Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009920

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380332201

Issued: 04/10/07
Expires: 04/10/08
Revenue Code: 3157

Establishment:
NORRIS TALCOTT
T9N R8E SEC 33
6TH PRINCIPAL MERID
13707 ROKEBY RD-BENNET

FEES: $290.00

Permittee:
NORRIS TALCOTT
13707 ROKEBY RD
BENNET NE 68317

TOTAL: $290.00

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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: 07380332201

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: 4.94 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 13707 Rokeby Rd. City Bennet NE, Zip 68317
(no rural route)

Legal Description LCR 5952 S33, T9, R8 6th Principal meridian N436.1 E500 W1913.3
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 Norris Talcott Signature Norris Talcott

Address 13707 Rokeby Rd. City/State/Zip Bennet Ne 68317

☐ Check if owner designed system Home Phone 782-2009 Work Phone 430-9045

C. Contractor

Name Gregory D Bouwens Company Name Bouwens Plumbing Co Inc

Address 5901 Fletcher Av. City/State/Zip Lincoln, NE 68507

☐ Check if contractor designed system Work Phone 466-1944 Cell 610-2818

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~~ 2 Downsized by owner request Is there a Whirlpool Bathtub YES (NO) Jay Bouwens

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 4/10/07 Date frwd 4/10/07 ACTION ☒ Approved ☐ Disapproved Signature _____

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/10/07 Date frwd 4/10/07 ACTION ☒ Approved ☐ Disapproved Signature _____

NEED APPROVAL FROM DEPT. OF ROADS TO BUILD IN PROTECTION CORRIDOR.

3. **City or County Engineer** Date rec'd 4-10-07 Date frwd 4-10-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Ploszek

6/29/07 line + lagoon — need fence

Installation Final Written Approval

By _____

Date 2/26/2008

8/21/07 - contracted, will be done @ the end of the week.

Business Office Use Only
Date Rec'd 4/10/07 4/10/07
Amt Paid 250.00 $40.00 *
Rec'd By CW Cash/Check No. 12790

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector * 12795

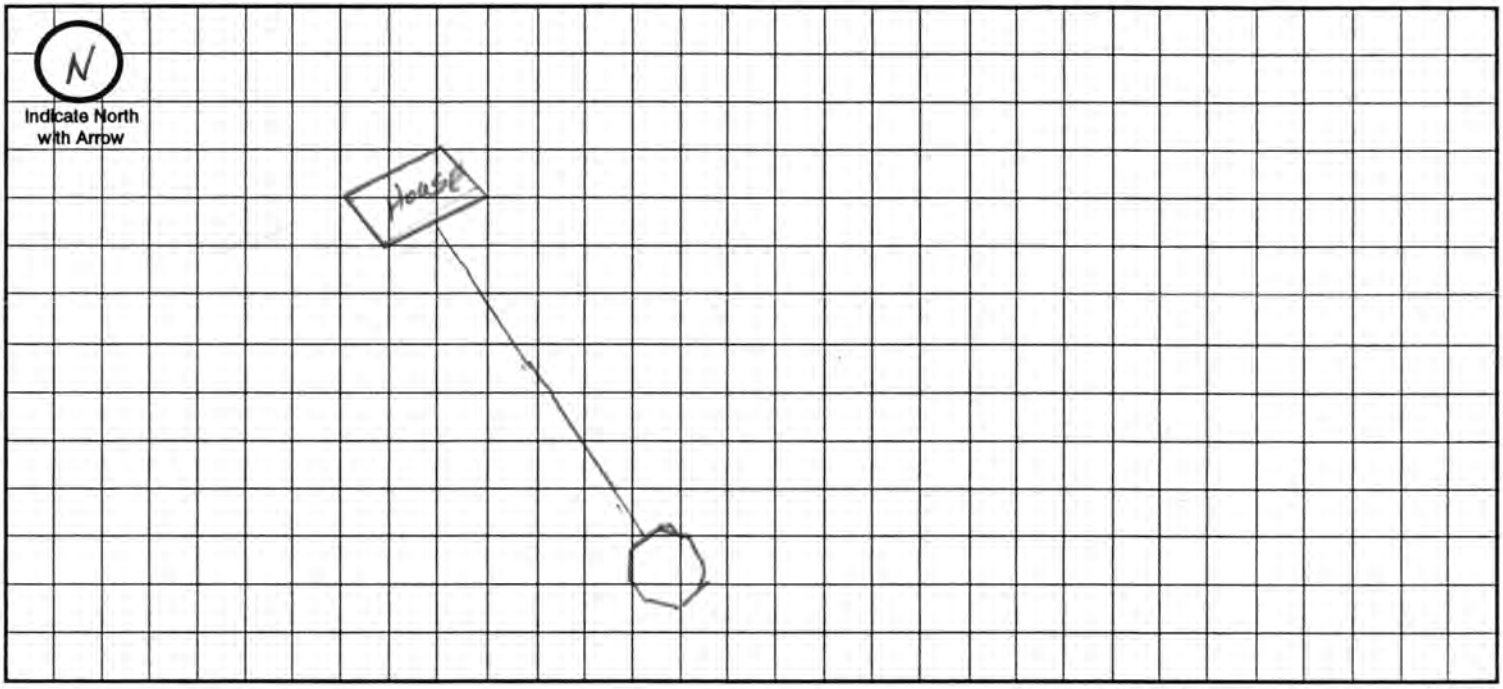
Lincoln-Lancaster County Health Department
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C

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) 13707 Rokeby 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 Elsie Bowers Date 4-6-07

Installer Gregory P Bowers Date 4-6-07

FORM 23-102 10-96