LLCHD HS000503

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

A

Permit Number: HS000503

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 [redacted] S 148th (no rural route) City Lincoln – NE, Zip

Legal Description 501 — 28 (1/4) — (1/4) Section 10 Township 8 Range — Subdivision — Addition — Block — Lot 7

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Nick Helzer Signature _____

Address 551 S 148th City/State/Zip Lincoln Ne-

☐ Check if owner designed system Home Phone _____ Work Phone 402-890-4024

C. Contractor

Name Doug Loftus Company Name Loftus Septic

Address 410 Co Rd C City/State/Zip Ashland Ne 68003

☐ Check if contractor designed system Work Phone 402-540 5019

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 2 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 6/16/11 Date frwd 6/16/11 **ACTION** ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 6-16-11

Amt Paid 335 –

Rec'd By BA Cash/Check No. 18879

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

6-20-2011 15:36:53

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 551 S 148 ST (no rural route) City Lincoln NE, Zip

Owner Addresss

Soil Type (SCS): Clay Percolation Rate: 58 min./inch

Date of Tests 6-6- to 6-7-11 Weather: Precipitation 0 Temperature 90 s

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	24	6-6				6-7	11:00	6	6-7	11:30	30	.5	60
2	24	6-6	12 inches			6-7	11:02	6	6-7	11:32	30	.5	60
3	24	6-6	of water			6-7	11:04	6	6-7	11:34	30	.5	60
4	24	6-6	For 4hrs			6-7	11:06	6	6-7	11:36	30	.625	48
5	24	6-6				6-7	11:08	6	6-7	11:38	30	.5	60
6	24	6-6				6-7	11:10	6	6-7	11:40	30	.5	60

Sum of Percolation Rates: 348 -
Average of Rates: 58
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Doug Lotts Sr C1655
Phone: 402 944-7636
Address 470 CO RD C
Ashland Ne 68003

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000503

System Type: STANDARD

Situs: 551 S 148 ST

Legal Description: T10N-R08E-S28-Lot 7

Owner: HELZER, NICK
551 S 148 ST
LINCOLN NE
68520

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	06/16/2011
Expires:	06/15/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

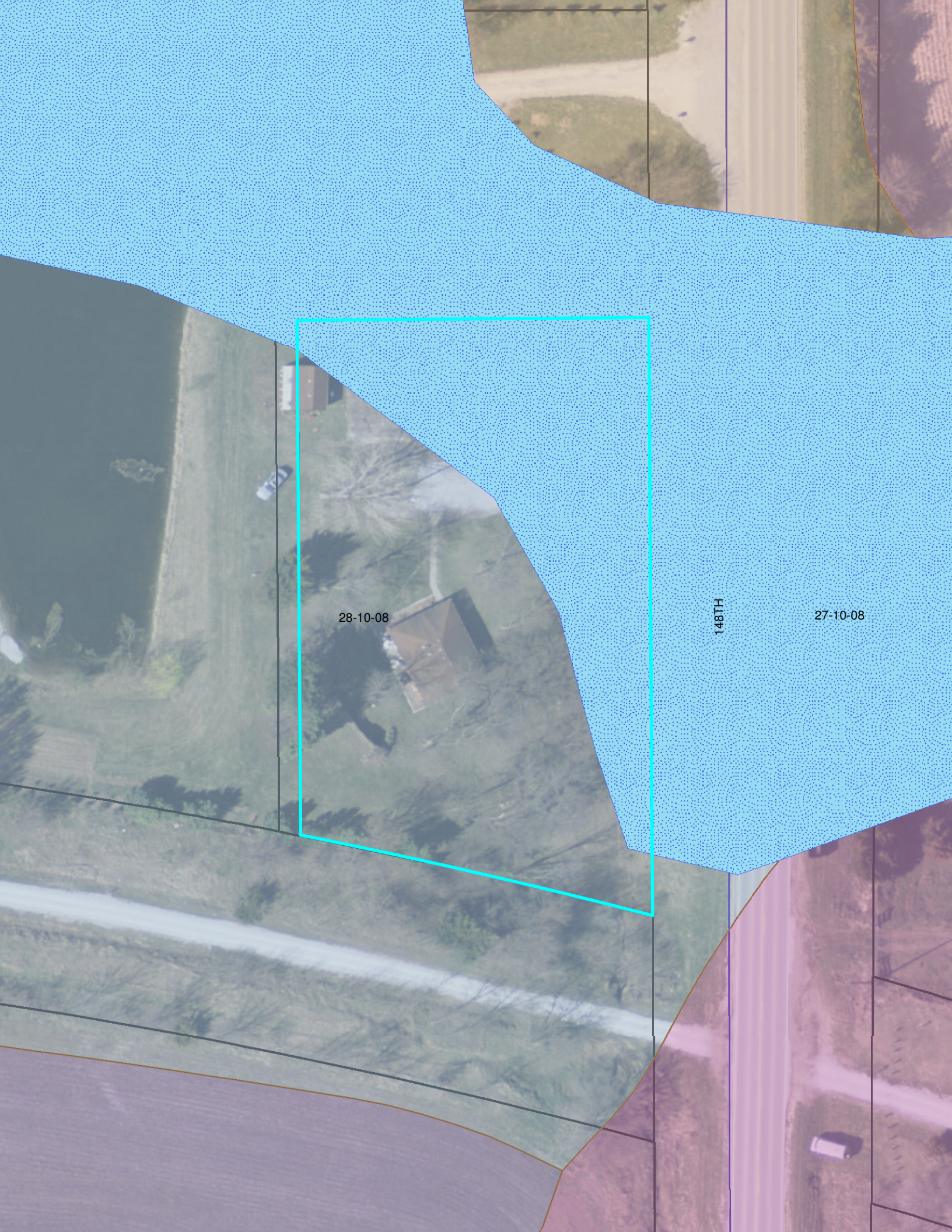
On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

