Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009059

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: TODD KELLEY
T9N R8E SEC 32 QTR SW
E1/4 OF SW1/4-IT LOT 1&2
SALTILLO RD-BENNET

Permittee: TODD KELLEY
7621 ENGLEWOOD DR
LINCOLN NE 68510

Permit # 06380321201

Issued 06/27/06
Expires 06/27/07
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 06380321201

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 Saltillo ROAD (no rural route) City Bennet NE, Zip 68317

CUT OUT OF 80 ACRES 3.4 ACRES

Legal Description E½ SW 32 9N 6E PART OF 1 + 2 I.T.
(¼¼ 1/4 Section Township Range Subdivision Addition Block Lots)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Todd Kelley Signature _____

Address 7621 Englewood City/State/Zip Lincoln Ne 68510

☐ Check if owner designed system Home Phone 484 5058 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 105 Locust P.O.Box 191 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 6/27/06 Date frwd 6/28/06	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Head	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 6/28/06 Date frwd 6/28/06	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 6-28-06 Date frwd 6-28-06	**ACTION** ☒ Approved ☐ Disapproved Signature	

* Needs fence

Installation Final Written Approval

By _____

Date 11/8/06

Business Office Use Only

Date Rec'd 6-28-06
Amt Paid $275.00
Rec'd By CW Cash/Check No. 1136

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

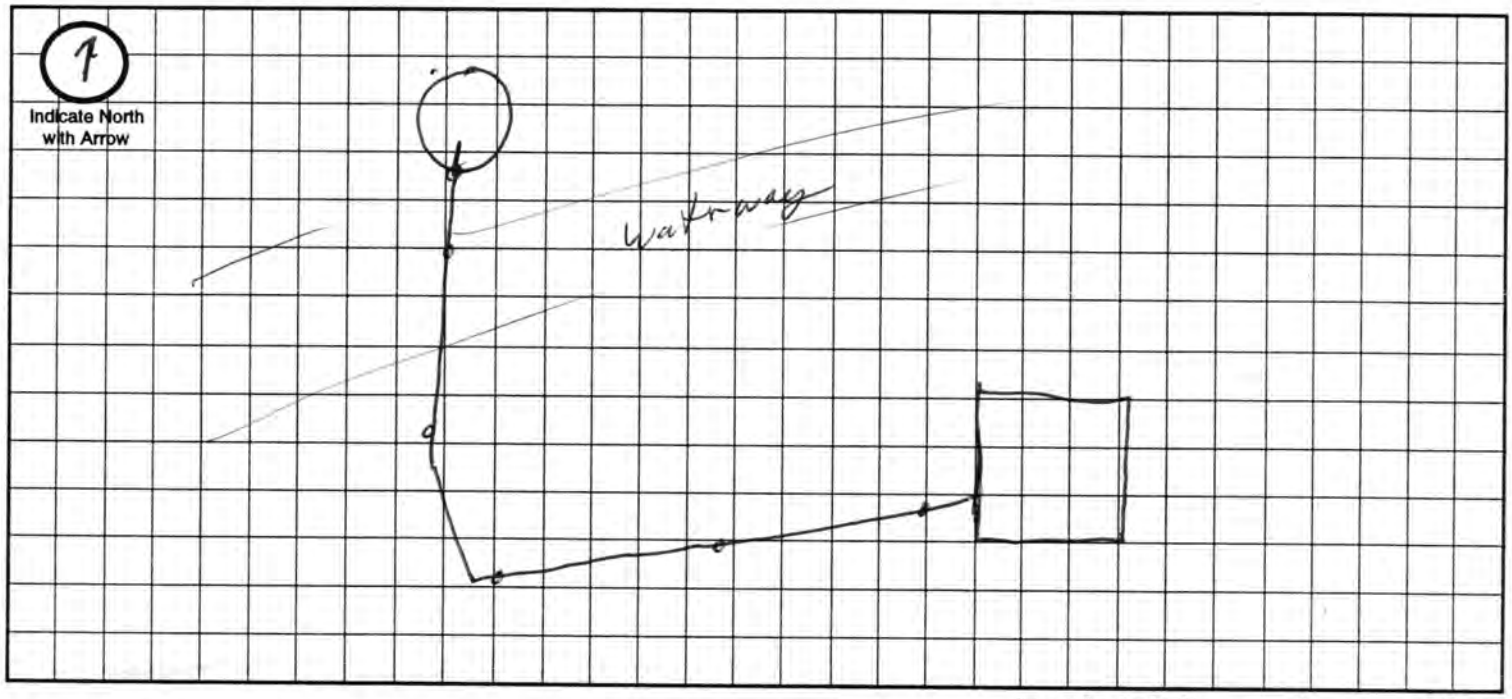
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803212

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) Saltillo Rd City Bennet NE, Zip 68317

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 _____

Installer Brad Barthen Date 6-26-06

FORM 23-102 10-96