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. HS000553

System Type: LAGOON

Situs: 1131 S 112 ST

Legal Description: T10N-R07E-S25-Lot 19

Owner: OESTMANN, CARL D & RENAE S
1131 S 112 ST
LINCOLN NE
68520

Permit Fee: $185.00

Total Fees: $185.00

Issued: 10/03/2011
Expires 10/02/2012

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

LLCHD HS000553

SEP 27 2011

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000553

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 7E 1/4 ____ 1/4 ____ Section 25
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) ~~6800~~ 1131 S 112 Lincoln 68520

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** Move Sewage Lagoon to the North as orgsied Lagoon too close to pond.

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 Woods Bros Craig Loeck Address 7101 A St Phone: ____

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 9/28/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

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

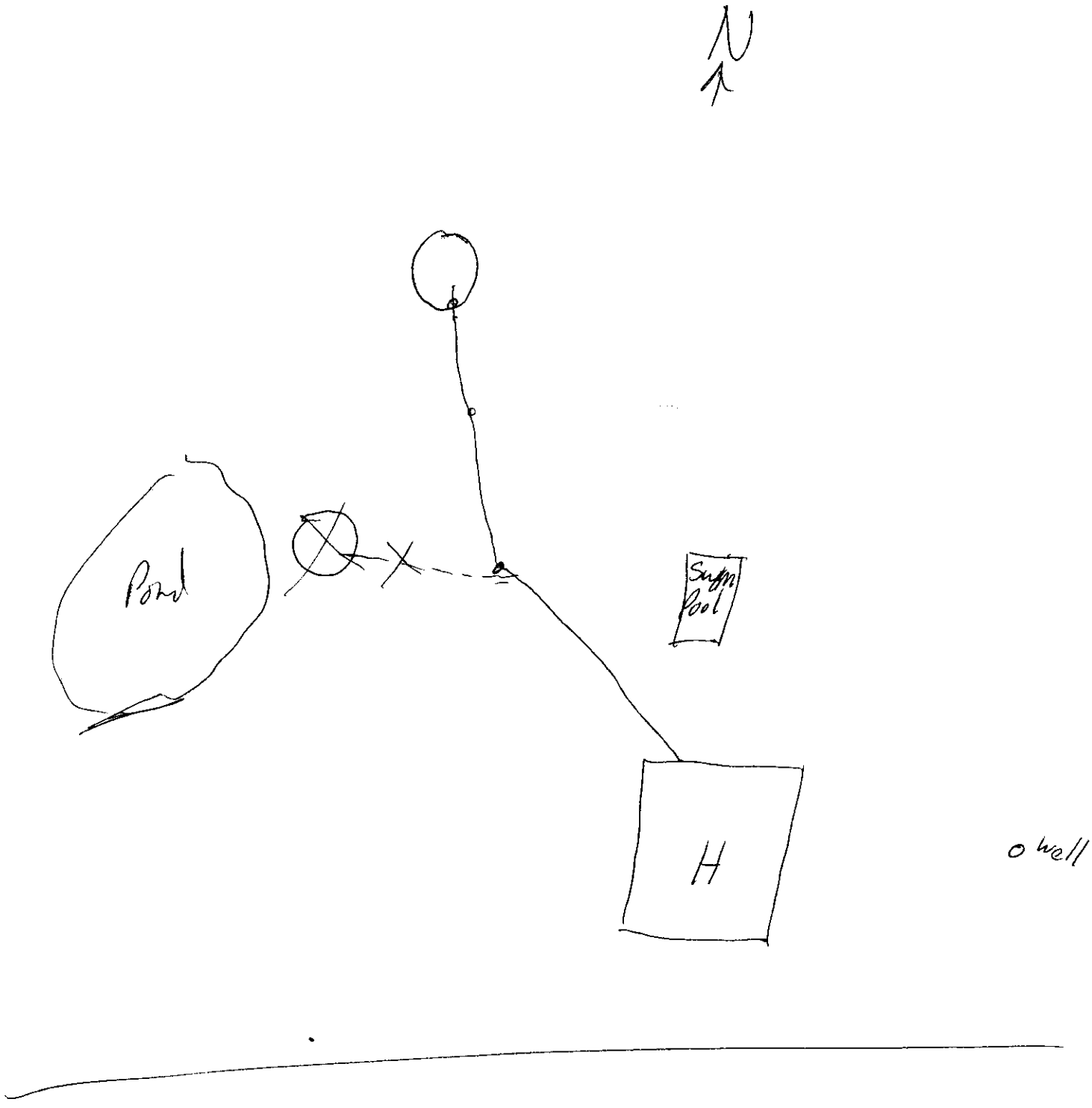
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 10/3/11 Amount 185.- Check No. 1334 Initials BM

