**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. HS000459**

**System Type:** STANDARD

**Situs:** 4830 W MULBERRY ST

**Legal Description:** T10N-R06E-S31-3-Lot 3

**Owner:** MIRANDA, JOSE
4830 W MULBERRY ST
LINCOLN NE
68522

Permit Fee: $185.00

Total Fees: $185.00

Issued: 02/01/2011
Expires 02/01/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

GAGNER CONST
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

LLCHD HS000459 $185

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000459

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_____ Range_____ 1/4_____ 1/4_____ Section _____
   Block_____ Lot_____ Addition_____
   Parcel ID_____-_____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 4830 "W" MULBERRY

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** INSTALL 500 FT INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name Wagner 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 Jose Miranda Address SAME Phone: 402-730-8555

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

---

**HEALTH DEPARTMENT USE ONLY**

Date received 1/31/11 REVIEW: ☑ Approved ☐ Disapproved By: _____

**Site visits**
Date ____/____/____ By_____
Date ____/____/____ By_____
Date ____/____/____ By_____

**Installation final written approval**
Date ____/____/____ By _____

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

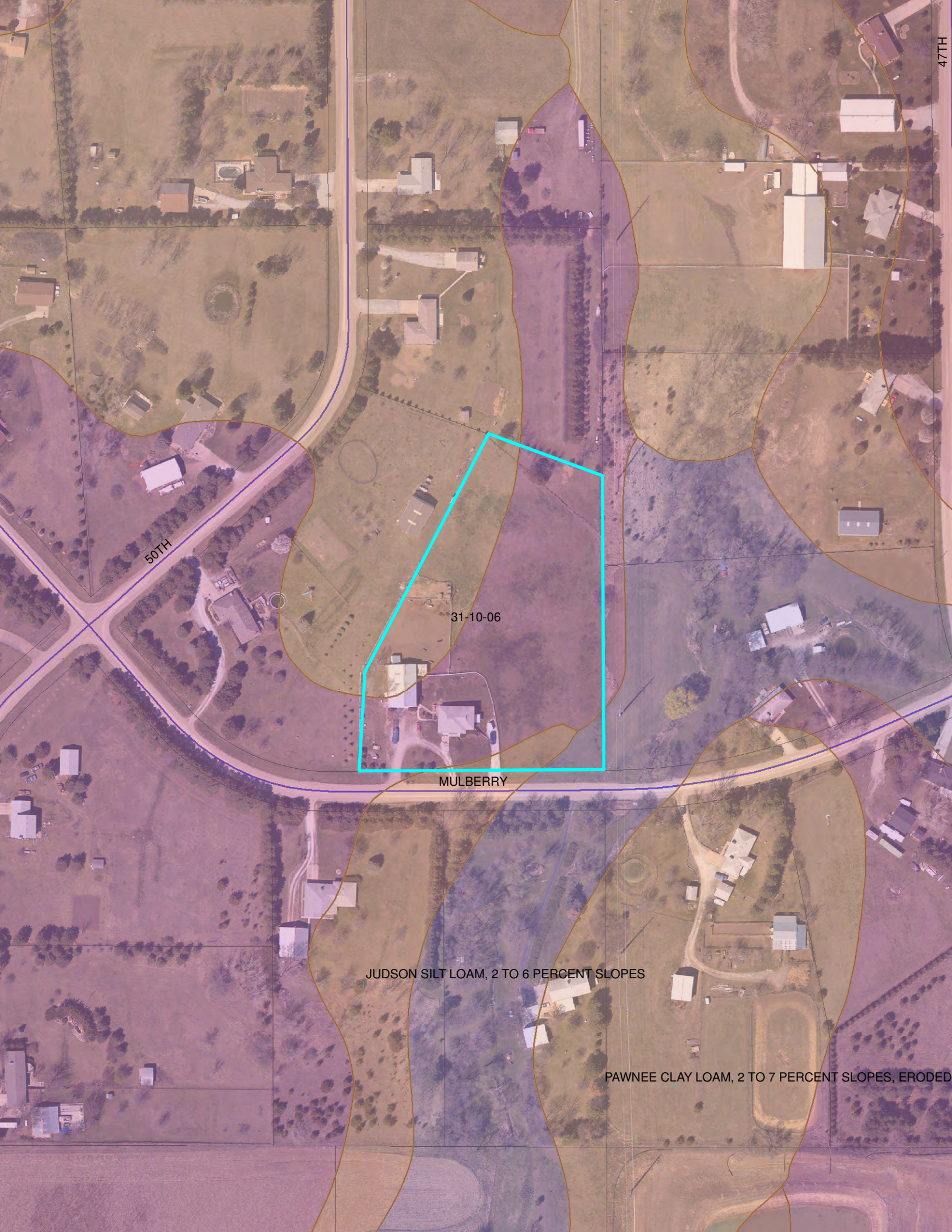
*Business Office Use Only*

Received: Date:____/____/____ Amount_____ Check No._____ Initials_____

Revised 3-09

2-1-2011 12:22:53

ck # 6203 $185 - posted 2-1-11 AL


47TH
50TH
31-10-06
MULBERRY
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

LLCHD HS000459 $185

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000459

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____ Range____ 1/4____ 1/4____ Section ____
   Block____ Lot____ Addition____
   Parcel ID____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 4830 "W" MULBERRY

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** INSTALL 500 FT INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name KAGNER 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 Jose Miranda Address SAME Phone: 402-730-8555

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 1/31/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

**Site visits**
Date __/__/__ By____
Date __/__/__ By____
Date __/__/__ By____

**Installation final written approval**
Date __/__/__ 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:__/__/__ Amount____ Check No.____ Initials____

