LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380180901

Issued 07/23/98
Expires 01/23/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

JAMES R GRIESS
T11N R5E SEC 26 QTR NE
LOT 25IT
8707 NW 70 ST--MALCOLM

Permittee

JAMES R GRIESS
8707 NW 70 ST
MALCOLM NE 68402-9638

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007866

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: 98380180 9

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 8707 NW 70th (no rural route) City Malcolm NE, Zip 68402

Legal Description Lot 25 NE Quarter Sec 26 T 11N Range 5 25I.T.
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 James R Griess Signature James R Griess

Address 8707 NW 70th City/State/Zip Malcolm Ne 68402

☐ Check if owner designed system Home Phone 796-2557 Work Phone 475-7611

C. Contractor STAN KROESE

Name Lloyd Jakoubek Company Name ~~Trenching Co~~ DIRTWORKS PLUS INC

Address 12800 NW 70th City/State/Zip Raymond NE

☒ Check if contractor designed system Work Phone 783-2663

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 ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify Barn Converted to Shop

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 7/22/98 Date frwd 7/23/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.23.98 Date frwd 7.23.98 NEED BLDG PERMIT ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/23/98 Date frwd 7/23/98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jim Bare

Date 7/29/98

Business Office Use Only

Date Rec'd 07/22/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1157

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

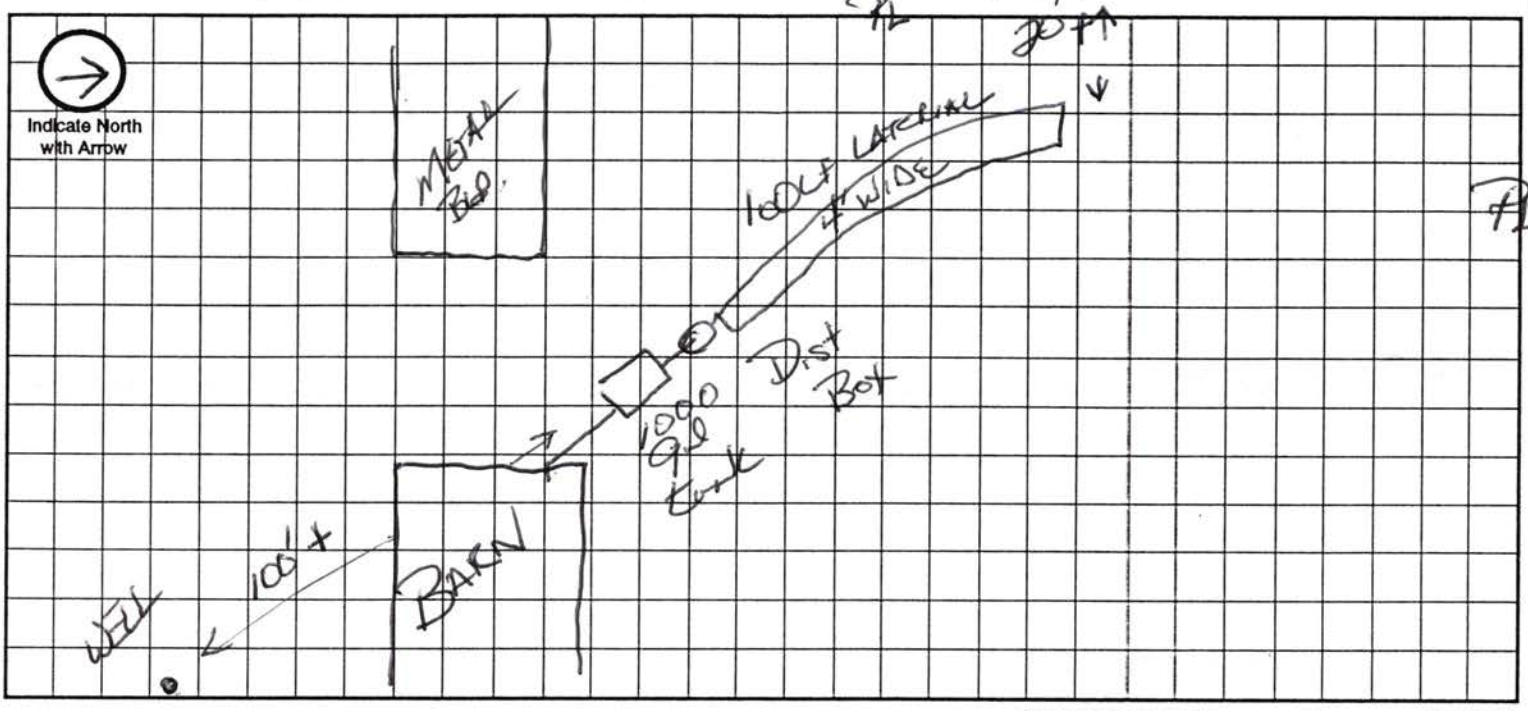
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98350809

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) 8707 NW 70TH City Malcolm NE, Zip 68402

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: Infiltrator

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 _____

Installer Stan Kruse Date 6-23-98

FORM 23-102 10-96

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

D

Permit Number: 9838018 09 07

Sewage Disposal System

As Built Plans & Specifications

Date 7-29-98

System Location (Indicate correct number and street)

Address 8707 NW 70TH (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 35' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 12 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 100+ ft.
   Stream 100+ ft.
   Pressure line 35+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

