Case #: HC12000698 Date: 04/06/2012 Taken By: HESSJT
Address: 4700 W O ST L
Location:
Requestor: HARTMAN NATE Action #: 0
Req. Phone:402-441-8643 Wants Call:
Req. Type: STAFF
Requestor Address: LLCHD

Section: WTR_SEW Assign To: HARTMAN ,

Allegations: Sewage Discharge , , , , , , , , , , , ,
Comments: Sewage effluent being discharged to the ground surface.

DATE	ACTION TAKEN AND RESULTS
4/9/12	Went to location earlier in the previous week - much sewage being discharged
4/6/12	- Letter sent
	- Received a permit application for new laterals. Req. tests & fee submitted
	Wellmon Plumbing is working on it.

H_C_400 Rev 09/14/2007

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

A

Permit Number: H2000606

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 4700 W O (no rural route) City Lincoln, Ne. NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 19 Section 10, Township 6 Range _____ Subdivision _____ Addition _____ Block 48 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Crete Carrier Corp. Signature _____

Address P.O. Box 81228 City/State/Zip Lincoln Ne. 68501

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address 3130 S 6th. City/State/Zip Lincoln, Ne. 68502

☒ Check if contractor designed system Work Phone 402 434-2400

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 3 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 _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 4-17-12

Amt Paid 190.00

Rec'd By B. Hull Cash/Check No. _____

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

4-19-2012 15:33:28

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 4700 W O (no rural route) City Lincoln NE, Zip

Owner Crete Carrier Corp. Address P.O. Box 81228 Lincoln, Ne 68501

Soil Type (SCS): Aksarben Silty Clay Loam 2+% Percolation Rate: 30.4 min./inch

Date of Tests 4-11-12 to 4-12-12 Weather: Precipitation Temperature 55°

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"	4-10				4-11					30	1.25	24
2	(										(	.75	40
3												1.25	24
4												1	30
5	)										)	.875	34.3

Person Conducting Percolation Tests

Name: Kelly Wolinski
Phone: 402-434-2400
Address 3130 S 6th
Lincoln, Ne. 68502

Sum of Percolation Rates: 152
Average of Rates: 30.4
Rate Used for Calculation: 31-40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

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. HS000606

System Type: STANDARD

Situs: 4700 W O ST

Legal Description: T10N-R06E-S19-Lot 48

Owner: CRETE CARRIER CORP
PO BOX 81228
LINCOLN NE
68501

Permit Fee: $190.00

Total Fees: $190.00

Issued: 04/17/2012
Expires 04/17/2013

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

WELLMAN PLUMBING
3130 S 6TH ST #100
LINCOLN NE 68502

SCANNED

A

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

Permit Number: H5000606

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)

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PLEASE PRINT OR TYPE

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Address 4700 W O (no rural route) City Lincoln, Ne. NE, Zip

Legal Description 1/4 19 1/4 10 Section 6 Township Range Subdivision Addition Block 48 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Crete Carrier Corp. Signature

Address P.O. Box 81228 City/State/Zip Lincoln Ne. 68501

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address 3130 S 6th. City/State/Zip Lincoln, Ne. 68502

☒ Check if contractor designed system Work Phone 402 434-2400

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 3 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 4/20/12	ACTION	☑ Approved ☐ Disapproved
	Date frwd 4/20/12	Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd	ACTION	☐ Approved ☐ Disapproved
	Date frwd	Signature	
3. City or County Engineer	Date rec'd	ACTION	☐ Approved ☐ Disapproved
	Date frwd	Signature	

Installation Final Written Approval

By

Date 4/23/12

Business Office Use Only

Date Rec'd 4-17-12
Amt Paid 190.00
Rec'd By B. Hall Cash/Check No.

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

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 4-19-12

System Location (Indicate correct number and street)
Address 4700 W O (no rural route) City Lincoln NE; Zip 68501

A. Building Sewer
1. Material: Existing
   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
1. Material: Existing.
   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. 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.

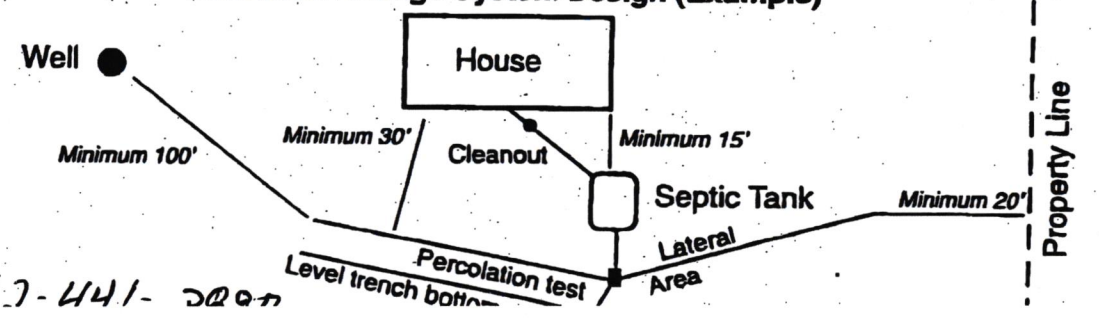
C. Distribution Box
1. Material: Existing
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

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 3 new
   Length of each line: 72 ft. 76 ft.
   72 ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)

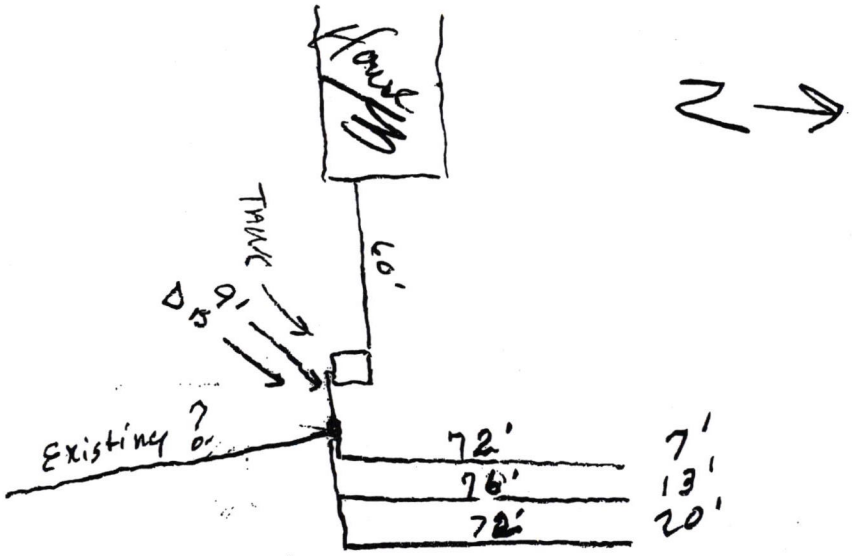


FORM 23-103 10-96

4-17-441-2007

Wellmann

PLUMBING, INC. **HEATING & AIR, INC.**



3130 South 6th Street - #100 • Lincoln, NE 68502 • Phone (402) 434-2400

ister County GIS Map

