Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005763

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380291201

Issued 10/05/04
Expires 04/05/05
Revenue Code 3157

Establishment:
TYSON DOWDING
T7N R8E SEC 32
POST ROCK PINES LOT 7
28200 POSTROCK CIRCLE-FIRTH

FEES: $200.00

Permittee:
TYSON DOWDING
5220 NW 10 ST
LINCOLN NE 68521

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: 04380291201

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 28200 Post Rock Circle (no rural route) City Firth NE, Zip Ne 68358

Legal Description 32 (1/4) 7N (1/4) 8E (Section, Township, Range) Post Rock Pines (Subdivision) (Addition) 7 (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 Tyson Dowding Signature Tyson Dowding

Address 5220 NW 10th City/State/Zip Lincoln Ne 6

☐ Check if owner designed system Home Phone _____ Work Phone 560-3605

C. Contractor

Name Alvey Bolwens Company Name Bolwens Construction

Address 5050 Park St City/State/Zip Adam Ne 68301

☐ Check if contractor designed system Work Phone 239-

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

Designer Name Mike Krum Firm Sure Work Phone 417 8309

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 10/5/04 Date frwd 10/6/04 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-6-04 Date frwd 10-6-04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 10/6/04 Date frwd 10/6/04 ACTION ☒ Approved ☐ Disapproved Signature _____

12/30/04 Lagoon - Line D.S. Need ~~fence~~ SIGNS,

Installation Final Written Approval

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

Date JULY 6, 2005

Business Office Use Only
Date Rec'd 10-5-04
Amt Paid $200.00
Rec'd By ew Cash/Check No. 5200

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

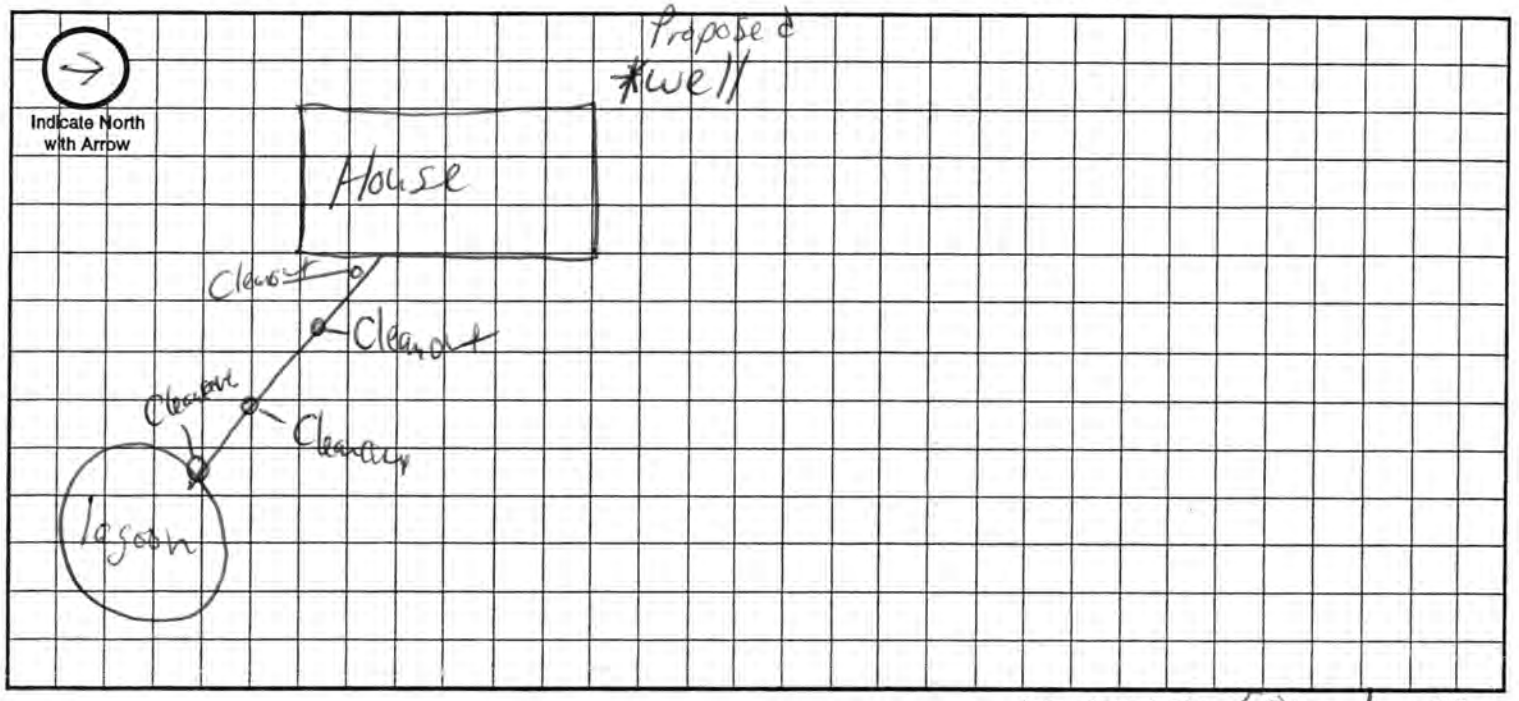
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380291 2

