Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002794

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380266401

Issued 06/23/03
Expires 12/23/03
Revenue Code 3157

Establishment
LYNN BARNES
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 2 LOT 9
1701 SW 44 ST

FEES: $200.00

Permittee
LYNN BARNES
1701 SW 44 ST
LINCOLN NE 68522

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 033802664O1

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 1701 SW 44th (no rural route) City Lincoln NE, Zip 68522

Legal Description 1/4 1/4 Section 31 Township 10N Range 6E Subdivision High Ridge Acres Addition Block 2 Lot 9

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name LYNN BARNES Signature Lynn J Barnes

Address 1701 SW 44th ST City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 402 435-6636 Work Phone 402 309-7314

C. Contractor

Name Scott Haes Company Name Haes Contracting

Address 10600 S 40 City/State/Zip LINCOLN NE 68430

☒ Check if contractor designed system Work Phone 402-499-1166

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 6/23/03 Date frwd 6/23/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-23-03 Date frwd 6-23-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-23-03 Date frwd 6-25-03 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 1/16/04

Business Office Use Only
Date Rec'd 6/20/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3825

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

B

Permit Number: 0338026664

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1701 SW 44th (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): _____ 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)
1											30	3/4"	40
2												1 1/4"	24
3												.5	60
4												1"	30
5												5/8"	48
6												3/4"	40

Person Conducting Percolation Tests

Name: Scott Haer

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

1050 sq ft.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

PRE SOAK 6-18-03 430pm ↑

TEST 6-19-03

N

1 2 3
6 5 4

	#1	#2	#3	#4	#5	#6
	10:43 32"	10:43 33 3/4"	10:43 31.5"	10:44 47 1/8"	10:44 36"	10:44 42"
	11:15 33 1/4"	11:15 34 5/8"	11:15 32.0	11:16 47.5"	11:16 36.5"	11:16 42 3/4"
	11:47 34.5"	11:48 35.5"	11:48 32.5"	11:48 47 3/4"	1148 36 7/8"	11:49 43 1/4"
	12:30 35.3/4	12:30 37.3/4"	12:30 33 1/4"	12:30 48.3/8"	12:31 37 1/4"	1231 43 3/8"
	1:00 36.0	1:00 39.0	1:01 33.3/4	1:01 48.3/4"	1:01 37 5/8"	1:01 44 5"
	1:31 36 3/4	1:31 40 3/4"	1:31 34.0"	1:32 49.5"	1:32 38.0"	1:32 44 7/8"
	2:00 37 1/4	2:00 42"	2:00 34 3/4	2:00 50 1/2	2:01 38 3/4	2:01 45 1/2
	2:28 38.0	2:28 43 3/4"	2:28 35.3/8"	2:29 50 9/16"	2:29 39.1/4"	2:29 46.0"
	3:00 38 3/4	3:01 45"	3:01 35.7/8	3:01 51 1/2	3:01 39.7/8	3:01 46 3/4"

