Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003012

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380270001

Issued 08/26/03
Expires 02/26/04
Revenue Code 3157

Establishment: BOBBY L PURVIANCE
T8N R7E SEC 36 QTR SW
LOT 37
20300 S 96 ST-HICKMAN

FEES: $200.00

Permittee: BOB & PAULA PURVIANCE
712 N 60 ST
LINCOLN NE 68505

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

COPY

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

A

Permit Number: 03380270001

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 20300 59th (20220) (no rural route) City Hickman NE, Zip 68372

Legal Description SW SW 36 8N 7E Part IT #37 (See Parcel "A") 37 I.T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 6th P.M. Latitude

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

B. Owner

Name Bob + Paula Purviance Signature Bob Purviance

Address 712 N 60th City/State/Zip Lincoln, Ne 68505

☐ Check if owner designed system Home Phone 466-9532 Work Phone 792-2825

* evening only Cell 314-1798

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Water

Address 17201 S 72 City/State/Zip Hickman, Ne

☒ Check if contractor designed system Work Phone 792-3462

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

Designer Name Lamp 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 7/1/03 Date frwd 8/26/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/26/03 Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Approved pending Application for building permit. mw

3. **City or County Engineer** Date rec'd 08/26/03 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

SYSTEM WILL BE ABOVE 100 F.P 8/26/03 NOT IN FLOOD PLAIN Line + Lagoon Inspected. DS.