Revised 3-09

1-31-2011 14:41:40

# Proposal



HSCC0459

GAGNER CONSTRUCTION CO.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2365 FAX 797-7475

| | | |
|---|---|---|
| PROPOSAL SUBMITTED TO Jose Miranda | PHONE 402-730-8555 | DATE Jan 27-11 |
| STREET | JOB NAME | |
| CITY, STATE AND ZIP CODE | JOB LOCATION 4830 W. Mulberry | |
| ARCHITECT / DATE OF PLANS | | JOB PHONE |

We hereby submit specifications and estimates for:

Install Laterals for 3 bedroom house. Add 2,000 Sq. ft. Laterals in accordance with perk test from Lancaster County Health Dept to include piping and Infiltrators Laterals (500 running feet) [redacted]

State Reg
County Permit [redacted]

If tank needs to be pumped [redacted]

no finish or final grade - Install and backfill only

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Half payment at start of job [redacted] dollars ($ [redacted])

Payment to be made as follows:

2nd Half payment due upon completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over the sum mentioned in this contract. Agreement to pay reasonable attorney's fees and court costs in case suit must be brought to collect amounts due under this contract. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature Jose Miranda

Note - This proposal may be withdrawn by us if not accepted within [redacted] days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

# As Built Drawing

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

D

Permit Number:

## Sewage Disposal System
### As Built Plans & Specifications

Date 3 April 2011

**System Location (Indicate correct number and street)**
Address 4830 "W" Mulberry St. City LINCOLN NE, Zip
(no rural route)

### A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: [redacted] in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 104 ft.
   stream NA ft.
   pressure line OVER 30 ft.
   property line OVER 100 ft.

### B. Septic Tank
1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 20 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: 6 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 50 ft.

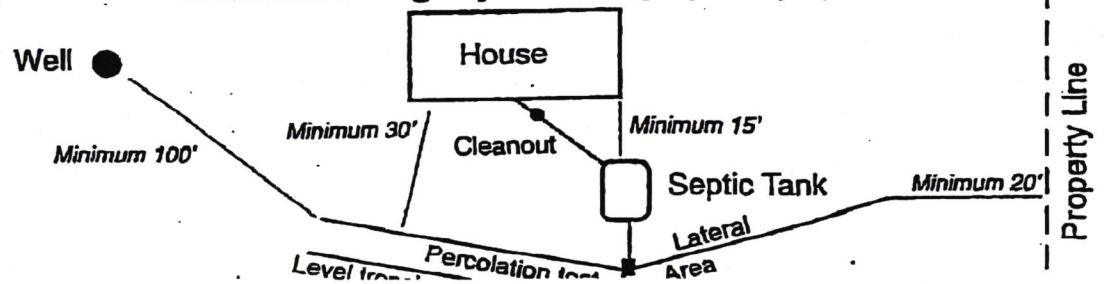
### C. Distribution Box
1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14 ft.

### 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 ABS FNfil
2. Lateral lines: Number
   Length of each line: [redacted] ft. 115 ft.
   90 ft. 60+60 ft., 65 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 10 ft.

