LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 98380173001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 03/18/98
Expires 09/18/98
Revenue Code 3157

Establishment

BILL BARCLAY
T9N R6E SEC 18
ROLLING MEADOWS BLK 5 LOT 4
4001 W BUCKS

FEES: $150.00

PAID

TOTAL $150.00

Permittee

BILL BARCLAY
P O BOX 6338
LINCOLN NE 68506

Gregg Wright MO

Issued By M. Jane Ford
Health Director

6243

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

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

A

Permit Number: 98380173001

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 4001 WEST BUCKS (no rural route) City LINCOLN NE, Zip _____

Legal Description 1/4 18 1/4 9N Section 6E Township Range ROLLING MEADOWS Subdivision 5 Addition 4 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 BILL BARCLAY Signature _____

Address P.O. Box 6338 City/State/Zip LINCOLN NE 68506

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

C. Contractor

Name BILL BARCLAY Company Name BARCLAY HOMES

Address P.O. Box 6338 City/State/Zip LINCOLN NE

☐ Check if contractor designed system Work Phone 730-7547

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 3/17/98 Date frwd 3/17/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/17/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-17-98 Date frwd 3-17-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By John Olsen

Date 9-17-98

Business Office Use Only

Date Rec'd 03/17/98

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 7318

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

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 Rolling Meadows
Block 5 Lot 4

System Location (Indicate correct number and street)

Address 4001 W Buckeye (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): SHARPSBURG & WYMORE SILTY CLAY LOAM BOTH IN AREA Percolation Rate: 53 min./inch

Date of Tests 3/1/98 to 3/1/98 Weather: Precipitation SNOW Temperature 34

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	30	3/1	11:30	3/1	4:30	3/1	5:00	6	3/1	5:30	30	1/2	60 MIN/IN
2	"	"	"	"	"	"	"	"	"	"	30	3/4	40 MIN/IN
3	"	"	"	"	"	"	"	"	"	"	30	5/8	48 MIN/IN
4	"	"	"	"	"	"	"	"	"	"	30	1/2	60 MIN/IN
5	"	"	"	"	"	"	"	"	"	"	30	1/2	60 MIN/IN
6	"	"	"	"	"	"	"	"	"	"	30	5/8	48 MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 53 MIN/IN

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 797-2365
Address 4810 W Claire Ave.
Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 2, 1998

FORM 23-101 10-96

C

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

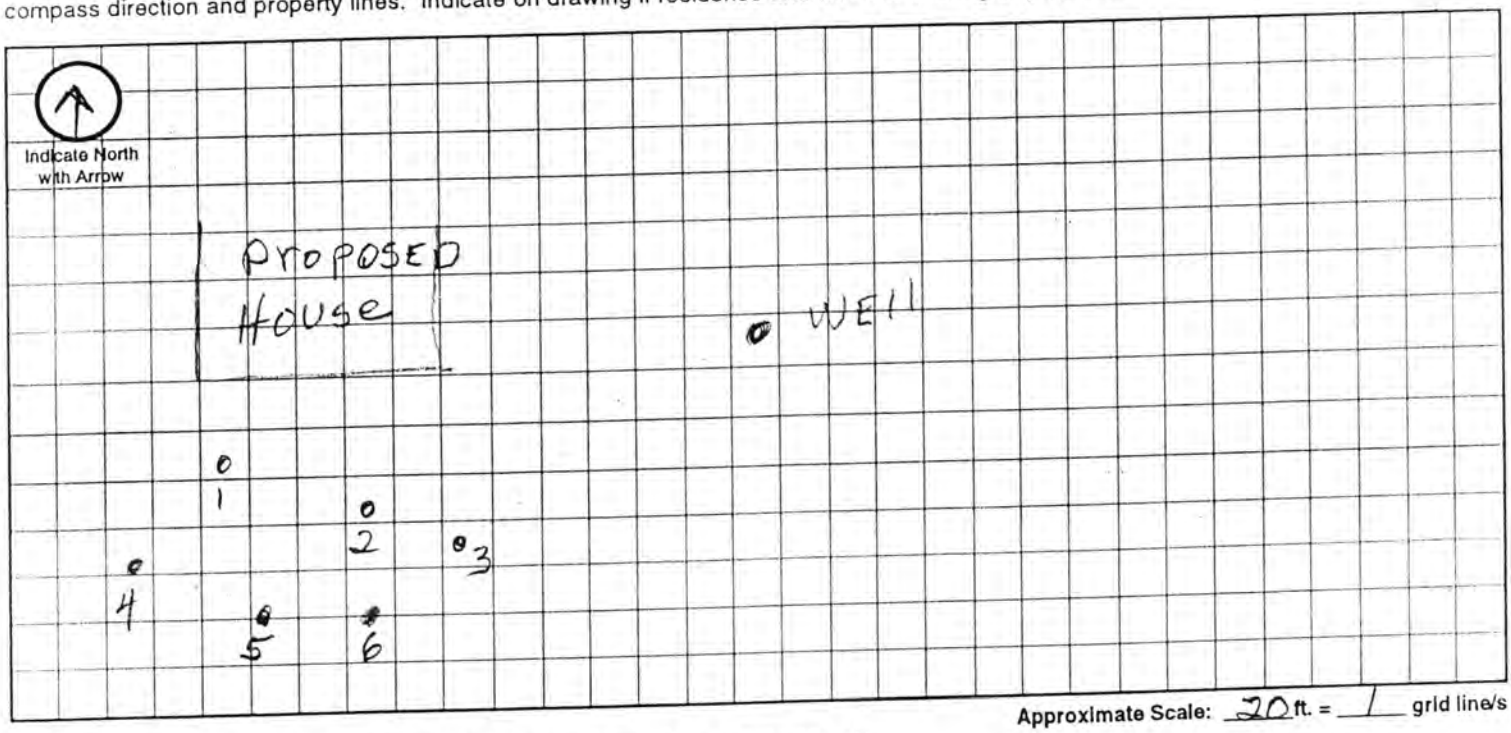
Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Bl. 5 Lot X

