SCANNED

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000279

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10N Range 8E 1/4 ____ 1/4 ____ Section 18
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 11300 Holdrege

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace collapsed Septic Tank with 1000 gallon Snyder Industries Dominator style Tank

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer + Drain

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Richard Evans Address 11300 Holdrege Phone: ____

Applicant Signature (owner or lessee) ____

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 9/14/09 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 9/14/09 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 9/17/09 Amount 175.00 Check No. 1262 (350.00) Initials BA

White - Division Copy Pink - Business Office Revised 9-07

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000279

System Type: STANDARD

Situs: 11300 HOLDREGE ST

Legal Description: T10N-R08E-S18-4-Lot 7

Owner: EVANS, RICHARD M & KAREN A
11300 HOLDREGE ST
LINCOLN NE
68527

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	09/17/2009
Expires	09/17/2010

Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372

LLCHD HS000279

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Date ____/____/____ By ____
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Installation final written approval
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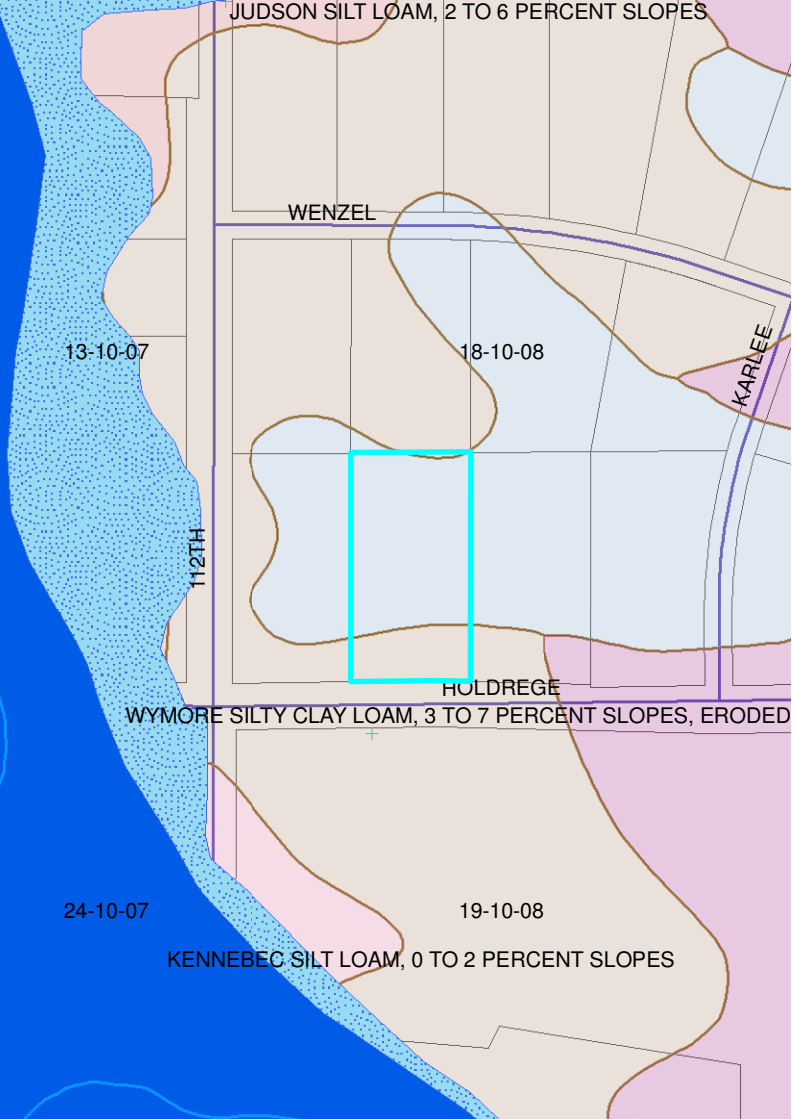
Return application to:
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Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date:____/____/____ Amount ____ Check No. ____ Initials ____

White - Division Copy Pink - Business Office Revised 9-07

9-17-2009 13:48: 5


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WENZEL
13-10-07
18-10-08
KARLEE
112TH
HOLDREGE
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
24-10-07
19-10-08
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1233

TYPE OF LICENSE OR PERMIT: INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

THIS LICENSE OR PERMIT EXPIRES: MAY 28, 1978

LICENSEE OR PERMITTEE: Don Stuart % Austin Realty

ADDRESS: 3910 South Street, Lincoln, NE

NAME OF ESTABLISHMENT, IF ANY: T10N, R8E, Section 18 SW¼, Bloc 4, Lot 7, Addition Al Larson

