Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number #5001974

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1501 SW 47th Street City LINCOLN, NE Zip 68522
(no rural route)

Legal Description 31 10 6 HIGH RIDGE ACRES 3 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 10-31-200-002-000 *Approx. Address (If to be determined)

B. Owner

Name Lowell G DAME Signature

Address [redacted] City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Suzette Buls Signature Suzette Buls

Address PO Box 308 City/State/Zip Waverly NE 68462

Work Phone 402 525 3144

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.04
Garbage Grinder? ☐ 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

1. Health Department
Site visits Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

3. City or County Engineer
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

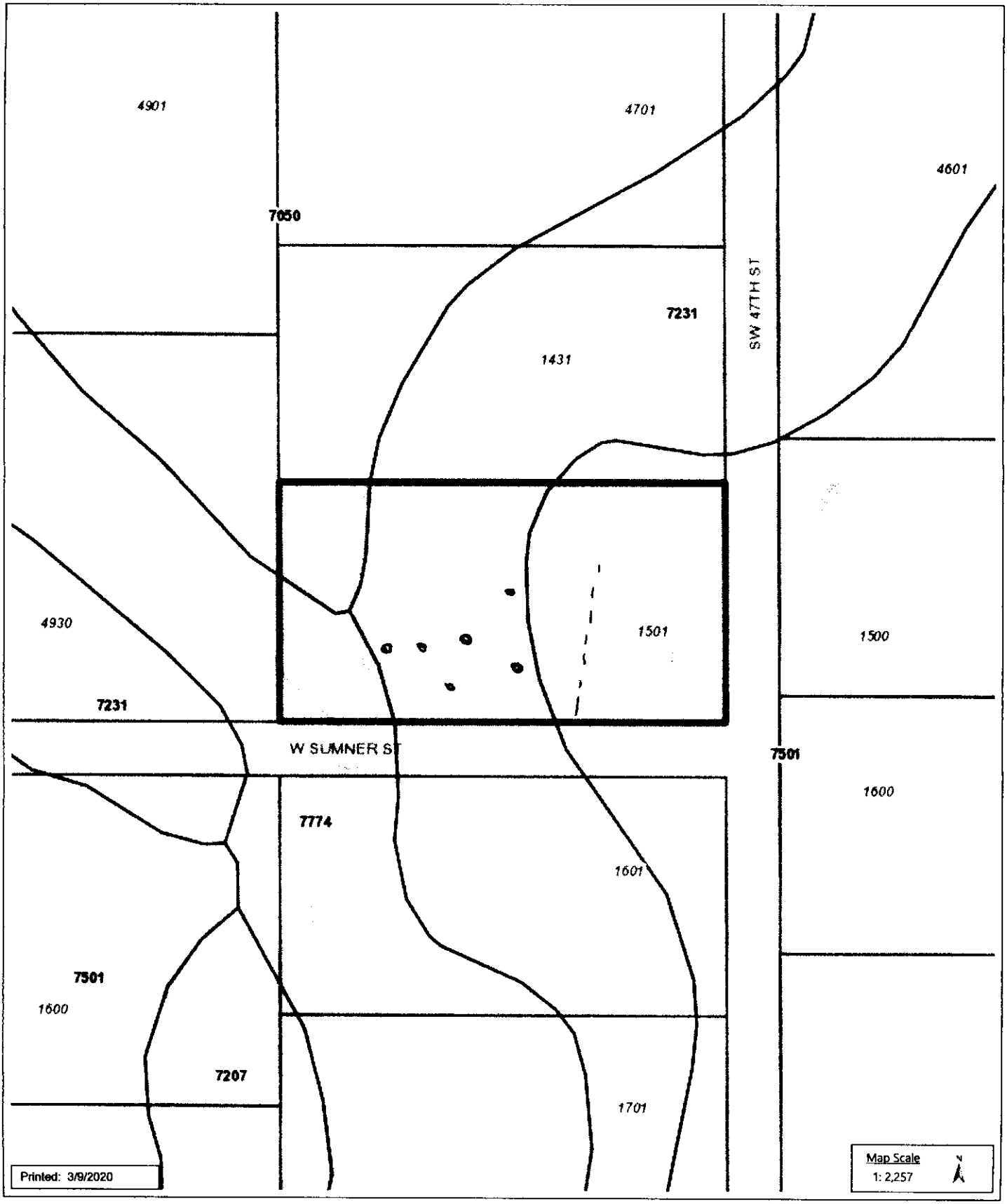
Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 3-24-2020 Amount Paid #430 aw
Received By JAD Cash/Check No. 1227

White - Health Department Yellow - Engineer Pink - Building & Safety

GIS Viewer

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name LOWELL G DAME Phone _____

Address 1501 SW 47th Street (City) LINCOLN (State) NE (Zip) 68522

Location (Attach a sketch of the property showing test hole locations)

__ __ (¼ ¼) 31 (Section) 10 (Township) 6 (Range) LANCASTER (County)

Lot # 2 Subdivision HIGH RIDGE ACRES BLK 3

Soil Type (Check one)

Sand ___ Silt X Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 02/27 to End Date 02/28, 2020

Weather Conditions

Precipitation ~~0~~ Avg. Temp ___ °F

Percolation Test Measurements and Data

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 (last period): Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ l) (Minutes per inch)
1	36	02/27	1700	02/28	1500	02/28	1700	6	1730	3/4	30	3/4	40
2	36	02/27	1700	02/28	1500	02/28	1700	6	1730	3/4	30	3/4	40
3	36	02/27	1700	02/28	1500	02/28	1700	6	1730	3/4	30	3/4	40
4	36	02/27	1700	02/28	1500	02/28	1700	6	1730	1/2	30	1/2	60
5	36	02/27	1700	02/28	1500	02/28	1700	6	1730	3/4	30	3/4	40
6	36	02/27	1700	02/28	1500	02/28	1700	6	1730	1/2	30	1/2	60

