LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380159601

Issued 06/27/97
Expires 12/27/97
Revenue Code 18754

Establishment

RANDY MILLER
T7N R8E SEC 35
17205 FIRTH ROAD

FEES: $150.00

TOTAL $150.00

Permittee

RANDY MILLER
709 CAMBRIAN CT
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

4918

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

A

Permit Number:

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 17205 Firth Rd (no rural route) City Adams NE, Zip NE 68301

Legal Description NE 35 7 8
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 Randy Miller Signature Randy Miller

Address 709 Cambrian Ct City/State/Zip Lincoln NE 68510

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

C. Contractor

Name Behren Construction Company Name Larry Ageng

Address Adams NE 68301 City/State/Zip _____

☐ Check if contractor designed system Work Phone 402 988 2405

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 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 6/24/97 Date frwd 6/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/24/97 Date frwd 6/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Dan Spier
3. **City or County Engineer** Date rec'd 6/24/97 Date frwd 6/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Dan Fielding

Verify Not in Flood Plain Ok. J.C. 7/8/97 Need fence, drainage etc.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

3242

Date Rec'd 6/24/97
Amt Paid 150 ~~cc~~
Rec'd By LS ~~Cash~~/Check No. 6484

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

Lincoln-Lancaster County Health Department
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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17205 Firth Rd (no rural route) City Adams NE, Zip NE 68301

Owner Randy Miller Addresss 709 Cambrian Ct Lincoln NE 68510

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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Environmental Health Division
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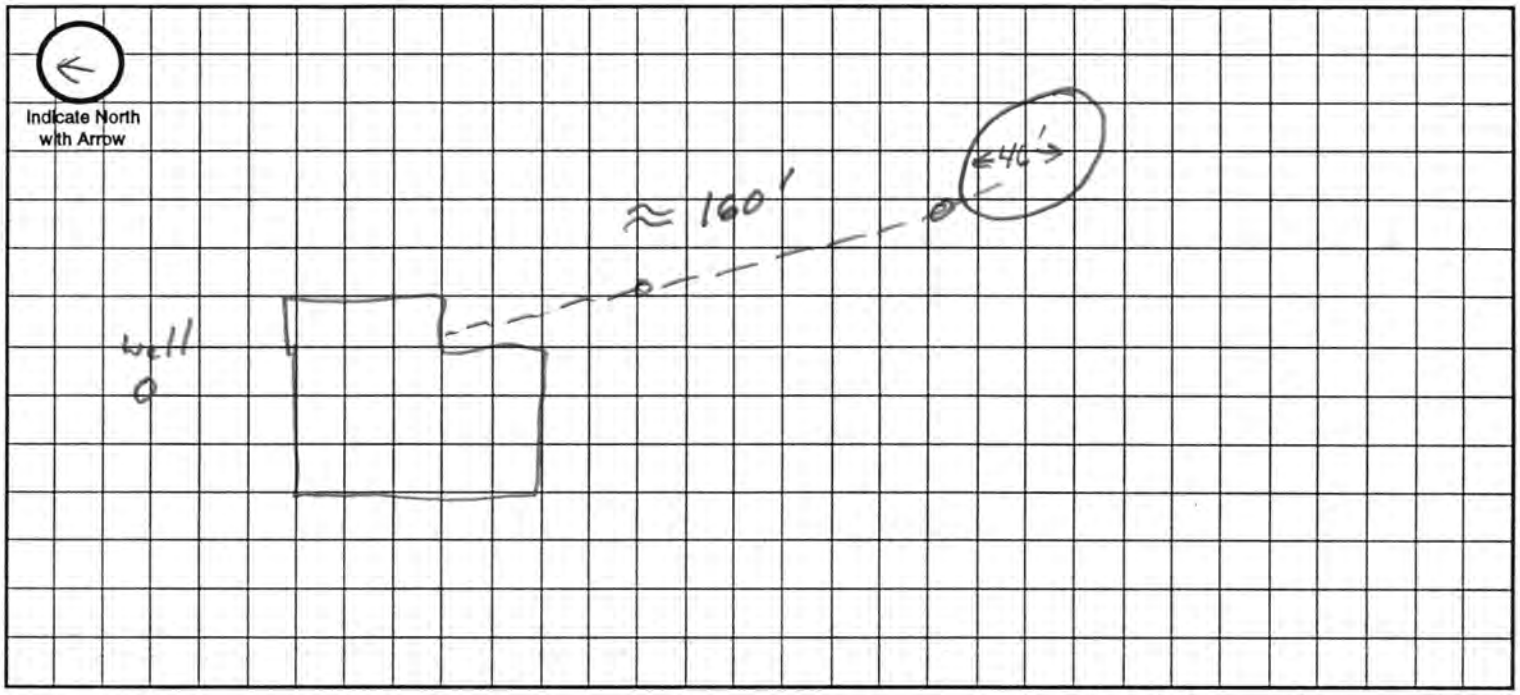
C

Permit Number:

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) 17205 Firth Rd City Adams NE, Zip NE 68301

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Sewage Lagoon

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 Randy Mill Date 6-2-97

Installer Brad Scarlett Date 6-3-97