Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009504

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: CARRY HEEFDERKS
T7N R8E SEC 34 QTR SW
LOT 34IT

Permittee: CARRY HEEFDERKS
BOX 9707
ADAMS NE 68301

Permit # 06380323401

Issued 08/14/06
Expires 08/14/07
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

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: 06380323401

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 _____ City _____ NE, Zip _____
(no rural route)

Legal Description SW 1/4 (1/4) 34 (Section) ~~T4N~~ 7N (Township), R8E (Range). (Subdivision) (Addition) 43 (Block) ~~9~~ I.T. (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Gary Heefdaks Signature _____

Address RR 1 Box 9707 City/State/Zip Adams, NE. 68301

☐ Check if owner designed system Home Phone 402-788-2272 Work Phone 402-429-8612

C. Contractor

Name BarnHayDesign LLC Gary Heefdaks Company Name _____

Address RR 1 Box 9707 City/State/Zip Adams. NE. 68301

☐ Check if contractor designed system Work Phone 402-429-8612

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

Designer Name Scott Prange Firm Prange Construction Work Phone 402-788-2208
Cell - 402-540-1875

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 8/14/06 Date frwd 8/15/06	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/15/06 Date frwd 8/15/06	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 8-15-06 Date frwd 8-15-06	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blaugh	

Installation Final Written Approval

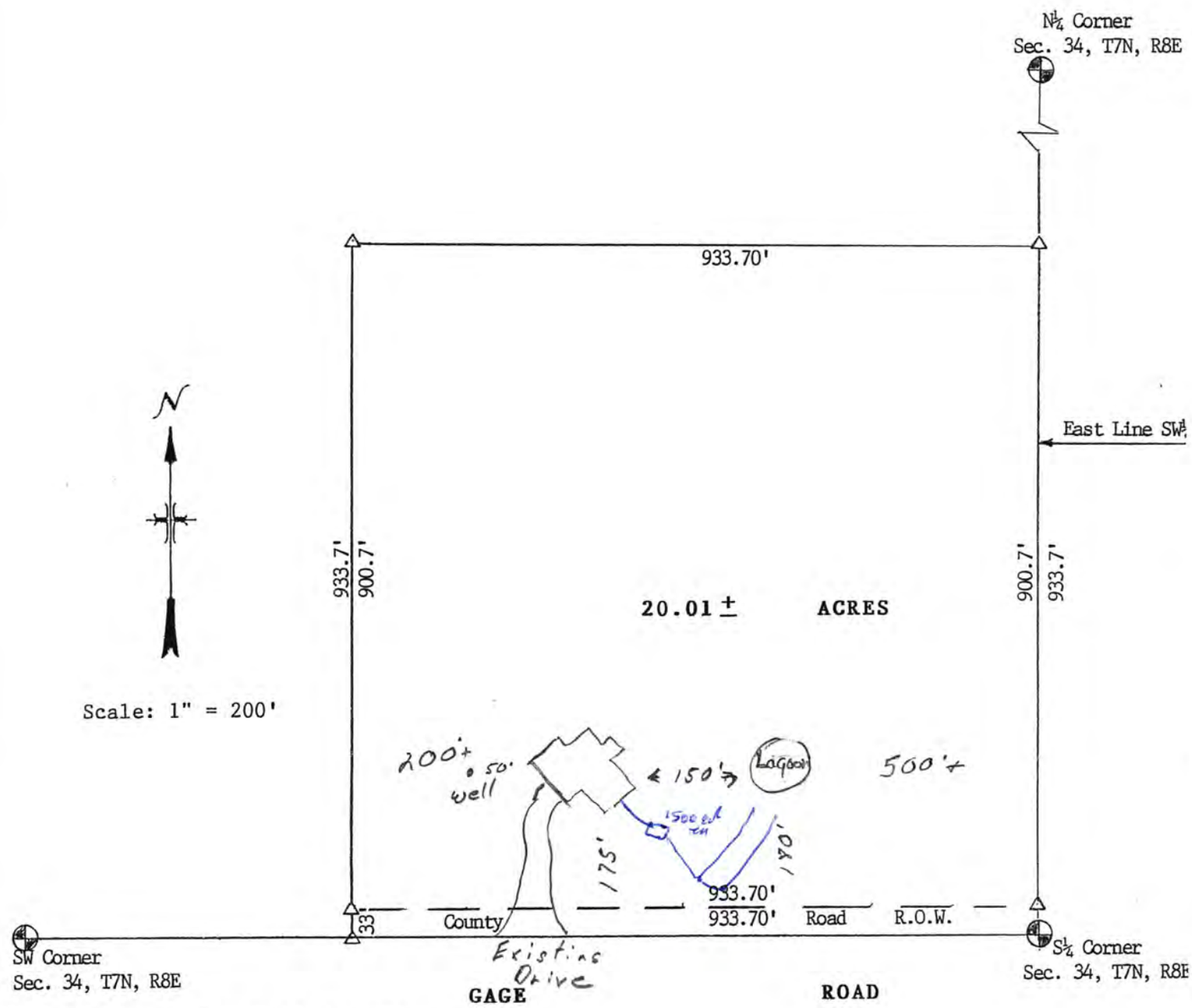
By _____
Date 11/22/06

Business Office Use Only
Date Rec'd 08/15/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 4198

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

PREPARED BY
L & S SURVEYING
P.O. BOX 354 CRETE, NE 68333
(402) 826-4620 (FAX) 402-826-4646

Kyle + Anita Ruse



Gage County Road Between Hwy 43 + 148th

LEGAL DESCRIPTION

The South 933.7 feet of the East 933.7 feet of the SW¼ located in Section 34, T7N, R8E of the 6th P.M., Lancaster County, Nebraska, Containing 20.01 acres more or less.

Leslie J. Siedschlag, Nebraska L.S. No. 469

NEBRASKA REGISTERED LS-469 LAND SURVEYOR LESLIE J. SIEDSCHLAG

Date: 06/09/2006