LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 99380197101

Issued 04/20/99
Expires 10/20/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment
MICHAEL D HOLM
T8N R7E SEC 30 QTR NW
5.27 ACRES LOT 22
2601 MARTELL RD-ROCA

Permittee
MICHAEL D HOLM
1711 SW 23 ST
LINCOLN NE 68522

Issued By Health Director
Lincoln-Lancaster County Health Department

009157

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 9938 01971

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 2601 MARTELL Rd (no rural route) City ROCA NE, Zip

Legal Description NW 30 8N 7E 5.27 Acres 22
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 MICHAEL D. HOLM Signature for Michael

Address 1711 SW 23 ST City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 476-1544 Work Phone 472-7801

C. Contractor

Name HUNT & CLARK Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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 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 4/20/99 Date frwd 4/20/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/20/99 Date frwd 4/20/99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4/20/99 Date frwd 4/20/99 ACTION ☒ Approved ☐ Disapproved Signature

7/15/99 75' sewer Lcd 7/27/99 Need ~~location~~, elevation

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 7, 1999

Business Office Use Only

Date Rec'd 04/20/99
Amt Paid 150 ⁰⁰
Rec'd By LS ~~Cash~~/Check No. 150 ⁰⁰

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

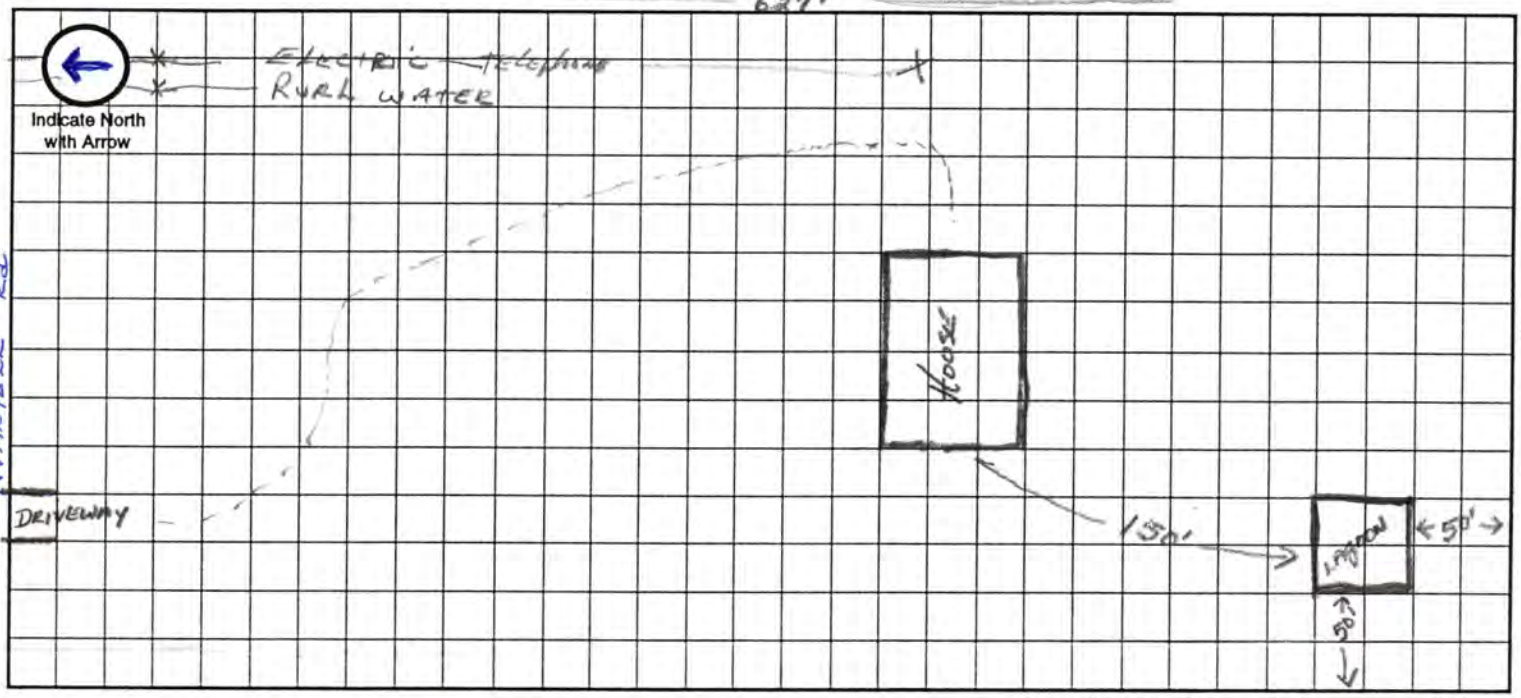
Lincoln-Lancaster County Health Department
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C

