Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

JAN KROESE
T7N R8E SEC 21 QTR NW
25700 S 134 ST-FIRTH

Permitee

JAN KROESE
25700 S 134 ST
FIRTH NE 68527

Permit # 00380219201

Issued 05/18/00
Expires 11/18/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013156

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

A

Permit Number: 00380219 2

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 25700 S. 134th (no rural route) City Firth NE, Zip 68527

Legal Description NW 1/4 21-7-8
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 JAN KROESE Signature Jan Kroese by Taylor Z. Kroese Jan attorney

Address 25700 S. 134th City/State/Zip Firth, NE. 68527

☐ Check if owner designed system Home Phone — Work Phone 402-792-2255

C. Contractor

Name GARY HEETDERKS Company Name _____

Address ~~Adams~~ City/State/Zip Adams, NE.

☐ Check if contractor designed system Work Phone 429-8612

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 2 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 5/17/00 Date frwd 5/18/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval Provisional

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

Date MAY 23, 2000

Business Office Use Only

Date Rec'd 05/17/00

Amt Paid 150 cc

Rec'd By lo Cash/Check No. 15546

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

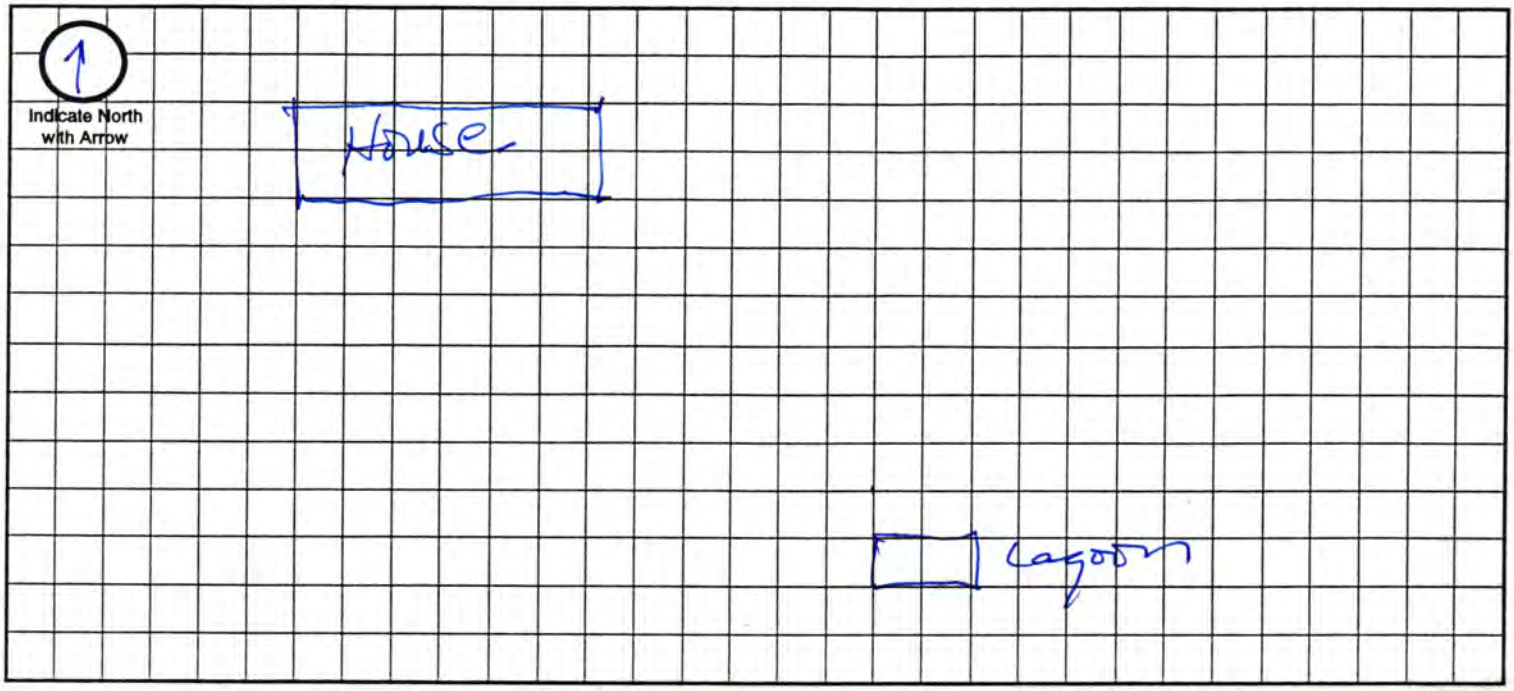
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802192

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) 25700 S. 134th City Firth NE, Zip 68527

