LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380196501

Issued 04/12/99
Expires 10/12/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

RICHARD A BARTA
T12N R6E SEC 30 QTR SE
S 1/2-20 ACRES LOT 14
4400 W BRANCHED OAK RD-RAYMOND

Permittee

RICHARD A BARTA
811 DRIFTWOOD DR
LINCOLN NE 68510

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009071

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

MAR 24 1999

A

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

Permit Number: 993801965

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 4400 W Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

Legal Description S½ SW¼ SE¼ 30 12N 6E (Lot 14) (20acres)
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 Richard A Barta Signature [signature]

Address 811 Driftwood Dr City/State/Zip Lincoln NE 68510

☒ Check if owner designed system Home Phone 402-488-7810 Work Phone 402-437-5887

C. Contractor

Name Chuck Schmidt Company Name Chuck Schmidt Construction

Address 400 W Branched Oak Rd City/State/Zip Davey NE 68336

☐ Check if contractor designed system Work Phone 477-0555

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 3/24/99 Date frwd 4/12/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.12.99 Date frwd 4.12.99 ACTION ☒ Approved ☐ Disapproved Signature [signature]
   5-19-99 rm, need clearing
3. **City or County Engineer** Date rec'd 4/12/99 Date frwd 4/12/99 ACTION ☒ Approved ☐ Disapproved Signature [signature]
   *Verify system is out of flood plain

Installation Final Written Approval

By Ron Magnuson

Date 5-24-99

Business Office Use Only 3141

Date Rec'd 03/24/99

Amt Paid 150 ck

Rec'd By [signature] Cash/Check No. 285

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

MAR 24 1999

B

Permit Number: 99380 1965

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

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4400 W Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

Owner Richard A Barta Addresss 811 Driftwood Dr Lincoln NE 68510

Soil Type (SCS): Sharpsburg Silty Clay loam Percolation Rate: _____ min./inch

Date of Tests 3-19-99 to 3-20-99 Weather: Precipitation None Temperature 55

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	3-19	1:30	3-19	5:30	3-20	4:42	21 3/8	3-20	5:11	29	3/4	38.67
2	36	"	1:35	"	5:30	"	4:43	16 3/8	"	5:13	30	7/8	34.29
~~3~~	~~36~~	~~"~~	~~1:40~~	~~"~~	~~5:35~~	~~"~~	~~4:46~~	~~21 1/8~~	~~"~~	~~5:16~~	~~30~~	~~3/8~~	~~80.00~~
4	36	"	1:42	"	5:35	"	4:48	14 1/4	"	5:18	30	3	10.00
~~5~~	~~36~~	~~"~~	~~1:44~~	~~"~~	~~5:40~~	~~"~~	~~4:50~~	~~22 1/8~~	~~"~~	~~5:19~~	~~29~~	(5/8)	— *
6	36	"	1:46	"	5:40	"	4:44	20 5/8	"	5:15	31	2	15.5
7	36	"	1:48	"	5:50	"	4:55	16 1/2	"	5:25	30	1 1/4	24.0

Person Conducting Percolation Tests

Name: Rich Barta
Phone: 488-7810
Address: 811 Driftwood Dr. Lincoln NE 68510

Sum of Percolation Rates: 202.46
Average of Rates: 33.74
Rate Used for Calculation: 38

* increased water level ?

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 12, 1999

FORM 23-101 10-96

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

Add test

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4400 W Branched Oak RD (no rural route) City _____ NE, Zip _____

Owner Richard Barta Addresss _____

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
8	36	3-27	10:00A	3-27	2:00P	3-28	3:05	18 3/8	3:38	3:35	30	1 1/4	24
9	36	3-27	10:00A	3-27	2:00P	3-28	3:07	19 5/8	3:38	3:37	30	7/8	34

