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. HS000565

System Type: STANDARD

Situs: 11900 HAVELOCK AVE

Legal Description: T10N-R08E-S05-Lot 16

Owner: FINK, DANIEL L & MICHELLE M
11900 HAVELOCK AVE
LINCOLN NE
68527

Permit Fee:	$190.00
Total Fees:	$190.00
Issued:	11/18/2011
Expires	11/17/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

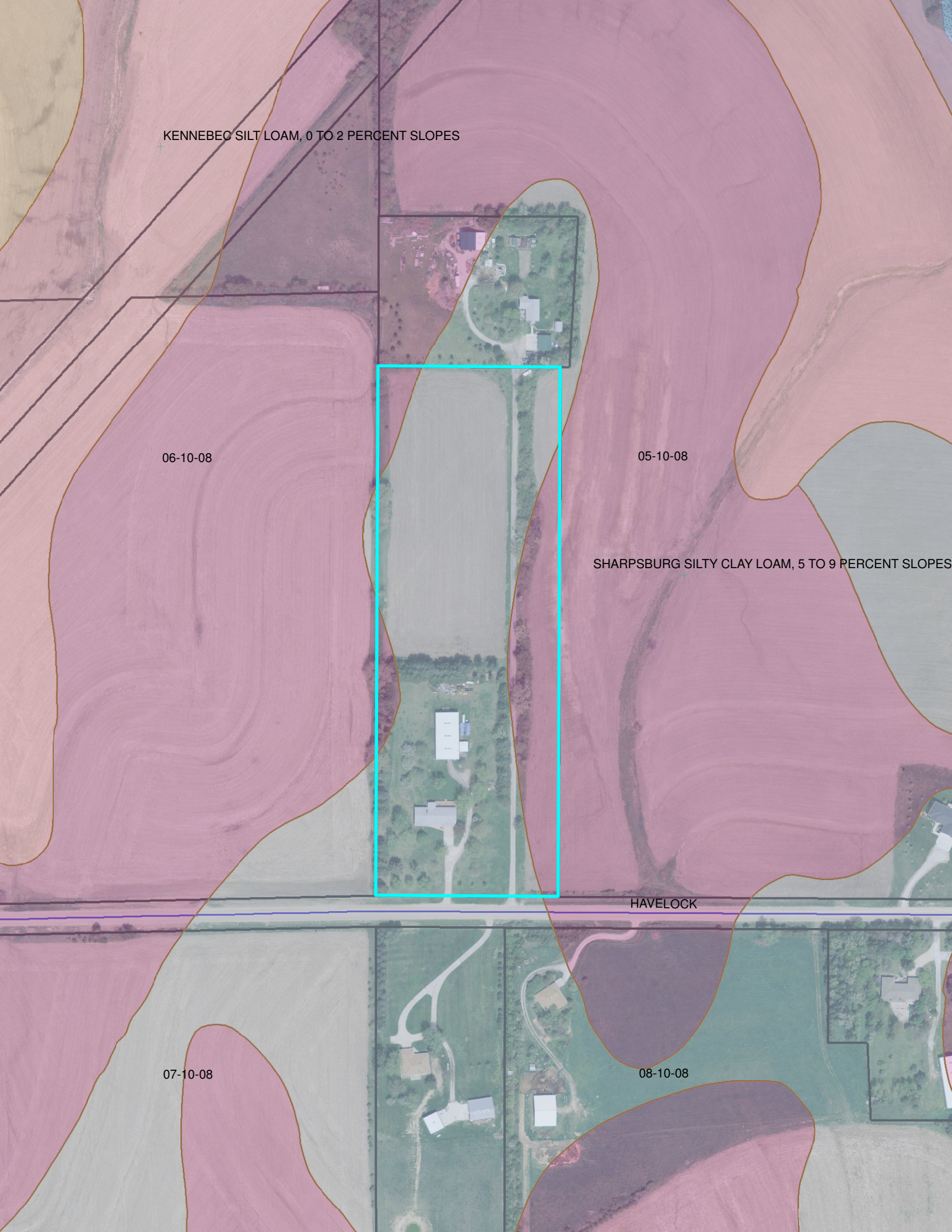
Dear Applicant:

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

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
06-10-08
05-10-08
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
HAVELOCK
07-10-08
08-10-08

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. 511-C

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

DATE: Sept 3 1974

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 8E; Section 5 - SW 1/4 of SW 1/4
Block _____; Lot _____; Addition _____
Street Address Route 3

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.

