Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380222901

Issued 08/09/00
Expires 02/09/01
Revenue Code 3157

FEES: $150.00

Establishment

BILL BARCLAY
T8N R5E SEC 17 QTR SW
CTR/SW 1/4 -33ACRES
SW 128TH & W PARKER-CRETE

TOTAL: $150.00

Permitee

BILL BARCLAY
6419 BOXELDER DR
LINCOLN NE 68506-2805

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013579

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

A

Permit Number: 00380227

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 SW 128TH & W. PARKER (no rural route) City CRETE NE, Zip

Legal Description E ½ OF SW ¼ (1/4 1/4) 17 (Section) 8N (Township) 5E (Range) 33 ACRES (Subdivision) (Addition) (Block) 26 F.T. (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name BILL BARCLAY Signature

Address 6419 BOXELDER DR City/State/Zip LINCOLN NE 68506

☐ Check if owner designed system Home Phone Work Phone 730-7547

C. Contractor

Name MEL GAGNER Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone 432-5698

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

Designer Name Melvin GAGNER Firm GAGNER CONST. Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling CABIN Number of Bedrooms 0 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 8/9/00 Date frwd 8/9/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/9/00 Date frwd 8/9/00 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 08/09/00 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Smith

Date 9/15/00

Business Office Use Only

Date Rec'd 08/09/00

Amt Paid 150.00

Rec'd By LO ~~Cash~~/Check No. 8888

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

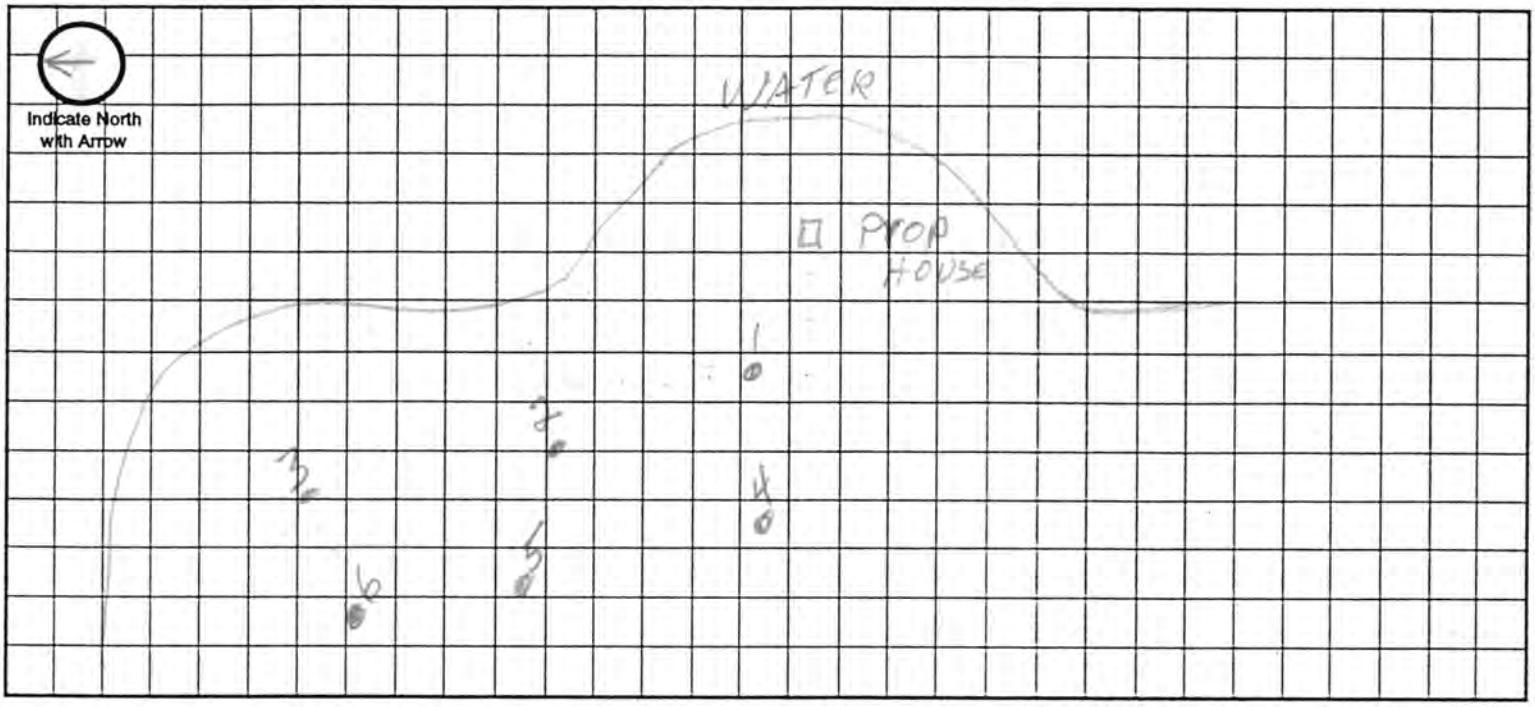
C

Permit Number: 00380229

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: 10 ft. = 1 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 43 (min. per inch) Soil Type: BURCHARD CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 300 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 36

