama Rd (no rural route) City Hickman NE, Zip 68372

Legal Description ~~Lot 25~~ ~~6 SE 6~~ 7N 8E 25 T.
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 Gordon J. Essink Signature Gordon J Essink

Address 3443 Lakeview Lane City/State/Zip Columbus NE 68601

☐ Check if owner designed system Home Phone 402-564-7672 Work Phone 402-649-5025

C. Contractor

Name Dave Vogt Company Name Vogt ~~Constru~~ Excavating

Address Box 161 City/State/Zip Elmwood NE 68349

☒ Check if contractor designed system Work Phone 402 560-4267

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 3/22/02 Date frwd 3/25/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/25/02 Date frwd 3/25/02 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 3/25/02 Date frwd 3/25/02 ACTION ☒ Approved ☐ Disapproved Signature [signature]

5/21/02 Dogs need fence, signs, etc

Installation Final Written Approval

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

Date MAY 21, 2002

Business Office Use Only

Date Rec'd 03/22/02
Amt Paid 200.00
Rec'd By ~~cs~~ ~~Cash~~/Check No. 3019

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

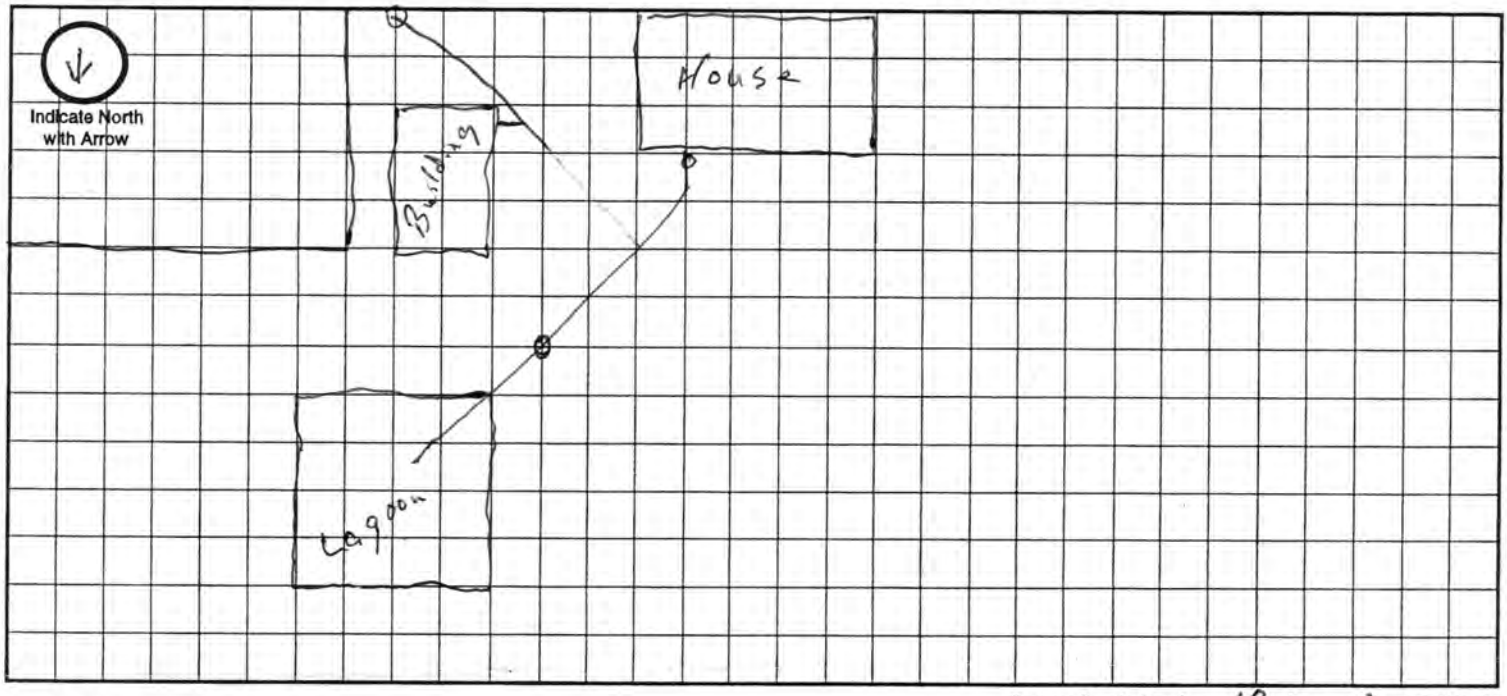
MAR 2 2 2002 C

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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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11900 Panama Rd City Hickman NE, Zip NE 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon (must not exceed 1/8" seepage/day)

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

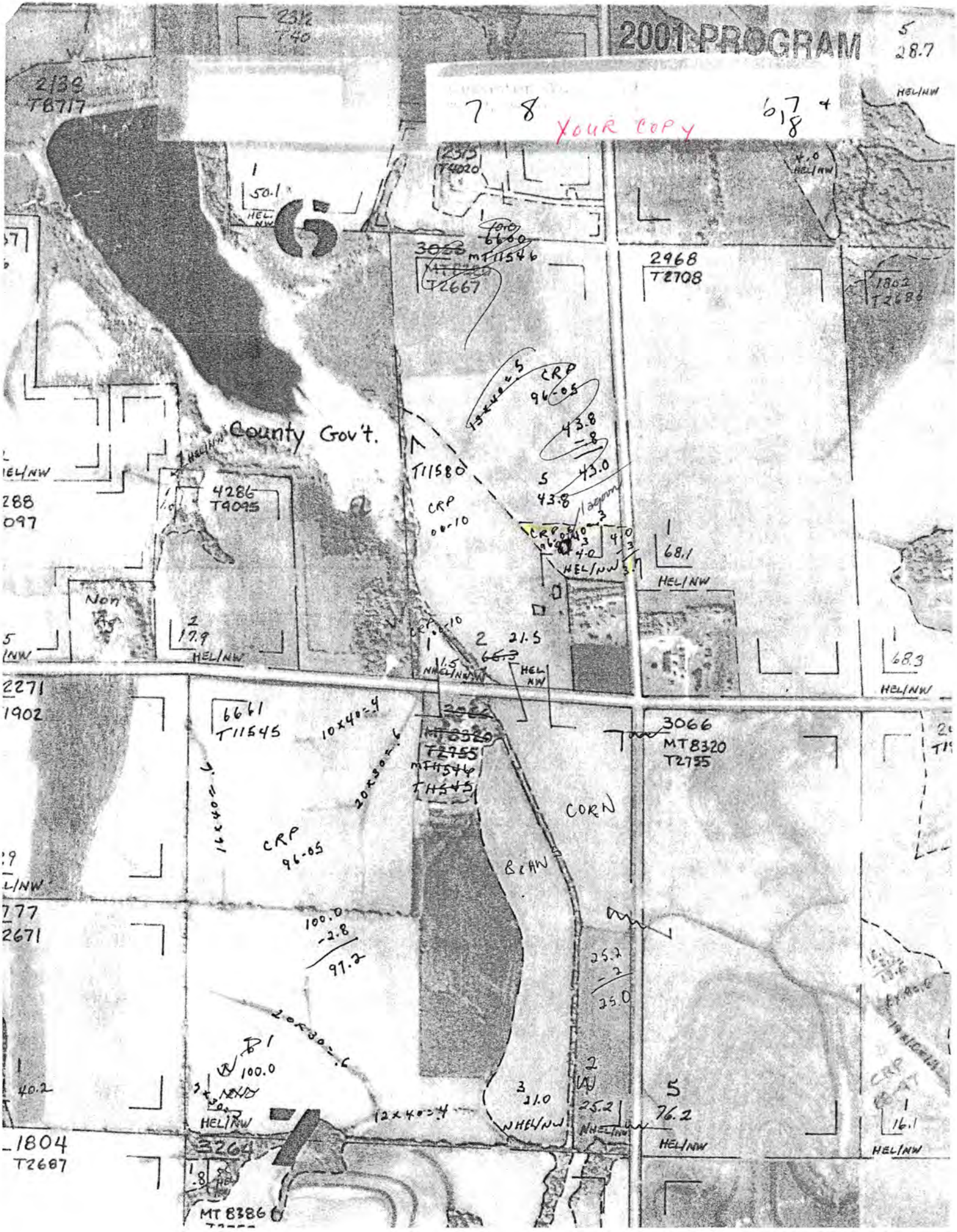
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