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 28200 Post Rock Circle City Firth NE, Zip NE 68358

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 Allen R Brummers Date 10/04/04

Installer Mike Finley Date 10 05 04

FORM 23-102 10-96

20-32-102-007-000

JAN 2 6 2005

D

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

Post Rock Pines Amended Plat Lot 7

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

7 8

Date 12-30-04

System Location (Indicate correct number and street)

Address 28200 Post Rock Circle (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

D. Absorption Field

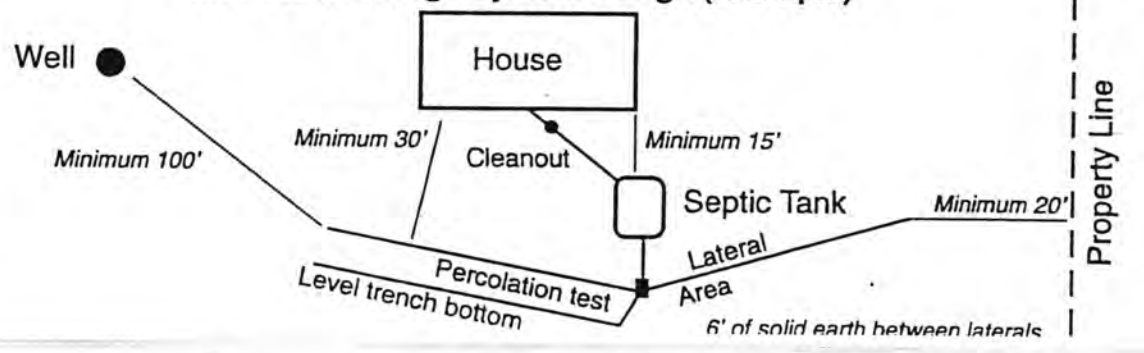
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

Individual Sewage System Design (Example)



I, TYSON DOWDING, WILL BE CONSTRUCTING AN ACCESSORY GARAGE (DETACHED) AND WILL BE TAPPING INTO THE EXISTING SEPTIC LAGOON. THE NEW BUILDING WILL HAVE A BATHROOM IN WHICH THERE WILL BE ONE TOILET & ONE SINK. THERE WILL NOT BE ANY NEW OCCUPANTS TO THE PROPERTY. THERE WILL BE NO FLOOR DRAINS IN THE NEW BUILDING

TYSON DOWDING
28200 POST ROCK CIR.
FIRTH, NE 68358
402-560-3605
402-791-0110

Tyson Dowding 3-31-10

As Built Drawing

