Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

BRUCE J JURGENS
T7N R8E SEC 34 QTR SE
HWY43-1/4MI S OF GAGE RD-ADAMS

Permittee

BRUCE J JURGENS
RRT 1
ADAMS NE 68301

Permit # 01380229701

Issued 04/10/01
Expires 10/10/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014640

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

A

Permit Number: 01380297

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 ¼ mi. So of Gage Rd on hwy 43 City Adams NE, Zip 68301
(no rural route)

Legal Description SE 34 7N 8E SEE ATTACHED Pt. of Lot 26 I.T.
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 Bruce J Jurgens Signature [signature]

Address Rt 1 City/State/Zip Adams, NE 68301

☒ Check if owner designed system Home Phone 988-3345 Work Phone STONE

C. Contractor

Name Bruce Jurgens Company Name _____

Address Rt 1 City/State/Zip Adams NE 68301

☒ Check if contractor designed system Work Phone _____

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

Designer Name Bruce Jurgens 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 4/10/01 Date frwd 4/10/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/11/01 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 4/11/01 Date frwd 4/11/01 ACTION ☒ Approved ☐ Disapproved Signature [signature]

10/15/01 Need drwg, locks, cleaned
4/27/01 NEED DRAWING, ~~FENCE~~ ETC. J.C.H

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 04/10/01
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. 940

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

Application # 0109923862

Legal Description Addendum

#01380229?

Borrowers: BRUCE J JURGENS
CONNIE J JURGENS

Property Address: RT 1 BOX 2605
Adams, NE 68301

THAT PORTION OF LOT 26 OF IRREGULAR TRACTS IN THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 7 NORTH, RANGE 8 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID SOUTHEAST QUARTER; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST (ASSUMED BEARING) ON THE SOUTH LINE OF SAID SOUTHEAST QUARTER, 116.6 FEET TO THE SOUTHEAST CORNER OF SAID LOT 26 AND THE POINT OF BEGINNING, SAID POINT BEING ON THE WESTERLY RIGHT OF WAY LINE OF HIGHWAY 43; THENCE CONTINUING NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST ON THE SOUTH LINE OF SAID SOUTHEAST QUARTER 664.00 FEET; THENCE NORTH 00 DEGREES 18 MINUTES 28 SECONDS WEST, 1578.56 FEET TO THE NORTH LINE OF SAID LOT 26; THENCE SOUTH 89 DEGREES 59 MINUTES 21 SECONDS EAST ON THE NORTH LINE OF SAID LOT 26, 686.46 FEET TO THE NORTHEAST CORNER OF SAID LOT 26, SAID POINT BEING ON THE WESTERLY RIGHT OF WAY LINE OF HIGHWAY 43, THENCE SOUTH 00 DEGREES 30 MINUTES 27 SECONDS WEST ON THE EAST LINE OF SAID LOT 26 AND SAID WESTERLY RIGHT OF WAY LINE, 1578.47 FEET TO THE POINT OF BEGINNING.

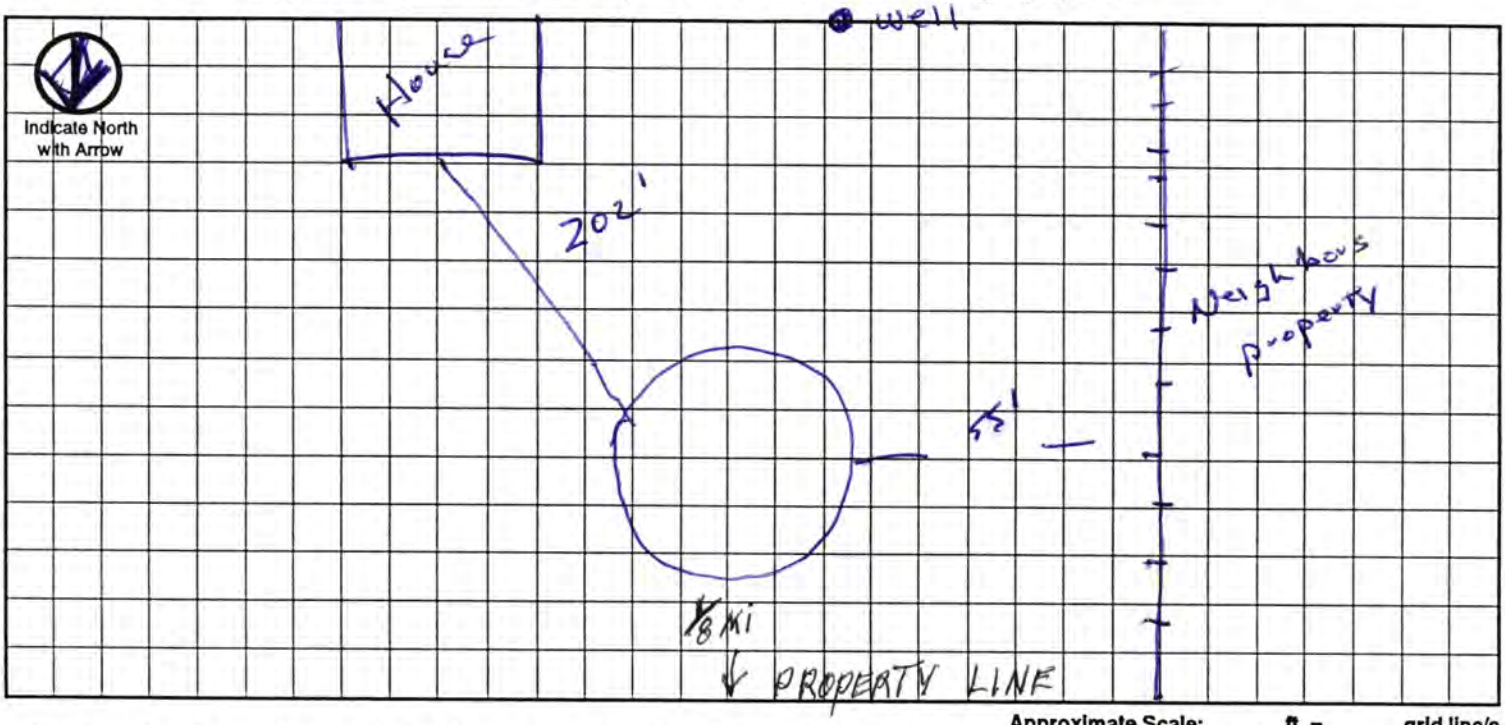
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802297

