# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 003802235O1

Issued 08/16/00
Expires 02/16/01
Revenue Code 3157

Establishment

CHARLES & MCKENZIE BARRY
T12N R5E SEC 25 QTR NW
20 ACRES
17800 NW 70 ST-RAYMOND

FEES: $150.00

TOTAL: $150.00

Permitee

CHARLES & MCKENZIE BARRY
2850 FLETCHER AVE
APT 133
LINCOLN NE 68504

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013643

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

A X

Permit Number: 003802235

# 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 17800 NW 70 (no rural route) City Raymond NE, Zip 68

Legal Description NW 1/4 S 25 T 12N R 5E (20 ACRES) Subdivision 9 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 Mckenzie & Charles Barry Signature Mckenzie Barry

Address 2850 Fletcher Ave #133 City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 402 435-0260 Work Phone 4024434675

### C. Contractor

Name CHARLES BARRY Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

### D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Wayne Nelson Firm _____ Work Phone 784-2702

### 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 8-16-00<br>Date frwd 8/16/00 | ACTION ☒ Approved ☐ Disapproved<br>Signature Paul Dickman | JM |
| 2. Supt. Bldg. Insp. or Village Clerk | Date rec'd 8/17/00<br>Date frwd 8/17/00 | ACTION ☒ Approved ☐ Disapproved<br>Signature Gary Lacy | |
| 3. City or County Engineer | Date rec'd 8/17/00<br>Date frwd 8/17/00 | ACTION ☒ Approved ☐ Disapproved<br>Signature [illegible] | |

## Installation Final Written Approval

By Paul Dickman

Date 4-27-01

***Business Office Use Only***

Date Rec'd 08/16/00

Amt Paid 150.00

Rec'd By LS Cash/Check No. 935

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

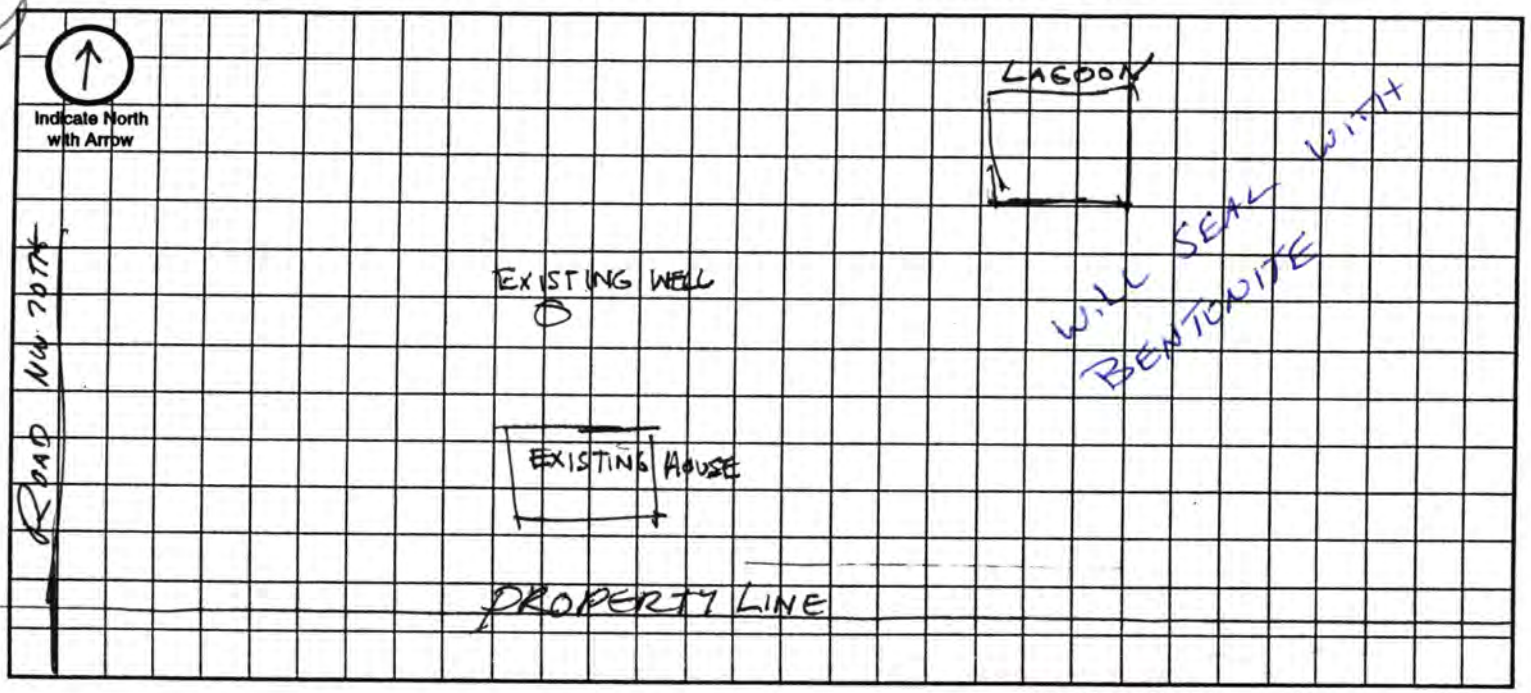
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C X