1701 SW 44th

35.37 .56

37 .56 .37

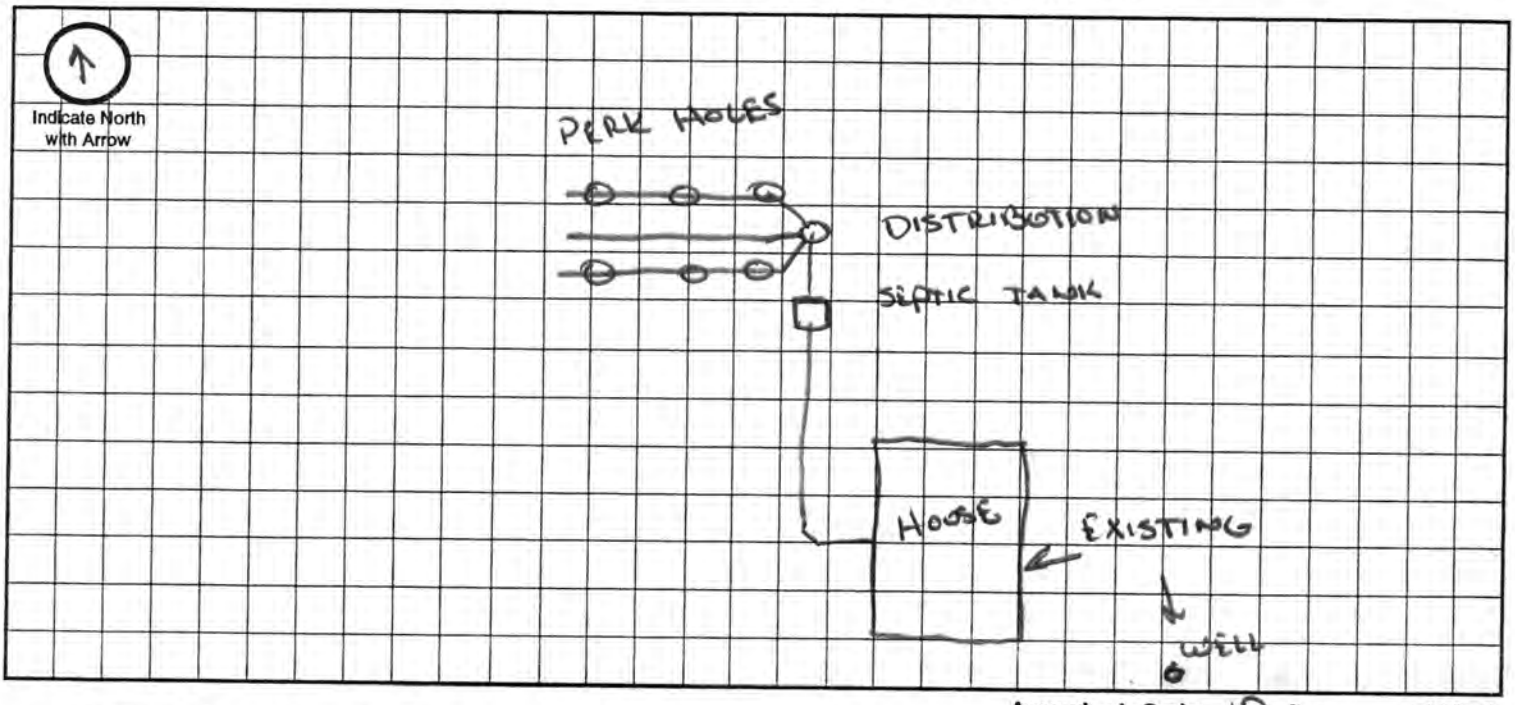
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802664

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: 10 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1701 SW 44th 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: In Siltrator

Capacity of Septic Tank 1250 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 ☐	☐

