Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005866

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380293301

Issued 11/24/04
Expires 05/24/05
Revenue Code 3157

Establishment:
RANDY LEBER
T7N R8E SEC 33 QTR SE
14444 GAGE RD-ADAMS

FEES: $200.00

Permittee:
RANDY LEBER
4025 J ST
LINCOLN NE 68510

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

RECEIVED
NOV 24 2004

A

Permit Number: 04380293301

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 1444 GAGE RD (no rural route) City ADAMS NE, Zip 68301

Legal Description S (1/4) E (1/4) 33 (Section) 7N (Township) 8E (Range) 6th P.M (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 Randy Leber Signature Randy Leber

Address 4025 J ST City/State/Zip Lincoln, Ne, 68510

☒ Check if owner designed system Home Phone 488-4921 Work Phone 429-7263

C. Contractor

Name Gordon Lukes Company Name G+A Backhoe Service

Address 2319 South 214th ST City/State/Zip Eagle, NE 68347

☐ Check if contractor designed system Work Phone 450-2409

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 11/24/04 Date frwd 11/29/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/29/04 Date frwd 11/29/04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/29/04 Date frwd 11/29/04 ACTION ☒ Approved ☐ Disapproved Signature _____

3/4 of Needfone ~~to Beaty~~ ~~3. after P.C.M.~~

Installation Final Written Approval

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

Date APRIL 28, 2005

Business Office Use Only

Date Rec'd 11/24/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1002

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

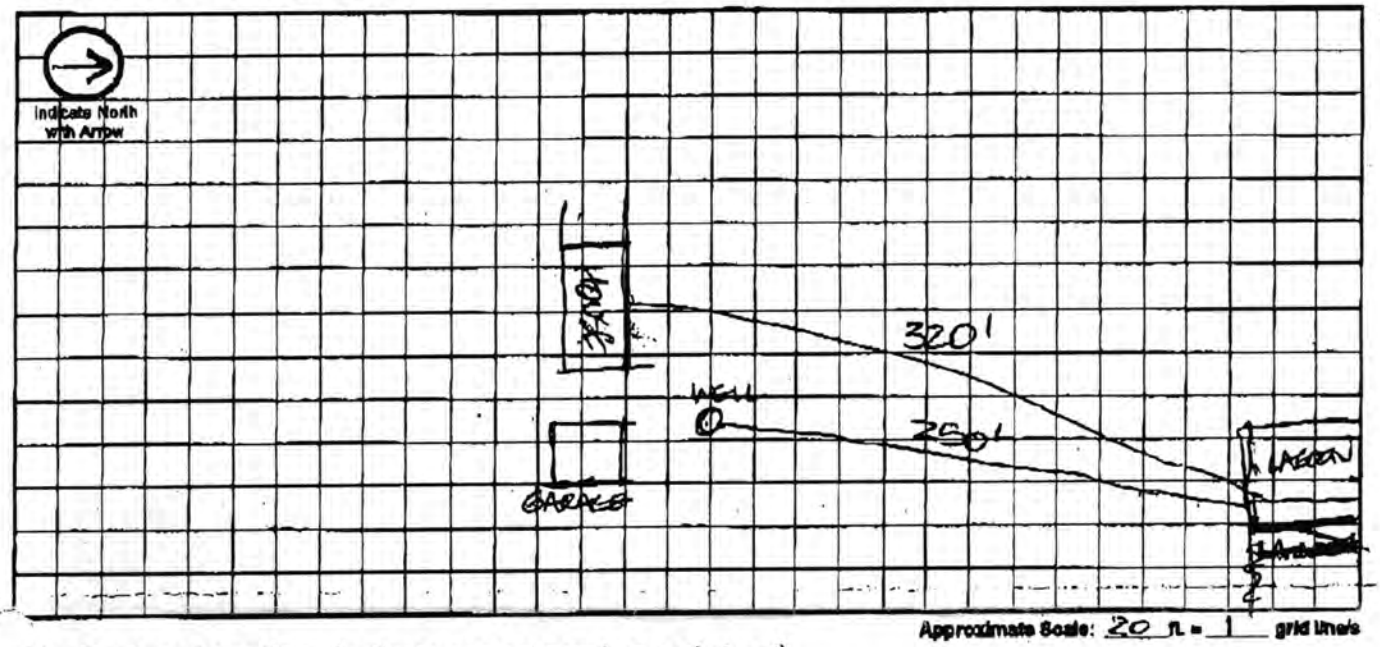
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

Permit Number: 043802933

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14444 GAGE RD City ADAMS NE, Zip 68301

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 _____ Date 11-23-04

Installer Gordon Jones G & A Backhoe Service Date 11-19-2004

FORM 23-102 10-96

ESRI ArcExplorer 2.0

14444 Gage Road



streets

flood1

N

Monday, Nov 29 2004

MAR 1 1 2005

G & A
BACKHOE SERVICE
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

03/08/05

To Jerry Hood,
This is the as built drawing for a Lagoon System @ 14444 gage Road for Randy Leber.

