Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002277

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380264201

Issued 05/19/03
Expires 11/19/03
Revenue Code 3157

Establishment ROBERT NIEMEYER
T8N R7E SEC 36 QTR SW
CO SUBPERMIT 03012 LOT PRCL1
20080 S 96 ST

FEES: $200.00

Permittee ROBERT NIEMEYER
20100 S 96 ST
HICKMAN NE 68372

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Cell 430-7606 BRAD

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

A

Permit Number: 033802642O1

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 20080 S. 96th (no rural route) City LINCOLN NE, Zip 68372

Legal Description SW 1/4 (1/4) 36 (Section) 8N (Township) 7E (Range) Co. Sub Permit 0302 (Subdivision) Parcel 1 (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 BOB HIEMEYER Signature Robert Hiemeyer

Address 20100 South 96 City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone 792-2794 Work Phone 458-7584

C. Contractor

Name GERLACH CARPENTRY INC Company Name GERLACH CARPENTRY INC

Address P.O. BOX 5735 City/State/Zip LINCOLN NE 68505

☐ Check if contractor designed system Work Phone 402 525-9940

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

Designer Name SOUTHWICK Firm SOUTHWICK Work Phone 430 7626

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 225 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 5/19/03 Date frwd 5/20/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 5/20/03 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 5-20-03 Date frwd 5-20-03	ACTION ☒ Approved ☐ Disapproved Signature _____	

9/29 Lagoon Inc - need ~~2" lock~~ fence + draw DC

Installation Final Written Approval

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

Date FEBRUARY 17, 2005

Business Office Use Only

Date Rec'd 05/19/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 2766

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

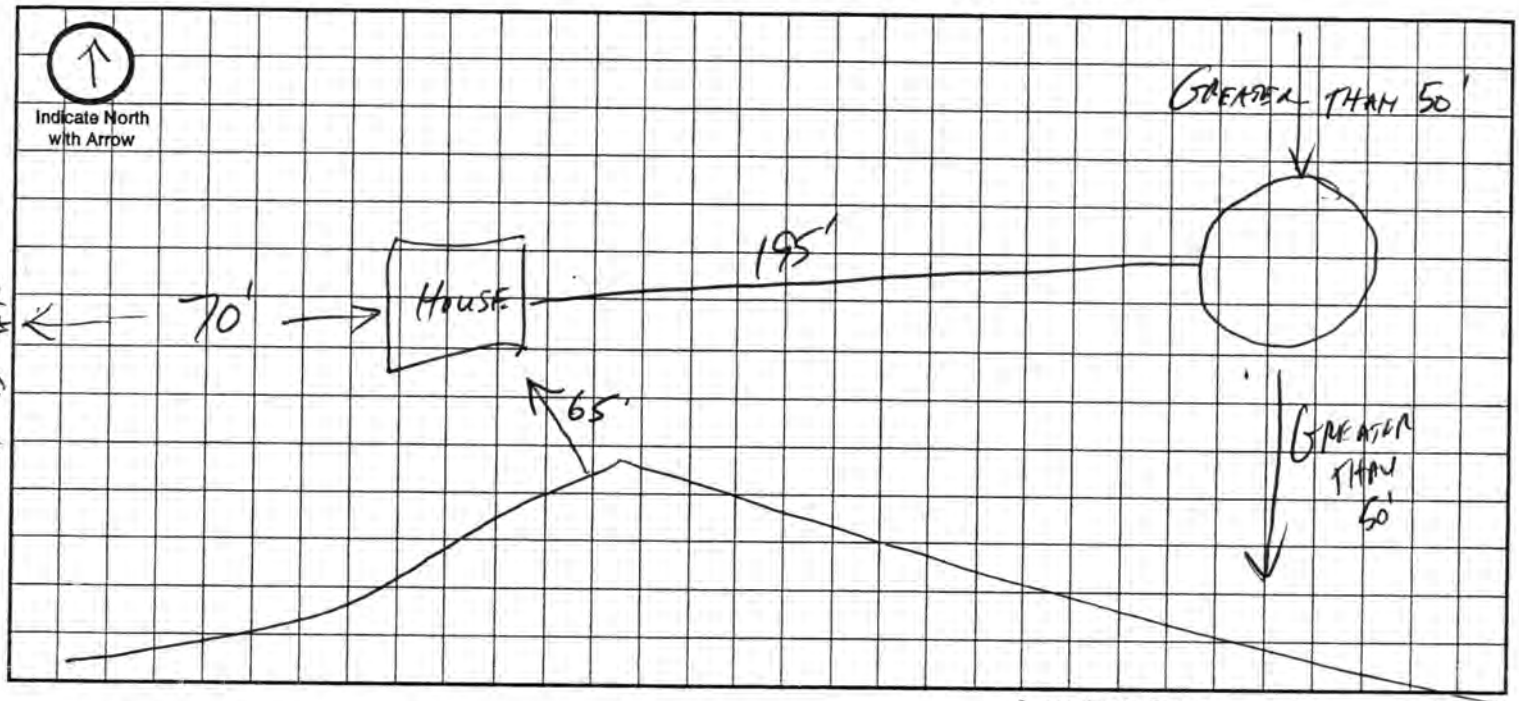
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802642