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: 20 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 53 (min. per inch) Soil Type: SHARPSBURG & WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 938 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 234 ft. Number of Trenches 3 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

Home Building Contractor BILL BARCLAY Date 3-17-98

Installer BARNES PLUMBING Date 3-17-98

FORM 23-102 10-96

D

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

Permit Number: 98380/23001

Sewage Disposal System

As Built Plans & Specifications

Date 16 SepT 98

System Location (Indicate correct number and street)

Address 4001 "W" BUCKS (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: CAST
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 55 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 20 ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 0 in.
   Over outlet, diameter 0 in.
   Riser: ☐ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45 ft.

D. Absorption Field

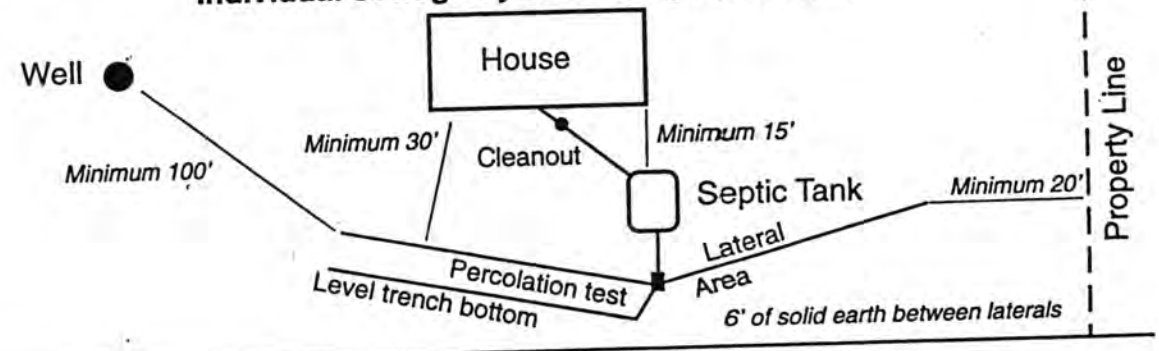
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other PVC
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 20 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 3 in/100 ft.
   Average depth 22 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 OVER 20 ft.