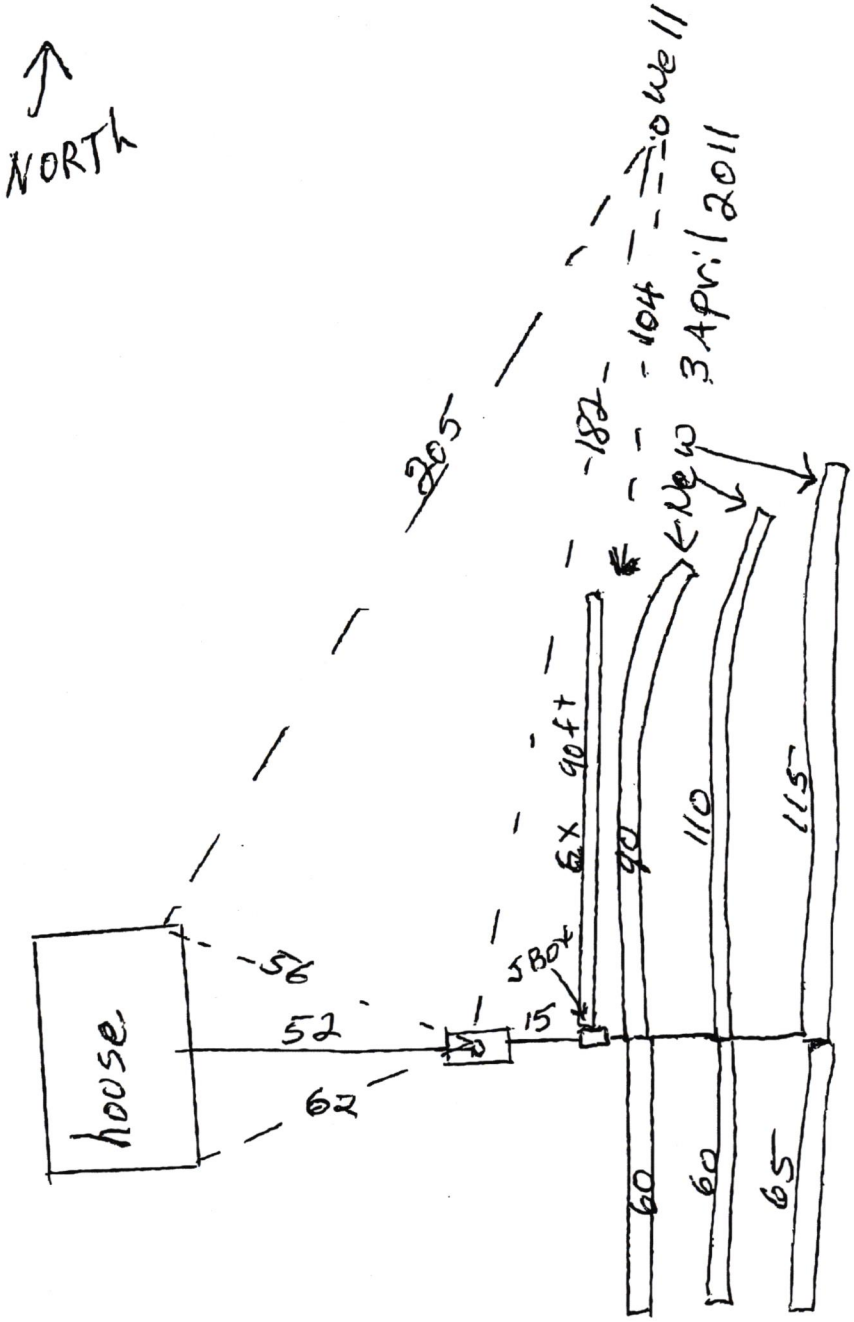
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

**Individual Sewage System Design (Example)**



4830 "W" Mulberry St.




Add 500 lineal feet of
ABS INFILTRATORS

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE INSTALLATION

No. 93380108101

Issued 10/22/93
Expires 04/22/94
Revenue Code 18754

Establishment
LORNA COMBS
T10N R6E SEC 31
HIGH RIDGE WEST ACRE BLK 3 LOT 3
4830 MULBERRY STREET

FEES: $150.00

TOTAL $150.00

Permittee
LORNA COMBS
3435 N 11 ST
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $150 cash 5198

FILE NO. _____

DATE: 10-22-93

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 6E ; Section 31 ;
   Block 3 : Lot 3 : Addition High Ridge West 2nd
   Street Address 4830 Muldoon
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 02 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: 9 miles ft.