Installation Final Written Approval

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

Date December 8, 2003

Business Office Use Only

Date Rec'd 07/01/03

Amt Paid 200.00

Rec'd By ~~cash~~/Check No. 9325

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

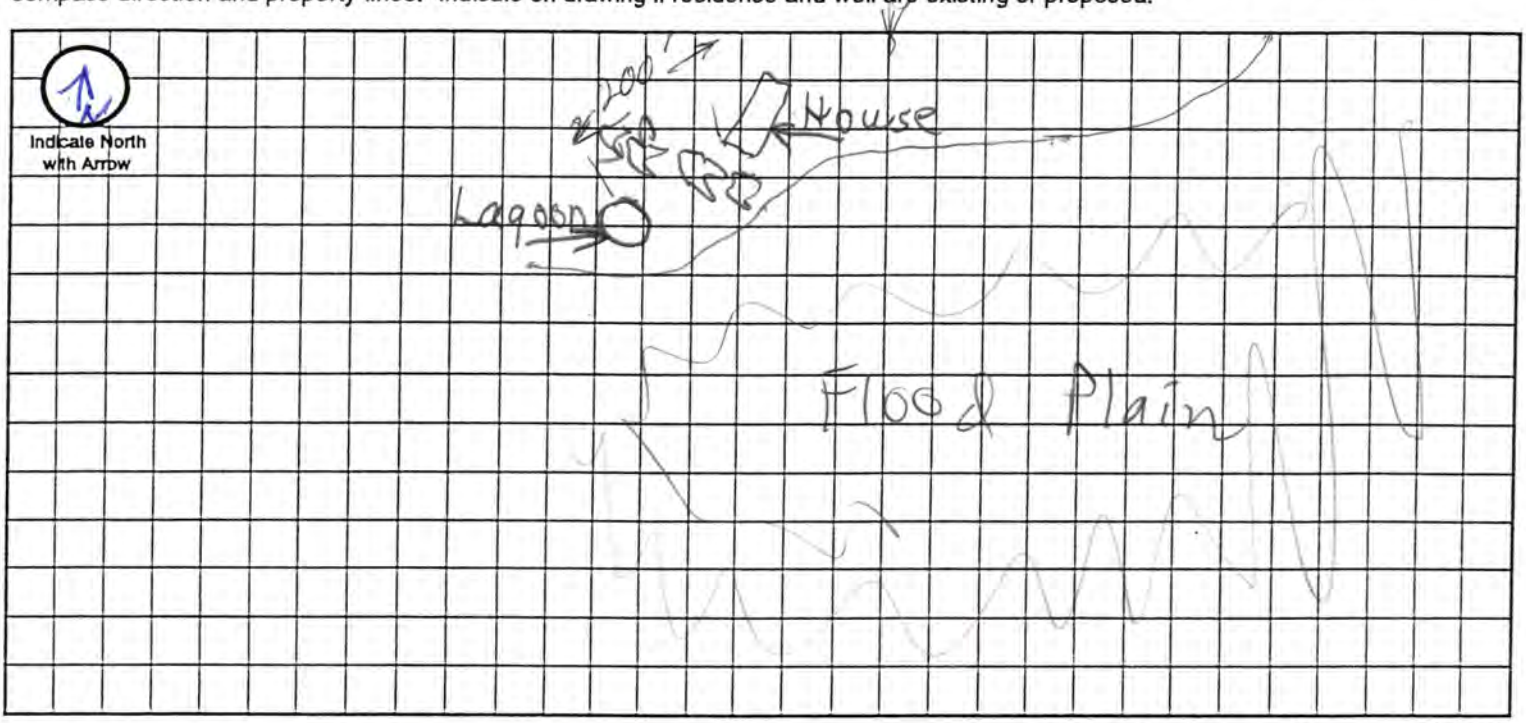
C

Permit Number: 033802700

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) 20308 596th City Hickman NE, Zip 68372

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

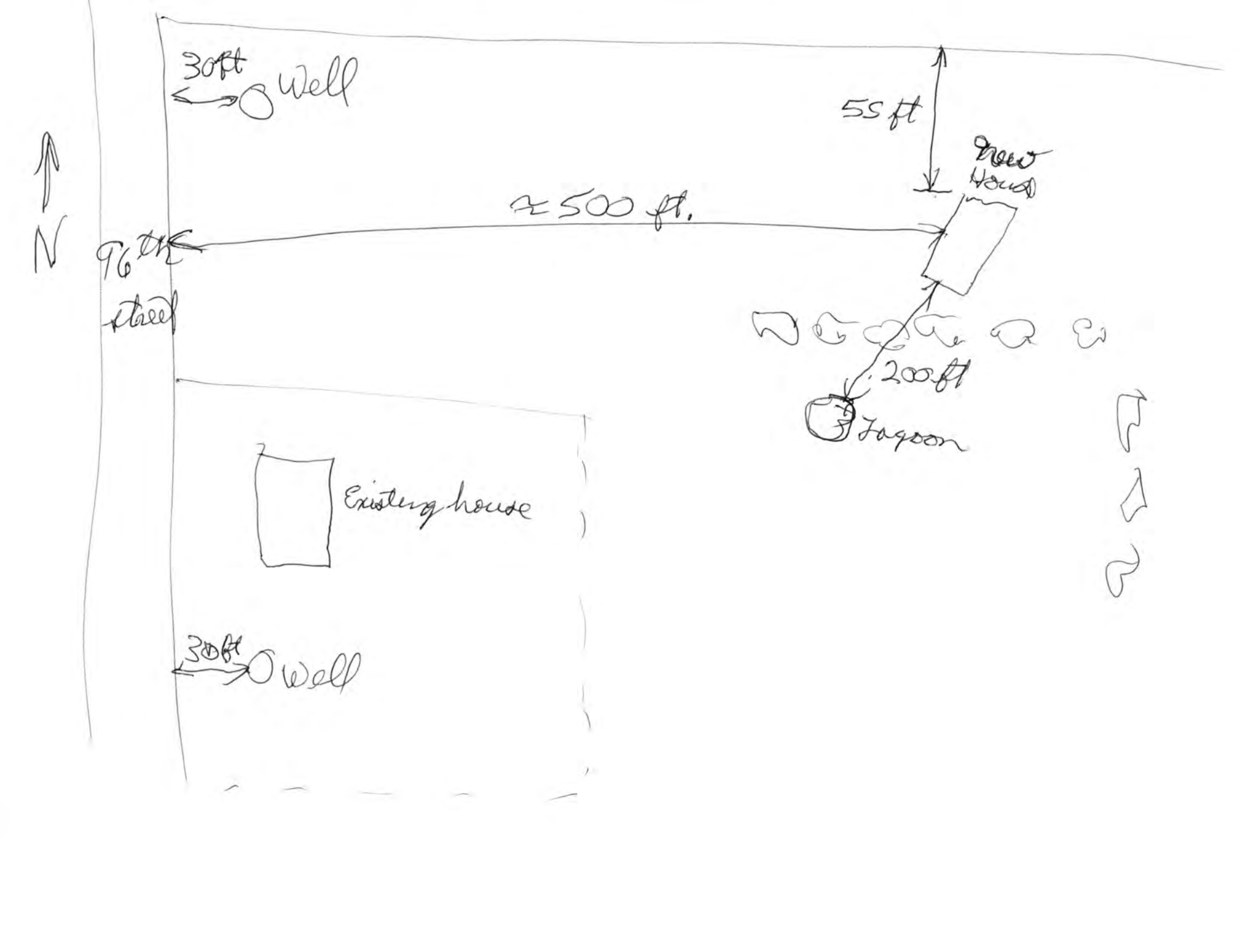
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 6-30-03