Sum of Percolation Rates: 21

Average of Rates: _____

Rate Used for Calculation: 21

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date April 12, 1999

FORM 23-101 10-96

MAR 24 1999

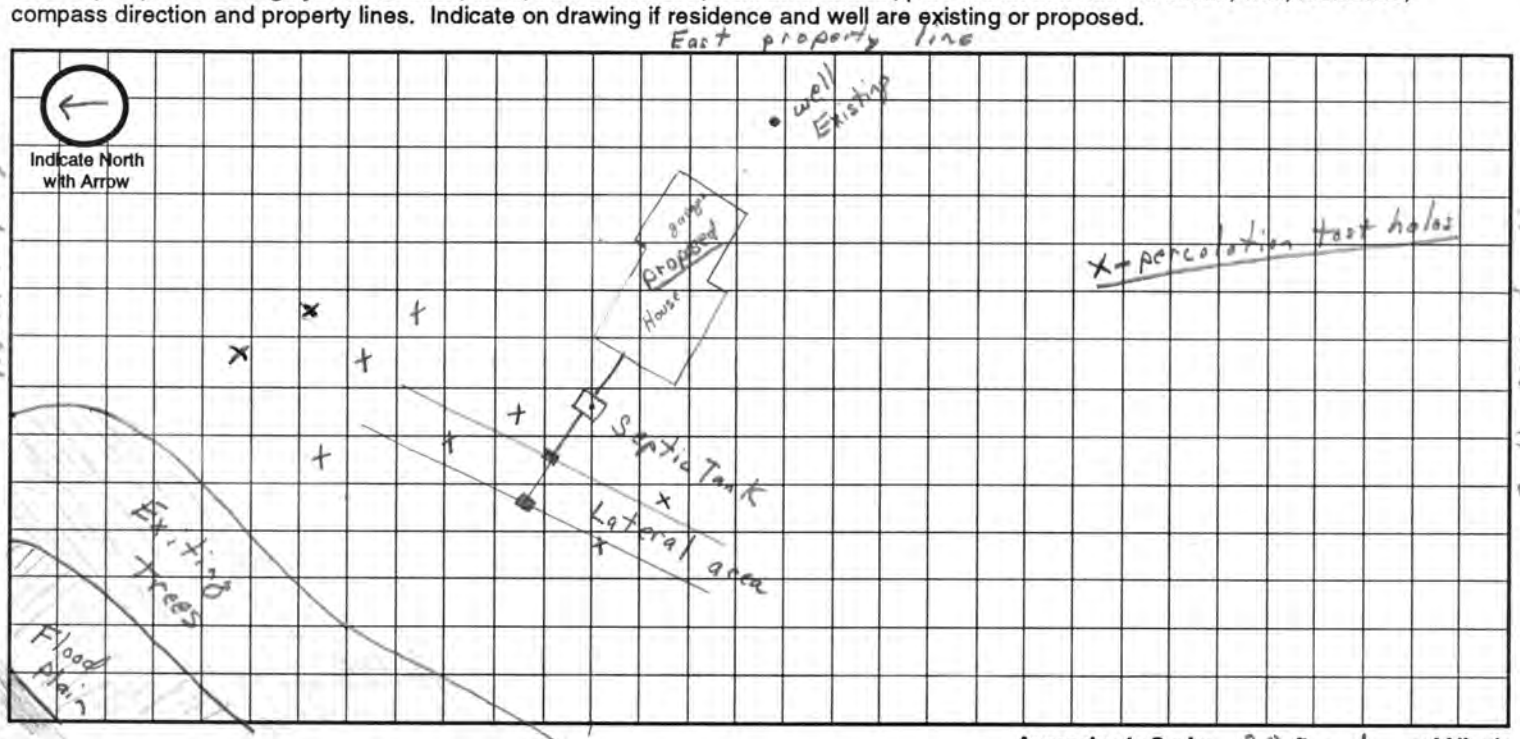
C

Lincoln-Lancaster County Health Department
Environmental Health Division
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Permit Number: 9938 01965

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4400 W Branched Oak RD City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete Plastic ☐ Other _____

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

Percolation Rate 33.74 (min. per inch) Soil Type: Sharpsburg Silty Clay loam ← SCS data Land Slope: 5 to 9 %

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

Total Square Feet of Field Required: 842 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 211 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 _____ Date 3-23-99

Installer Larry Schwarck Date 4-11-99

FORM 23-102 10-96

JUN 1 4 1999

JUN 1 4 1999

D

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

Permit Number:

Rich Barta

Sewage Disposal System

As Built Plans & Specifications

Date 5-19-99

System Location (Indicate correct number and street)

Address 4400 West Branch Oak Rd (no rural route) City Raymond NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 98 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6" in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 27' ft.

D. Absorption Field

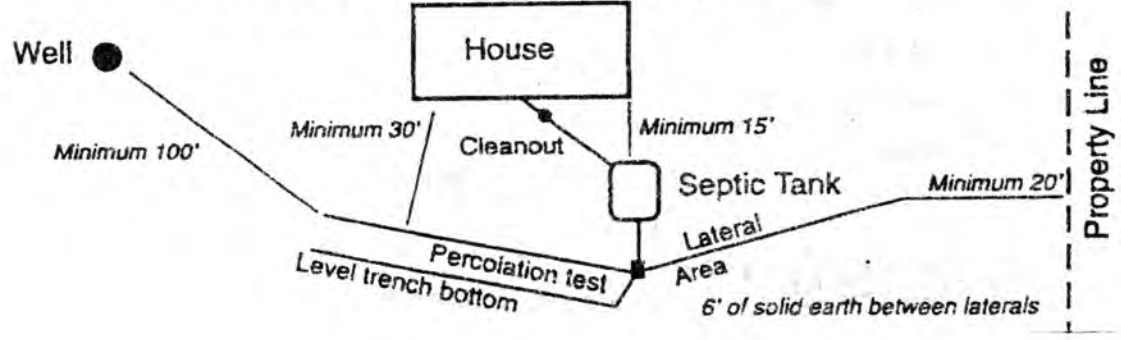
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: In
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 85 ft. 85 ft.
   85 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 4" in/100 ft.
   Average depth 24"-30" in
4. Filter material: Road Gravel
   Depth of material 18" in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