Revised 3-09

10-4-2011 12:28:30


N
Pond
Septic Pool
H
o well


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
25-10-07

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 25 10 7
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 1131 S. 112 City Lincoln NE, Zip 68520

Owner Carl Oestman Address _____

A. Sewer Pipe Lagoon Relocate

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

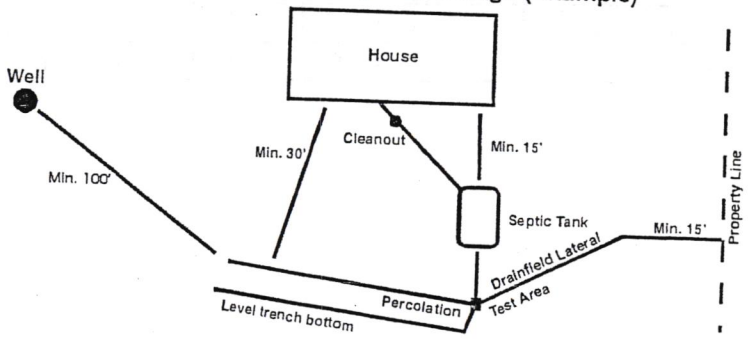
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

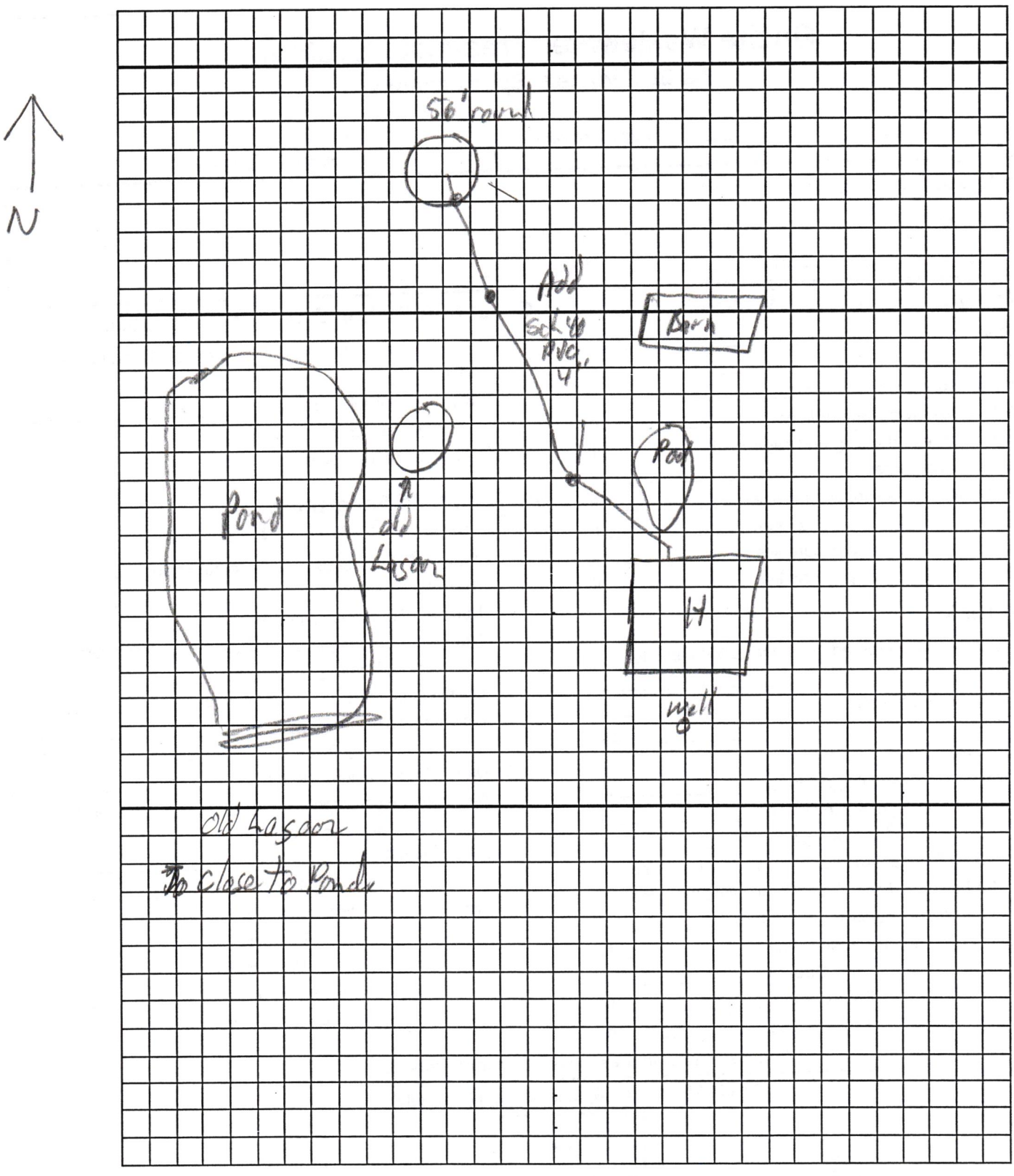
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow


