Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

005059

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380283601

Issued 05/26/04
Expires 11/26/04
Revenue Code 3157

Establishment:
GREGG LEBER
T9N R5E SEC 4 QTR SW
PARCEL 6 LOT 28IT
106XX W PIONEERS-DENTON

FEES: $200.00

Permittee:
GREGG LEBER
7331 HAVELOCK AVE
LINCOLN NE 68507

TOTAL: $200.00

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

RECEIVED
MAY 26 2004

A

Permit Number: 04380283601

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 ~~106~~ 10740 WEST PIONEERS (no rural route) City DENTON NE, Zip 68339

Legal Description SW (1/4) 4 (1/4) 9N (Section) 5E (Township, Range) PARCEL 6 OF LOT 28 (Part) I.T. (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 GREGG LEBER Signature Gregg Leber

Address 7331 HAVELOCK AVE City/State/Zip LINCOLN, NE 68507

☐ Check if owner designed system Home Phone 402-464-9139 Work Phone 402-434-1736

C. Contractor

Name BRAD SOUTHWICK Company Name SOUTHWICK SEWER AND DRAIN

Address 17201 S 72 City/State/Zip HICKMAN NE 68372

☑ Check if contractor designed system Work Phone 792-2462

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 300+ 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 5/26/04 Date frwd 5/27/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/27/04 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/27/04 Date frwd 5/27/04 ACTION ☒ Approved ☐ Disapproved Signature _____

10/8/04 Parcel line + Lagoon - Complete line + Lagoon 10/11/04

Installation Final Written Approval Need fence

By _____

Date 11/16/04

Business Office Use Only

Date Rec'd 05/27/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3982

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

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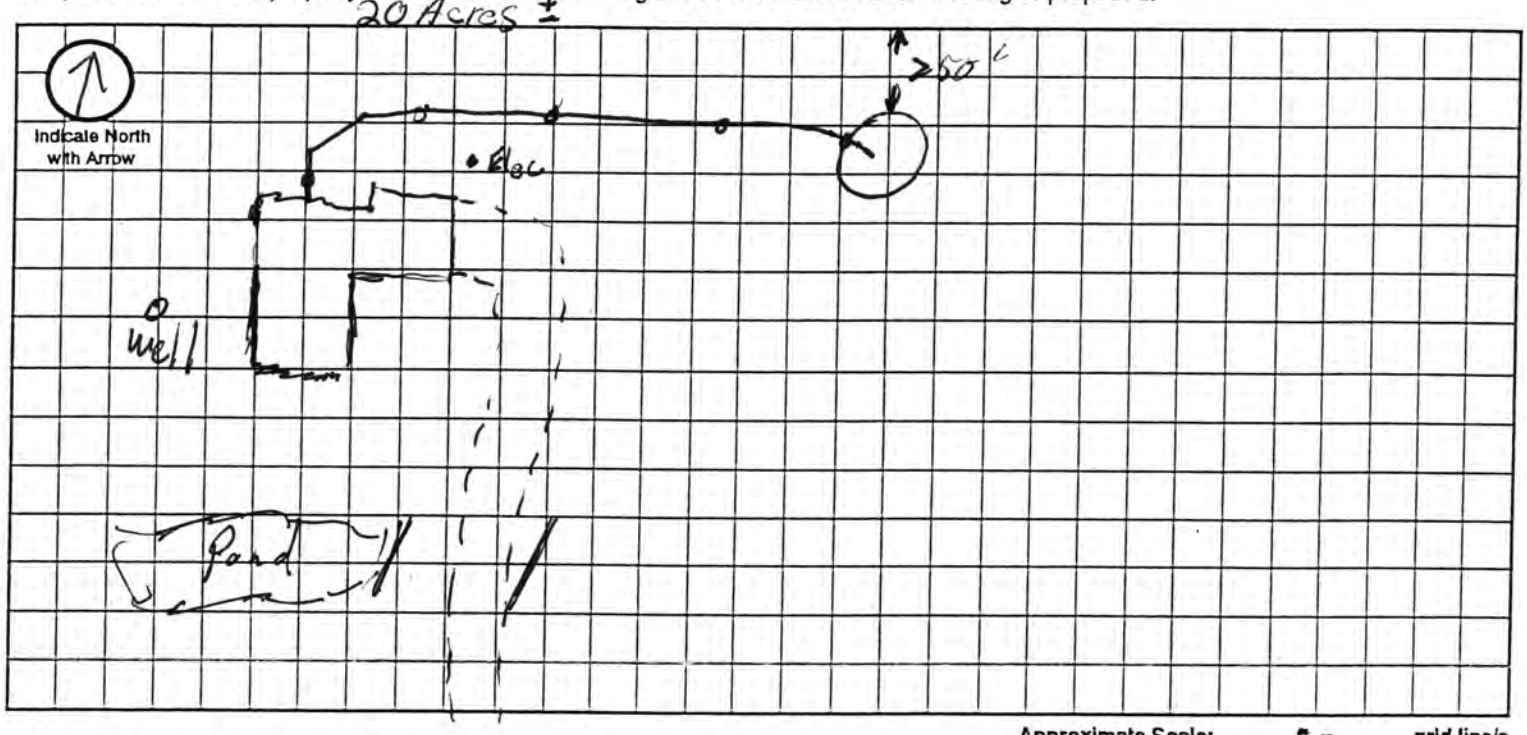
C

Permit Number: 04 3802836

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) 106.. West Pioneers City Denton NE, Zip 68339

B. Proposed Septic Tank/s Lagoon

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 Gregg Leber Date 5/26/04

Installer Brad Southwick Date 5/26/04

FORM 23-102 10-96