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

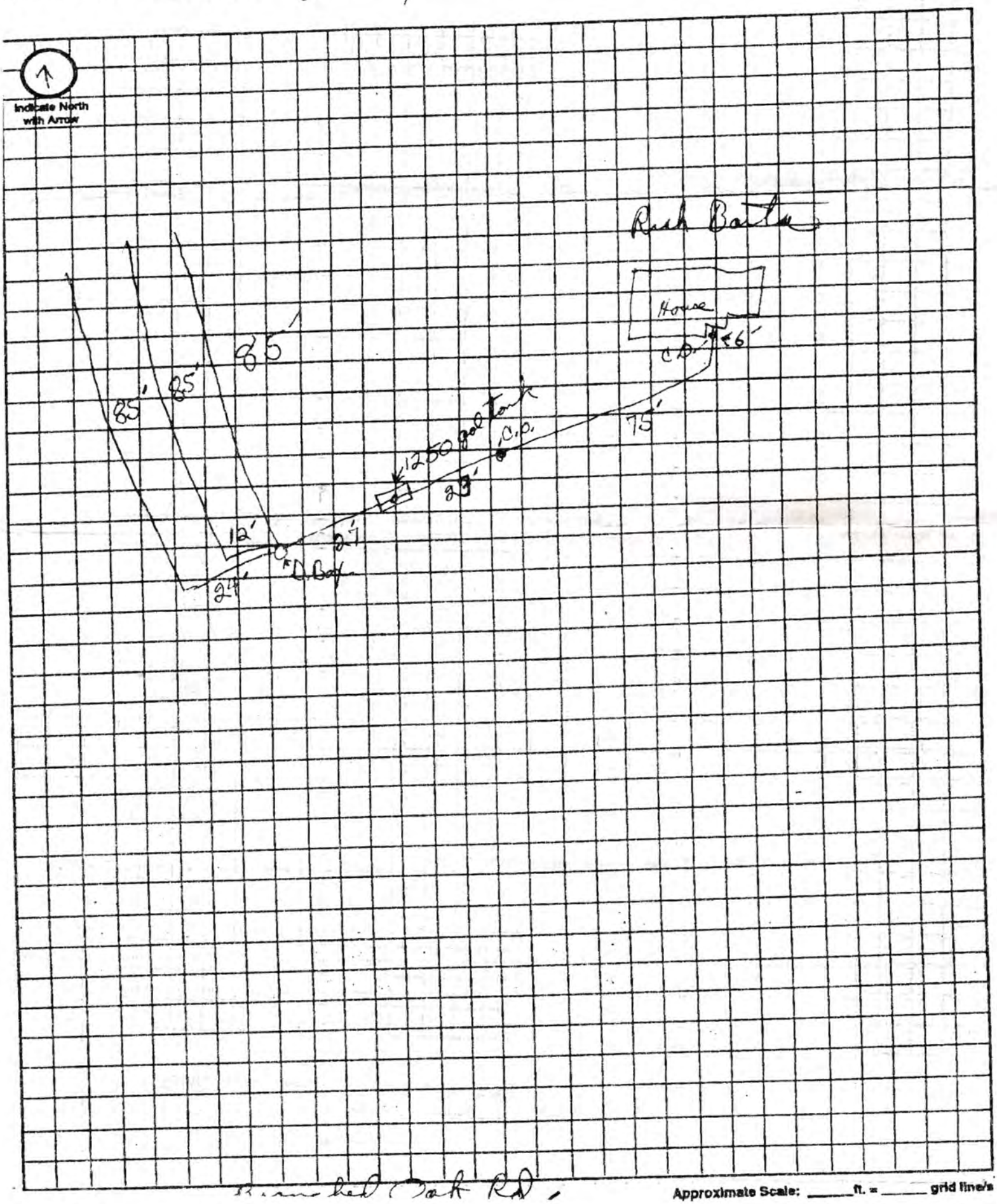
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck



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



NW of 48th Raymond West Saltbox Brandhof Oak-Rd