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 Mel Gagner Date 3-3-00

Installer MEL GAGNER Date 3-3-00

FORM 23-102 10-96

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

B

Permit Number: 0038 02279

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): SILTY CLAY LOAM BURCHARD Percolation Rate: _____ min./inch

Date of Tests 3-14-00 to 3-15-00 Weather: Precipitation 0 Temperature 40

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24	3/14	4:00	3/15	6:00	3/15	6:15	6	3/15	6:45	30	7/8	34 MIN/IN
2	30	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
3	31	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
4	29	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
5	30	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
6	32	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: MEL GAGNER

Phone: 432-5698

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 43 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

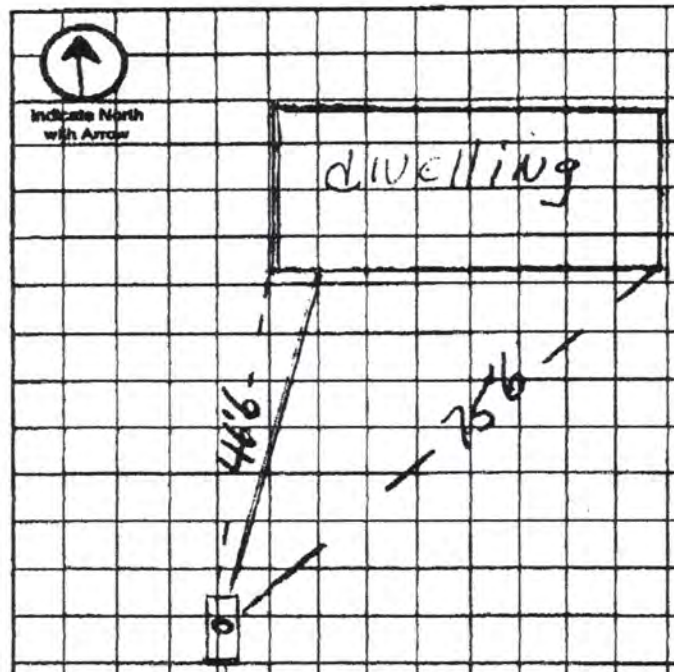
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

As Built Drawing

Crete
SW 28th & Parker Rd



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To Doug Smith	From Gagner Const.
Co. County Health	Co. MSL
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 797-7475

Approximate Scale: _____ ft. = _____ grid line/s

08/17/2000 19:42 14027977475 GAGNER PAGE 02

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

Permit Number: # 06302229

Sewage Disposal System

As Built Plans & Specifications

Date 8-16-00

System Location (Indicate correct number and street)
Address SW 128th & Parker Rd. Crete NE, Zip
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 46'6" ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter NO in.
   Over outlet, diameter NO in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: NONE
   Number available outlets: ____
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

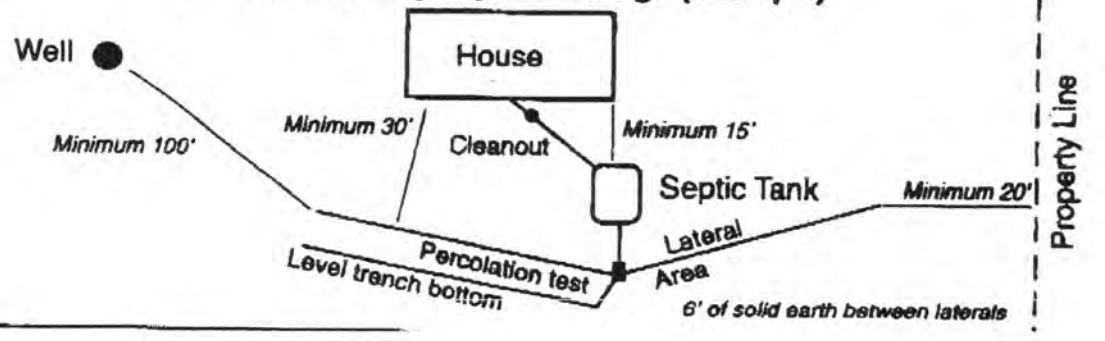
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96