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

System Type: STANDARD

No. HS000400

Situs: 1565 S 98 ST

Permit Fee: $180.00

Legal Description: T10N-R07E-S35-Lot 2

Owner: VUKO, NICHOLAS V & DONNA J
1565 S 98 ST
LINCOLN NE
68520

Total Fees: $180.00

Issued: 09/01/2010
Expires 09/07/2011

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

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

LLCHD HS000400

AUG 31 2010

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

GPS N 40° 47.82 : W 096° 35.277

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000400

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 10 Range 7 1/4 ____ 1/4 ____ Section 35
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 1565 S 98th ST

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe ____

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

4. **Description of proposed alteration, extension or repair** INSTALL NEW LATERALS (1750 sqFT) 440FT INFILTRATORS.

5. **Work to be done by:** ☐ owner ☒ contractor's name SAGNER CONST

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 Nick Vcko Address 1565 S 98th ST Phone: 489-2185

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for 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 9/1/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 9/1/10 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

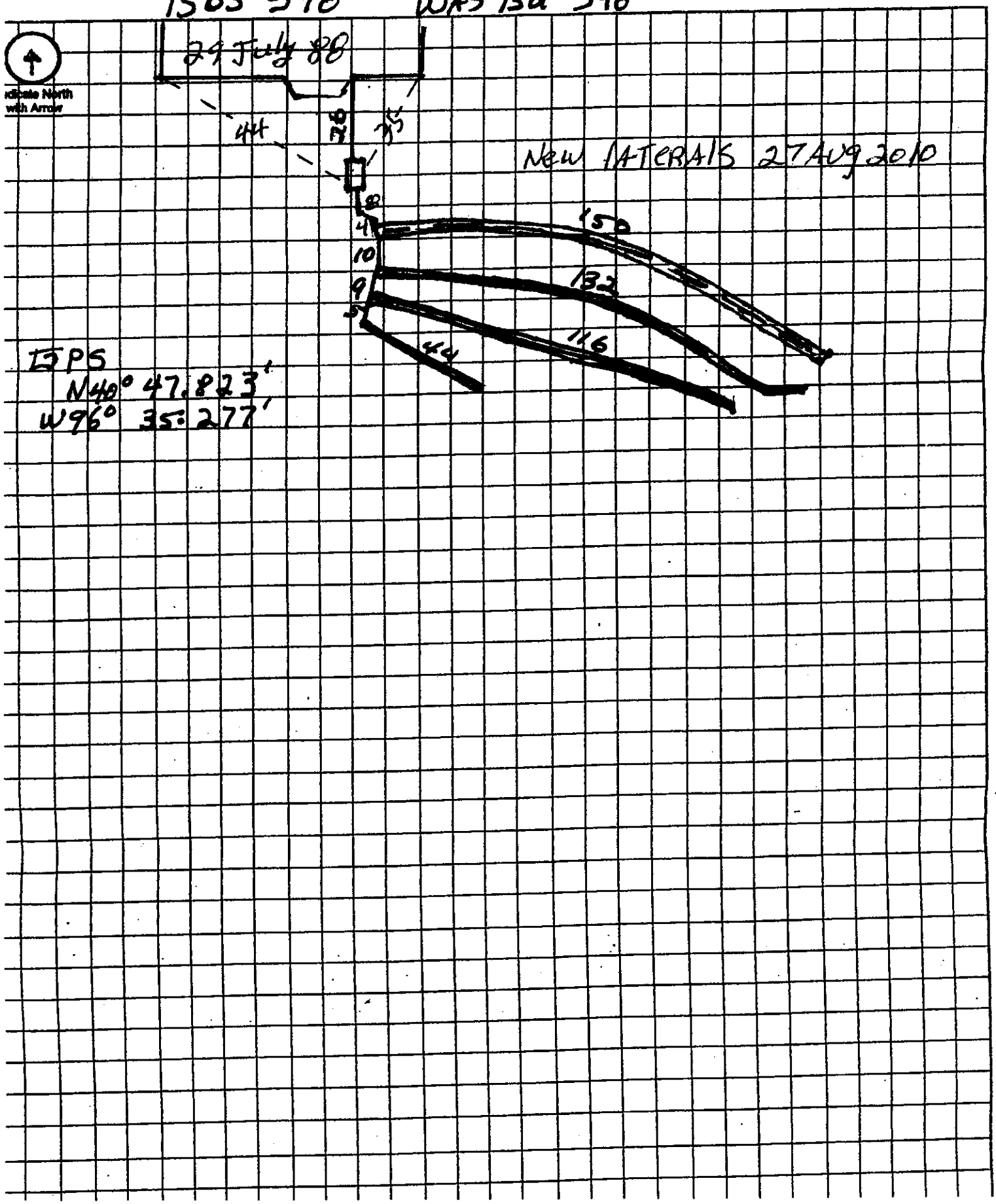
Received: Date: 9/1/10 Amount $180.00 Check No. 60556 Initials BM

