Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005202

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380284501

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

Establishment:
JERRY SIEFKES
T9N R8E SEC 12 QTR SW
CEDAR GROVE ESTS-1ST BLK 1 LOT 8

FEES: $200.00

Permittee:
JERRY SIEFKES
18601 MIDWAY RD
WALTON NE 68461

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 25 2004

A

Permit Number: 043802845O1

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 ? (no rural route) City Walton NE, Zip 68461

Legal Description SW quarter Sec. 12 (1/4 1/4 Section) 9N (Township) 8E (Range) Cedar Grove Estates (Subdivision) F (Addition) 1 (Block) 8 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Cedar Grove Estates Plat CUP02026

B. Owner

Name Jerry Siefkes Signature _____

Address 18601 Midway Rd City/State/Zip Walton NE 68461

☐ Check if owner designed system Home Phone 782-8108 Work Phone _____

C. Contractor

Name Matt Kleinschmit Company Name Pride Homes

Address 1544 So 1st City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone 434 3220

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

Designer Name G & A Backhoe Firm Gordon Lukes Work Phone 781-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 5/26/04 Date frwd 6/11/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/30 Date frwd 6/30 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/30/04 Date frwd 8/30/04 ACTION ☒ Approved ☐ Disapproved Signature _____

11/5/04 Need ~~drawings~~ fence, D.E.S

Installation Final Written Approval

By _____

Date 12/11/06

Business Office Use Only

Date Rec'd 05/26/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 11504

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

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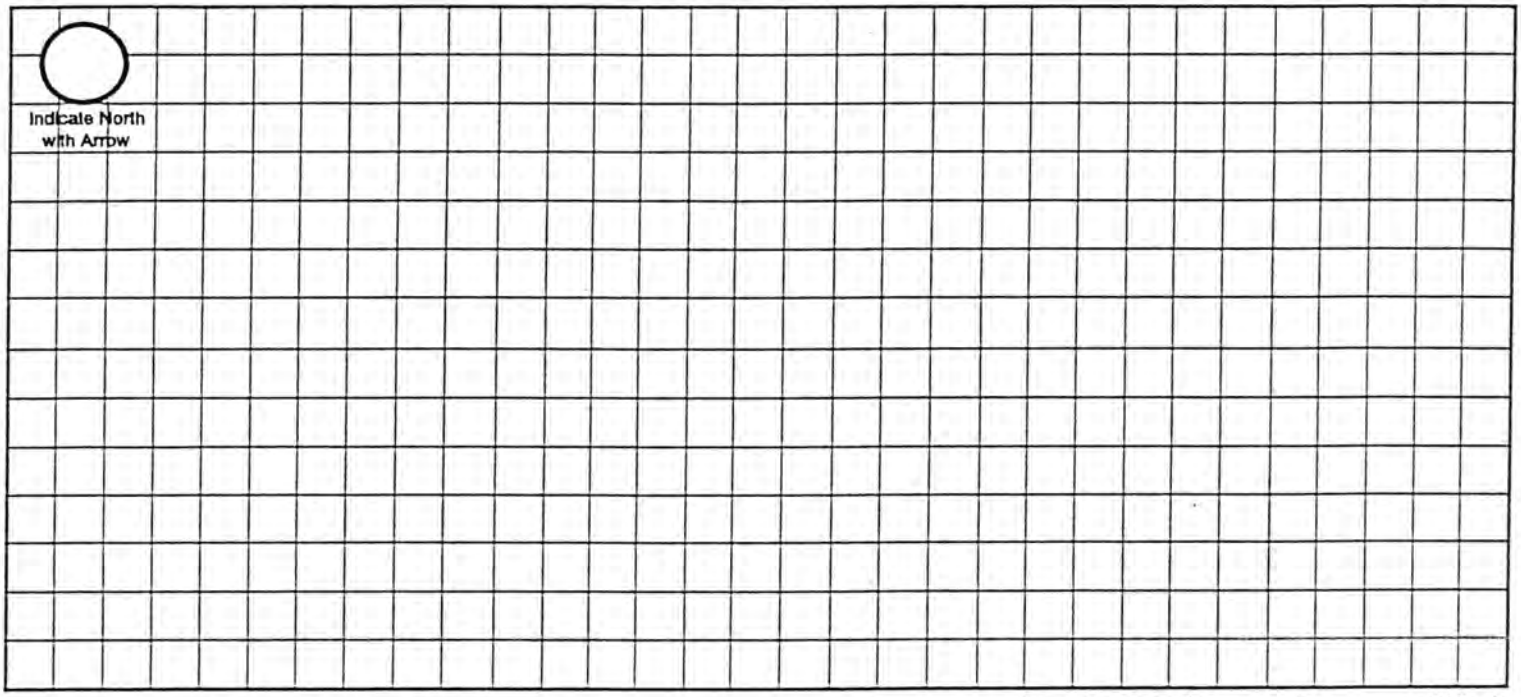
C

Permit Number: 0438 02845

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) _____ 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 _____ Date June 11/04

Installer Gordon Lutz Gott Backhoe Service Date 6-7-2004

FORM 23-102 10-96

G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

12/17/04

To Jerry Hood,
This is the as built drawing for a Lagoon System @ 18101 Shasta Lane for Jerry Siefkes.