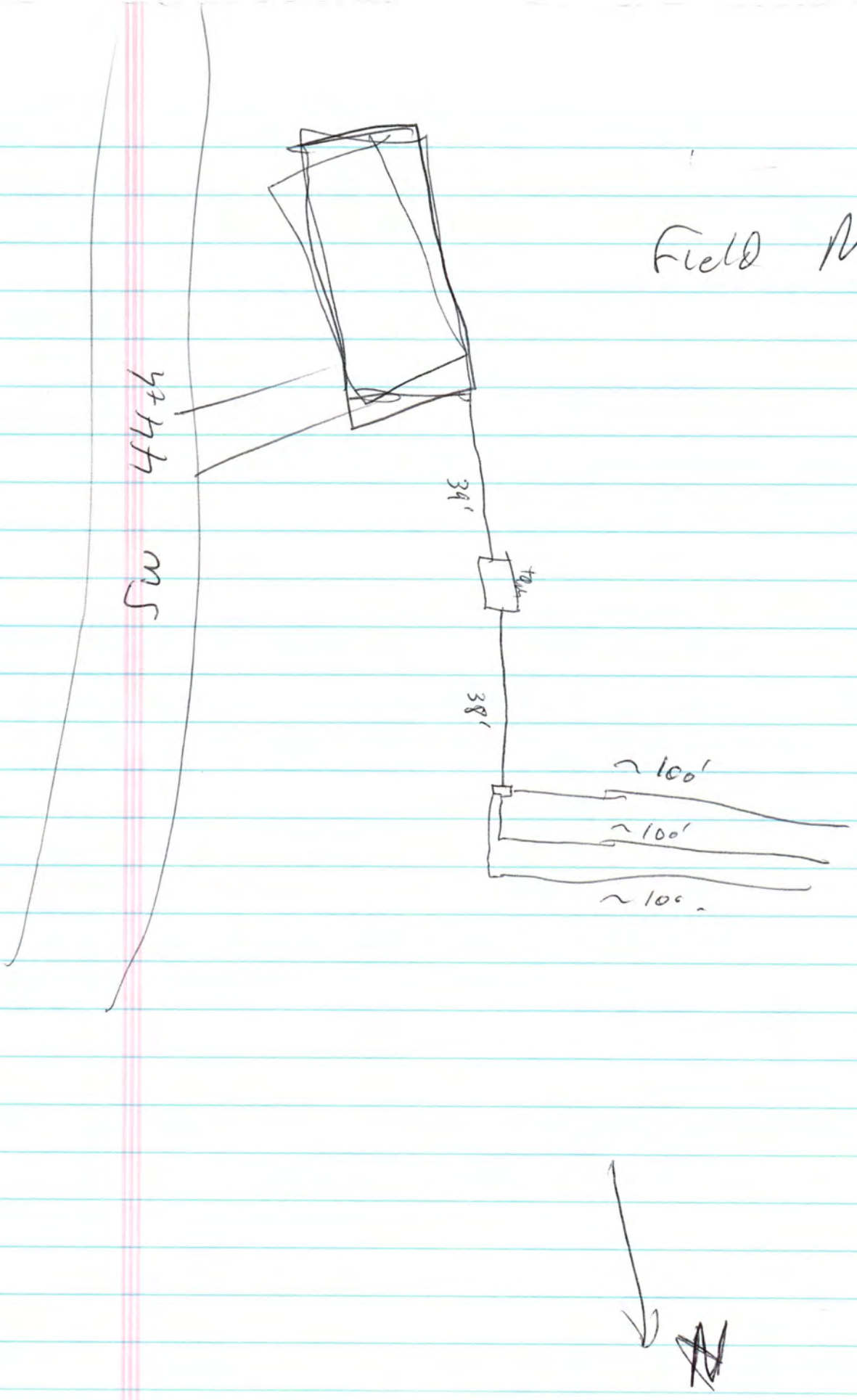
E. Required Signatures

Home Building Contractor Lynn L Barnes Date 6-20-03

Installer Scott Davis Date 6-20-03

FORM 23-102 10-96

Field Note



CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 228

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — April 27, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — RFD #6, Lincoln, Nebraska

LICENSEE OR PERMITTEE — ADDRESS

TION; Range 6E; Section 31; Block 2; Lot 9; Hi Ridge Acres Add.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

LEGAL DESCRIPTION

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 228

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ;
Block 2 ; Lot ~~59~~ L.C.H. ; Addition Hi Ridge Acres
Street Address _____.

2. Property Use: Residential _____ [xx]; Commercial _____ [ ]
No. of Bedrooms 2 . Describe: _____
_____
Other Use _____ [ ]
Describe: _____
_____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Distance to public sewer: _____ ft.

Robert Gilliam
Signature of Applicant (owner or lessee)

RFD 6 Lincoln, Nebraska
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/27/71. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 10/27/71. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10/27/71. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 10/27/71. Signature: Chas. Leale By Bob Kinnan

3. City Engineer: Date Rec'd. 10-27-71. ACTION: Approved [ ] Disapproved [X]
Date Frwd. _____. Signature: J. L. Blessing

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 228

DATE: Oct 26, 1971

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ;
Block 2 ; Lot 29 ; Addition Hi Ridge Acres
Street Address L.C.H.