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 Jan Kvesa by Taylor Bates for Jan Date 5-17-00

Installer _____ Date _____

FORM 23-102 10-96

Official Survey Record

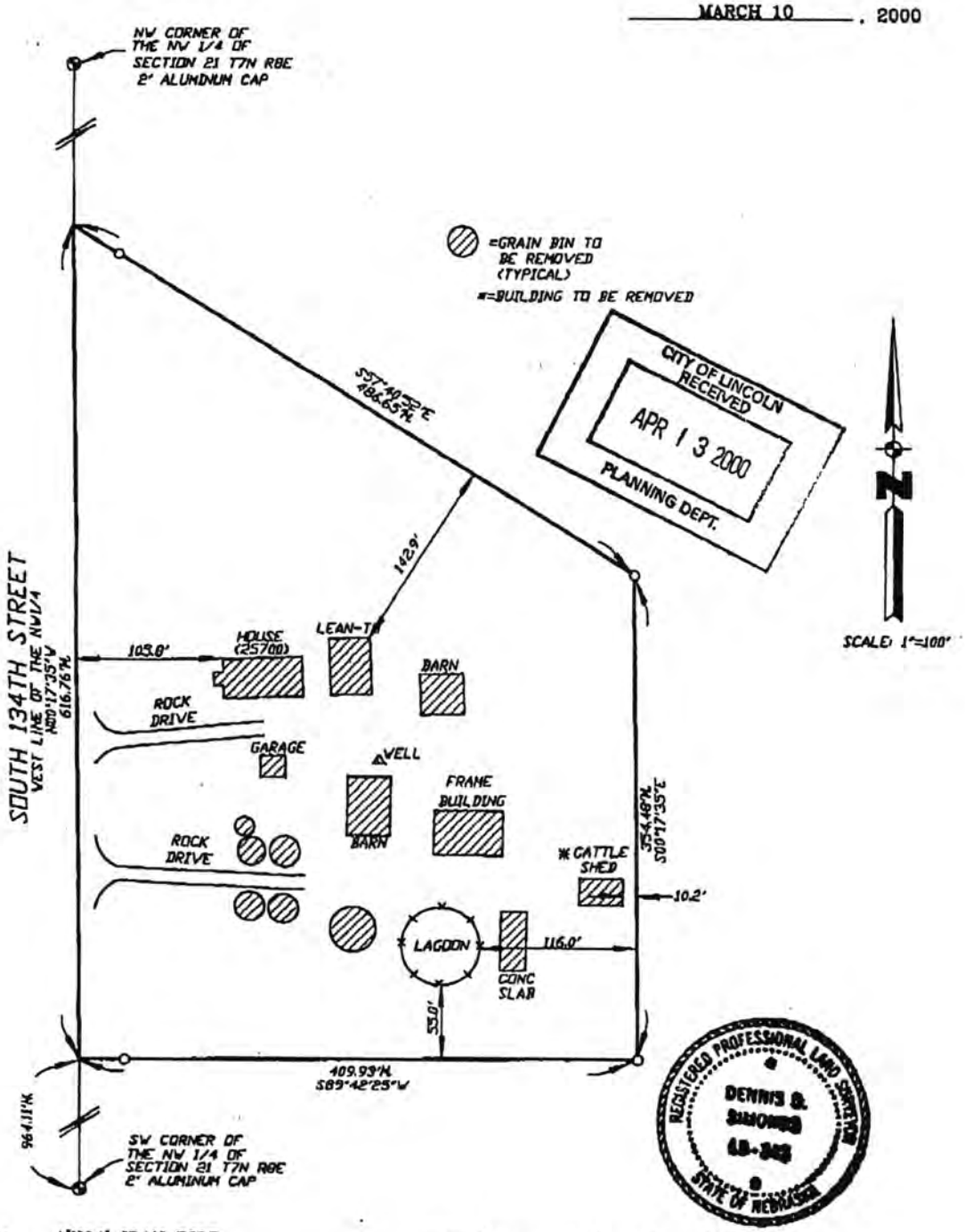
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516
Phone (402) 434-2686
Fax (402) 434-2687

Survey OF A 4.57 ACRE± TRACT OF LAND LOCATED IN THE NORTHWEST 1/4 OF Section 21 T. 7 N., R. 6 EAST of the 6th P.M.

Job No. 28563 Sheet 1 of 2

MARCH 10, 2000



o = Set 1"X24" IRON PIPE

● = Monuments Found AS SHOWN

SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron PIPE were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 16TH day of MARCH, 2000

NAME Dennis D. Simonds
DENNIS D. SIMONDS
Surveyor's License #343
Nebraska L.S. (SEAL)