Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

RICHARD & LEE GRAY
T9N R5E SEC 18 QTR NE
SE 1/4 OF NE 1/4
6201 SW 126 ST-DENTON

Permittee

RICHARD & LEE GRAY
6101 SW 126 ST
DENTON NE 68339

Permit # 02380249001

Issued 06/10/02
Expires 12/10/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002456

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

JUN 0 7 2002

A

Permit Number: 023802490

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 6101 SW 126 St (no rural route) City Denton NE, Zip 68339

Legal Description SE NE 18 9N 5E — — — —
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude NA Latitude NA

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

B. Owner

Name Richard & Lee Gray Signature Richard W. Gray & Lee Gray

Address 6101 SW 126 St City/State/Zip Denton NE 68339

☐ Check if owner designed system Home Phone 402-797-5365 Work Phone 402 479-4537

C. Contractor

Name G & A Backhoe Service Company Name G & A Backhoe Service

Address 2319 S. 214 St. City/State/Zip Eagle, NE 68347

☒ Check if contractor designed system Work Phone 402-781-2400

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 2 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 6/10/02 Date frwd 6/10/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6-10-02 Date frwd 6-10-02	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6/10/02 Date frwd 6/10/02	ACTION ☒ Approved ☐ Disapproved Signature	

1/25/02 Installation + drawing – Need fence DS

Installation Final Written Approval

By _____

Date 11/22/2002

Business Office Use Only
Date Rec'd 06/10/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3460

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

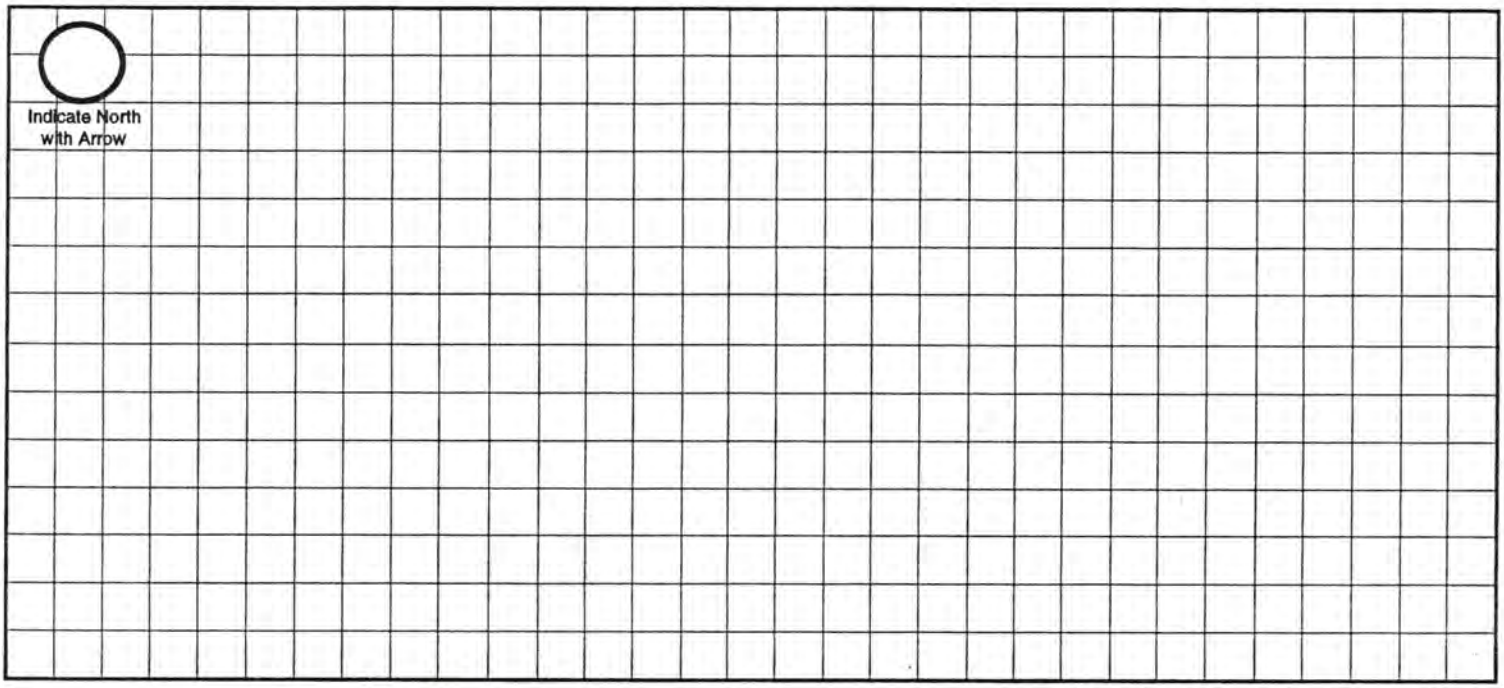
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802480