Jamie Combs
Signature of Applicant (Owner or Lessee)

3435 N 11th Lincoln 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/22/93 . Date Frwd. 10/22/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/22/93 . Date Frwd. 10/22/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin
3. City or County Engineer : Date Rec'd. 10-22-93 . Date Frwd. 10-22-93 . ACTION: Approved ☒ Disapproved ☐ Signature: KD Mahr

REMARKS OR REASONS FOR DISAPPROVAL PRE-EXISTING WELL

Site Visits:
Date: 12/9/93 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/9/93 By: Jerrold C. Hood

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: 4830 Mulberry

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: 8-20-93 to 8-11-93. Weather: Precip. Dr Temp. 90.

OWNER: Lenno Combs

Address: 3435 Nott

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hold No. | Hole Depth (in.) | Pre-Saturation Period Start Date (Mo./Day) | Pre-Saturation Period Start Time (Hr./Min.) | Pre-Saturation Period End Date (Mo./Day) | Pre-Saturation Period End Time (Hr./Min.) | Percolation Readings Start Date (Mo./Day) | Percolation Readings Start Time (Hr./Min.) | Percolation Readings Start Water Level (in.) | Percolation Readings End Time (Hr./Day) | Percolation Readings End Water Level (in.) | Elapsed Time (Min.) | Results Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 18 | " | 8/20 | 8AM | 8/20 | 12PM | 8-21 | 11AM | 6 | 12 | 5 5/16 | 60 | 15/16 | |
| 18 | " | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | 12 | 5 1/16 | 60 | 15/16 | |
| 18 | " | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | 12 | 4 3/4 | 60 | 3/4 | |
| 18 | " | | | ↓ | ↓ | ↓ | ↓ | 6 | 12 | 4 1/2 | 60 | 1/2 | |
| 18 | " | | | | | | | 6 | 12 | 5 | 60 | 1 | |
| 18 | " | | | | | | | 6 | 12 | 5 | 60 | 1 | |

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

Signature of Person Conducting Test: Linda Lee C. Clark

Address 6710 N 07 Phone 435-8865

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: OCTOBER 22, 1993

Pawnee clay loam close

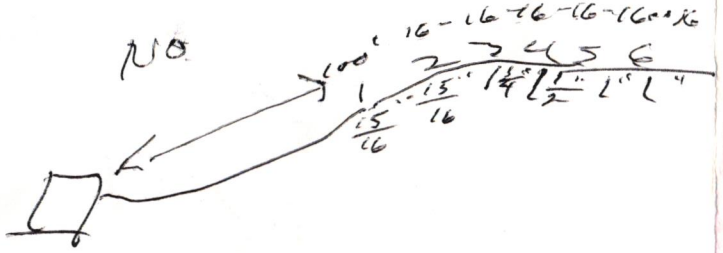
Signature of Reviewing Official: Jerrold C. Hoop

4830 West Mulberry

B3 L3 High Ridge West Add

8-20-93 8-12

8-21-93 11-12




Holes 1+2 = 68 min 1"