Mark D. Reed
Signature of Applicant (Owner or Lessee)

Rt 3 Lincoln, Neb. 68507
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/3/74. Date Frwd. 9/4/74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-4-74. Date Frwd. 9-4-74. ACTION: Approved ☑ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL Final approval 9/23/74
Form HD-42(73) missing from application.

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

Ellen Jacobs

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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. 511-C

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10; Range 8; Section 5;
Block ____; Lot ____; Addition ____;
Street Address Route 3.

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. Distance to public sewer: Country ft.

May D. Reed
Signature of Applicant (owner or lessee)

Rt 3 Lincoln Neb
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. ____. ACTION: Approved ___ [ ] Disapproved [ ]
Date Frwd. ____. Signature: ____

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved ___ [ ] Disapproved [ ]
Date Frwd. ____. Signature: ____

3. City Engineer: Date Rec'd. ____. ACTION: Approved ___ [ ] Disapproved [ ]
Date Frwd. ____. Signature: ____

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [X] Disapproved [ ]

Date Applicant Notified: 9-23-74 Signature James Weverka

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. 511-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10-R 8-Sec 5
Section & ¼ Sect. SW¼ of SW¼
Property Dimensions: ____ft. x ____ ft.
Area: 80 acres. (Attach sketch of property showing hole location).

Owner: max REED
Address Rt#3 Lincoln, Neb.

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

Dates of Tests: August 10 to August 11. Weather: Precip. ____ Temp. ____ F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole 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. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36	8-10	3:00			8-11	3:00	22¾	4:30	26	1.5 hr.	3.25"	
2	36	8-10	3:05			8-11	3:05	21"	4:35	26	1.5 hr	5"	
3	36	8-10	3:10			8-11	3:10	21"	4:40	26.25	1.5 hr.	5.25"	
4	36	8-10	3:15			8-11	3:15	21"	4:45	25.75	1.5 hr.	4.75"	

Max D. Reed
Signature of Person Conducting Test

Address Rt#3 Lincoln Neb 68507
Phone: 467-2157

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: September 3, 1974

Approved Percolation Rate(s)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

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

FILE NO. 511-C

SPECIFICATIONS

DATE: _____

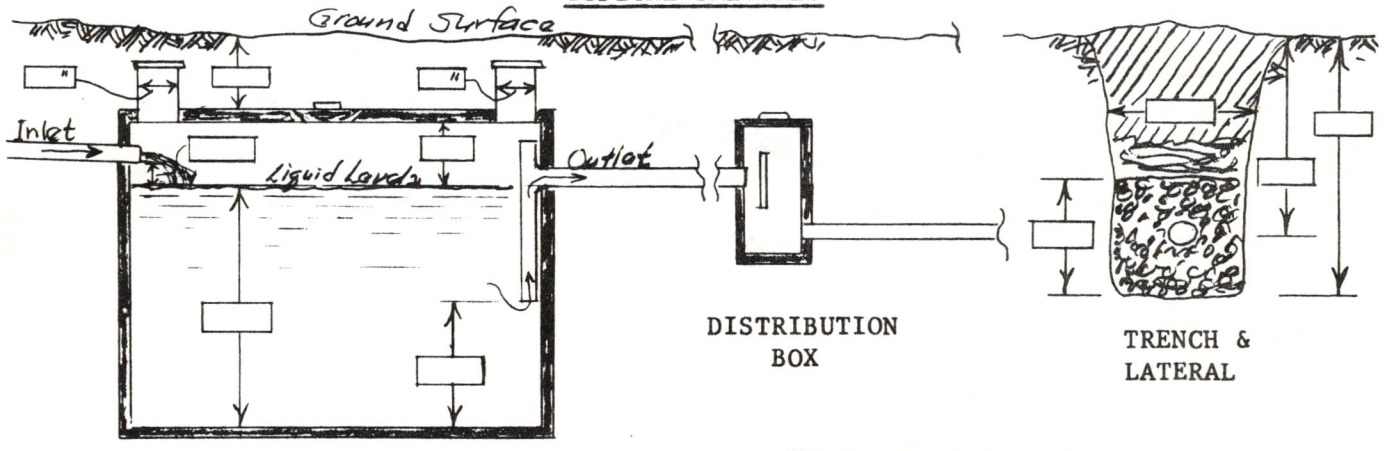
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 47" in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 9 in.
Over Outlet; diam. 9" in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