N
56' round
Add
Barn
Pond
old Lagoon
Pool
well
old Lagoon
to close to Pond

FILE NO. 577

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

August 18, 1975 — THIS LICENSE OR PERMIT EXPIRES

Richard Olson — LICENSEE OR PERMITTEE

Box 4405, Lincoln, Nebraska — ADDRESS

T10N; R7E; Sec. 25-N1/2 of SE1/4 — NAME OF ESTABLISHMENT, IF ANY

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		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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. 577

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

DATE: _____

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. 10N; Range 7E; Section 25 N½ SE¼
   Block _____; Lot _____; Addition _____
   Street Address No 568' of S 608' of W 385' of E 1200.2

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 4. Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Richard Olson Jam
Signature of Applicant (Owner or Lessee)

Box 4405 Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/18/75. Date Frwd. 2/18/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: Date Rec'd. 2-18-75. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ronald Remmer
3. City ~~or County~~ Engineer: Date Rec'd. 2-18-75. Date Frwd. 2-18-75. ACTION: Approved ☒ Disapproved ☐ Signature: Al Imig

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._____

DATE:_____

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. 10 N ; Range 7E ; Section 25 N½ SE¼ ; Block ; Lot ; Addition .
Street Address N 568' of S 608' of W 385' of E 1200.2

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 4
Describe:
Other Use
Describe:

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

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).

Richard Allen Jon
Signature of Applicant (owner or lessee)

Box 4405 Lincoln Neb
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5-9-75 by: jw
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ] 5/8/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-9-75 by: James Wewerka

115 North 14th Street

Olson Job 432-1767

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 577

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: 3-29-75 to 3-30-75. Weather: Precip. 0 Temp. 30° F.

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				
Hole 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)
1	36"	3/29	3 PM	3/30	4 PM	3/30	4 PM	12"	5 PM	11¼	30	¼	
2										11		⅓	
3										11½		¼	
4										11⅔		¼	
5										11½		¼	
6										11		½	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 Mo 32d
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

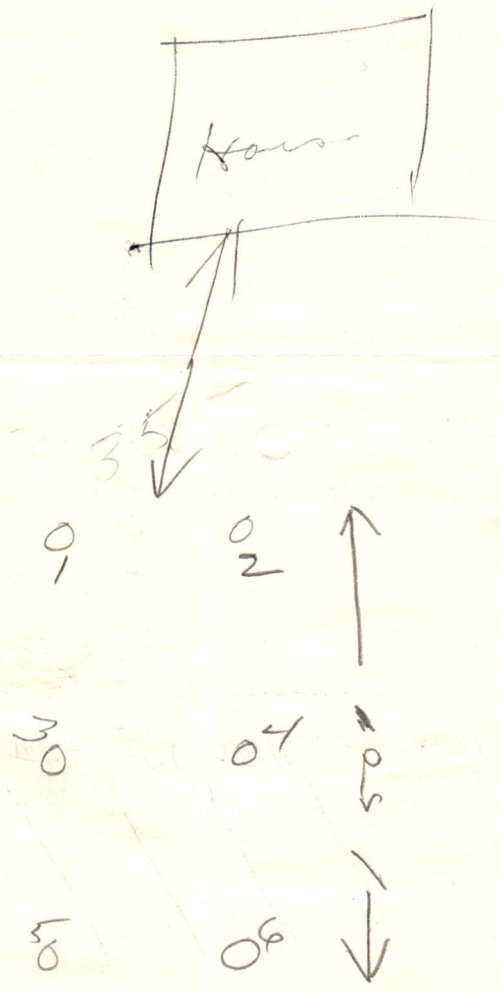
REMARKS: Not acceptable rate for soil absorption systems.

