Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008171

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380308701

Issued 08/26/05
Expires 08/26/06
Revenue Code 3157

Establishment: RUSS ROBERTSON
T8N R6E SEC 33 QTR SE
SE 1/4 OF SE 1/4
STAGECOACH RD-MARTELL

FEES: $200.00

Permittee: RUSS ROBERTSON
2205 W ROCA RD
MARTELL NE 68404

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

RECEIVED
AUG 24 2005

A

Permit Number: 053803087

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 Stagecoach Rd (no rural route) City Martell NE, Zip 68404

Legal Description SE SE 33 8N 6E (1/4 1/4 Section Township Range) Subdivision ~~STEVENS CREEK ESTATES~~ 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 Russ Robertson Signature _____

Address 2205 W. Roca Rd City/State/Zip Martell Ne 68404

☐ Check if owner designed system Home Phone 794-0274 Work Phone 432-9743

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd 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 8/26/05 Date frwd 8/26/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hoff
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/28/05 Date frwd 9/6/05 **ACTION** ☒ Approved ☐ Disapproved Signature Patricia Smith
3. **City or County Engineer** No 100yr Flood Plain Date rec'd 08/26/2005 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 3/16/07

Business Office Use Only
Date Rec'd 8/26/05
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1100

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

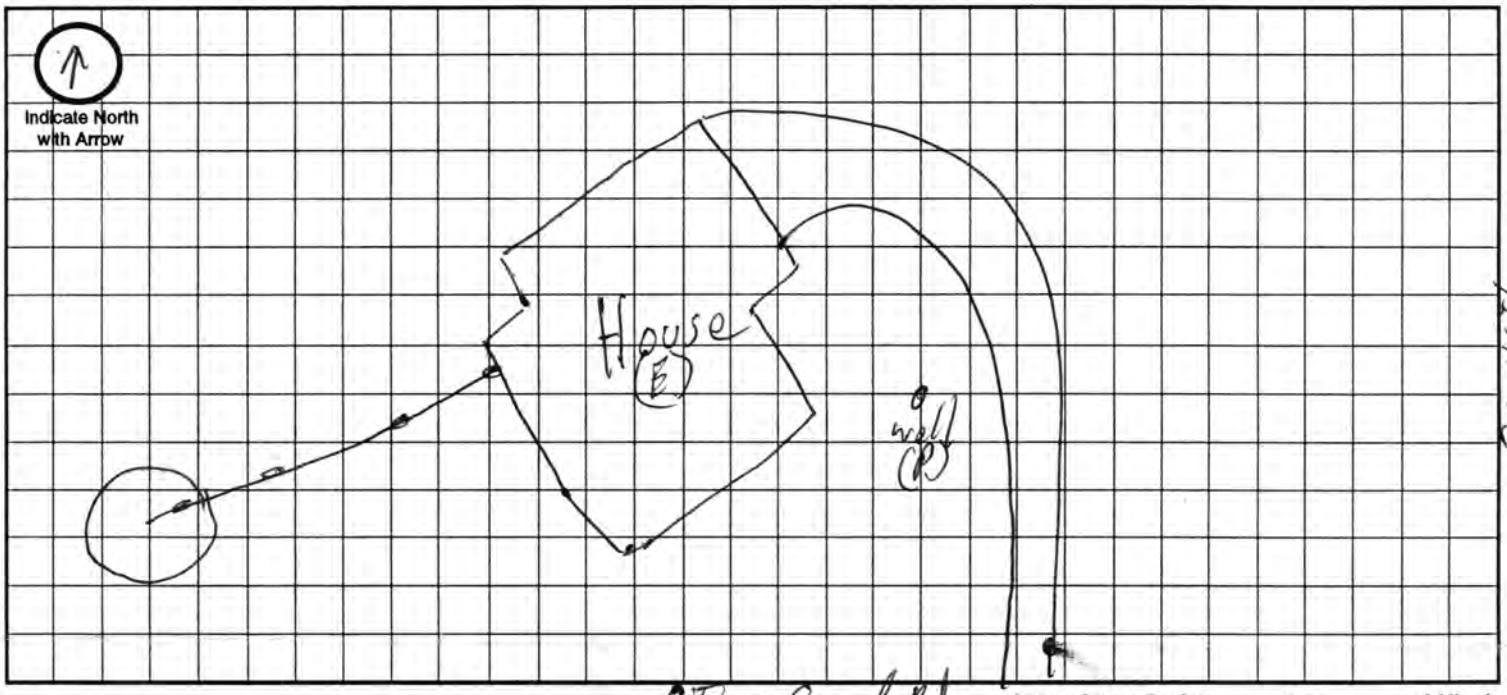
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C

Permit Number: 05380 3087

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.



S Tage Coad Rd, Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) S Tage Coad 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 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 8-17-05

FORM 23-102 10-96