Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009024

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380320101

Issued 06/01/06
Expires 06/01/07
Revenue Code 3157

Establishment: NEIGHBOR FAMILY HOMES
T8N R8E SEC 21
LOT 17IT
NA

FEES: $275.00

Permittee: NEIGHBOR FAMILY HOMES
8240 EASTWOOD DR
LINCOLN NE 68504

TOTAL: $275.00

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

A

Permit Number: 06380320101

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 _____ City _____ NE, Zip _____
(no rural route)

Legal Description NW (1/4) 1/4 21 (Section) 8N (Township) 8E (Range) ~~Parcel # 2 of Lot 9~~ (Subdivision) (Addition) (Block) 17E.T. (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name ~~Bobby Moore~~ Neighbors Family Homes Signature _____

Address 8240 Eastwood Drive City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Harper Well Company Name Harper well Leonard Harper

Address P.O. Box 15 City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 402 432-2204

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 5/31/06 Date frwd 6/1/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/1/06 Date frwd 6/1/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-1-06 Date frwd 6-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 12/7/06

Business Office Use Only
Date Rec'd 06/01/06
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 1757

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

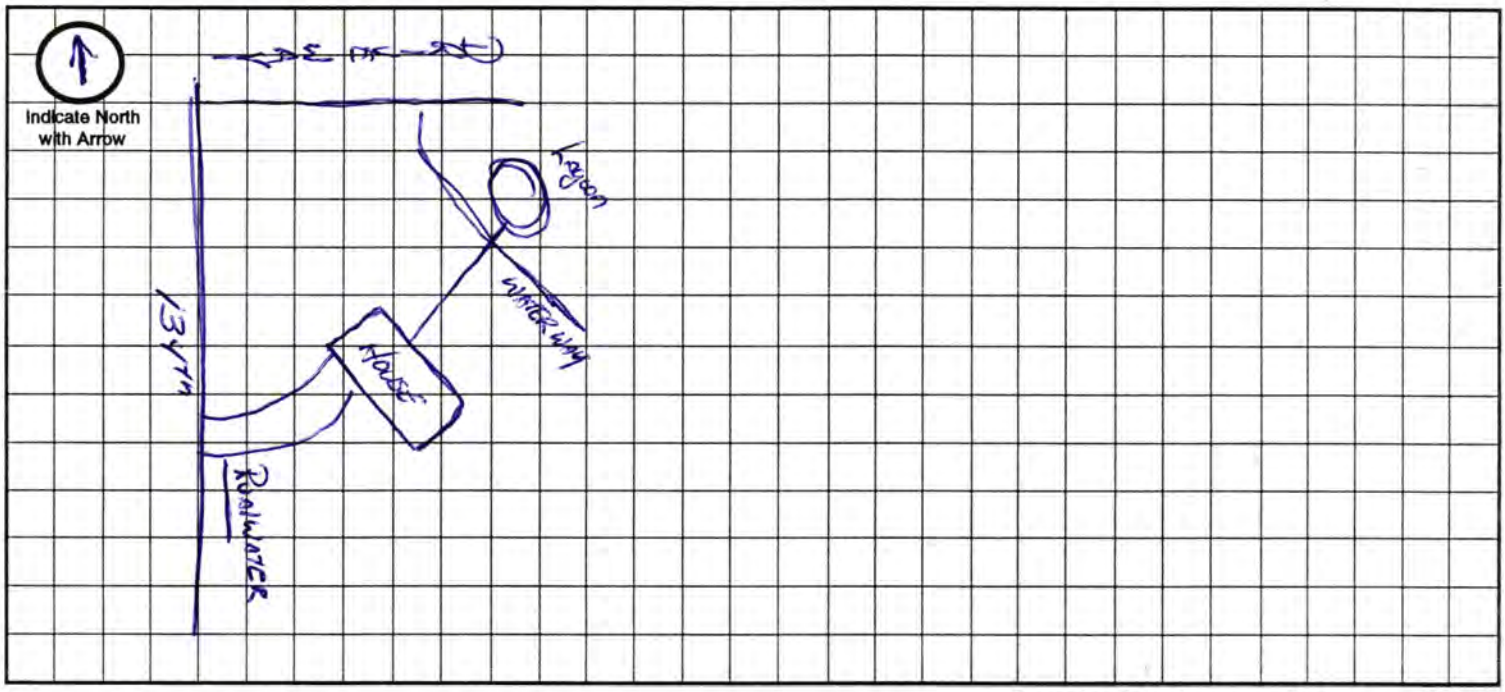
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C

Permit Number: 06380320 1

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) N/A City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other N/A

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

Percolation Rate N/A (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: N/A sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank N/A gals Number of Absorption Beds: N/A Number of Distribution Laterals per Bed N/A

Total Length of Laterals N/A ft. Number of Trenches N/A Trench Width N/A

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 5/31/06

Installer Howard Jaeger Date 5/31/06

FORM 23-102 10-96

24 BEDS