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

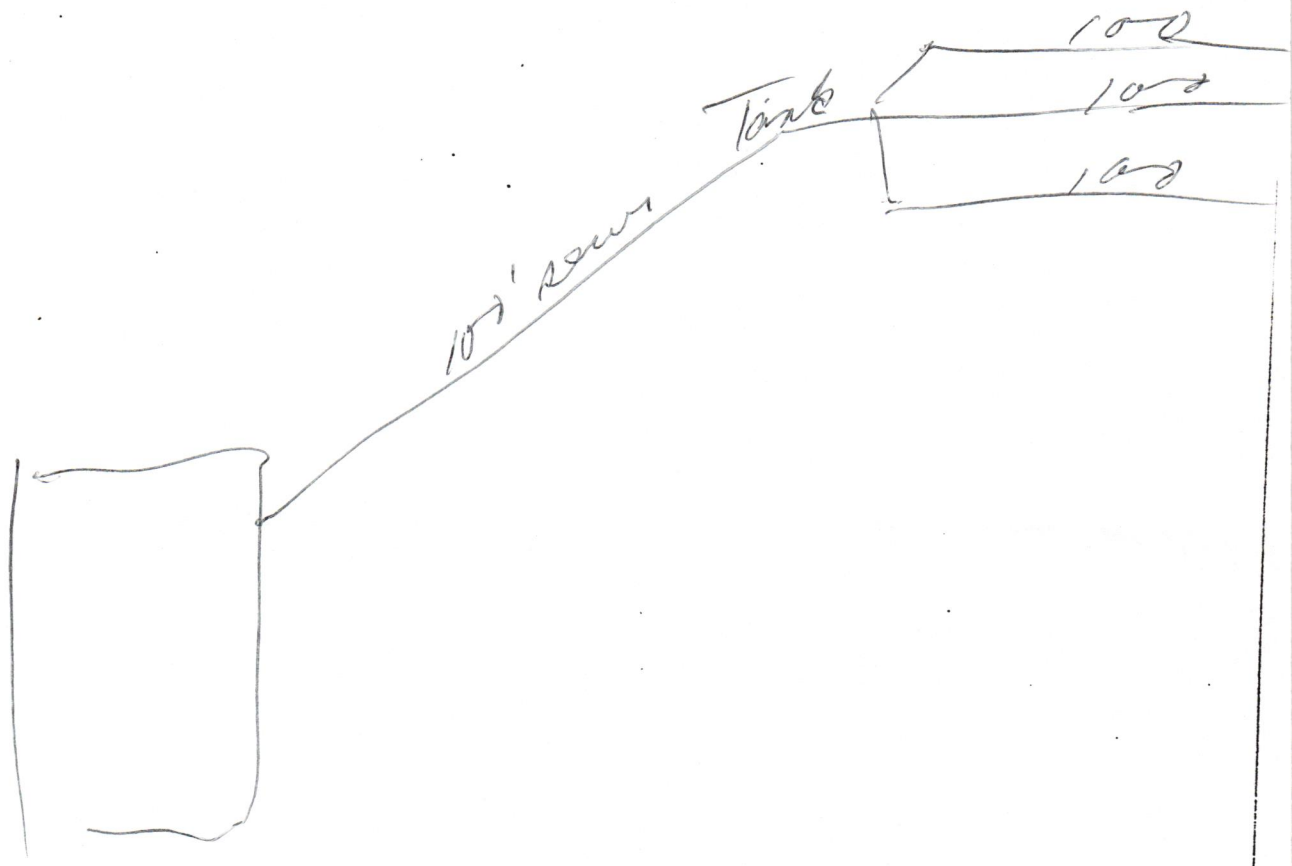
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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




REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 208 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 625 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: 12-9-53

FILE NO. _____

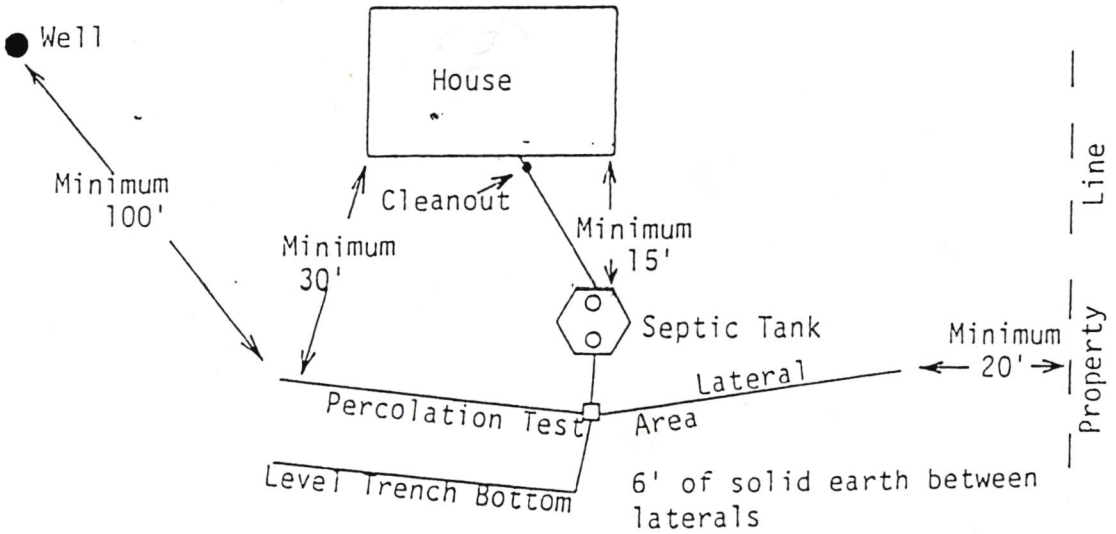
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 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.

