Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002261

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380264301

Issued 05/22/03
Expires 11/22/03
Revenue Code 3157

Establishment CANYON HOMES
T9N R5E SEC 26
WINSOR RIDGE WEST BLK 7 LOT 7&8
8100 W GINKGO LN-DENTON

FEES: $200.00

TOTAL: $200.00

Permittee CANYON HOMES
BOX 6698
LINCOLN NE 68506

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 19 2003

A

Permit Number: 03380264301

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 8100 W Ginko Ln (no rural route) City Denton NE, Zip 68339

Legal Description 26 9N 5E WINSOR RIDGE WEST 7 E½ 7&8
(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 Canyon Homes Signature Jed Gleason

Address P.O. Box 6698 City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone _____ Work Phone 486-4663

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 S. 72nd City/State/Zip Hickman NE 68372

☐ Check if contractor designed system Work Phone 792-2462 CELL 890-8032

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 _____ 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 5/22/03 Date frwd 5/22/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-22-03 Date frwd 5-22-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/22/03 Date frwd 5/22/03 ACTION ☒ Approved ☐ Disapproved Signature _____

12/11/03 - Line, tank, lagoon, fence needed + life station.

Installation Final Written Approval

By Doug Amsler

Date 4/20/04

Business Office Use Only
Date Rec'd 5/22/03.
Amt Paid 200.00
Rec'd By CW Cash/Check No. 3115

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

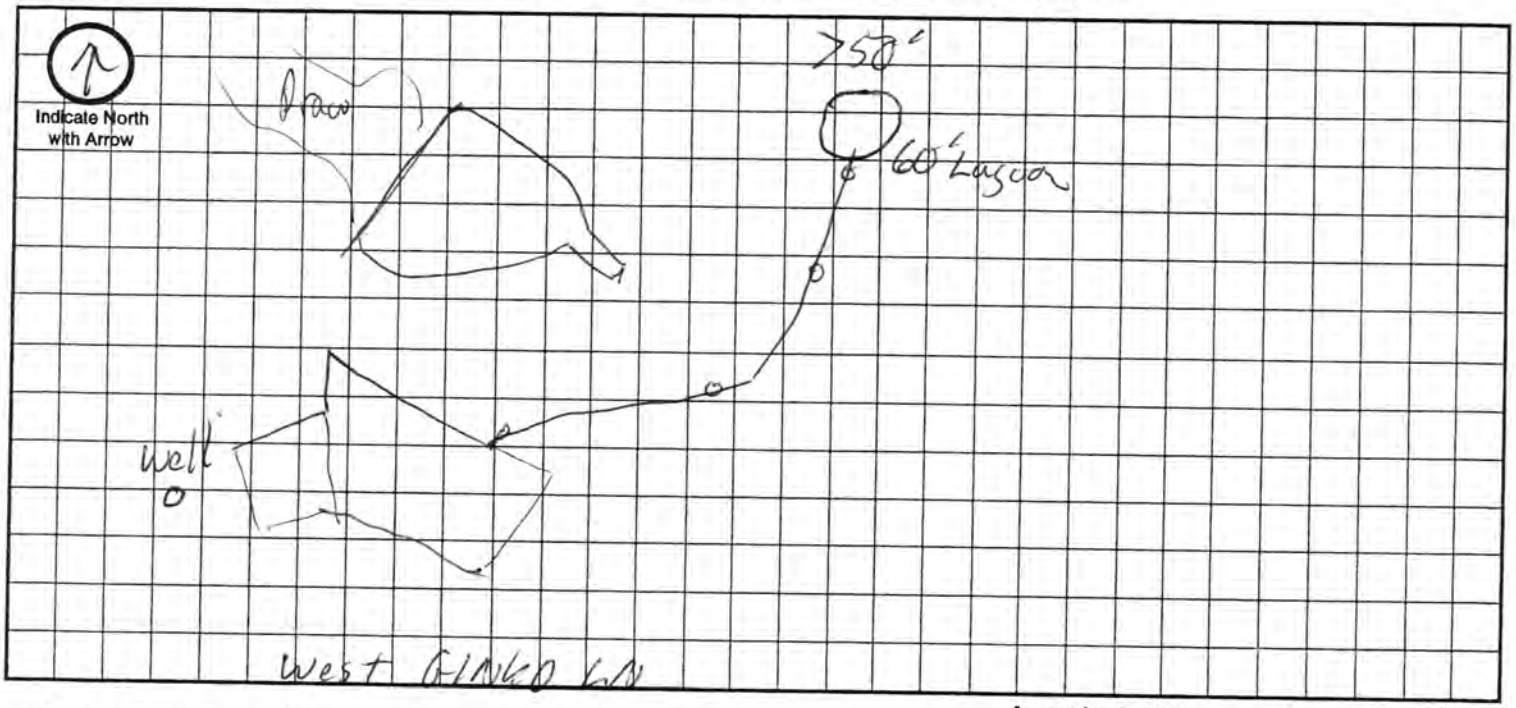
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C

Permit Number: 033802643

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) 8100 W. GINKO City Denton NE, Zip 68339

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 Canyon Homes Jack Gleason Date 5-21-03

Installer Brad Smith Date 5-21-03

FORM 23-102 10-96

Field Notes
by D.S.
4/19/04

