Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009904

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380331901

Issued: 03/30/07
Expires: 03/30/08
Revenue Code: 3157

Establishment:
BRANDON BERGT
T8N R6E SEC 25
MEADOWLARK HILLS BLK 1 LOT 9
PRAIRIE VIEW DR-ROCA

FEES: $290.00

Permittee:
BRANDON BERGT
29033 N GOLDEN POND RD
FIRTH NE 68358

TOTAL: $290.00

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: 07380331901 MP

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: 3.56 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address Prairie View Dr. City Roca NE, Zip 68430
(no rural route)

Legal Description LOR 5948 — 25 (Section) 8 (Township) 6 (Range) Meadowlark Hills (Subdivision) (Addition) 4 (Block) 9 (Lot)
1/4 1/4

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Brandon Bergt Signature _____

Address 29033 N Golden Pond Rd City/State/Zip Firth NE 68358

☐ Check if owner designed system Home Phone 791-5056 Work Phone 450-1892

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address _____ City/State/Zip _____

☐ 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 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 3/30/07 Date frwd 3/30/07 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/30/07 Date frwd 3/30/07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-30-07 Date frwd 3-30-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Plowzek

7/27/07 Partial final lagoon, not fence

Installation Final Written Approval

By _____ fence 9/19/08 NH

Date 9/29/08

+ Contacted about fence - 30 day notice 5/27

Business Office Use Only
Date Rec'd 03/30/07
Amt Paid 290.00
Rec'd By m Cash/Check No. 5120

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

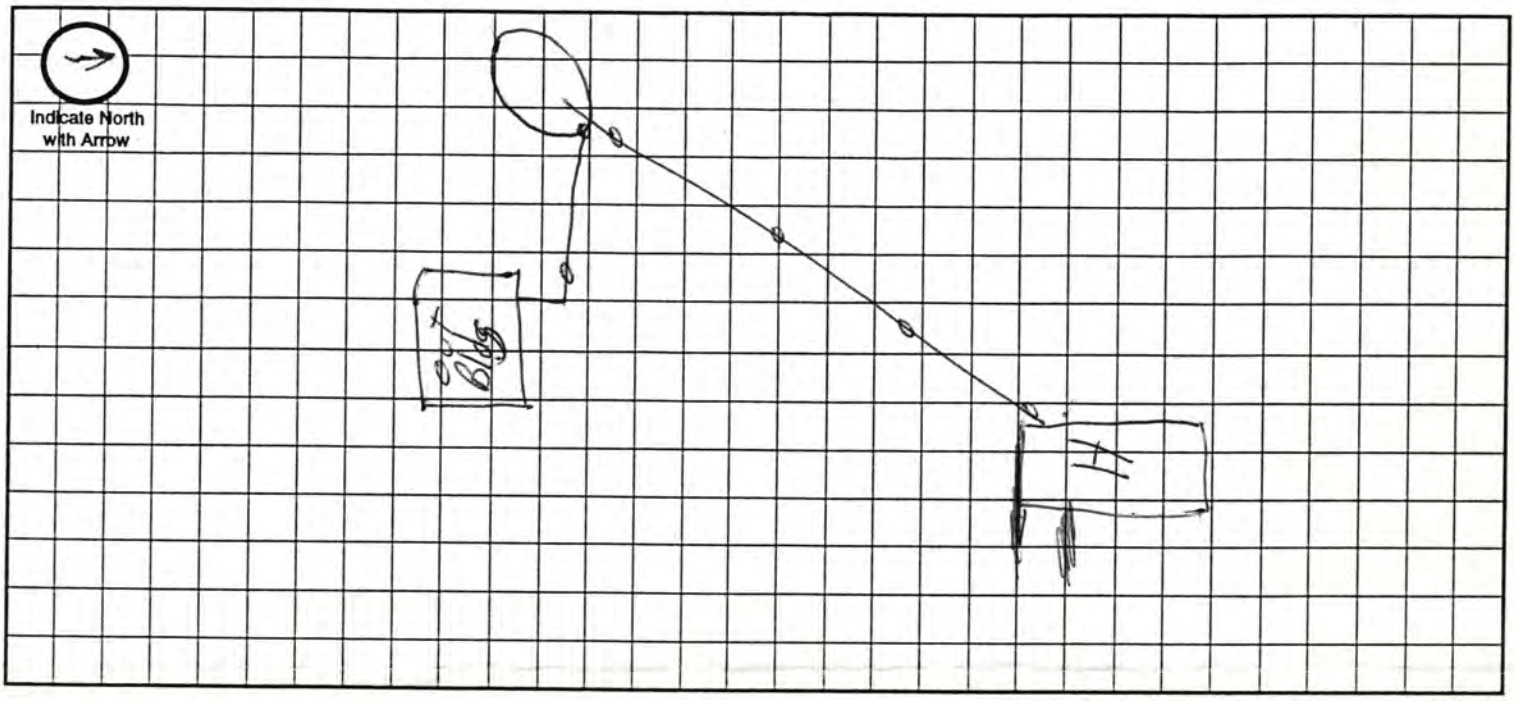
Lincoln-Lancaster County Health Department
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C