Permit Number: 99 3801971

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) 2601 Martell Rd City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Waste Stabilization Pond (Lagoon) (Must seal)

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

Percolation Rate NOT SUCCESSFUL (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 ☒	☒

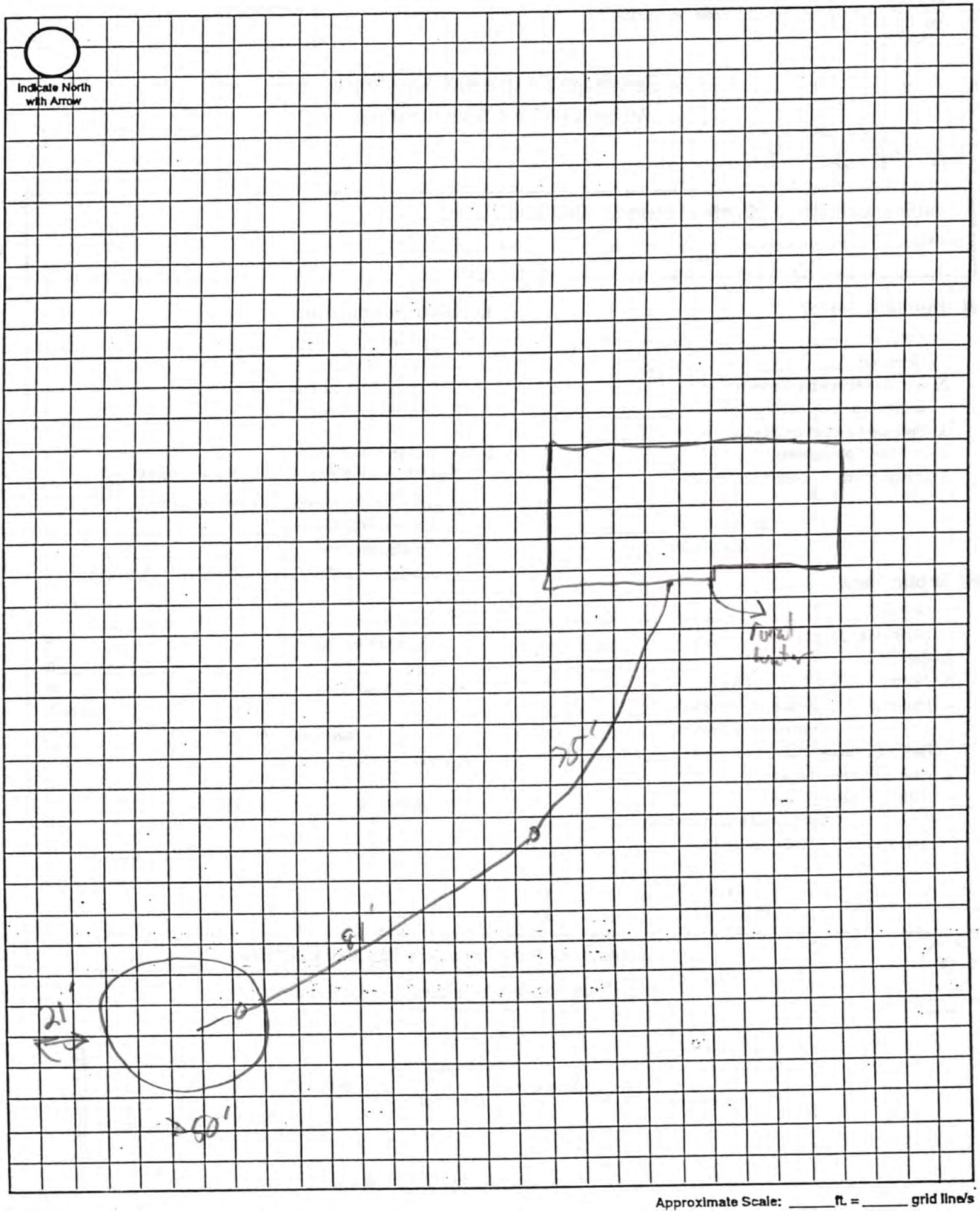
E. Required Signatures

Home Building Contractor Hunt & Clark Date 4-19-99

Installer Brad Southwick Date 4-19-99

FORM 23-102 10-96

As Built Drawing



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