Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

003189

Permit SEWAGE INSTALLATION
SEPTIC OR LAGOON DEPENDENT ON
PERCOLATION TEST RESULTS

Establishment KIM & BARB BATIE
T8N R6E SEC 35 QTR NW

Permit # 03380273901

Issued 10/31/03
Expires 05/01/04
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Permittee KIM & BARB BATIE
% RON MOORE
7821 TOBIE LN
LINCOLN NE 68516

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director

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

A

Permit Number: 033802 73901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

DEPENDENT ON PERC TEST

☐ 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 475 Sprague RD. (no rural route) City _____ NE, Zip _____

Legal Description NW (1/4) 35 (Section) 8N (Township) 6E (Range) SEE ATTACHED (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 Kim & Barb Batie Signature % Ron Moore

Address 7821 Tobie Dr. City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 430-7856 Work Phone 430-7856

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 10/31/03 Date frwd 10/31/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-31-03 Date frwd 10-31-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-31-03 Date frwd 10-31-03 ACTION ☑ Approved ☐ Disapproved Signature _____

7/12/04 Copy need fence, signs, lock, & C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JULY 12, 2004

7/27/06 Doug Smith Fence O.K.

Business Office Use Only

Date Rec'd 10/31/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1101

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

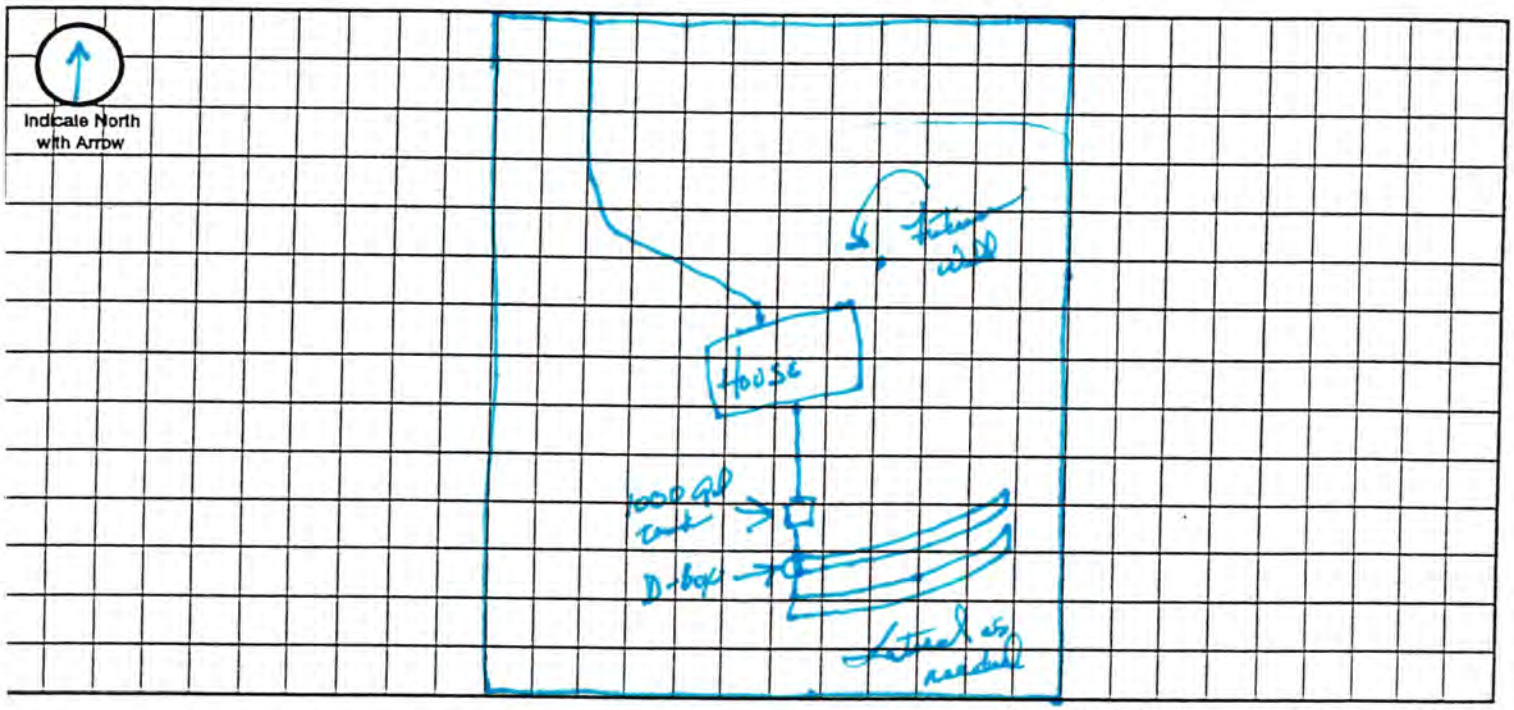
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802739