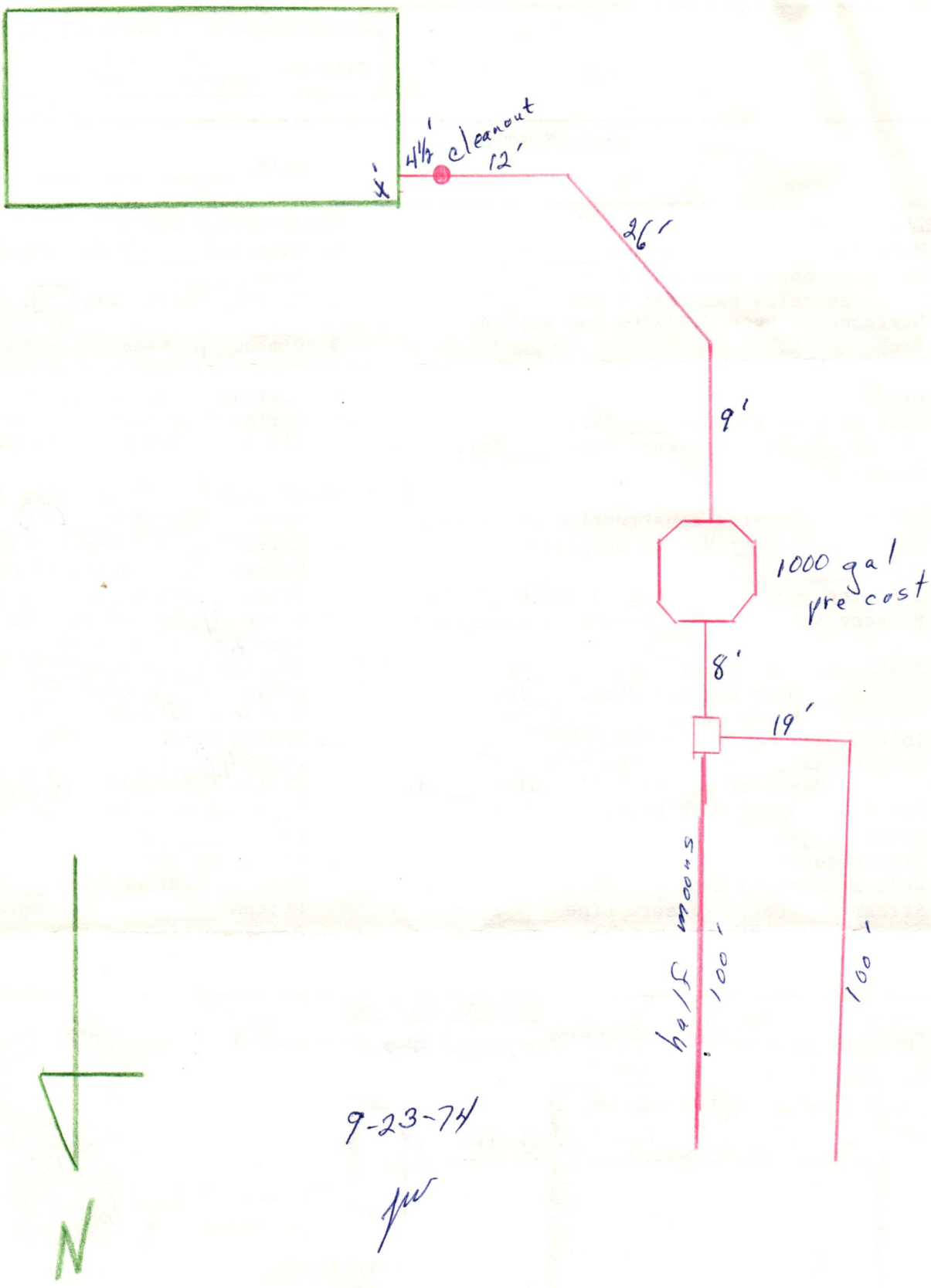
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets _____.
2. Factory Built: Yes ☒, (Company _____)
No ☐
3. Dimension: Length 15 in.; Width 9 in. Depth 11 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: concrete
2. Lateral Lines: Depth below grade __in.
Number 2; Length of each line ___ft
Total length of Laterals 160 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape _____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Mary D. Reed
Signature of Applicant