ADDRESS:

REMARKS: NON-TRANSFERABLE

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

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

SERIAL NO.	DATE	AMOUNT
624-1535		

APPLICATION
HEALTH

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1233

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

DATE: NOV 22-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. T10N ; Range R8E ; Section 18 SW¼
Block 4 ; Lot 7 ; Addition AV LARSON
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

DON ~~STEWART~~ STUART
Signature of Applicant (Owner or Lessee)

AUSTIN REALTY 3910 SOUTH ST
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/28/77 . Date Frwd. 11/28/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. 11-28-77 . Date Frwd. 11-28-77 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City ~~or County~~ Engineer : Date Rec'd. 11-28-77 . Date Frwd. 11-28-77 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1233

DATE: NOV 22-77

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 18 ; Block 4 ; Lot 7 ; Addition AL LARSON .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

DONALD STUART
Signature of Applicant (owner or lessee)
AUSTIN REALTY
3910 SOUTH ST
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5-10-78 by: gw
Date: 5-11-78 by: gw
Date: by:

3. Date: Approved [X]; Disapproved [ ] 11/28/77
by: Jerrold C. Head

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-25-78 by: James Wreeks

FORM HD-43 (73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

FILE NO. 1233

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N : Range 8E
Section & ¼ Sect. 18 SW¼
Property Dimensions: ____ft. x ____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: DON STUART
Address: AUSTIN REALTY 7910 SOUTH ST.

Dates of Tests: Nov 21, 1977 to Nov 22, 1977. Weather: Precip.____Temp.____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	36"	11/21	1:00PM	11/22	1:00PM	11/22	8:15	30¼	3:45	31⅝	30	1⅜	
							PM	28⅛	PM	28⅞		¾	
								28½		29		½	
								29⅜		30¼		⅞	
								29⅜		30⅛		¾	
								27⅝		28⅜		1	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Bradford C Southwick
Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam
U.C.S.

DATE: April 3, 1978

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: 5/15/78

FILE NO. _____

Don Stuart
112 Chas Haldrege
Lincoln, Ne

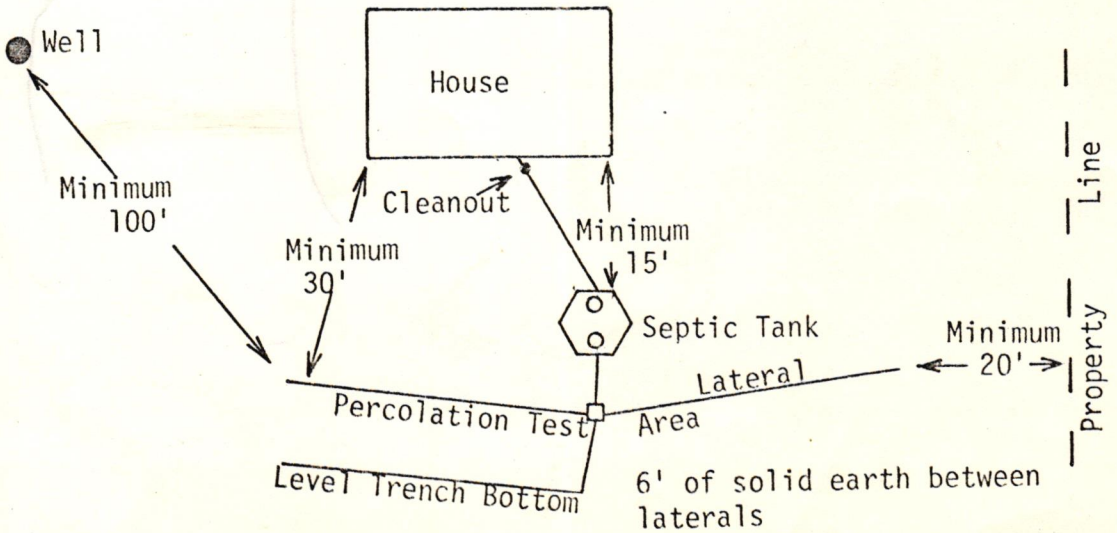
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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 1; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Corr A Glas Co)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line 157 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 125 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company —)
3. Distance from Septic Tank 7 ft.