LOFTUS SEPTIC AND PLUMBING
410 COUNTY RD C
ASHLAND NE 68003


28-10-08
148TH
27-10-08

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

JUL 19 2011

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-16-2011

System Location (Indicate correct number and street)

Address 551 5148 (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material:
   Diameter: 4 inch sch 40 in.
2. Distance above basement floor: No Basement in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line City water ft.
   stream None ft.
   pressure line 50 ft.
   property line 150 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☑ above ☐ below grade in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 4 in.
8. Distances to: Well or suction line City water ft.
   Stream None ft.
   Pressure line 50 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 9
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15 FT ft.

D. Absorption Field

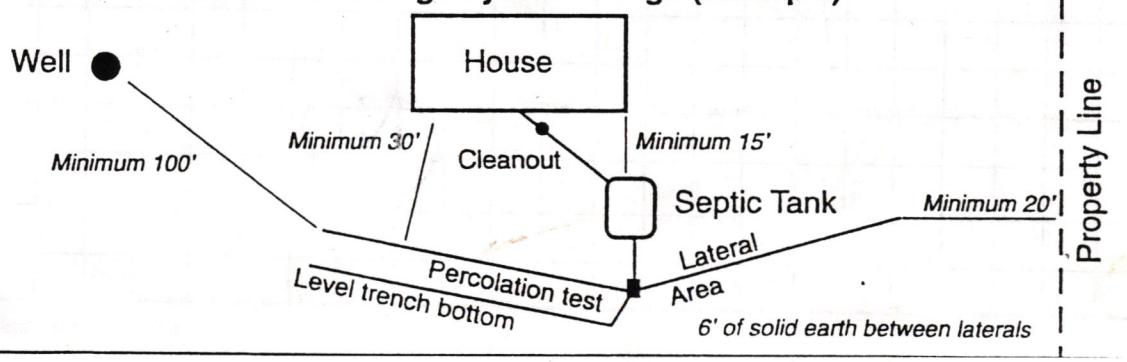
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 34 wide
   or perforated pipe:
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   ft. ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope in/100 ft.
   Average depth 2 to 3 FT in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line City water ft.
   Stream None ft.
   Pressure line 50 ft.
   Property line 150 ft.