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) Lot 9 City Roca NE, Zip 68430

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 _____

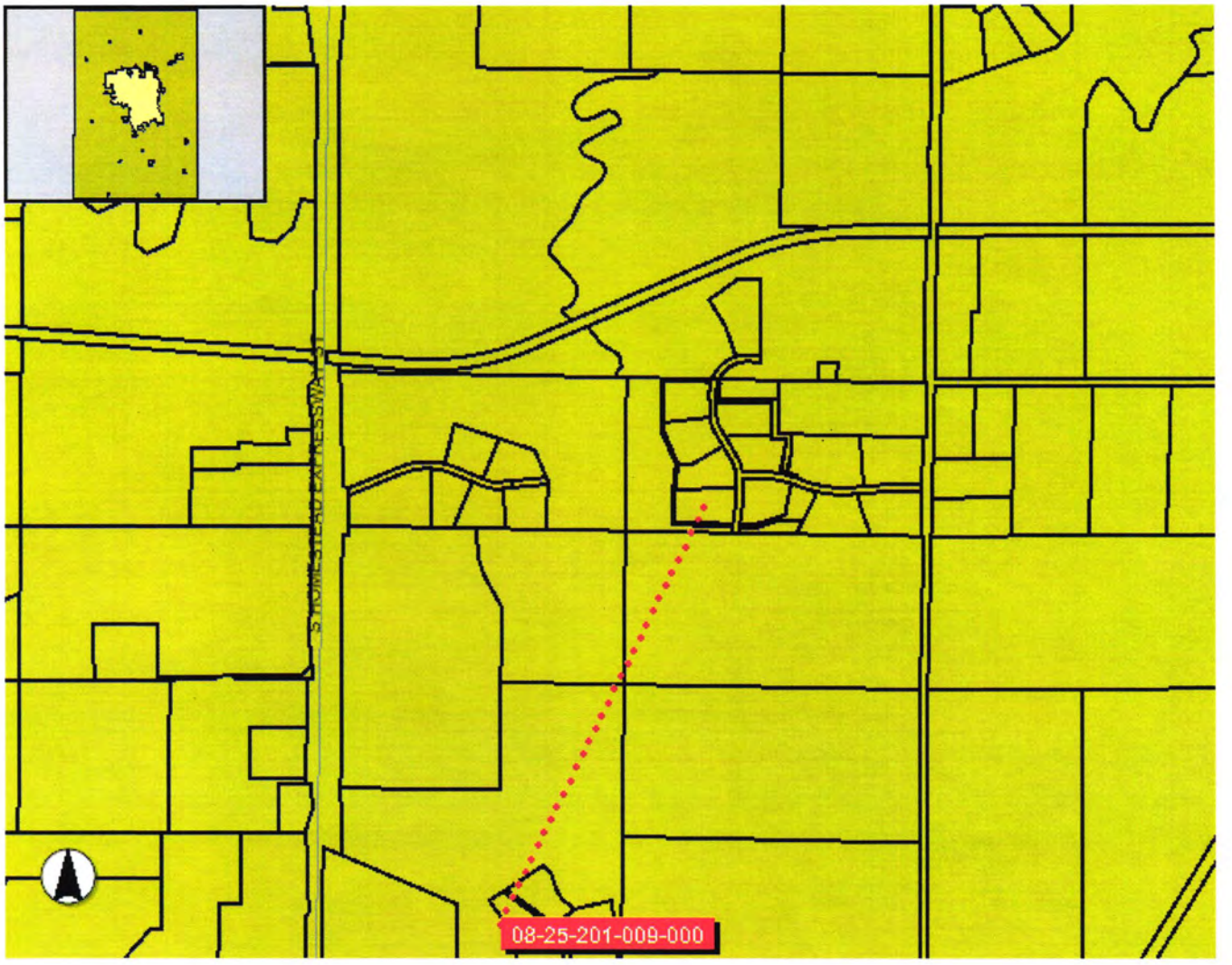
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