DATE: April 4, 1975

Approved Percolation Rate(s)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

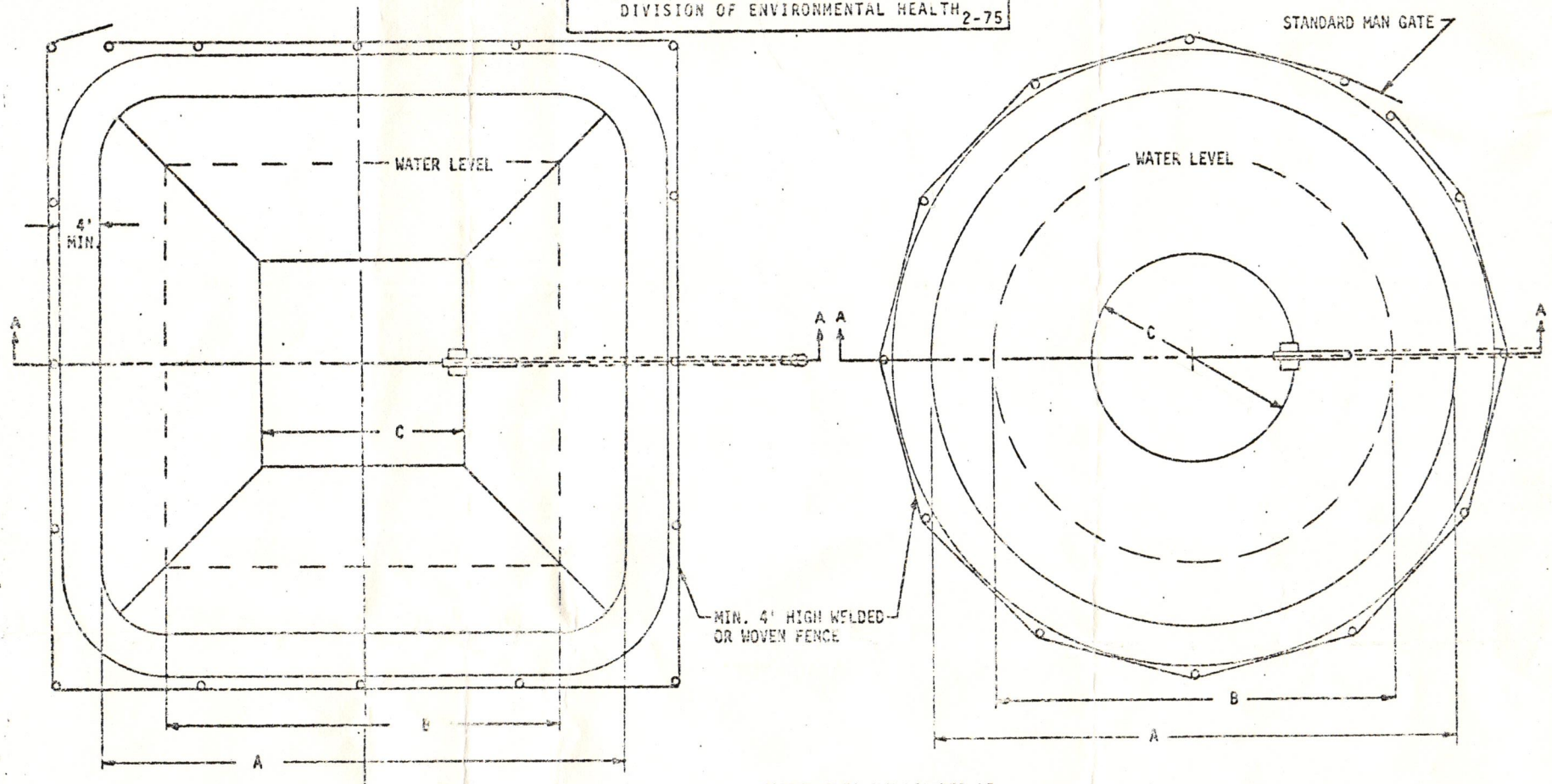
Jerrold C. Hood
Signature of Reviewing Official