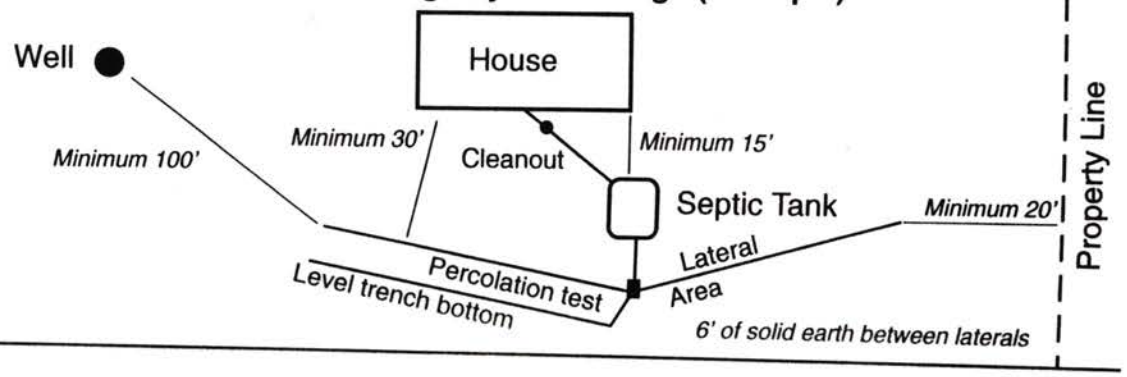
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 1
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1" in/100 ft.
   Average depth 30" in
4. Filter material: GRAVEL
   Depth of material 20" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 35+ ft.
   Property line 20 ft.

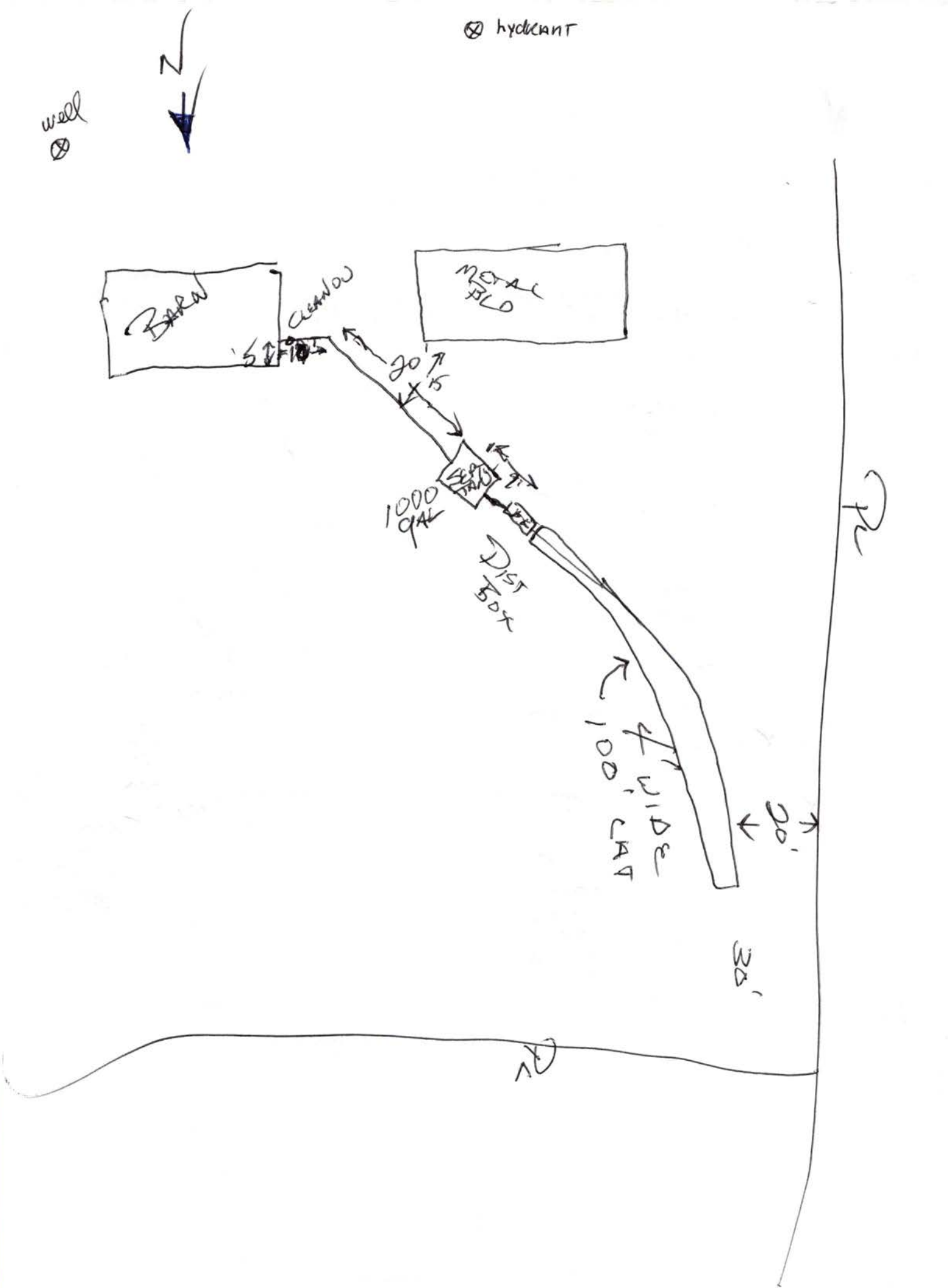
Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96


hydrant
N
well
BARN
CLEANOUT
MOBILE HOME
30'
15'
1000 GAL
DIST BOX
100' LONG
4" WIDE
20'
30'