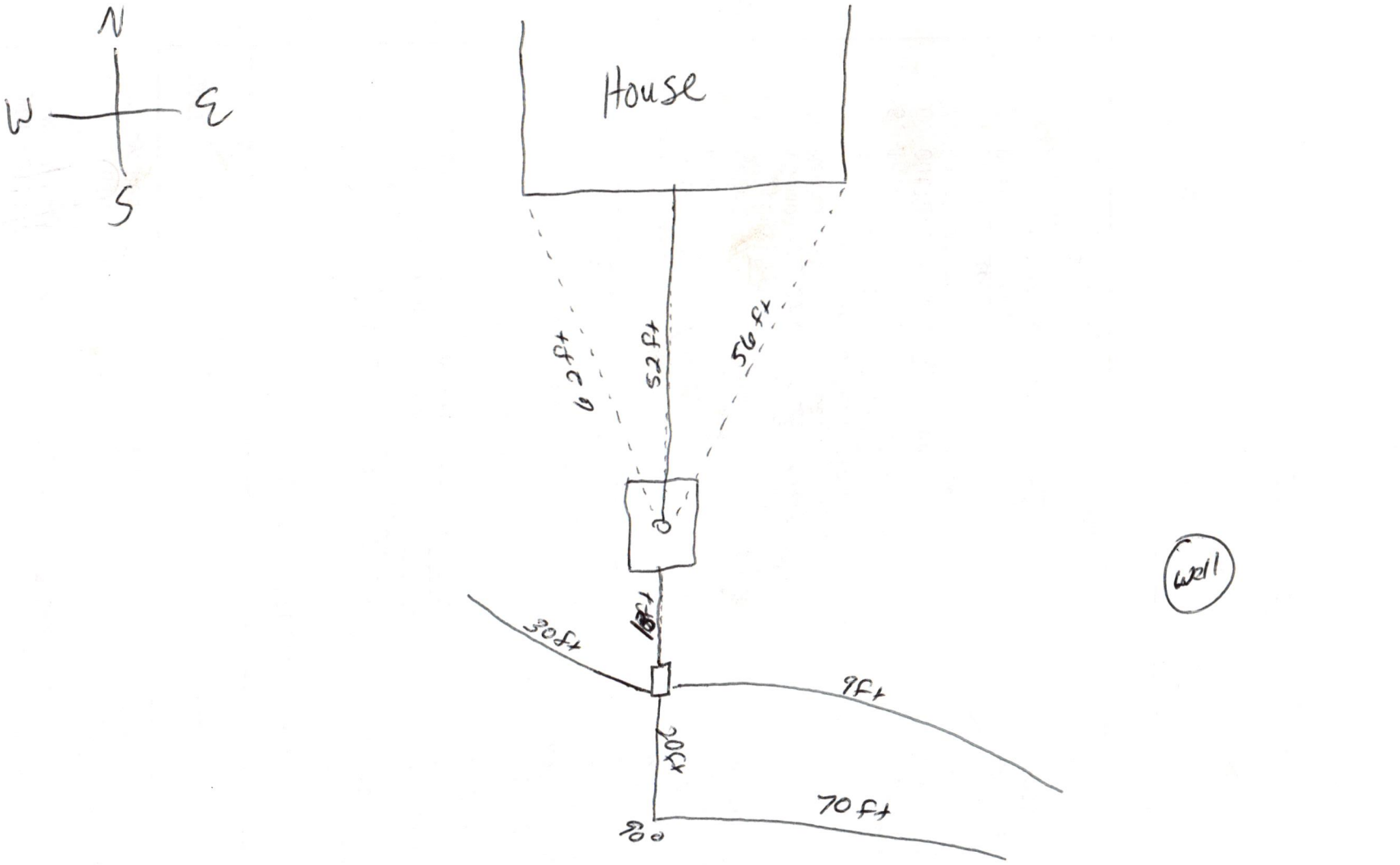
B. SEPTIC TANK:
1. Material 1 tank; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Products)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line 104 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 90 ft.

C. DISTRIBUTION BOX:
1. Material 1 box; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 3; Length of each line 90, 90, 30, _____, _____ ft.;
Total length of laterals 210 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 109 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 70 ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
W
E
S
House
52 ft
56 ft
30 ft
15 ft
9 ft
20 ft
70 ft
well