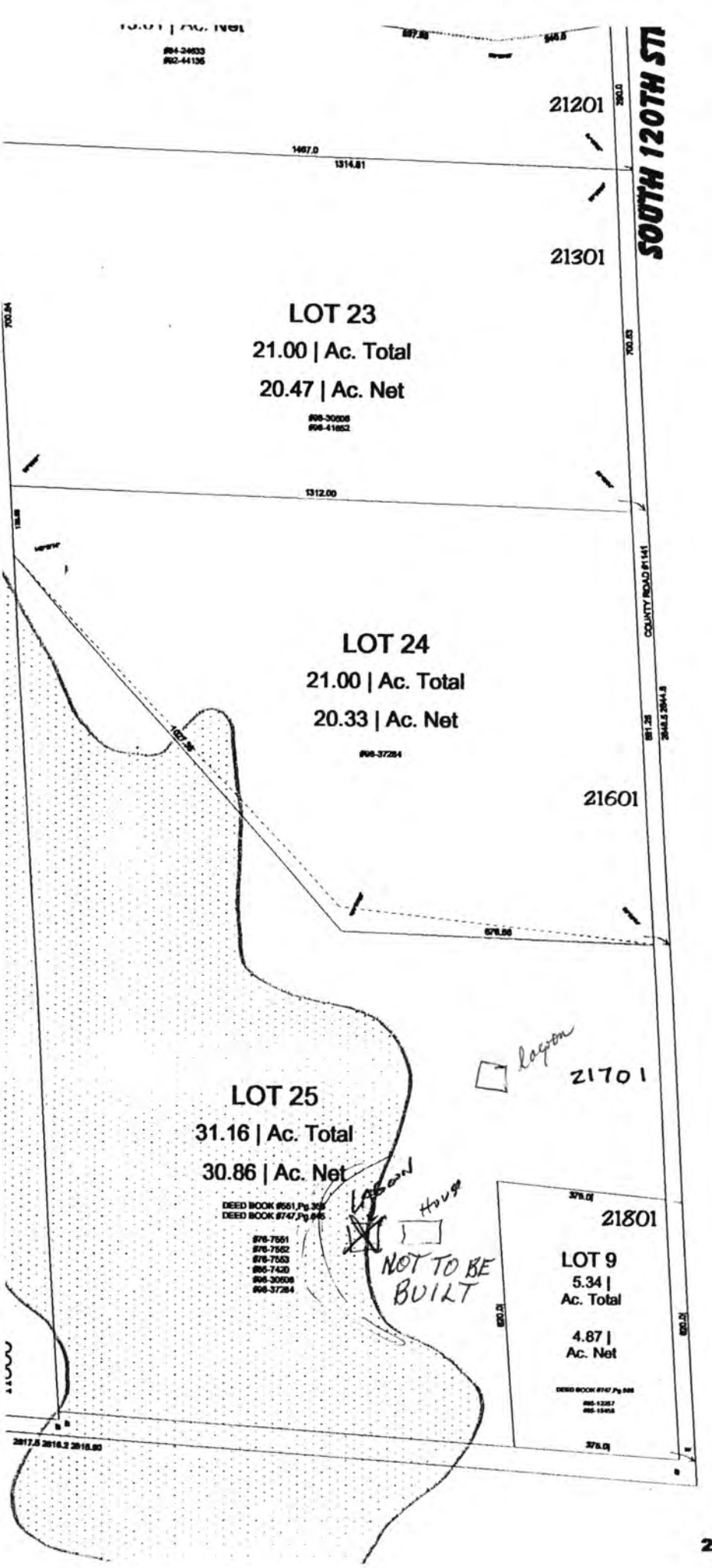
E. Required Signatures

Home Building Contractor _____ Date _____

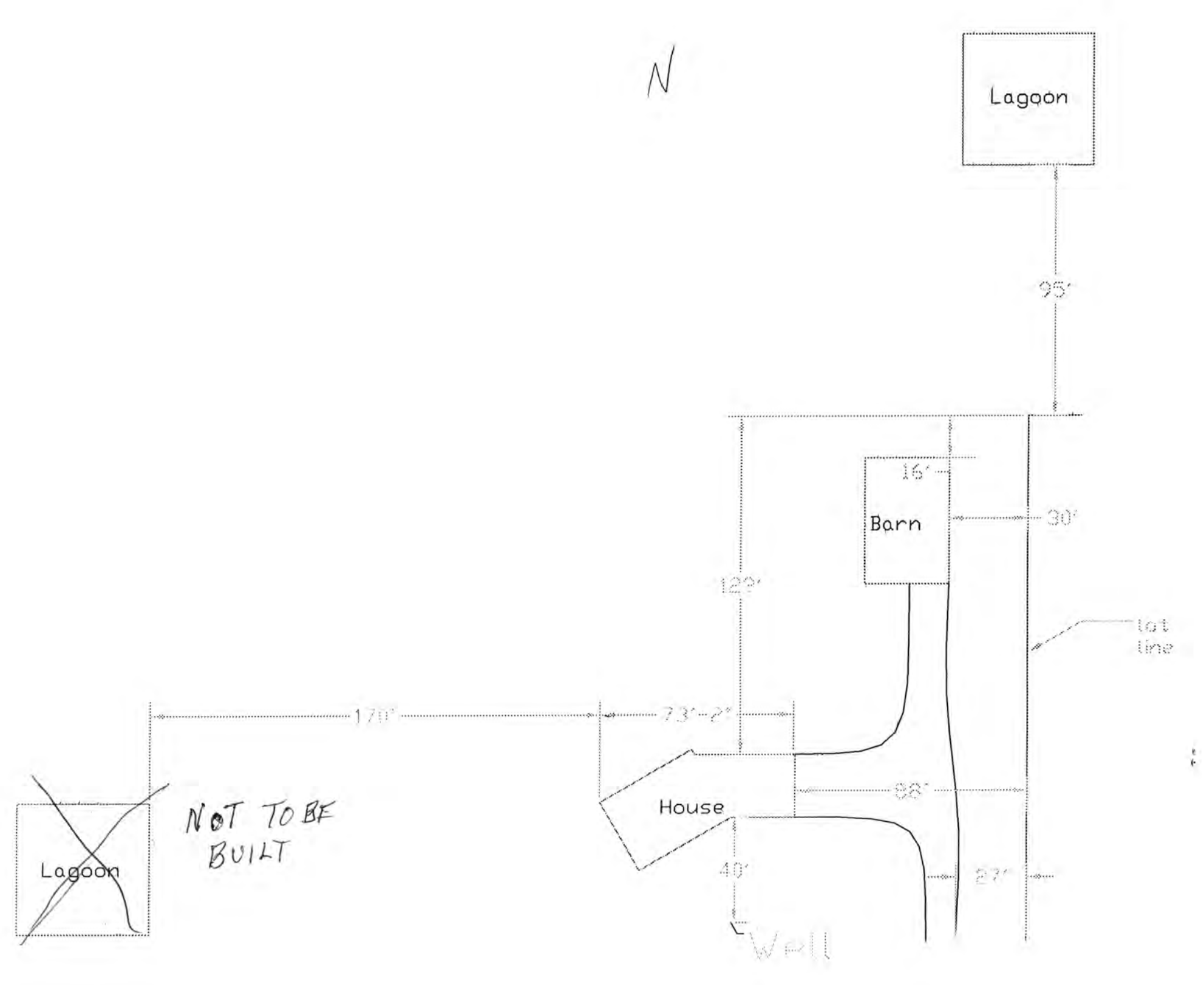
Installer _____ Date 3-8-02