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) 6101 SW 126 St City Denton NE, Zip 68339

B. Proposed Septic Tank/s NA Lagoon System

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 _____ Date _____

JUL 2 3 2002

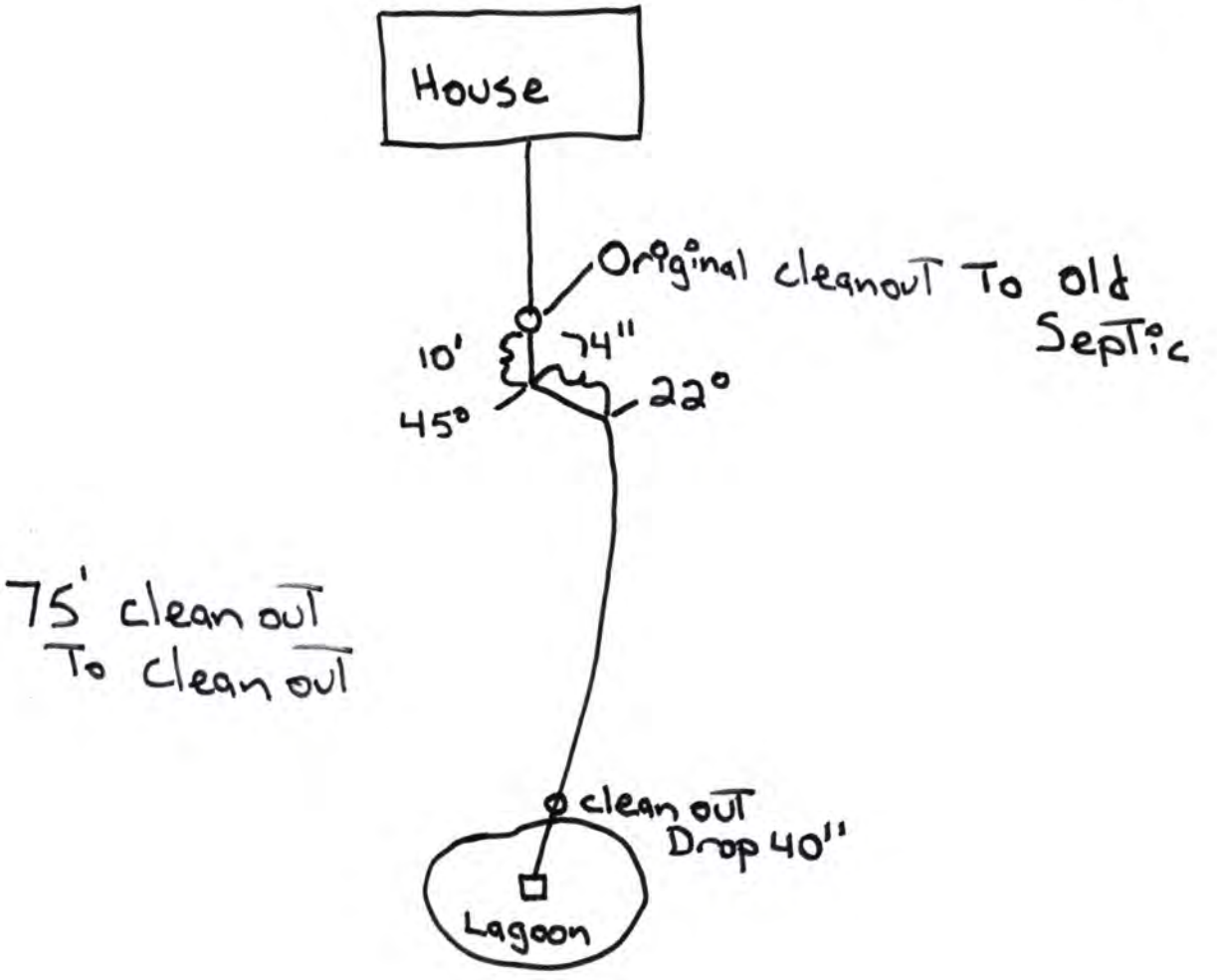
G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

07/01/02

Hi Doug,
Here is the as built drawing on a lagoon system for,
Gray, 6101 South west 126th Street.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2837-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