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) 14 No Cooper Rd Hwy 43 City Adams NE, Zip NE 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

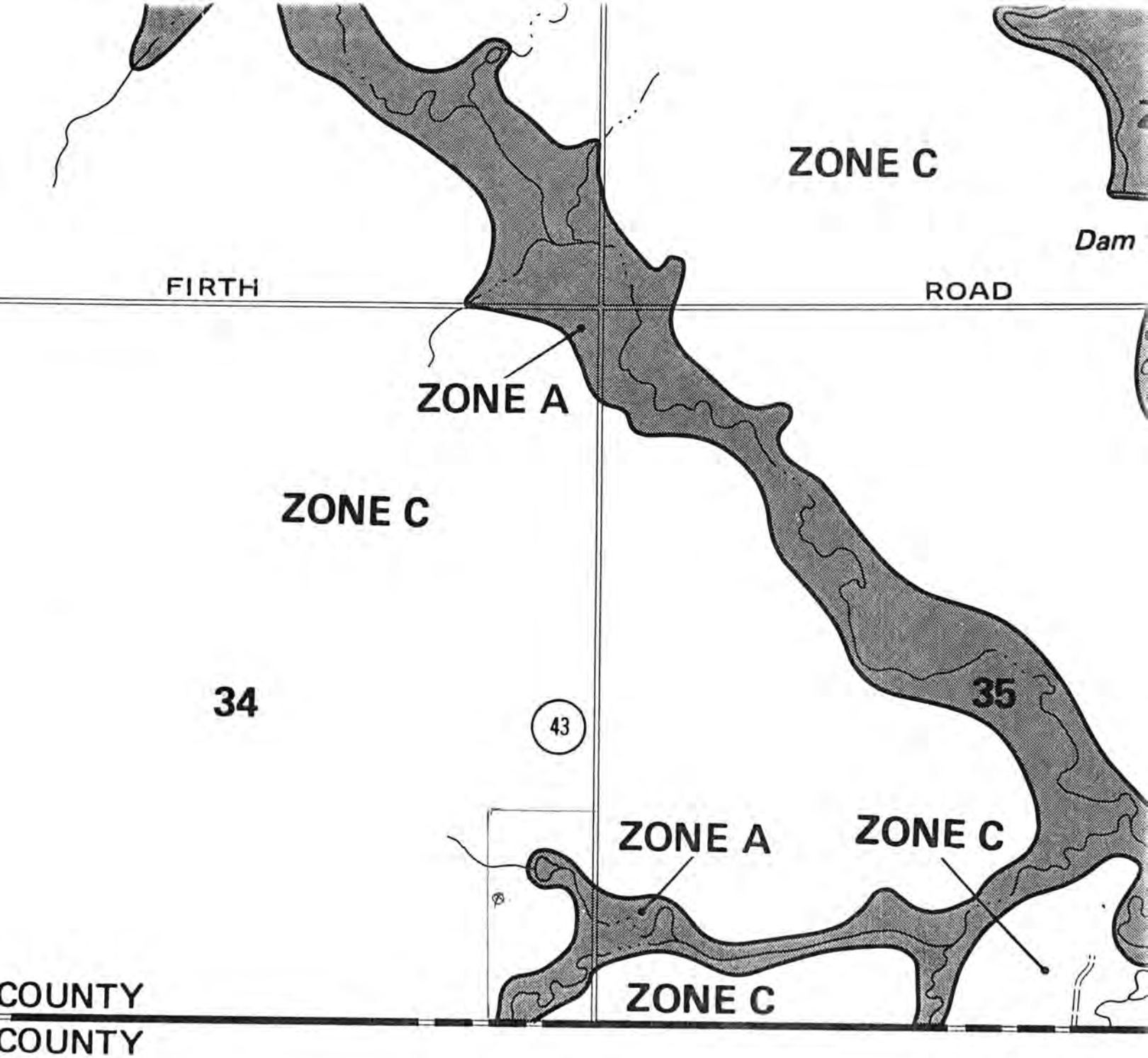
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☑	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Bruce Jurgens Date 10 Apr 01

Installer Bruce Jurgens Date 10 Apr 01

FORM 23-102 10-96



116.6
664.0
780 6