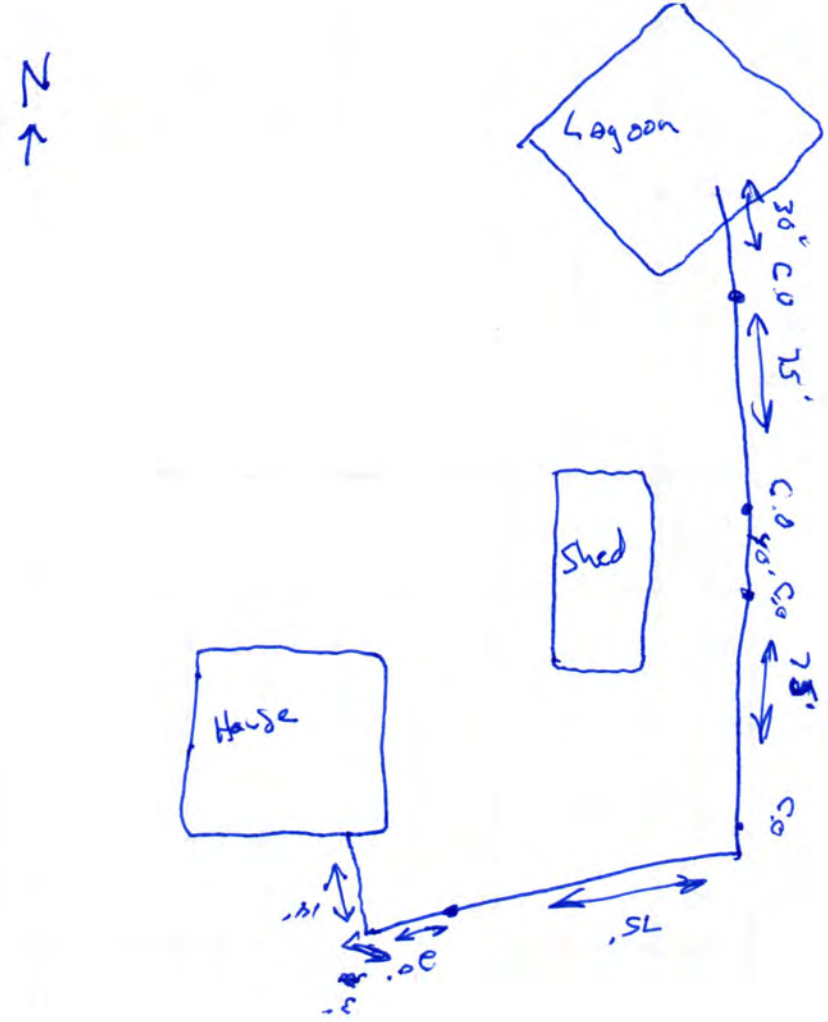
FORM 23-102 10-96


2001 PROGRAM
YOUR COPY
County Gov't.
CRP
96-05
CRP
00-10
CORN
BEAN
HEL/NW
MT8320
T2755
MT11546
T2667
MT11580
T9095
T11545
T2708
T2686
T2607
MT8386



need an elevation certificate


N
Lagoon
95'
16'
Barn
30'
120'
lot line
170'
73'-2"
88'
House
40'
27'
Well
Lagoon
NOT TO BE BUILT


N
Lagoon
30' C.O
75'
C.O
Shed
House
C.O
SL