9-23-74

jw

NOV 17 2011

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000565

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 8 1/4 ____ 1/4 ____ Section 5
   Block ~~15~~ Lot 16 SW Addition 6th Principle Meridian
   Parcel ID 23 - 05 - 300 - 007 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11900 E Havelock Ave

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** Add new lateral to existing 1000 gallon concrete tank

5. **Work to be done by:** ☐ owner ☒ contractor's name Waverly Plumbing & Well Co

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 Michael P. Dietze Address PO Box 116 Waverly Phone: 402-786-5620

Applicant Signature (owner or lessee) Michael P Dietze

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 11/18/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 11/22/11 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: 11/18/11 Amount 190.00 Check No. 28696 Initials SM

Revised 3-09

B

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

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 11900 Havelok Ave. (no rural route) City Lincoln NE, Zip

Owner Dan Fink Addresss 11900 Havelok Ave.

Soil Type (SCS): Silty Clay Percolation Rate: 30 min./inch

Date of Tests 9/9 to 9/10 Weather: Precipitation None Temperature 85+

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	36	9/9	6:00 P	9/10	8:00 A	9/10	11:30 A	33 1/4	9/10	12:00	30	1	30
2	36	9/9	6:00	9/10	8:00	9/10	11:30	31 1/2	9/10	12:00	30	7/8	34
3	36	9/9	6:00	9/10	8:00	9/10	11:30	32	9/10	12:00	30	1 1/8	27
4	36	9/9	6:00	9/10	8:00	9/10	11:30	30 1/8	9/10	12:00	30	1 1/8	27
5	36	9/9	6:00	9/10	8:00	9/10	11:30	31	9/10	12:00	30	1 1/4	25
6	36	9/9	6:00	9/10	8:00	9/10	11:30	31 5/8	9/10	12:00	30	1 1/4	25
												Claude 9/12/11	

Sum of Percolation Rates: 168
Average of Rates: 28
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939
Phone: 402-486-4444
Address 6645 S. 66th St
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