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 Infiltrator / Gravel less

Total Square Feet of Field Required: _____ 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 _____ ft. Number of Trenches _____ Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

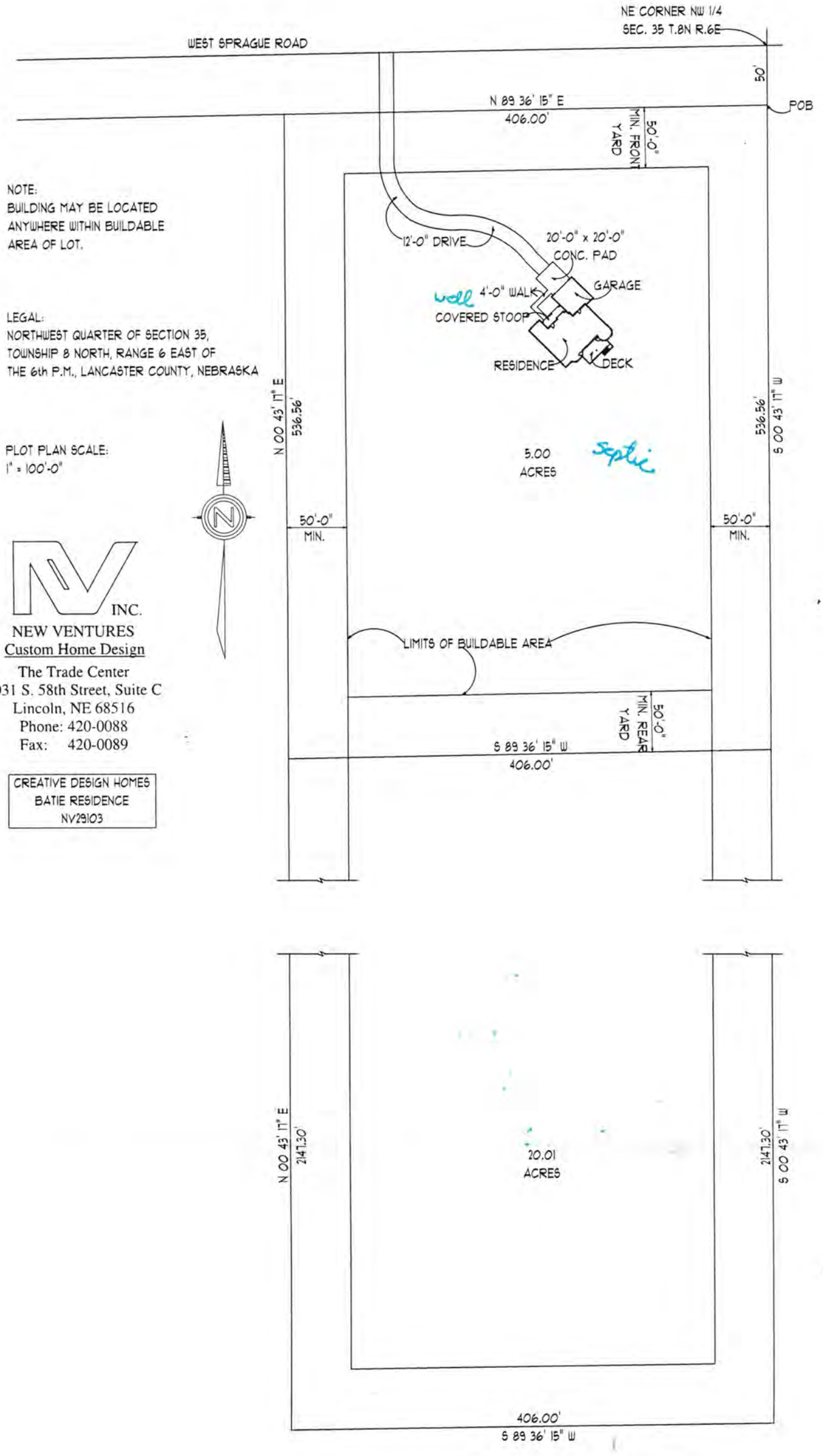
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

