LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 99380194901

Issued 03/19/99
Expires 09/19/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

BRUCE L BARRETT
T8N R5E SEC 17 QTR NW
12401 W WITTSTRUCK RD-CRETE

TOTAL $150.00

Permittee

BRUCE L BARRETT
630 BRIAR AVE
CRETE NE 68333

Issued By Health Director
Lincoln-Lancaster County Health Department

008979

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

MAR 5 1999

A

Permit Number:

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

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 12401 WEST WITTSTRUCK RD (no rural route) City CRETE NE, Zip 68333

Legal Description NW (1/4) 17 (1/4) (Section) T8N (Township) R5E (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 BRUCE BARRETT Signature Bruce J Barrett

Address 630 BRIAR AVE City/State/Zip CRETE NE 68333

☒ Check if owner designed system Home Phone 826 3029 Work Phone 826 8041

C. Contractor

BOB NOHAVEC WILL RUN PVC SEWER TO LAGOON → 420-1552

Name RON LEICHTY EXCAVATING Company Name ____

Address 2677 WEST MILFORD RD City/State/Zip MILFORD NE 68405-8750

☐ Check if contractor designed system Work Phone 402 761 2080

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 3/17/99 Date frwd 3/19/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/19-99 Date frwd 3-19-99 ACTION ☒ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature ____

Build Lagoon Above 100 Yr Flood Plain of Haines Branch 10/8/99 Definitely out. Need fence drawing to keep out.

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd 03/08/99

Amt Paid 150.00

Rec'd By ____ Cash/Check No. 5581

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

MAR 5 1999

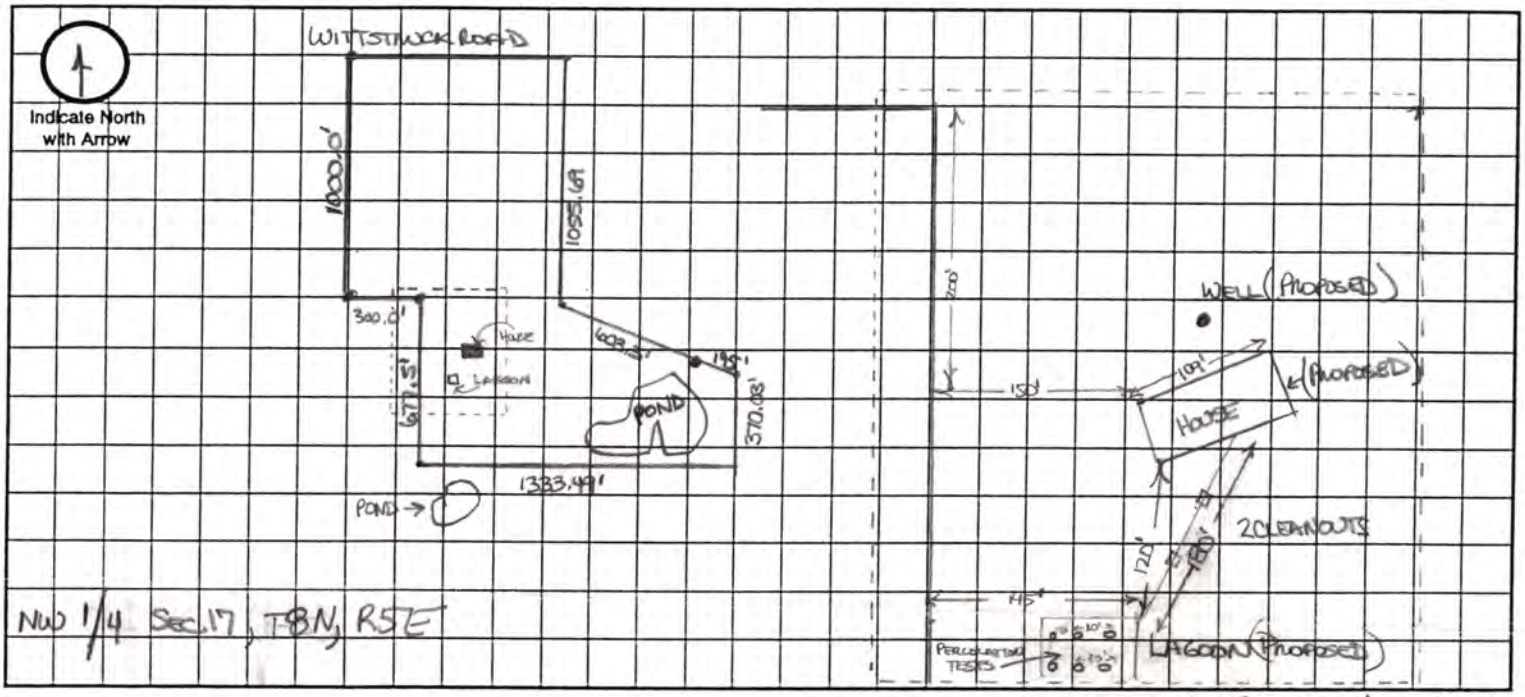
C

Permit Number:

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

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: 200 ft. = 1 grid line/s AND 100FT = 3

A. System Location (Indicate correct number and street)

Address (no rural route) 12401 WEST WITTSTRUCK RD City CRETE NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other LAGOON

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 220 (min. per inch) Soil Type: StF Land Slope: 8-16 %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other COMPLETE RETENTION - LAGOON

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

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

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

Total Length of Laterals NA ft. Number of Trenches NA Trench Width NA

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 Bruce L Bonar Date 2-21-99

Installer BOB NOHAVEC / RON LECHTY Date

FORM 23-102 10-96

MAR 5 1999

B

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

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

NW1/4, SEC 17, T8N, R5E

System Location (Indicate correct number and street)

Address 12401 W. WITTSTUCK ROAD City CRETE NE, Zip 68333
(no rural route)

Owner BRUCE BARNETT Addresss 630 BRIAR AVE, CRETE NE 68333

Soil Type (SCS): StF STEINAUER CLAY LOAM 11-30% ERODED Percolation Rate: _____ min./inch

Date of Tests 2/13/99 to 2/14/99 Weather: Precipitation NONE Temperature 2/13 (45°/28°F) 2/14 (28°/55°F)

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	36"	2/13	16:10	2/14	11:29A	2/14	11:29A	6"	2/14	11:59A	30	1/8"	240
2	36"	2/13	16:12	2/14	11:32A	2/14	11:32A	6"	2/14	12:02P	30	1/4"	120
3	36"	2/13	16:14	2/14	11:34A	2/14	11:34A	6"	2/14	12:04P	30	1/8"	240
4	36"	2/13	16:16	2/14	11:35A	2/14	11:35A	6"	2/14	12:05P	30	1/8"	240
5	36"	2/13	16:18	2/14	11:36A	2/14	11:36A	6"	2/14	12:06P	30	1/8"	240
6	36"	2/13	16:20	2/14	11:38A	2/14	11:38A	6"	2/14	12:08P	30	1/8"	240

Sum of Percolation Rates: 1320 MIN/IN
Average of Rates: 220 MIN/IN
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: BRUCE BARNETT
Phone: 826-3029 826-8041
Address 630 BRIAR AVE
CRETE, NE 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96