Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

003103

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380271801

Issued 09/30/03
Expires 03/30/04
Revenue Code 3157

Establishment REMBOLT HOMES
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 4 LOT 5
17101 LEISURE CT-HICKMAN

FEES: $200.00

Permittee REMBOLT HOMES
5831 S 58 ST
APT A
LINCOLN NE 68516

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

OCT 0 3 2003

A

Permit Number: 03380271801

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 17101 leisure ct (no rural route) City Hickman NE, Zip 68

Legal Description amended plat Hickman Ridge estats 4 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 32 8N 7E Latitude

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

B. Owner

Name Rembolt Homes Signature Rod Stanley

Address 5831 S. 58th Suite A City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 402-488-9222 Work Phone 402-488-9222

C. Contractor

Name Roberts plumbing Rembolt Homes Company Name Rembolt Homes

Address City/State/Zip

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name William J Smith Firm Roberts excavation Work Phone 610-2588

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_____ 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 9/30/03 Date frwd 10/1/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/2/03 Date frwd 10/2/03 ACTION ☒ Approved ☐ Disapproved Signature Harry Vetta
3. **City or County Engineer** Date rec'd 10/1/03 Date frwd 10/2/03 ACTION ☒ Approved ☐ Disapproved Signature

10/1/03 9/17/04 Need drawing J.C.H.

Installation Final Written Approval

By Jerrold C. Hood P.E., L.S.

Date SEPTEMBER 17, 2004

Business Office Use Only
Date Rec'd 10/01/03
Amt Paid 200.00
Rec'd By ~~Cash~~/Check No. 1036

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

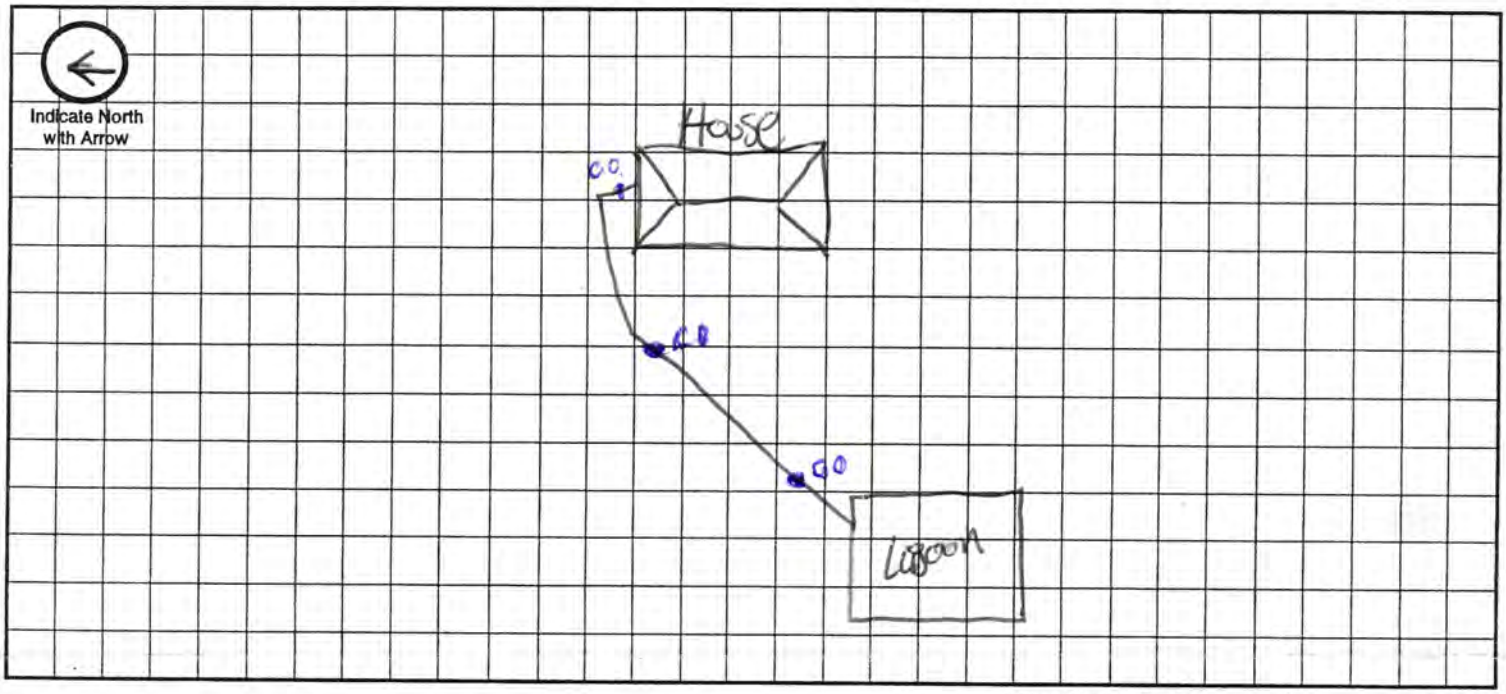
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C

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) 1701 Leisure Ct City Hickman NE, Zip 68

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 Rembold + Homes Date 9/25/03

Installer William Smith Date 9/25/03

FORM 23-102 10-96