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

Indicate North with Arrow

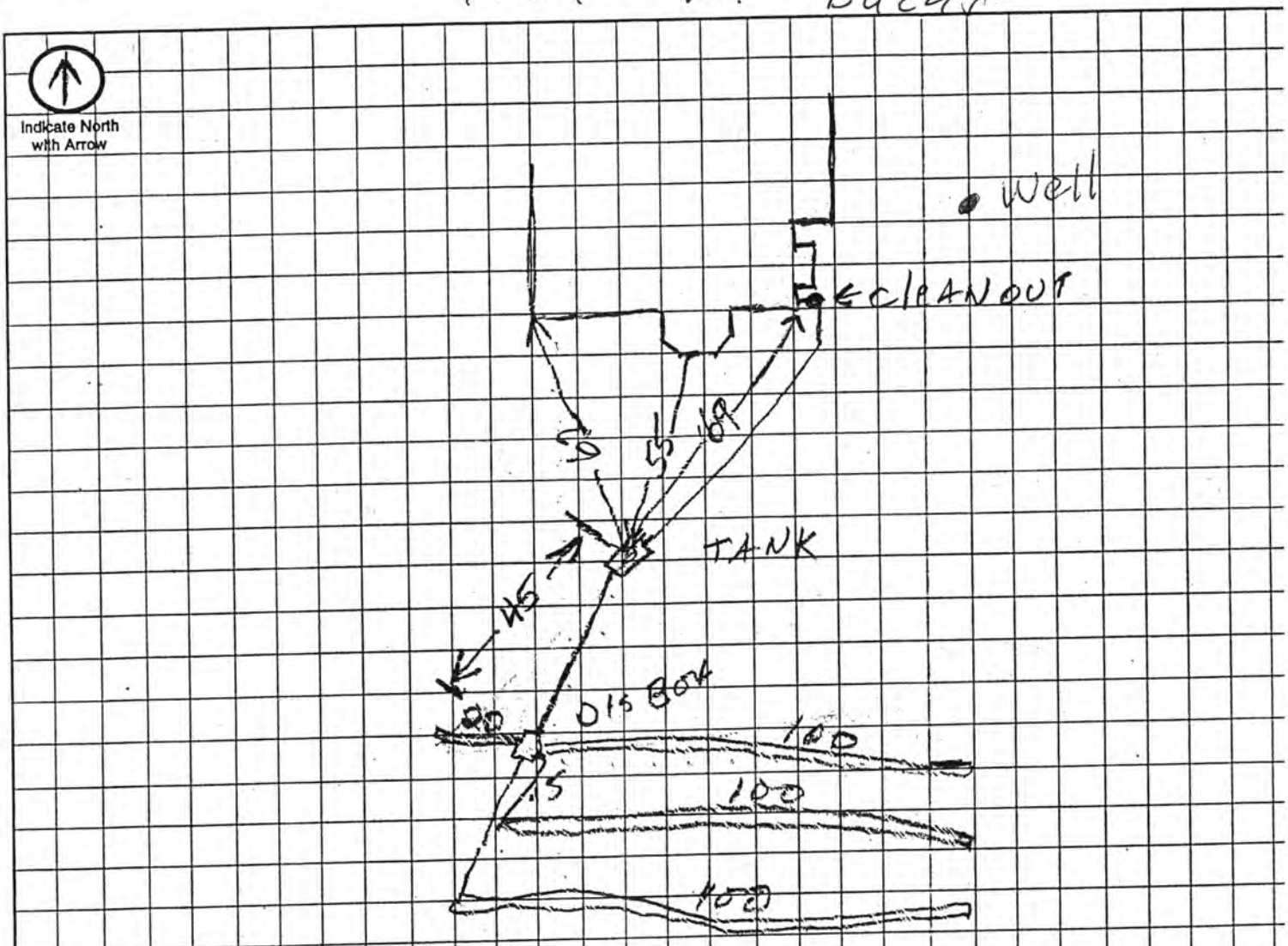
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

4001 W. Buckr



Approximate Scale: 10 ft. = 1 grid l

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 4001 W Bucks Dr, Lincoln

Parcel ID 09-18-405-004-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 18 1/4 1/4 Block 5 Lot 4 Addition Rolling Meadows

Directions to Property Denton Road to SW 40th & north to Bucks Dr

Location of Well East of house 55' Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of house Year Installed 1998

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	George & Maxine Amen	4001 W Bucks Dr	797-3373
Tenant/Buyer:	Michael Meyer	→ 3435 Casa Grande Lincoln 68516	483-0439
Return to:	Ira Bould - Woods Bros	7141 A Lincoln 68510	(Fax)

Two Deeds Mike Meyer and

Signature of Applicant [signature] Address 3435 Casa Grande Lincoln Ne 68516 Date 09/09/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/9/02 Amount $200.00 Check No. 1004 Initials CW

DATA ENTRY Date 10/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 10/10/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ .00 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction of on-site wastewater treatment system noted. If septic tank has not been checked or pumped within 2 years it is a recommendation (not requirement) that it be checked by a pumper to determine if pumping is needed See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 10/16/02

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00