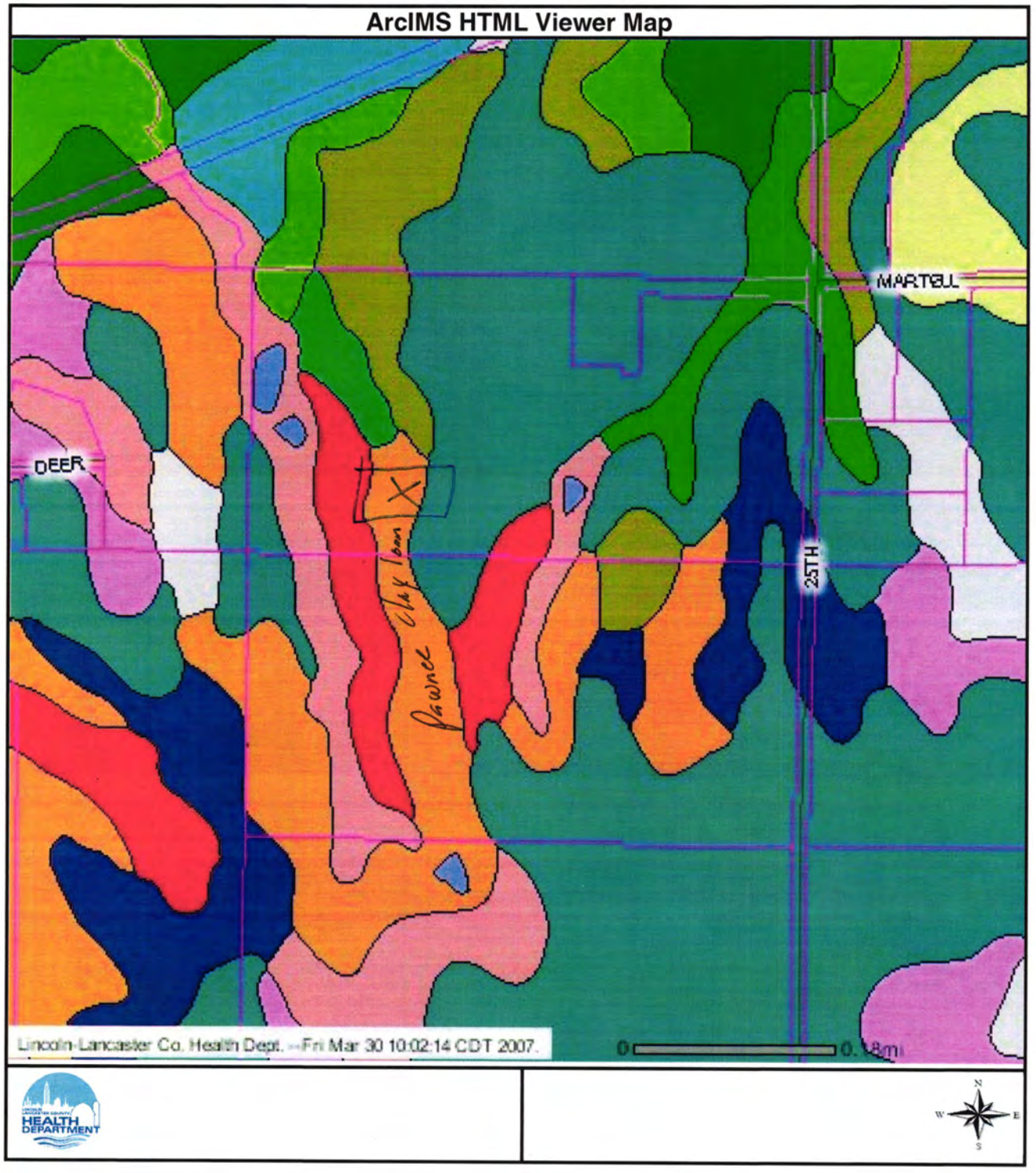
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐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

