Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380211501

Issued 11/16/99
Expires 05/16/00
Revenue Code 3157

Establishment
ROBERT NORTHRUP
T9N R7E SEC 22
CLARENDON HILLS BLK 2 LOT 5
7420 S 70 STREET

FEES: $150.00

Permitee
ROBERT NORTHRUP
7420 S 70 ST
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011169

NOV 1 2 1999

A

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

Permit Number:

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 7420 So 70 (no rural route) City Lincoln NE, Zip 68516

Legal Description 22 T9N R7E of 6th PM Clarendon Hills - First Add 2 5
1/4 1/4 Section Township 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 Robert & Valerie Northrup Signature [signature]

Address 7420 So 70 City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 420-5114 Work Phone 476-9105

C. Contractor

Name ~~STAN~~ Keese Company Name Dirt Works Plus Inc

Address 7324 Balcard 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 0 Is there a Whirlpool Bathtub YES (NO)

☑ Commercial Establishment/Other Facility Specify GARAGE

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 11/15/99 Date frwd 11/16/99 ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-16-99 Date frwd 11-16-99 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 11-16-99 Date frwd 11-16-99 ACTION ☒ Approved ☐ Disapproved Signature [signature]

12-1-99 - need drawing OK

Installation Final Written Approval

By _____

Date 12-20-99

Business Office Use Only

Date Rec'd 11/16/99
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 2210

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

NOV 1 2 1999

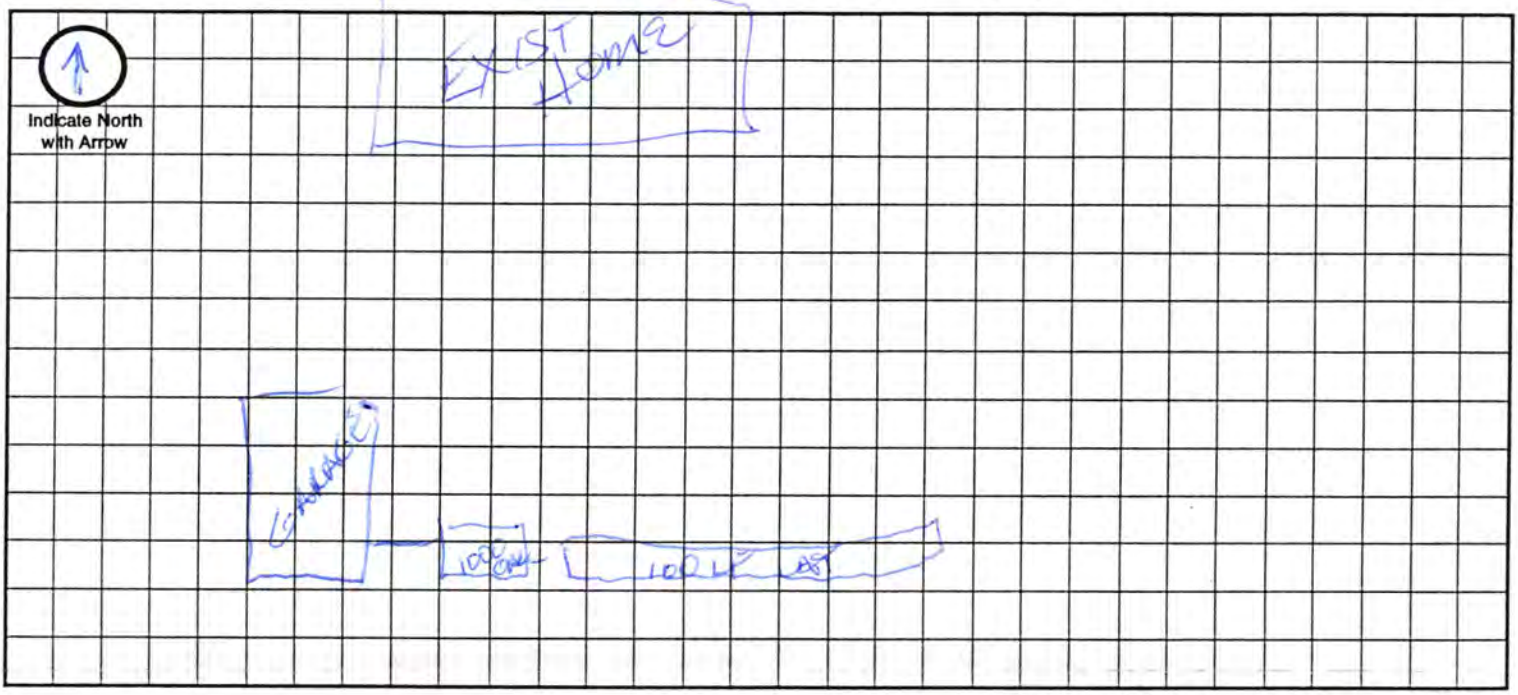
C

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

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) 7420 So 70TH City LNK NE, Zip 68516

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 _____

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: # Number of Distribution Laterals per Bed 1

Total Length of Laterals 100 ft. Number of Trenches 1 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 _____ Date 11/4/99

Installer _____ Date 11-9-99

FORM 23-102 10-96

Septic for Garage

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-7-99

System Location (Indicate correct number and street)

Address 7420 So. 70th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: class 160 plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below ~~basement~~ floor: 30 in.
3. Distance between dwelling and septic tank: 15 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream N.A. ft.
   pressure line 20 ft.
   property line 40 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 _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream N.A. ft.
   Pressure line 25 ft.
   Property line 40 ft.