FORM 23-102 10-96


30ft
Well
55 ft
Dairy House
≈ 500 ft.
N
96th
Street
200 ft
Lagoon
Existing house
30ft
Well

Official Survey Record

LANCASTER County, Nebraska

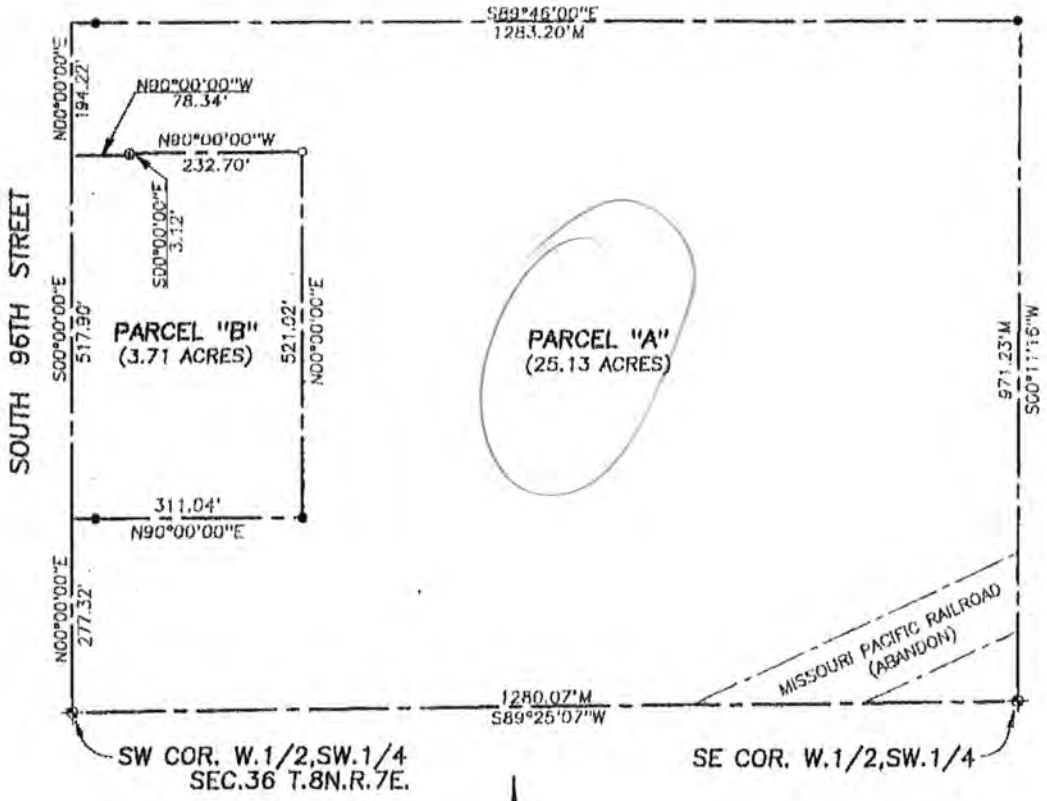
Phone (402) 434-2886
Fax (402) 434-2887

ALLIED SURVEYING AND MAPPING, INC.
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of a part of the Southwest Quarter of the Southwest Quarter

of Section 36 T. 8 N., R. 7E of the 6th P.M.

