Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003167

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380272901

Issued 10/16/03
Expires 04/16/04
Revenue Code 3157

Establishment: VANTAGE POINTE HOMES
T8N R6E SEC 21 QTR SW
LOT 73IT
17800 SW 29 ST-MARTELL

FEES: $200.00

Permittee: VANTAGE POINTE HOMES
1000 W ROKEBY RD
ROKEBY NE 68522

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

A

Permit Number: 03380272901

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 17300 SW 29 (no rural route) City Martell NE, Zip 68404

Legal Description SW 1/4 21 1/4 Section 8N Township 6E Range Subdivision Addition Block Lot 73 Tr

Geographical Location (if known): Longitude N00 57'28"E Latitude N89 59'18"W

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

B. Owner

Name Vantage Point Homes Signature

Address City/State/Zip Rokeby, Ne 68522

☒ Check if owner designed system Home Phone Work Phone 423-8821

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 So 72nd St. City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 10/15/03 Date frwd 10/20/03 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/20/03 Date frwd 10/20/03 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10/20/03 Date frwd 10/20/03 ACTION ☒ Approved ☐ Disapproved Signature

2/20/04 Line + Lagoon – need fence + drawn

Installation Final Written Approval

By Doug Amyx

Date 8/9/04

Business Office Use Only

Date Rec'd 10/16/03
Amt Paid 200.00
Rec'd By
Cash/Check No. 5258

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

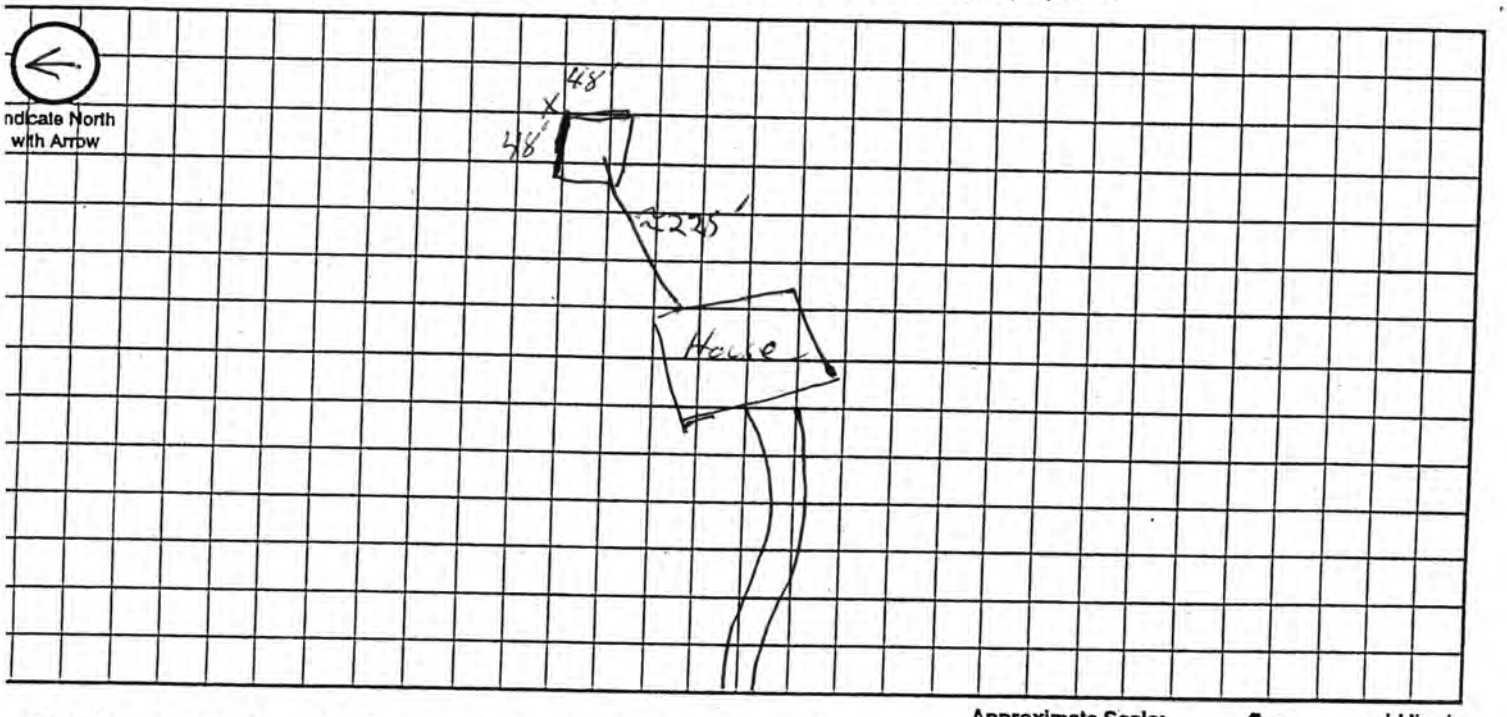
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C

Permit Number: 033802729

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

. System Location (Indicate correct number and street)

ldress (no rural route) 5w 29 City Martell NE, Zip 68404

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
goon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Sorton Date 10-15-03

23-102 10-96