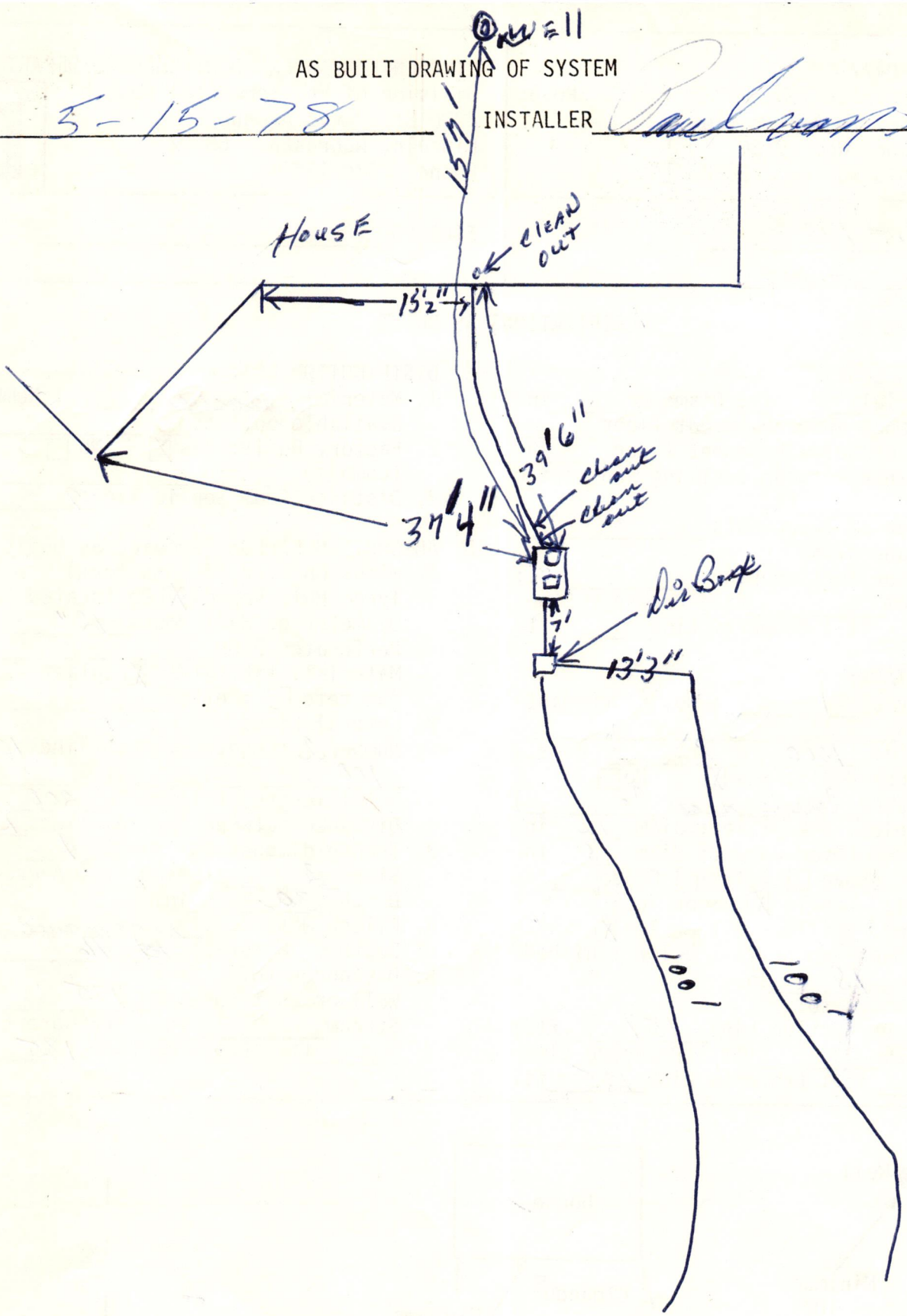
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 13 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: road gravel
Depth of Material 6 in.
5. Distances to:
Well or Suction Line 175 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 135 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-15-78 INSTALLER Paul Gillespie



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 5-13-93

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 18; BLOCK 4

LOT 7; ADDITION Ab Larson; Street Address 11300 Holdrege

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Richard Evans	11300 Holdrege, Lincoln NE 68527	489-8210 (H)
~~Tenant/Buyer:~~	_____	Richard's work #	467-3569
Return to:	Security Federal Savings	PO Box 80089, Lincoln, NE 68501	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Christy Reinhart Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 5/14/93 Received $150.00 Check ☑ #41223 Cash ☐

PRELIMINARY STATUS--DATE 5-17-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 5-17-93 by rm
Bacteria	☐	☐	Provisional:	☐	Date _____ by _____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by _____

Cass Co. Rural Water Dist #1

Comments: Recommend not allowing livestock over soil surface absorb of septic system. Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS Public Water Supply

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

APPROVED BY Ron Mangen, RS DATE 5-18-93

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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