ome Building Contractor Creative Design Homes Inc. Date 10/30/03

staller _____ Date 10/30/03

M 23-102 10-95



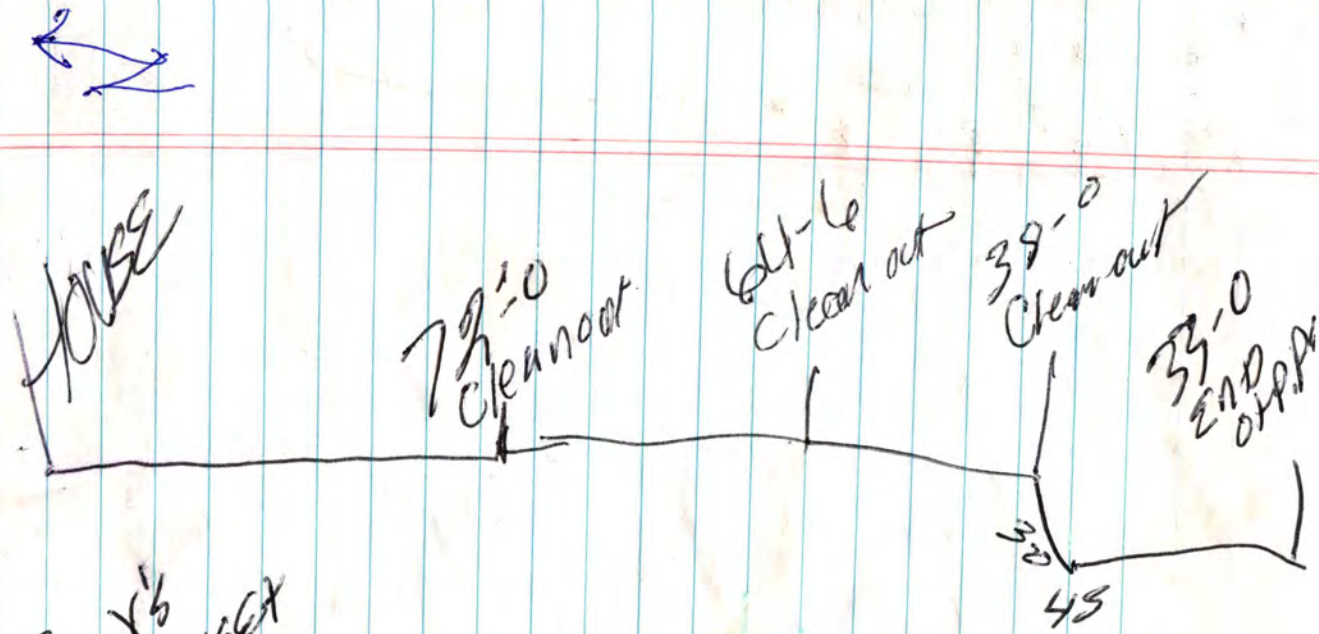
NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:
NORTHWEST QUARTER OF SECTION 35, TOWNSHIP 8 NORTH, RANGE 6 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA

PLOT PLAN SCALE:
1" = 100'-0"

NV INC.
NEW VENTURES
Custom Home Design
The Trade Center
6031 S. 58th Street, Suite C
Lincoln, NE 68516
Phone: 420-0088
Fax: 420-0089

CREATIVE DESIGN HOMES
BATIE RESIDENCE
NV29103



3 - Y's
3 - Street 45's
1 - 45
3 CAP's