Job No. 31882 April 2003



SCALE 1" = 200'

LEGEND:

- o = Set 5/8"x 24" Rebar
- ● = Found 5/8" Rebar
- ⊕ = Found corner as recorded
- M = Measured distance
- P = Plat distance
- R = Record distance
- Δ = Set temp. point

SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked o. All dimensions are in feet and decimals

Signed this 1st day of April 2003

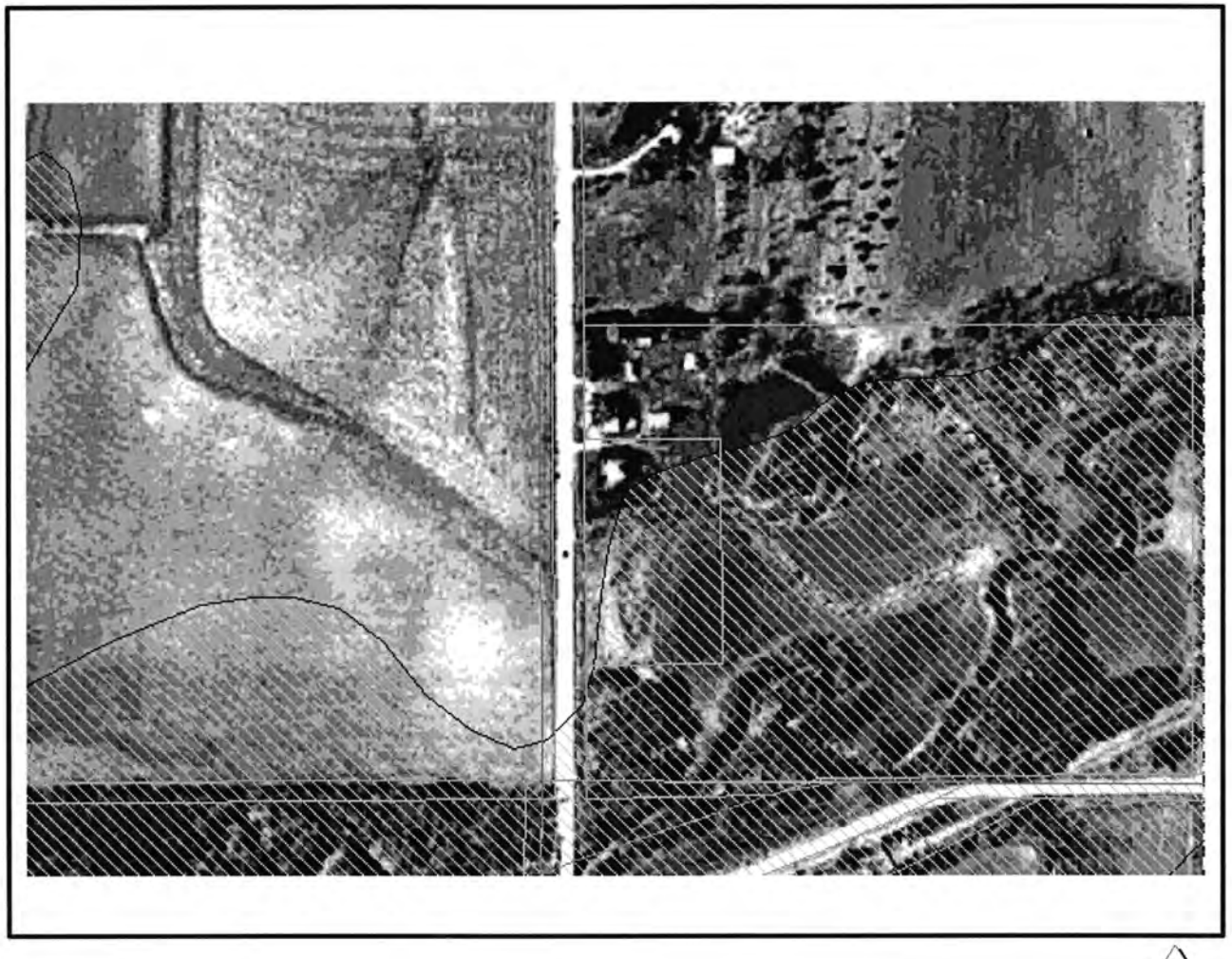
NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License # 333

NEBRASKA REGISTERED LS-333 LAND SURVEYOR

ESRI ArcExplorer 2.0

20300 South 96th Street



Tuesday, Jul 1 2003