Revised 3-09

9-2-2010 11:44:45

s Built Drawing

1565 S98[E] WAS 152 S98[E]



dicate North
with Arrow

GPS
N40° 47.823'
W96° 35.277'

FILE #2581

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 16, 1988 — THIS LICENSE OR PERMIT EXPIRES

MELVIN E. GAGNER — LICENSEE OR PERMITTEE

ROUTE #1, BOX 342 — ADDRESS

LINCOLN, NE 68502

T10N; R7E; Sec 35; Lot 33 I.T.; 1501 So. 98 Street — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2581

DATE: 16 oct 87

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

1. Legal description of property: Twp. 10N ; Range 7E ; Section 35 ; Block _____ : Lot 33 I.T. Addition _____
   Street Address 1501 So 98 E

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 6 . Describe _____

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

4. Distance to public sewer: More Then ¼ M. i/e

OWNER
Nicholas Vuko.

797-2365

Melvin F. Vogel
Signature of Applicant (Owner or Lessee)

ROUTE 1, BOX 342, LINCOLN, NEBRASKA 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/16/87. Date Frwd. 10/19/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/19/87. Date Frwd. 10/19/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Sherwood

3. City or County Engineer: Date Rec'd. 10/19/87. Date Frwd. 10/19/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 7-28-88 by: _____
Date: 7-29-88 by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-8-88 By: _____

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

FORM 23-43

FORM 20105-0477
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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: LOT 33 RT

Location: Township 10N ; Range 7E ; Section & ¼ Section 35 T. 10N
Property Dimensions: 680 ft. x 411 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 9MAY 88 to 10 MAY 88. Weather: Precip. _____ Temp. _____.

OWNER: Nick Vako

Address: _____

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	MAY9	8:00	MAY10	8:30	MAY10	8:30	12	9 MAY	10 3/4	1hr	1 1/4	48
2	"	"	"	"	"	"	"	"	"	10	"	1 1/2	40
3	"	"	"	"	"	"	"	"	"	10 1/2	"	1 1/2	40
4	"	"	"	"	"	"	"	"	"	10 5/8		1 3/8	45
5	"	"	"	"	"	"	"	"	"	10 5/8		1 3/8	45
6	"	"	"	"	"	"	"	"	"	10 1/4		1 3/4	34

Melvin F. Gagner
Signature of Person Conducting Test

Address _____ Phone _____

Sum of Percolation Rates: 252
Average of Rates: 42
Mean of Rates: 1 in

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Ludson Silt Loam + Wymore Silty Clay Loam
Date: AUGUST 8, 1988

Approved Percolation Rate (a)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY 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: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2581

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1750 gals.
2. Total Length of Laterals 600 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

_____
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: 471-7800

D

DATE: 26 July 88

FILE NO. _____

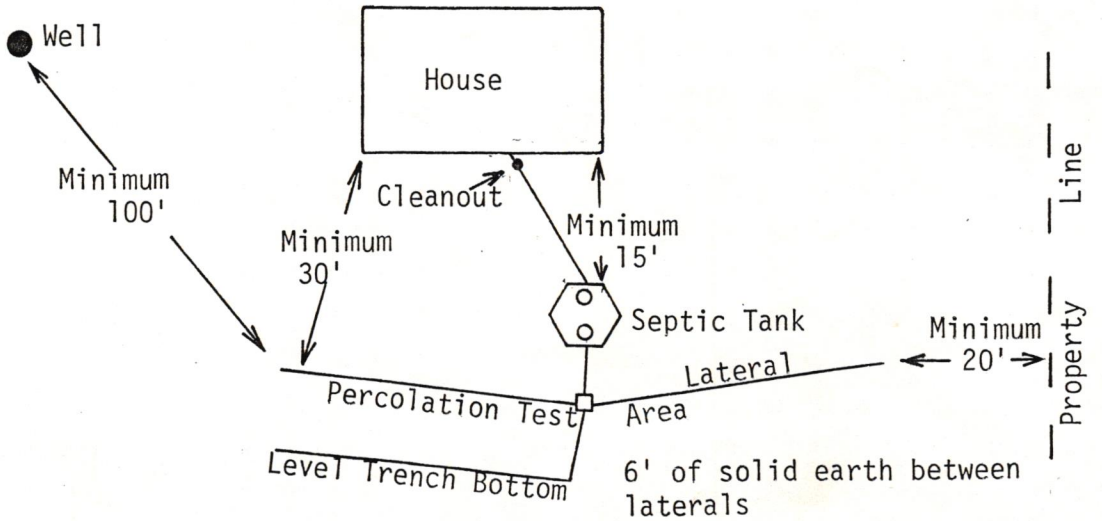
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor 60 in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 26 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 150 ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 1.
2. Capacity 1750 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast-Step)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 250 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8 ft.