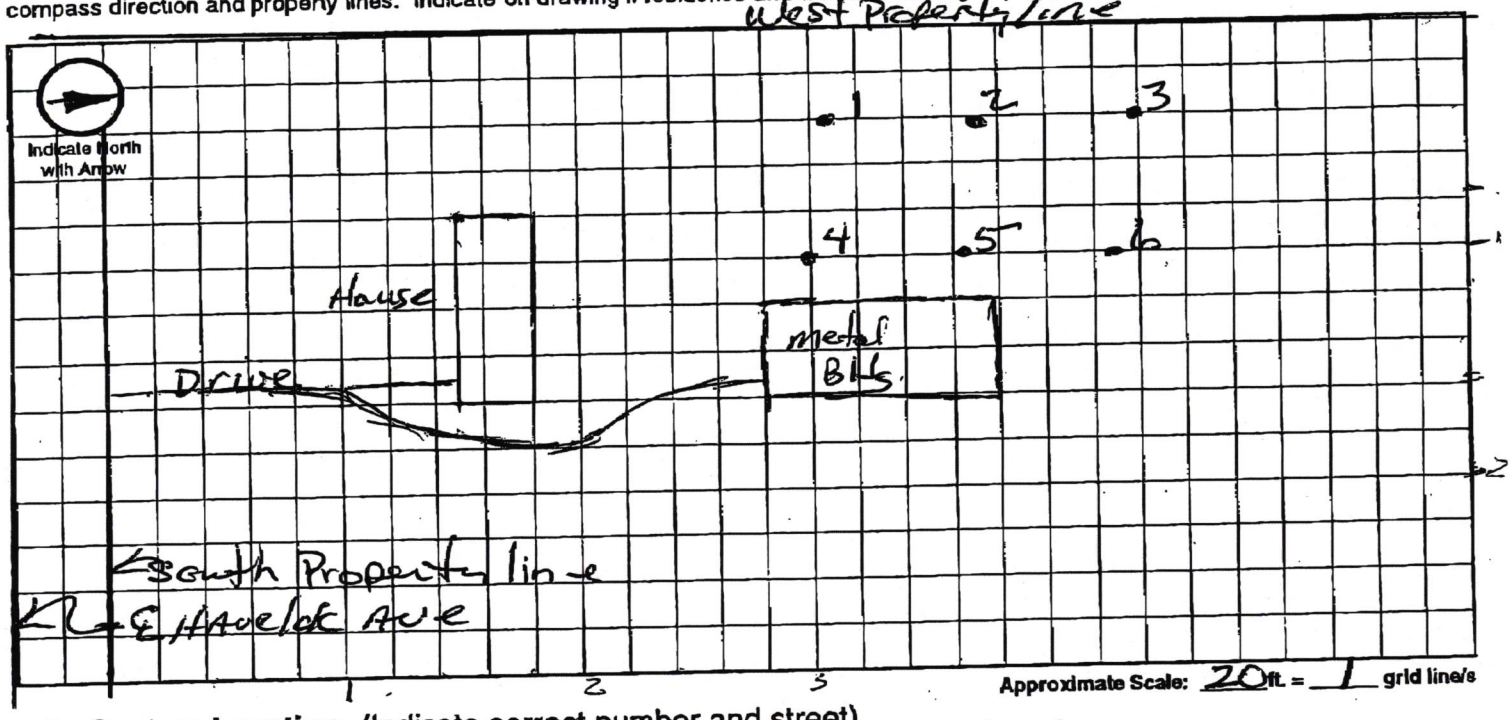
C

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

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



A. System Location (Indicate correct number and street)

Address (no rural route) 11900 Havelock Ave City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

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 11-18-11

System Location (Indicate correct number and street)

Address 11900 E Havelock (no rural route) City Lincoln NE, Zip

A. Building Sewer

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 NA ft.
   pressure line ft.
   property line ft.

B. Septic Tank

1. Material:
   Number of compartments:
2. Capacity: gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter NA in.
   Over outlet, diameter NA in.
   Riser: ☐ above ☐ below grade NA in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
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

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12' ft.

D. Absorption Field

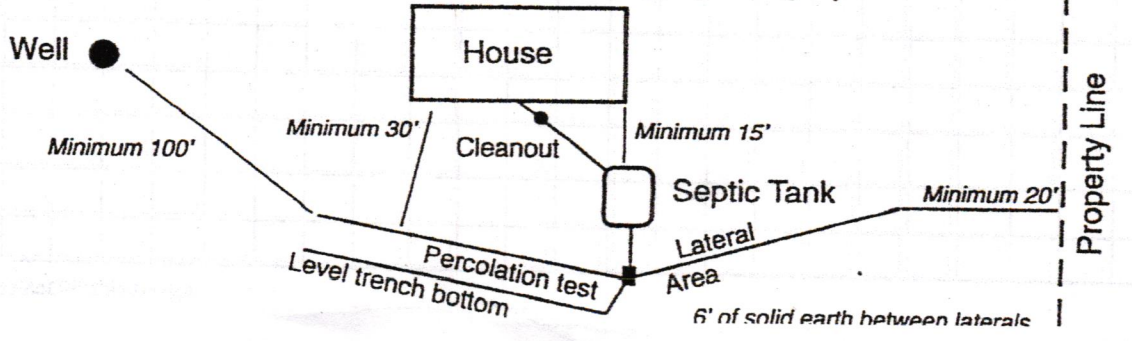
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 150 ft. 35 ft.
   ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 18" in.
5. Distances to: Well or suction line 130 ft.
   Stream NA ft.
   Pressure line 130' ft.
   Property line 30 ft.