C. Distribution Box

1. Material: none
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

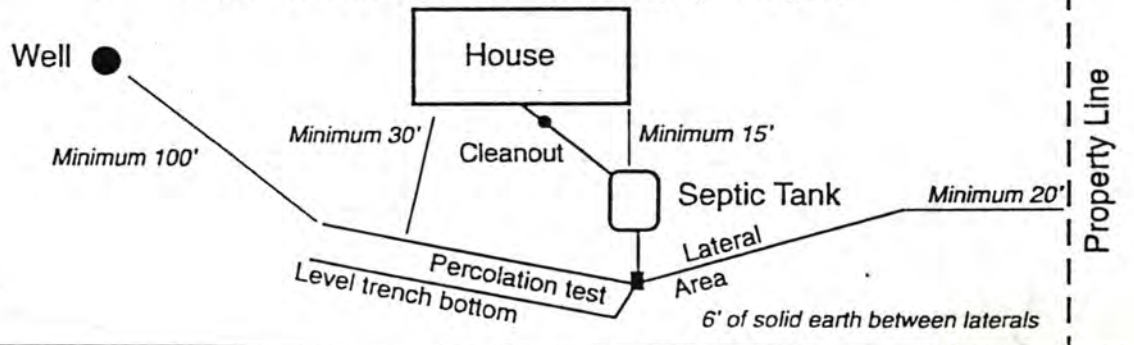
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator On
   or perforated pipe: Ground
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 102 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 100+ ft.
   Stream N.A. ft.
   Pressure line 50 ft.
   Property line 40 ft.

Indicate North with Arrow

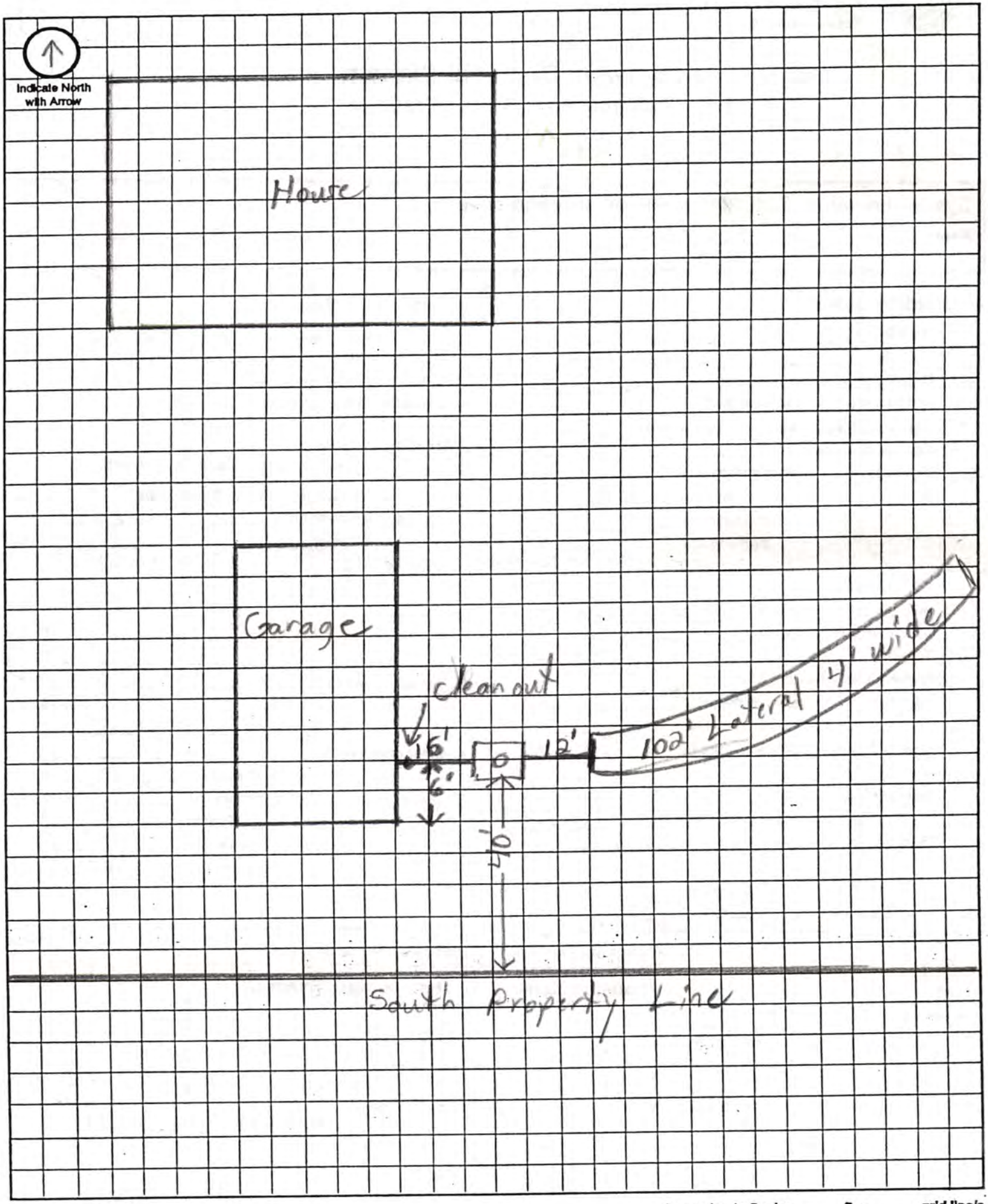
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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