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 20080 S. 96th City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other NONE

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

Percolation Rate _____ (min. per inch) Soil Type: Juc Land Slope: 6 %

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 ☒	NA ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date 5-18-03

Installer Brad Smith Date 5-18-03

FORM 23-102 10-96

IMPROVEMENT LOCATION REPORT

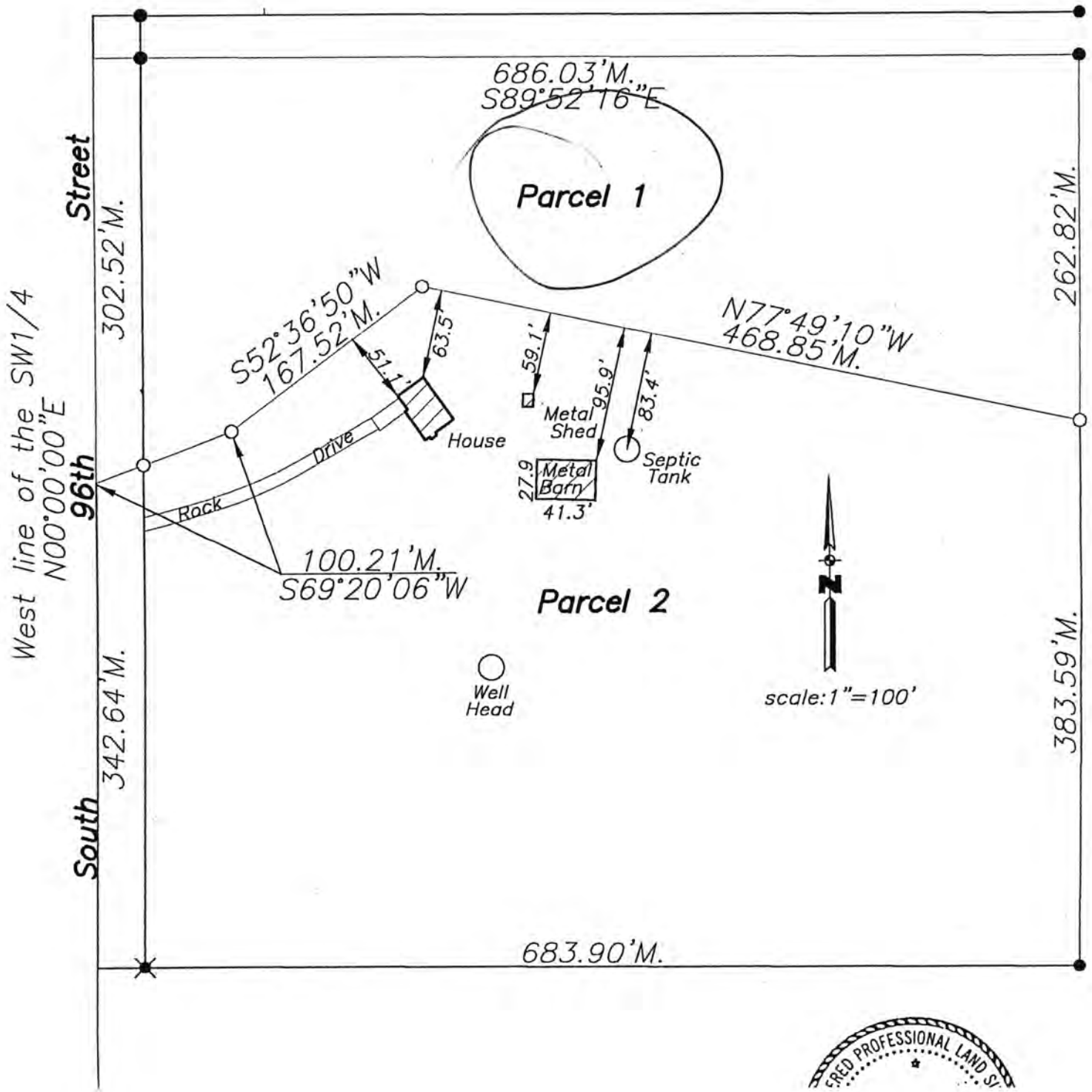
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516
Phone (402) 434-2686 Fax (402) 434-2687 e-mail asm1977@aol.com

a part of Lot 36 of Irregular Tracts located in the Southwest Quarter of Section 36 T 8 N, R 7 East of the 6th P

Job No. 31761-1

February 7 ,20(



REGISTERED PROFESSIONAL LAND SU