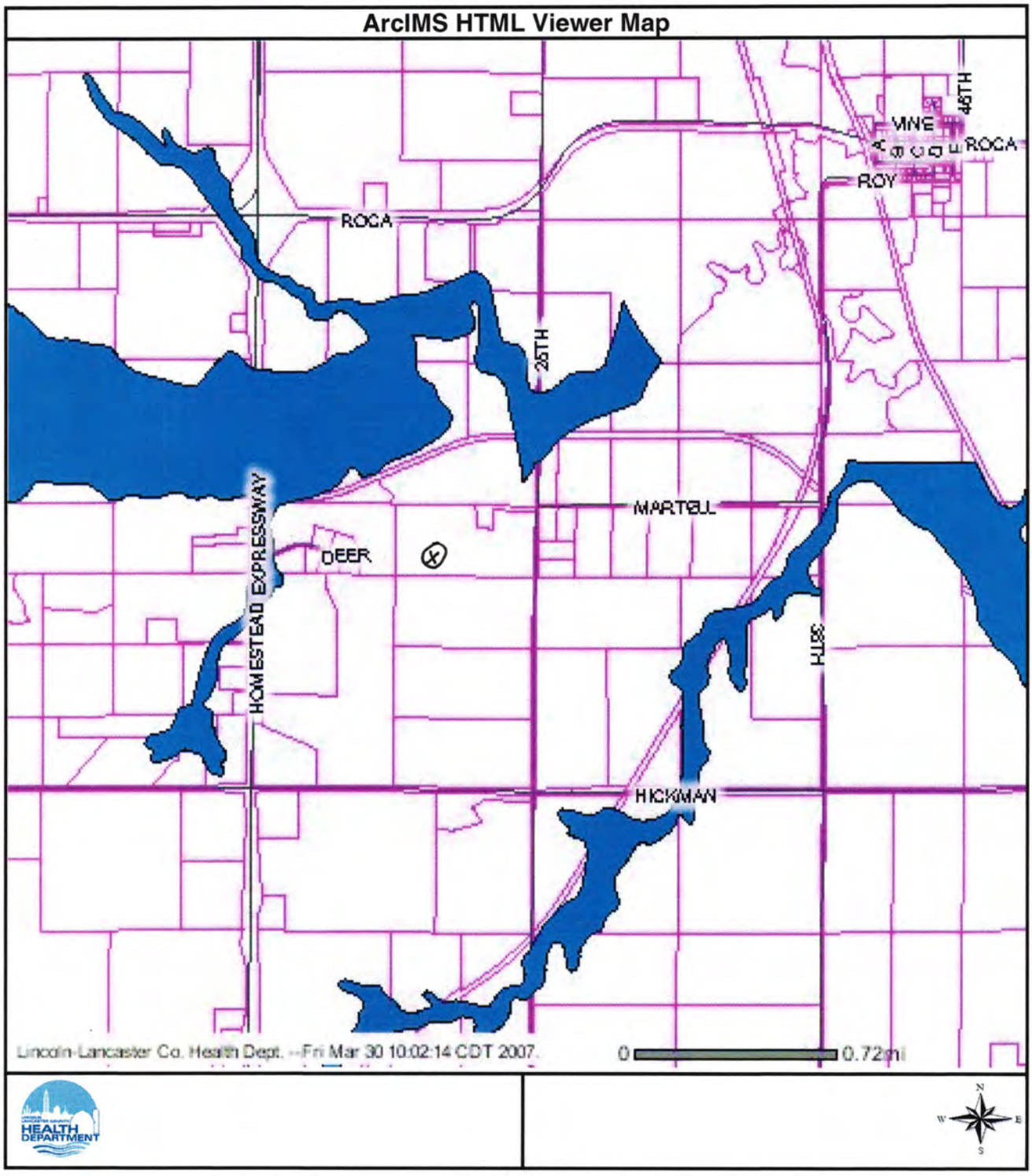
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Sanders Date 3-23-07


S 70TH ST
08-25-201-009-000


ArcIMS HTML Viewer Map
MARTELL
DEER
25TH
Pawnee Clay Loam
Lincoln-Lancaster Co. Health Dept. -- Fri Mar 30 10:02:14 CDT 2007.
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HEALTH DEPARTMENT
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W
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ArcIMS HTML Viewer Map
46TH
ROCA
ROY
ROCA
25TH
MARTELL
DEER
HOMESTEAD EXPRESSWAY
HICKMAN
Lincoln-Lancaster Co. Health Dept. --Fri Mar 30 10:02:14 CDT 2007.
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HEALTH DEPARTMENT
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