Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009500

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 06380323301

Issued 08/14/06
Expires 08/14/07
Revenue Code 3157

stablishment

JOHN HANNIGAN
T8N R6E SEC 31 QTR NE
4505 W SPRAGUE RD-HALLAM

FEES: $275.00

ttee

JOHN HANNIGAN
2136 STONE CREEK LOOP S
LINCOLN NE 68512-9363

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

OPY

A

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

Permit Number: 06380323301

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 4605 W. Sprague Rd. (no rural route) City Hallam NE, Zip 68368

Legal Description NE 31 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 John Hannigan Signature _____

Address 2136 STONE CREEK LOOP City/State/Zip Lincoln NE 68512-9363

☐ Check if owner designed system Home Phone 423-0439 Work Phone 423-4343

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O. Box 191 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 _____ 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 8/14/06 Date frwd 8/14/06 ACTION ☒ Approved ☐ Disapproved Signature Jerold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/14/06 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-14-06 Date frwd 8-14-06 ACTION ☒ Approved ☐ Disapproved Signature Terry V. Hood

Installation by Prange Const.
Inspection by Terry Hood

Installation Final Written Approval

By _____

Date 1/22/07

Business Office Use Only
Date Rec'd 8/14/06
Amt Paid $275.00
Rec'd By _____ Cash/Check No. 1139

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

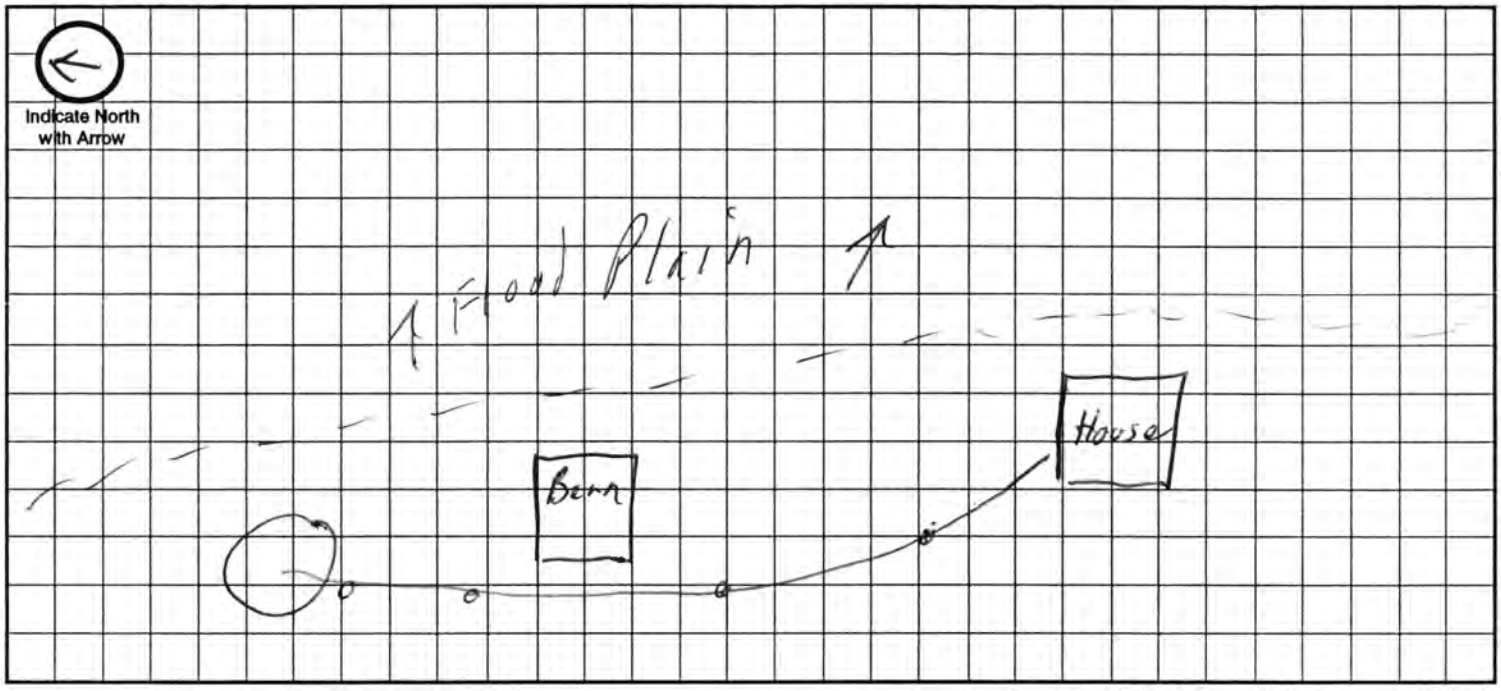
Lincoln-Lancaster County Health Department
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C

Permit Number: 063803233

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) 4505 W. Sprague Rd City Hallam NE, Zip 68368

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 Smith Date 8/14/06

FORM 23-102 10-96