Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005452

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380288001

Issued: 08/16/04
Expires: 02/16/05
Revenue Code: 3157

Establishment:
JOEL & BRENDA ZINNECKER
T8N R6E SEC 5 QTR NE
NW 1/4 OF NE 1/4
3333 W SALTILLO RD-MARTELL

FEES: $200.00

Permittee:
JOEL & BRENDA ZINNECKER
2920 N 44 ST
LINCOLN NE 68504

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380288001

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 3333 W. Saltillo Rd (no rural route) City Martell NE, Zip 68404

Legal Description N.W. NE 5 8N 6E
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 Joel and Brenda Zinnecker Signature [signature]

Address 2920 N. 44th St. City/State/Zip Lincoln NE 68504

☐ Check if owner designed system Home Phone 402-465-4864 Work Phone 402-421-5649

C. Contractor

Name Southwick, Brad Company Name Southwick Sewer and Drain

Address 17201 S. 72nd St. City/State/Zip Hickman, NE 68372

☐ Check if contractor designed system Work Phone 402-475-2462

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 4 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 8/16/04 Date frwd 8/18/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Need Bldg. Permit Date rec'd 8-18-04 Date frwd 8-18-04 ACTION ☒ Approved ☐ Disapproved Signature Sherri Johnson
3. **City or County Engineer** Date rec'd 08/18/2004 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature]

Date 11/14/06

Business Office Use Only
Date Rec'd 08/16/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1271

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

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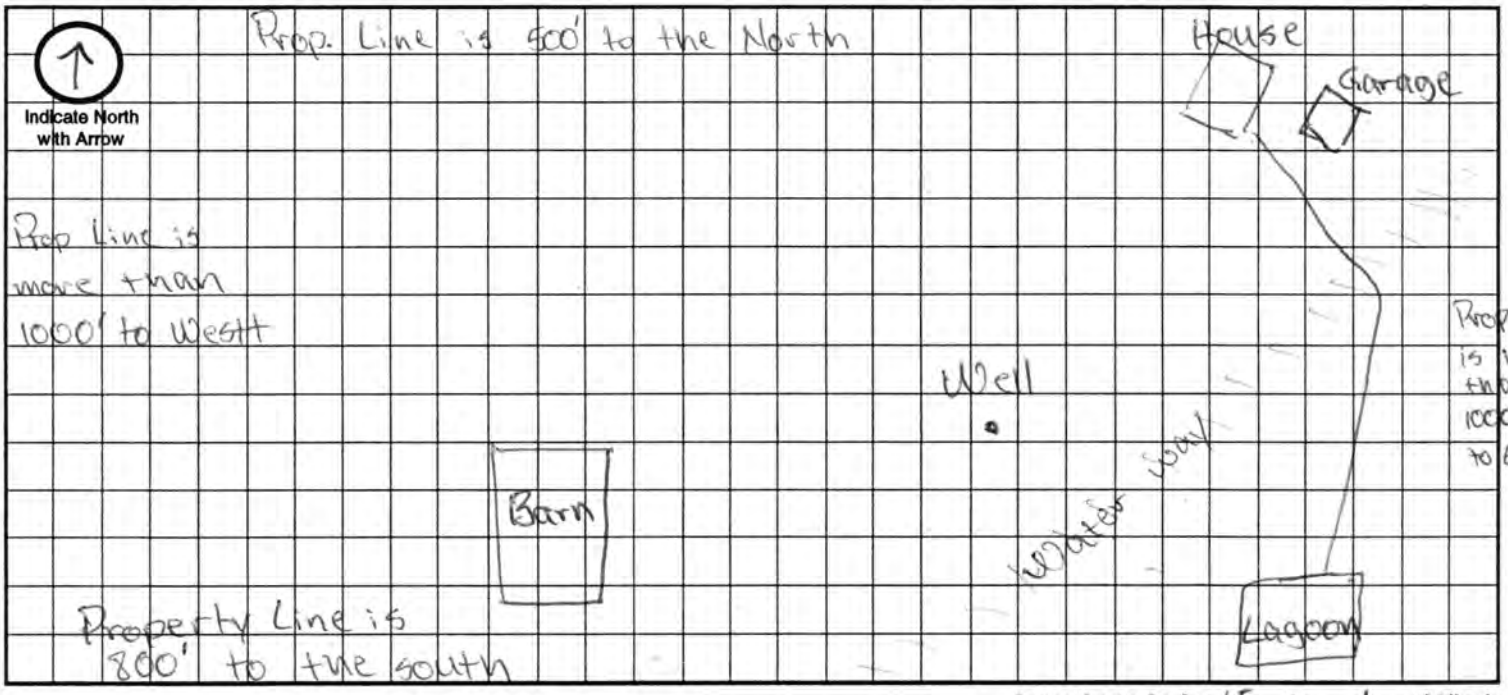
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C

Permit Number: 043802880

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3333 W. Saltillo Rd. City Martell NE, Zip 68404

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 ☐ NA	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor _____ Date 8-15-04

Installer _____ Date 8-18-04

FORM 23-102 10-96