Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009538

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: URBAN HOMES LLC
T8N R8E SEC 25 QTR SW
W 1/2 OF SW 1/4

Permittee: URBAN HOMES LLC
2500 W HIGH RIDGE CIR
LINCOLN NE 68522

Permit # 06380324301

Issued 09/05/06
Expires 09/06/07
Revenue Code 3157

FEES: $275.00

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: 06380324301

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 18240 SOUTH 176TH ST. (no rural route) City _____ NE, Zip _____

Legal Description West ½ of the SW Quarter of 25 8N North range 8 East of the 6th Principal Meridian Lancaster, County, NE
(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 Gary Staiert Signature _____

Address S 25 T8N R8E City/State/Zip _____

☐ Check if owner designed system Home Phone 402-420-1512 Work Phone 402-202-5696

C. Contractor

Name Urban Homes, LLC Company Name Urban Homes, LLC

Address 2500 West Highridge Cr. City/State/Zip Lincoln, NE 68522

☐ Check if contractor designed system Work Phone 402-770-4730

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

Designer Name Dave Vogt Firm Vogt TAT Excavating Work Phone 560-4267

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 9/5/06 Date frwd 9/6/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-6-06 Date frwd 9-6-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-6-06 Date frwd 9-6-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

3/15/07 - needs temp NH
11/28/06 - piping ok, NH

Installation Final Written Approval

By _____

Date 3/29/07

Business Office Use Only

Date Rec'd 09/05/06
Amt Paid 275.00 1239 - 25
Rec'd By _____ Cash/Check No. 1234 - 200

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

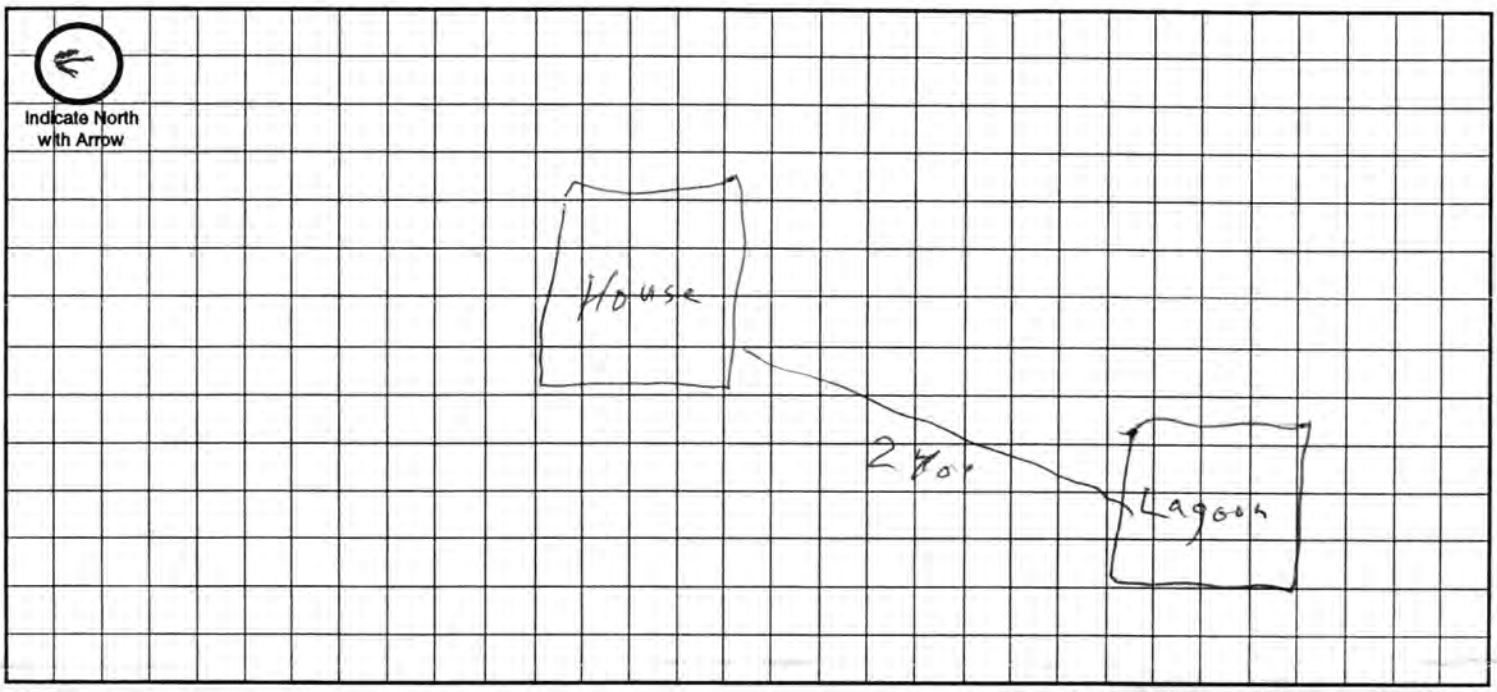
Lincoln-Lancaster County Health Department
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C