SINTEK SERVICE FOR RICHARD W. GRAY JR., 6710 NO. 7TH ST., LINCOLN, NE

ISSUED TO — ADDRESS

T9N; R5E; Sec. 18 SE¼, NE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND, RE REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
NN	5-11-89	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2837-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 5E ; Section SE¼NE¼ 18 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ADD LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒, SINTEK SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL OVER	$ 400.00

SINTEK SERVICE FOR RICHARD W. GRAY JR
Signature of Applicant (owner or lessee)

6710 NORTH 7TH ST., LINCOLN, NEBR.
Address

(Do not write below this line)

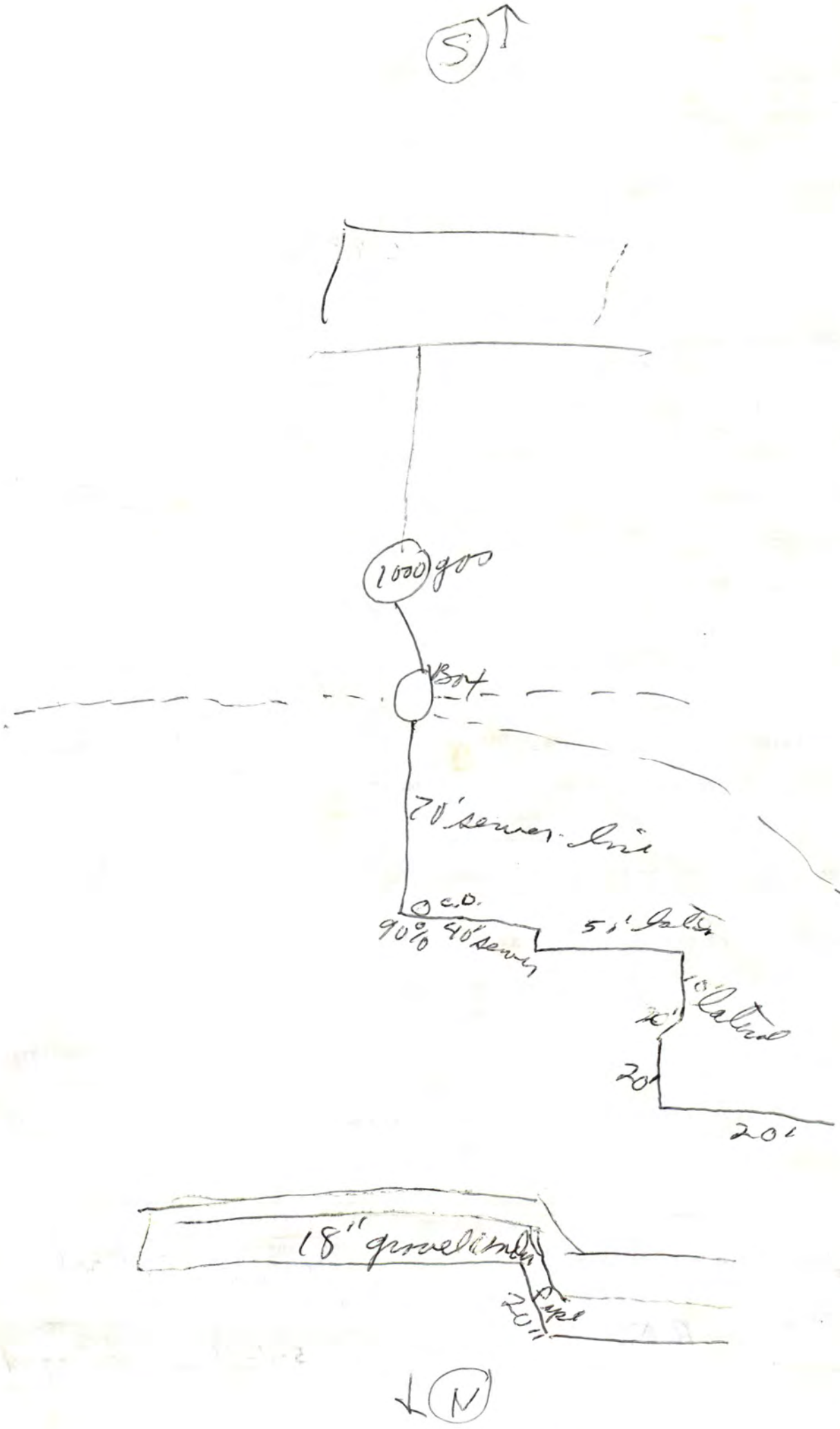
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 5/11/89 by: R.M.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Nood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-11-89 by: Ron Mayer


S
1000 gpd
BSH
70' sewer line
C.O.
90° 40' sewer
5' slope
10' slope
20'
20'
20'
18" gravel bed
Pipe
20'
N