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

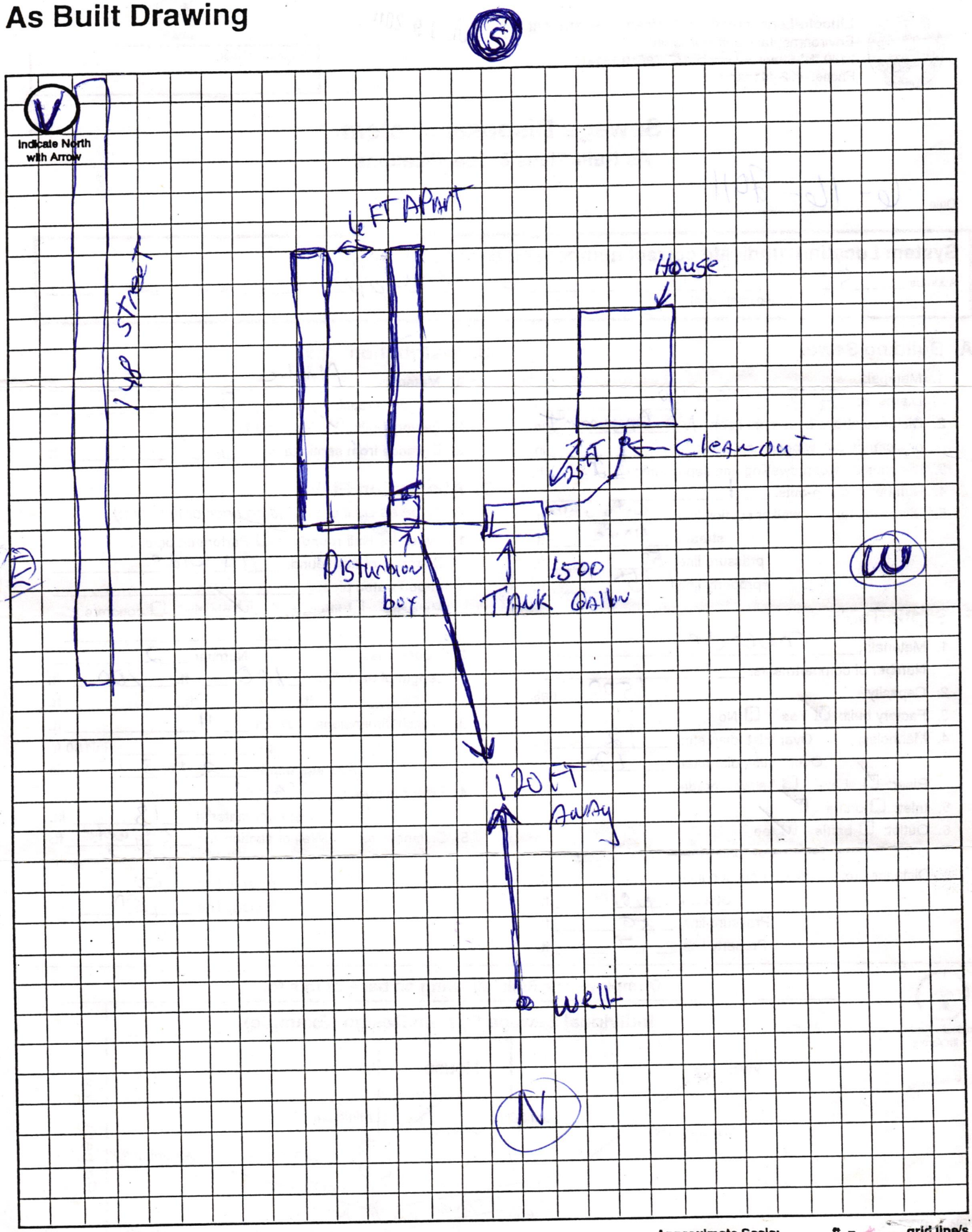
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68[illegible] Phone: 441-8000

REAL ESTATE TRANSFER/LOAN AP[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to request a [illegible]

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 501 S. 148

Twp 10 Range 8 Section 28 1/4 ____ 1/4 ____ Block ____ Lot 7 Addition ____

Directions to Property 1/4 mile south of 148th and Ost on the West Side

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System North side of house Year Installed 1960 (?)

	NAME	ADDRESS	PHONE
Present Owner:	Carl Louise Shore	501 S. 148 Lincoln	
Tenant/Buyer:	Todd-Mary Fauvel	RR 1 Ithaca NE. 68033	624-4220
Return to:	SUSAN HUNRICHS	Residential Lending Division 3901 Normal Blvd. Ste 100 Lincoln Ne 68506	473-6107

Signature of Applicant Mary Fauvel Address RR1 Ithaca Ne 68033 Date 5/26/93

HEALTH DEPARTMENT USE ONLY

Date Received 5/26/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By ~~5-26-93~~ Paul DROTZMANN **DATE:** 5/26/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date 5/26/93 by PD
Bacteria	☐ ____/ml	☐ ____/ml	Provisional ☒	Date ___/___/___ by ____
Nitrate	☐ ____ppm	☐ ____ppm	Disapproved ☐	Date ___/___/___ by ____

Comments: Water is from Bennett Rural Water. Provisional is based on construction prior to permit requirements (1976). Septic tank should be pumped if not done in the past two years See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann REHS. Date 5/26/93

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.

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