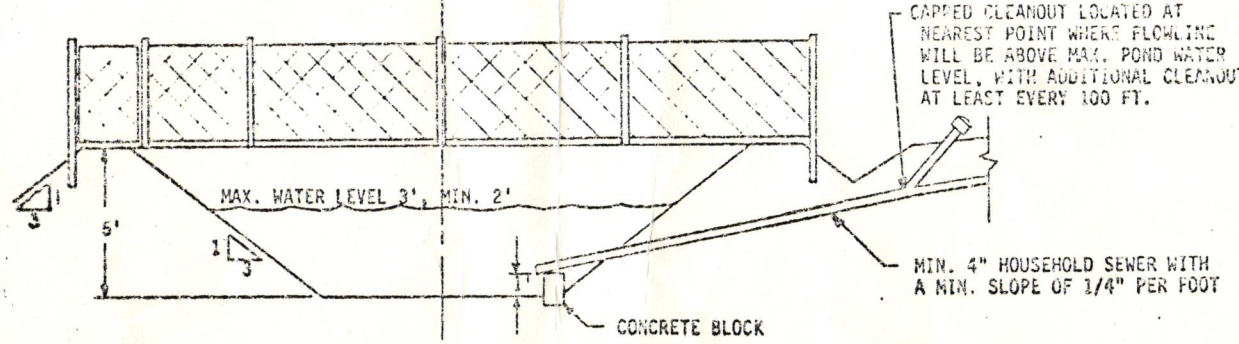
Road



WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





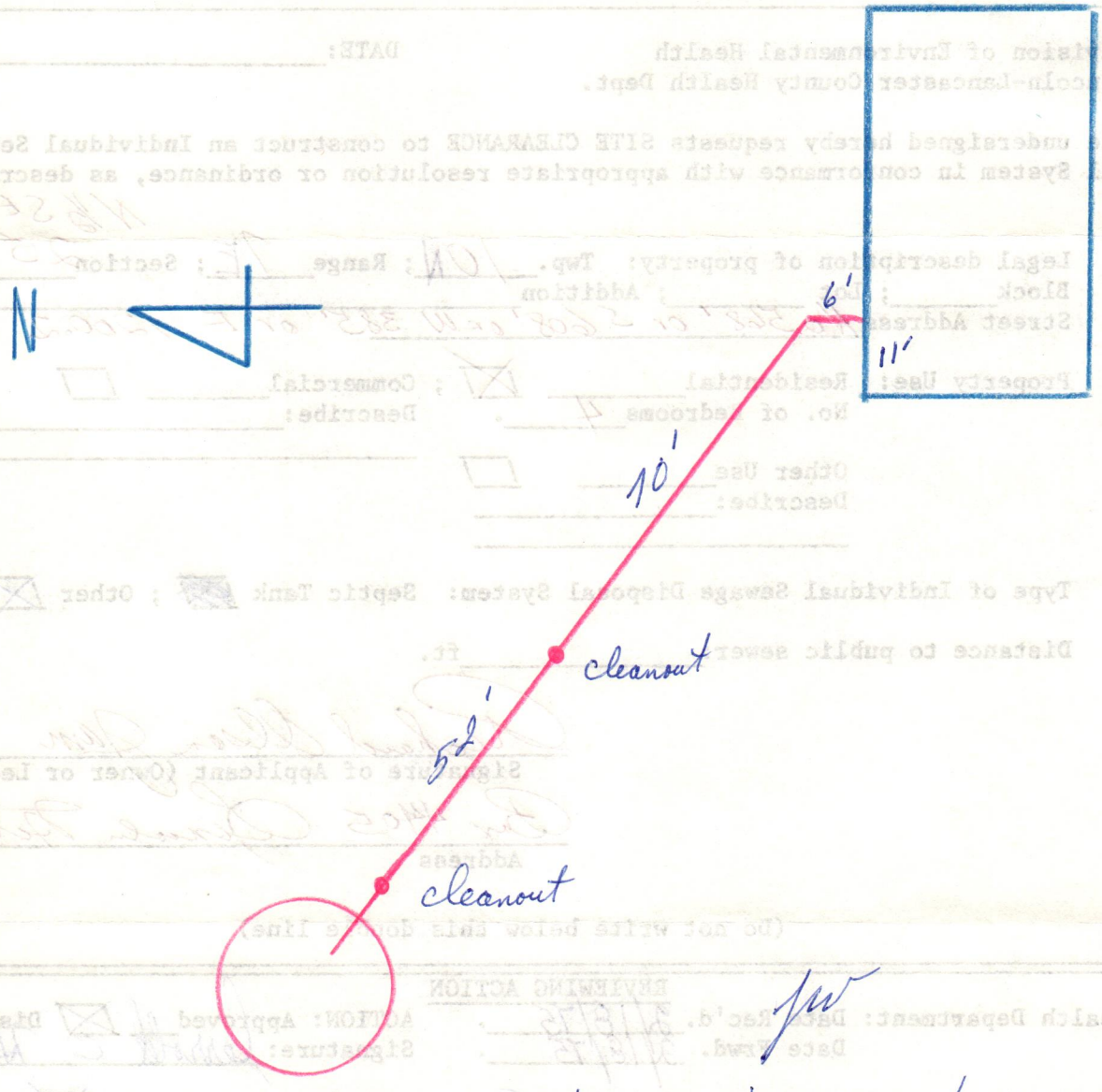
SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT Richard L. Olson

HD-46(75)



heavy clay soil