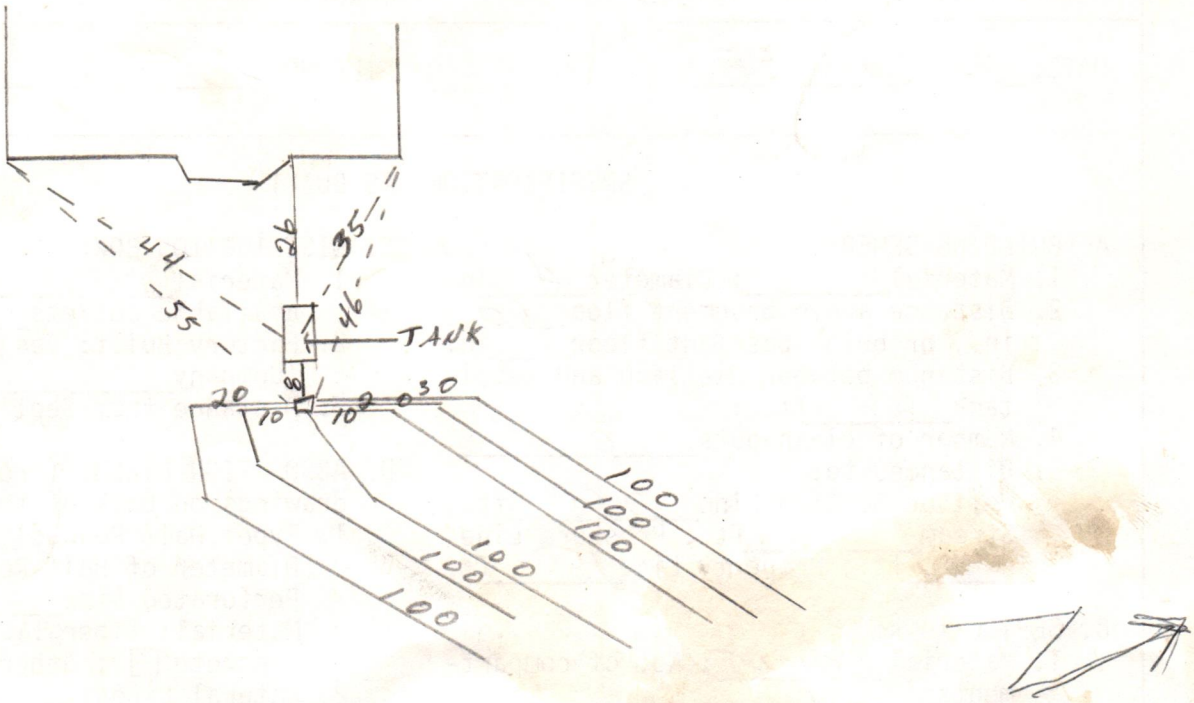
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 6 ; Length of each line 100, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 3 ft.; Slope 2-3 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 150 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 29 JULY 88 INSTALLER EAGNER CONST



9204130006

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: April 1, 1992

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 $150.00

Legal Description of Property: TWP. ___; RANGE ___; SECTION _____; BLOCK Tract

LOT ___; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Nicholas V. Vuko	1501 So. 98, Lincoln	489-2185
Tenant/Buyer:			
Return to:	Security Federal Savings	1330 N St. Lincoln 68508	474-4444

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

Signature of Applicant Pamela S. Kempes Address 1330 N Street Lincoln 68508

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received 04/02/92 Received ~~$75.00~~ Check ☒ Cash ☐ #27143

PRELIMINARY STATUS--DATE 4/3/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4/3/92 by L.G.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE April 7, 1992

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

79501.3

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: 3-17-89

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00

Legal Description of Property: TWP. 10N ; RANGE 7E ; SECTION 35 ; BLOCK ____

LOT 33 ; ADDITION _____ ; Street Address 1501 South 98th Lincoln Ne

Directions to Property 98th + 'A'

Location of Well 2 WELLS Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Nicholas J. Vuko	1501 So. 18th Lincoln	481-3185
Tenant/Buyer:			
Return to:	Mike Fosdick/Security Federal	P.O. Box 80609 Lincoln 68501	474-4444

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

Signature of Applicant Michael R. Fosdick Address P.O. Box 80609 Lincoln Ne 68501

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 20, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/21/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 3/21/89 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE MARCH 28, 1989

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