Indicate North with Arrow

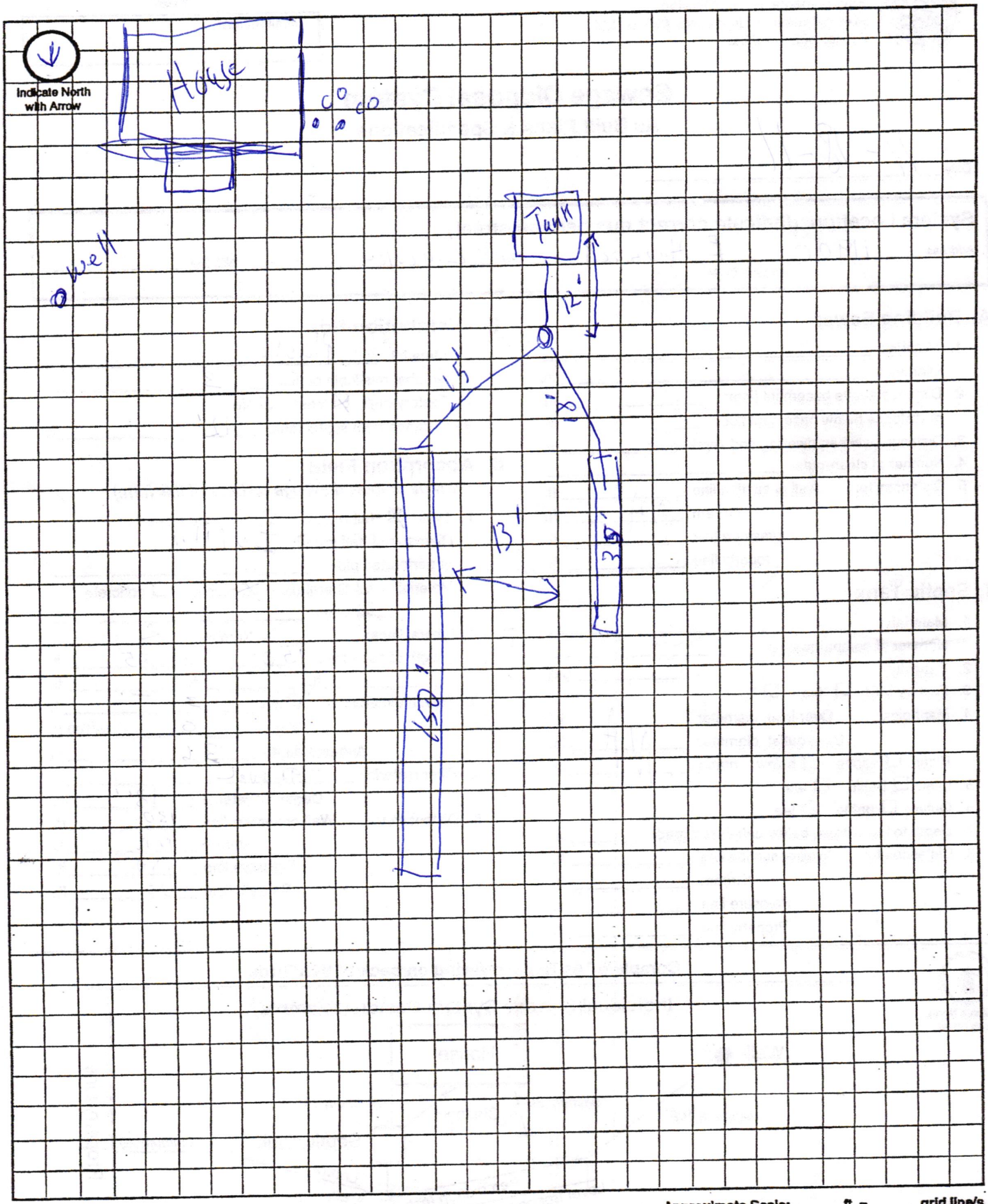
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

010

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

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.

3348

Legal Description of Property: Street Address 11900 HAVELOCK AV.

Twp 10N Range 8 Section 6 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well NORTH OF HOUSE (FLAGGED) Tap Location: Inside ☐ Outside ☒

Location of Sewage System NORTH WEST OF HOUSE (FLAGGED) Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	(DONNA) MAX REED		
Tenant/Buyer:	DANIEL FINK	7521 YANCY DR LINCOLN, NE 68507	HOME 466-0554 WK 466-2000
Return to:	(CALL-will Pick-up)		

Signature of Applicant DANIEL L. FINK Address 7521 YANCY DR. LINCOLN, NEB Date 06 / 10 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/10/97
Initials CW
Amount $150.00
Check No. 5858.

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 6/10/97

(Corrected - JB depression) (Corrected - JB)

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ Yard hydrant too close
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ 0.2 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒ (wash water discharge)

Additional Site Visits

Date 6/23/97 by JB
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. This Septic system predates regulations and inspections and thus is approved provisionally. See Attached Letter ☐

FINAL STATUS

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

Approved by James E Bare Date 6/24/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95