Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380249601

Issued 06/24/02
Expires 12/24/02
Revenue Code 3157

Establishment
SCOTT RUSSELL
T7N R8E SEC 32
POST ROCK PINES LOT 4
28301 POST ROCK CIR-FIRTH

FEES: $200.00

Permittee
SCOTT RUSSELL
28301 POST ROCK CIR
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002546

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

A

Permit Number: 0238 02496

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 28301 Post Rock Circle (no rural route) City Firth NE, Zip NE

Legal Description 32 7N 8E Post Rock Pines 4
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 Scott Russell Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Frey Const Inc Company Name Doris Frey Frey Const Inc

Address RT 1 Box 88A City/State/Zip Hickman NE 68372

☐ Check if contractor designed system Work Phone 560-2211

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

Designer Name _____ Firm DirTworks Inc. 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 6/24/02 Date frwd 6/25/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-25-02 Date frwd 6-25-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/25/02 Date frwd 6/25/02 ACTION ☒ Approved ☐ Disapproved Signature _____

7/16/02 ~~Need drawing, fence~~, signs, etc. J.C.H. ← 1/14/03

Installation Final Written Approval

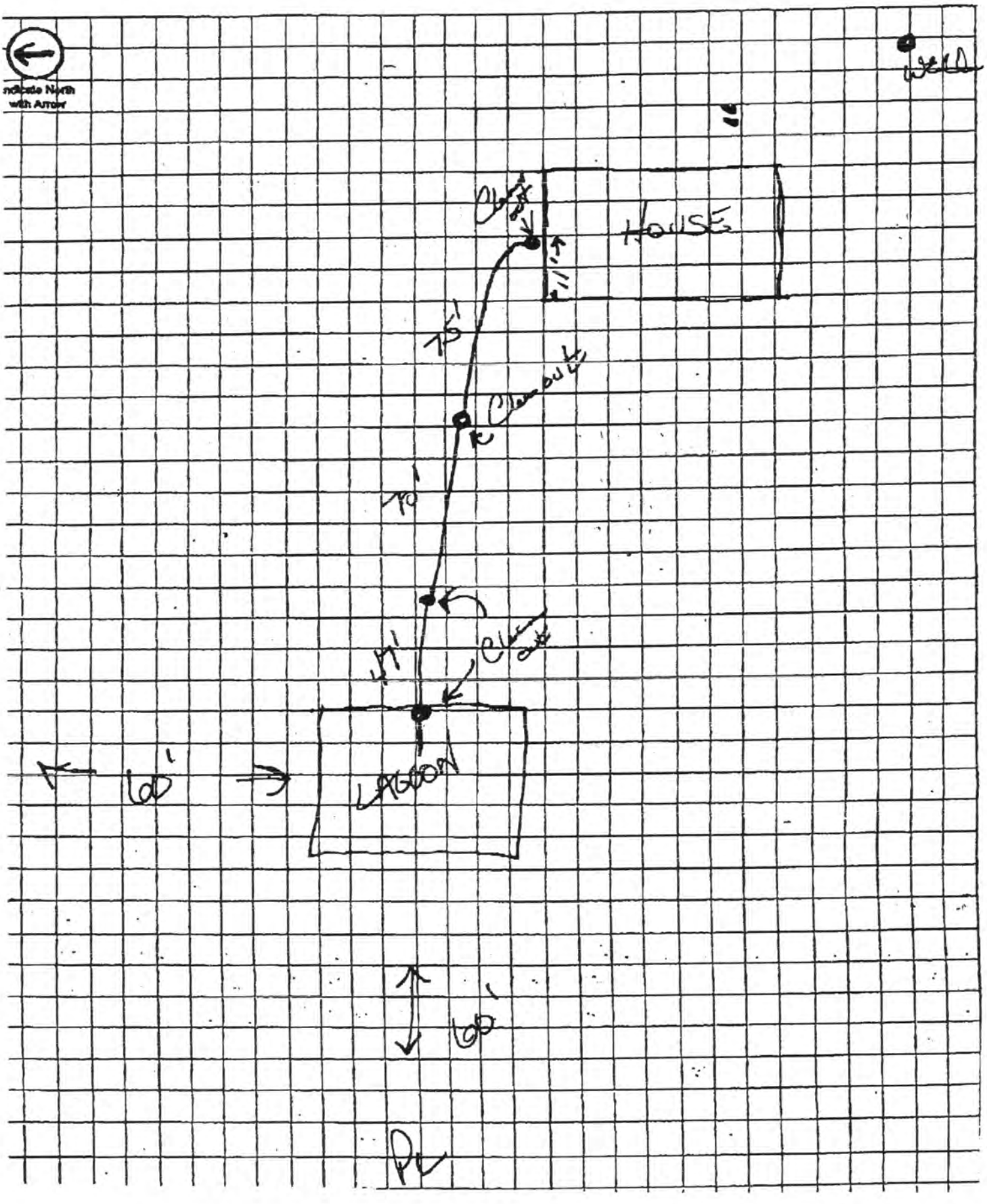
By Jerrold C. Hood R.E., H.D.

Date January 28, 2003

Business Office Use Only
Date Rec'd 6/24/02
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 9486

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

As Built Drawing



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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date

RUSSELL RES.

System Location (Indicate correct number and street)

Address (no rural route) City Futh NE, Zip

. Building Sewer

1. Material: Cls 160
   Diameter: 4 in.
2. Distance above basement floor: in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and ~~septic tank~~ 192 ft.
4. Number of clean-outs: LAGOON 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 70 ft.

~~Septic Tank~~

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

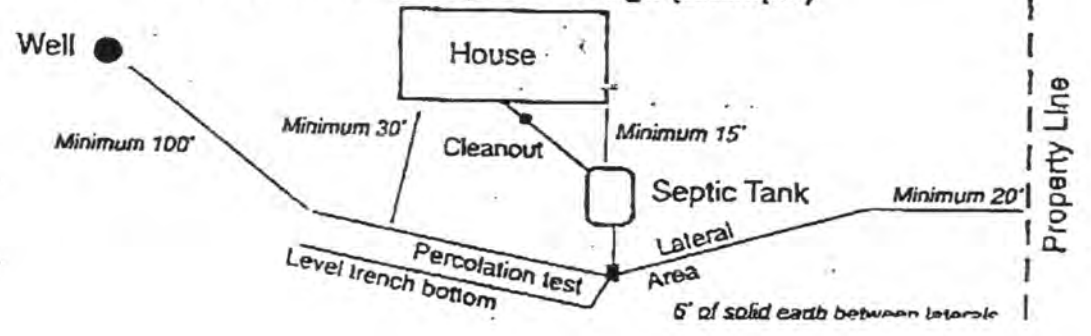
D. Absorption Field NA

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

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 1
   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.

Individual Sewage System Design (Example)



23-103 10-96