2. Property Use: Residential X ; Commercial ____
No. of Bed Rooms 2 Describe: ____

Other Use ____
Describe: ____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Robert Gilliam
Signature of Applicant (owner or lessee)

RFD 6 Lincoln, Nebraska
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 3/28/72 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐: 10/27/71
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/28/72 by: Jerrold C. Hood

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. ~~219~~ 328

SPECIFICATIONS

DATE: _____

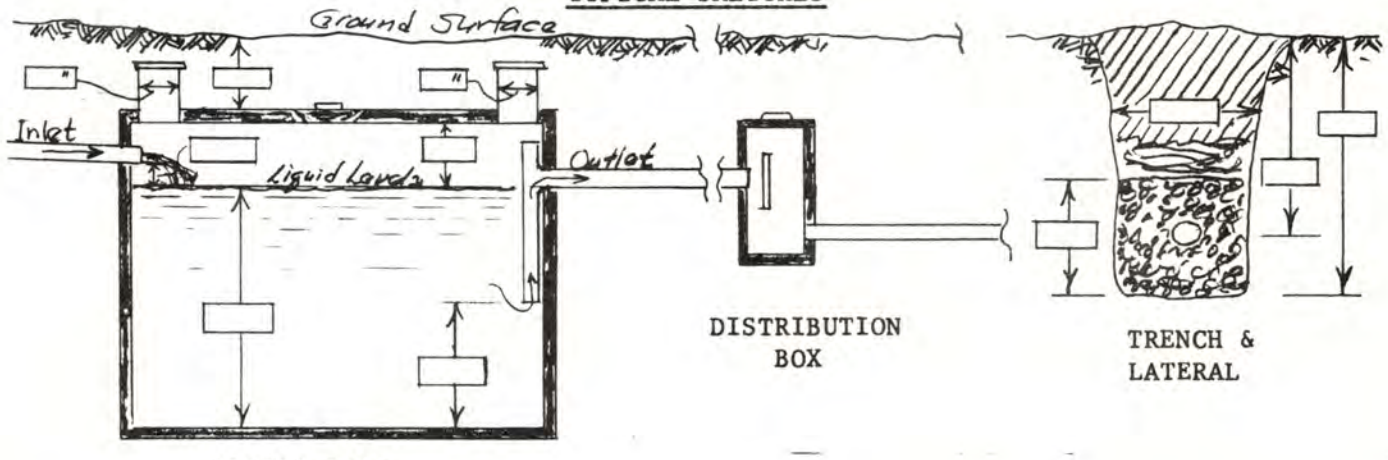
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ~~30~~ in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 20 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☒ (Company CORRIGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 6 in.
Below Grade _____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 30 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