Permit Number: 003802235

# 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) 17800 NW 70 City Raymond NE, Zip 68

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

## 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 Chas Barney Date _____

Installer Wayne Nelson Date _____

FORM 23-102 10-96

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

APR 2 7 2001 **D**

Permit Number: 003802235

# Sewage Disposal System

## As Built Plans & Specifications

Date SEPTEMBER 9, 2000

**System Location (Indicate correct number and street)**

Address 17800 NW 70TH (no rural route) City RAYMOND NE, Zip 68428

### A. Building Sewer

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

### B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

### C. Distribution Box

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

### D. Absorption Field

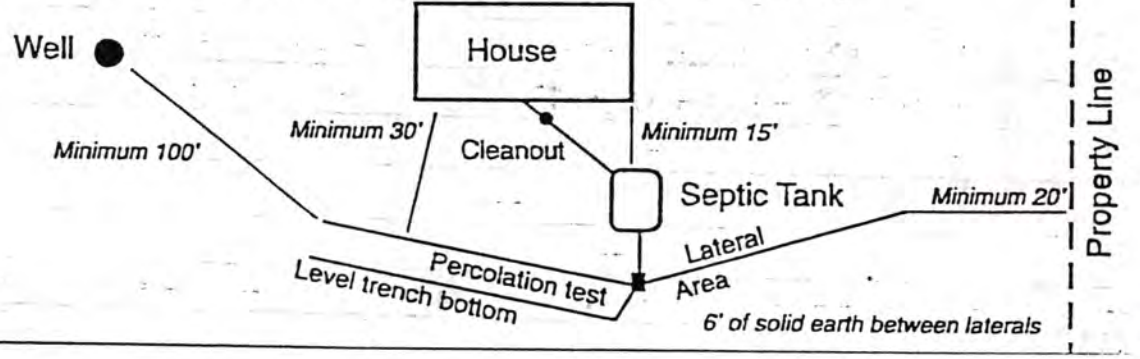
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

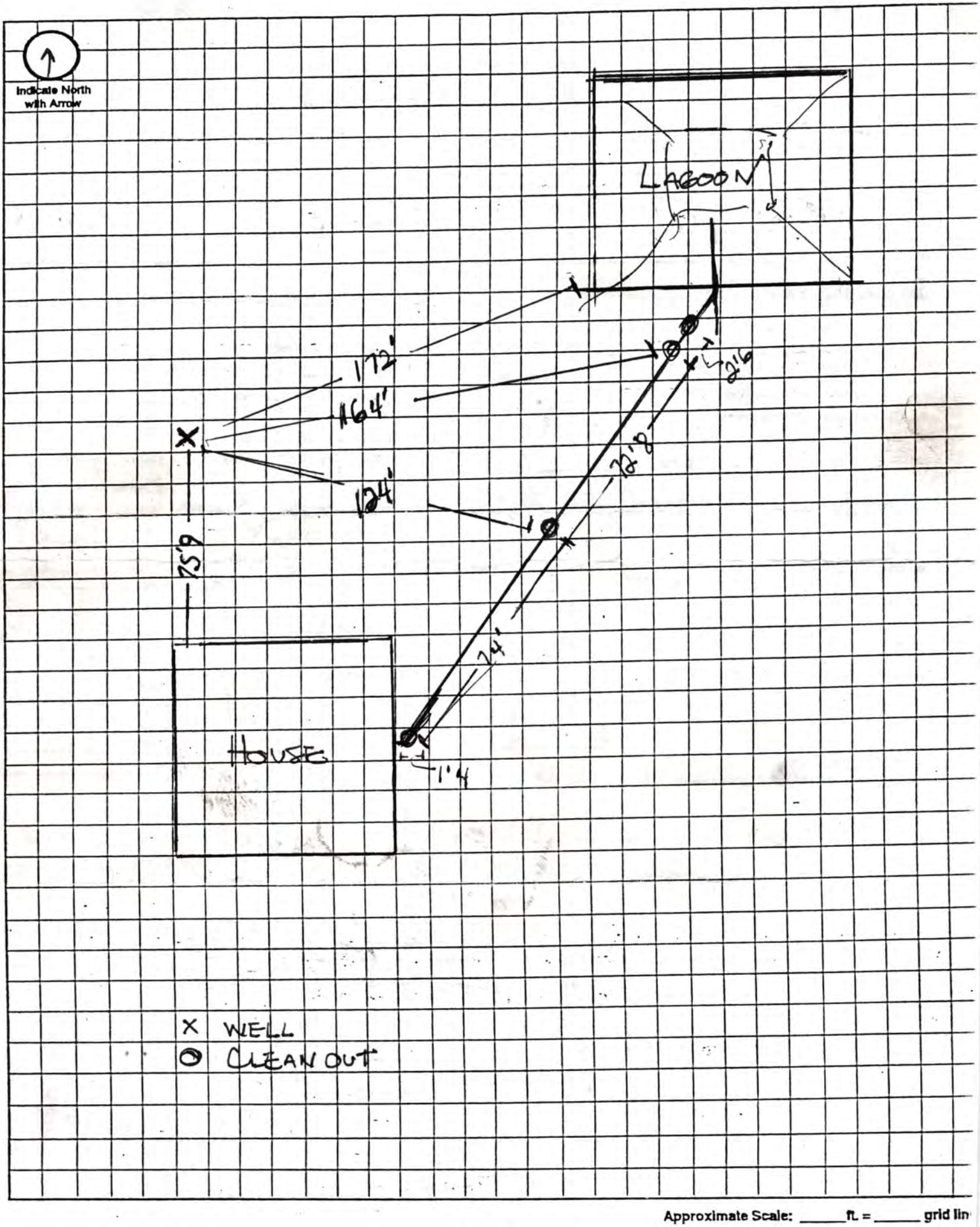
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ ft. = _____ grid lin