Permit Number:

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) Section 25 T8N R8E City _____ NE, Zip _____

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 Urban Homes, LLC Date 8-30-06

Installer _____ Date 8-30-06

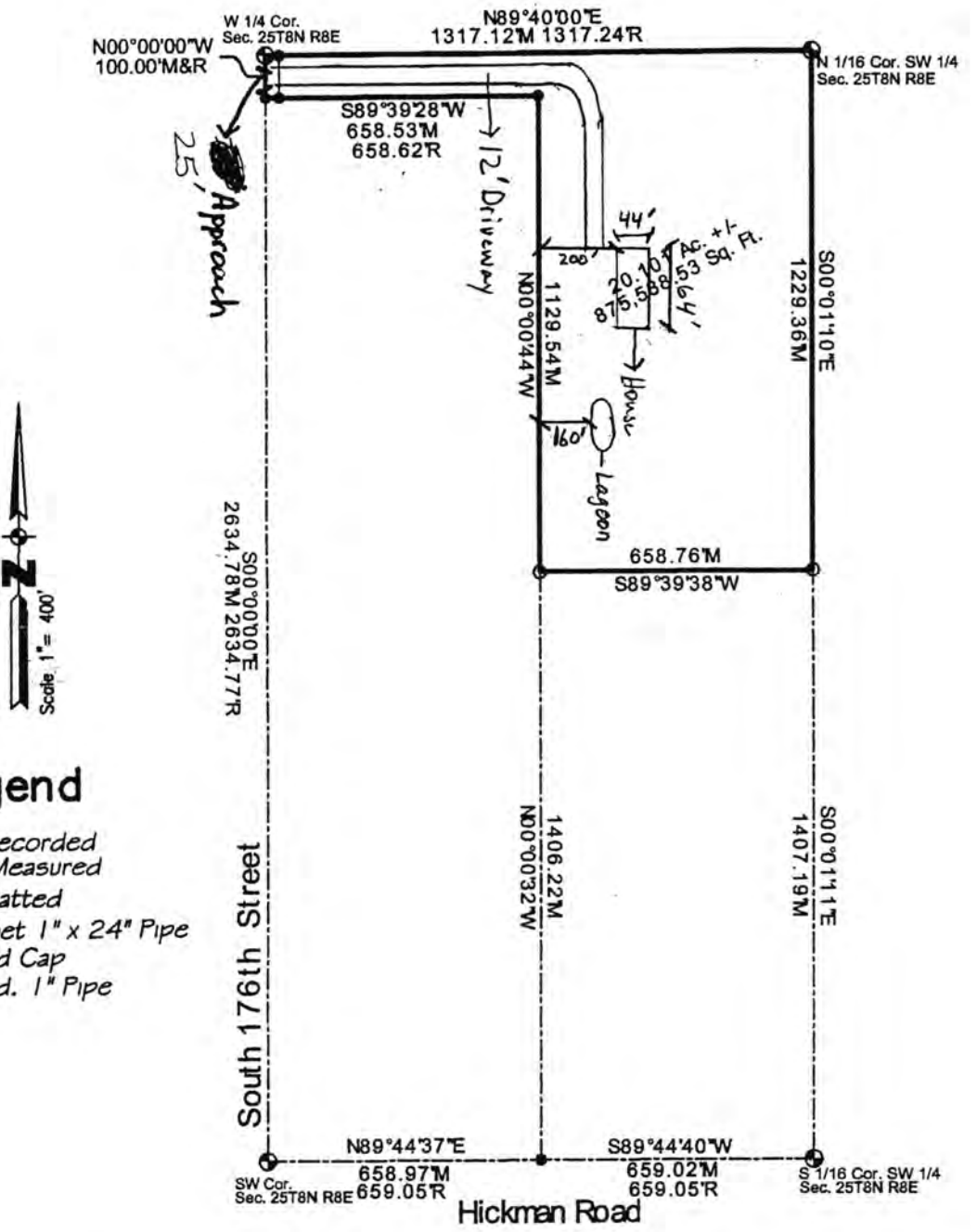
FORM 23-102 10-96

Official Survey Record

A survey of a 20.101 acre tract of land located in the West ½ of the Southwest Quarter of Section 25 Township 8 North Range 8 East of the Sixth Principal Meridian, Lancaster County, Nebraska.

Work Order # 06-1364

May 15, 2006



Legend

R = Recorded
M = Measured
P = Platted
○= Set 1" x 24" Pipe and Cap
●= Fd. 1" Pipe