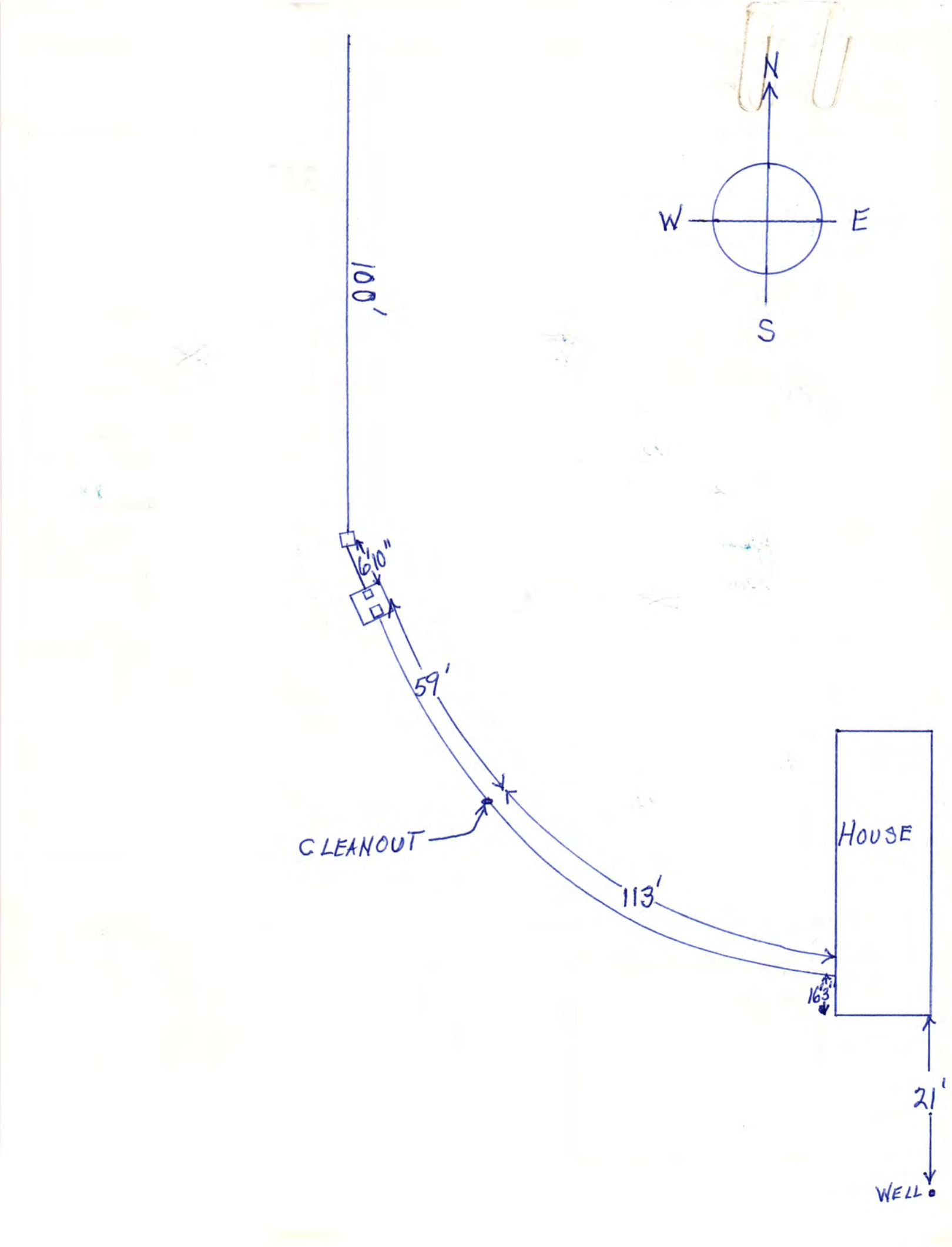
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STED No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank 6'10" ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number 1; Length of each line 100 ft
Total length of Laterals 100 ft.;
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 48 in.;
Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
100'
6'10"
59'
CLEANOUT
113'
HOUSE
16'3"
21'
WELL

MAR 1 4 2003

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 1701 SW 44th

Parcel ID 10 - 31 - 201 - 009 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 2 Lot 9 Addition High Ridge Acres

Directions to Property West A to SW 44th 1/4 mi So.

Location of Well SE corner of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System So. of 1st pole shed Year Installed 1972

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Patricia Nalada	1201 SW 44th (22)	438-3577
Tenant/Buyer:	Lynn Barnes	4601 W Peach (22)	4356636
Return to:	Buyer: Lynn Barnes	4601 W Peach (22)	770-7973
	Buyers Agent: Jenee' Agbo	7141 A St (10)	434-3801 (Fax)

Signature of Applicant Lynn Barnes Address 4601 W Peach Date 12 Mar 03
Lincoln, NE 68522

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/14/03 Amount $200.00 ✓ Check No. 900 ✓ Initials JO

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

P22556-46

PRELIMINARY STATUS--By Doug Svoboda **DATE:** 3/17/03

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 3/24/03 by DC

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Report Faxed 3/26/03

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Svoboda Date 3/26/03

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