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Suzette Buls

Certificate or License # C 2394

Address Po Box 308

City Waverly St. NE Zip 68462

Phone 402 525 3144

Sum of Percolation Rates = 280

Avg. of Percolation Rates* = 47
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001974

System Type: Standard

Situs: No Site Address Specified

Issued: 3/24/2020

Expires: 3/24/2021

Description: HIGH RIDGE ACRES, BLOCK 3, Lot 2

Owner: DAME, LOWELL G
1001 SOUTH ST
LINCOLN, NE 68502

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

SUZETTE BULS
PO BOX 308
WAVERLY, NE 68462

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number HS001974

Onsite Wastewater Treatment System Permit Application

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Home Phone Work Phone

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Name: Suzette Buls Signature Suzette Buls

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Work Phone 402 525 3144

D. Engineer

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Garbage Grinder? ☐ 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

1. Health Department
Site visits
Comments
Date rec'd 3/23/20
Date frwd 3/24/20
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 3/26/20

Business Office Use Only
Date Received 3-24-2020 Amount Paid $430 cw
Received By JAD Cash/Check No. 1227

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H500 19774

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/26/20 Legal Description High Ridge Acres Blk 3, Lot 12

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 150 S 47th St City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 990 Sq Ft. (60 per ld) Tank Size 1000 gals

Total length of laterals 110 X2 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 52 Flow

No. of Absorption Laterals 2 Width 3 No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☒	50 ☒	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☒	50 ☐	4 ☐	25 ☒	5 ☐

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial NH Date 3/25/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation ~~Must Have Written Approval~~
By _____

Date 3/26/20

Field Note Drawing (See Reverse Side):

N
Front
Road
Meter
Power Box
Wire
Wire

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 44

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

August 28, 1972 — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — LICENSEE OR PERMITTEE

RFD #6 — ADDRESS

TION; R6E; Section 31; Block 3; Lot 2; High Ridge Acres Add. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

LEGAL DESCRIPTION

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

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-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. 244

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. 10N; Range 6E; Section Sec31;
Block 3; Lot 2; Addition HIGH RIDGE ACRES
Street Address _____.

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

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

4. Distance to public sewer: _____ft.

By Roy Baily
Robert Gilliam
Signature of Applicant (owner or lessee)

RFD 6
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/28/72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 2/28/72. Signature: Jerrold C. Reed R.S.

2. Supt. Bldg. Insp.: Date Rec'd. 2-28-72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 2-28-72. Signature: Chas Seal By BK

3. City Engineer: Date Rec'd. 2-28-72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. " . Signature: J. Blessing

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT 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. 244

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 3; Lot 2; Addition ~~HIGH~~ RIDGE ACRES;
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 2 Describe: _____

Other Use _____ [ ]
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

By Robert Bailey
Robert Gilliam
Signature of Applicant (owner or lessee)

R.F.D. 6
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 6/2/72 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 2/28/72
by: Jerrold C. Hood R.S.

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/2/72 by: Jerrold C. Hood

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. 244

SPECIFICATIONS

DATE: _____

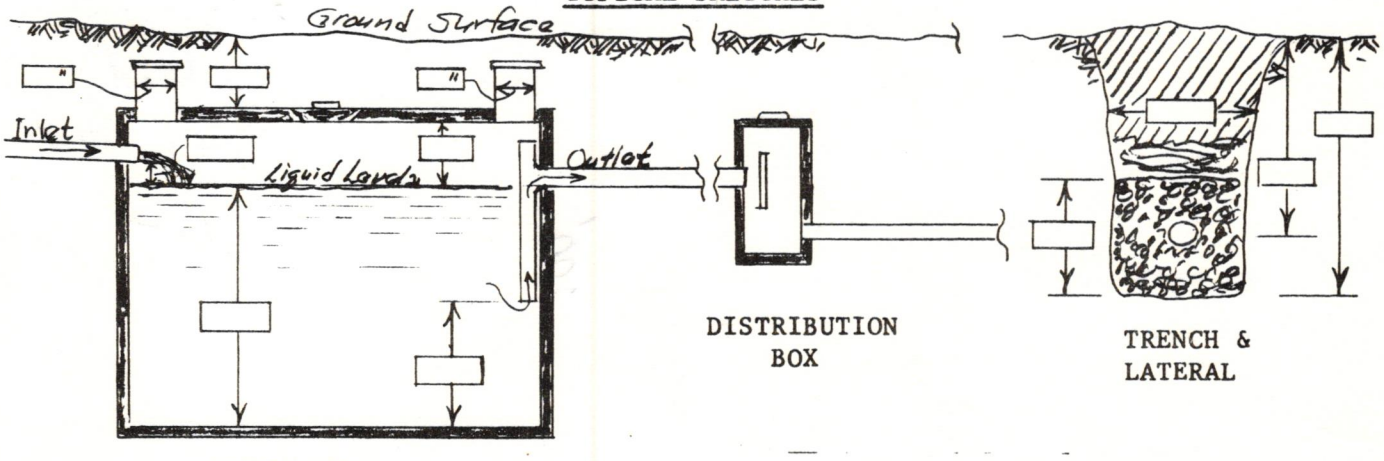
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 136 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 50+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☒ (Company CORRIGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. ___ 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 55 in.
8. Distances To:
Well or Suction Line 180 ft.;
Stream 150 ft.; Pressure Line — ft.;
Property Line — ft.

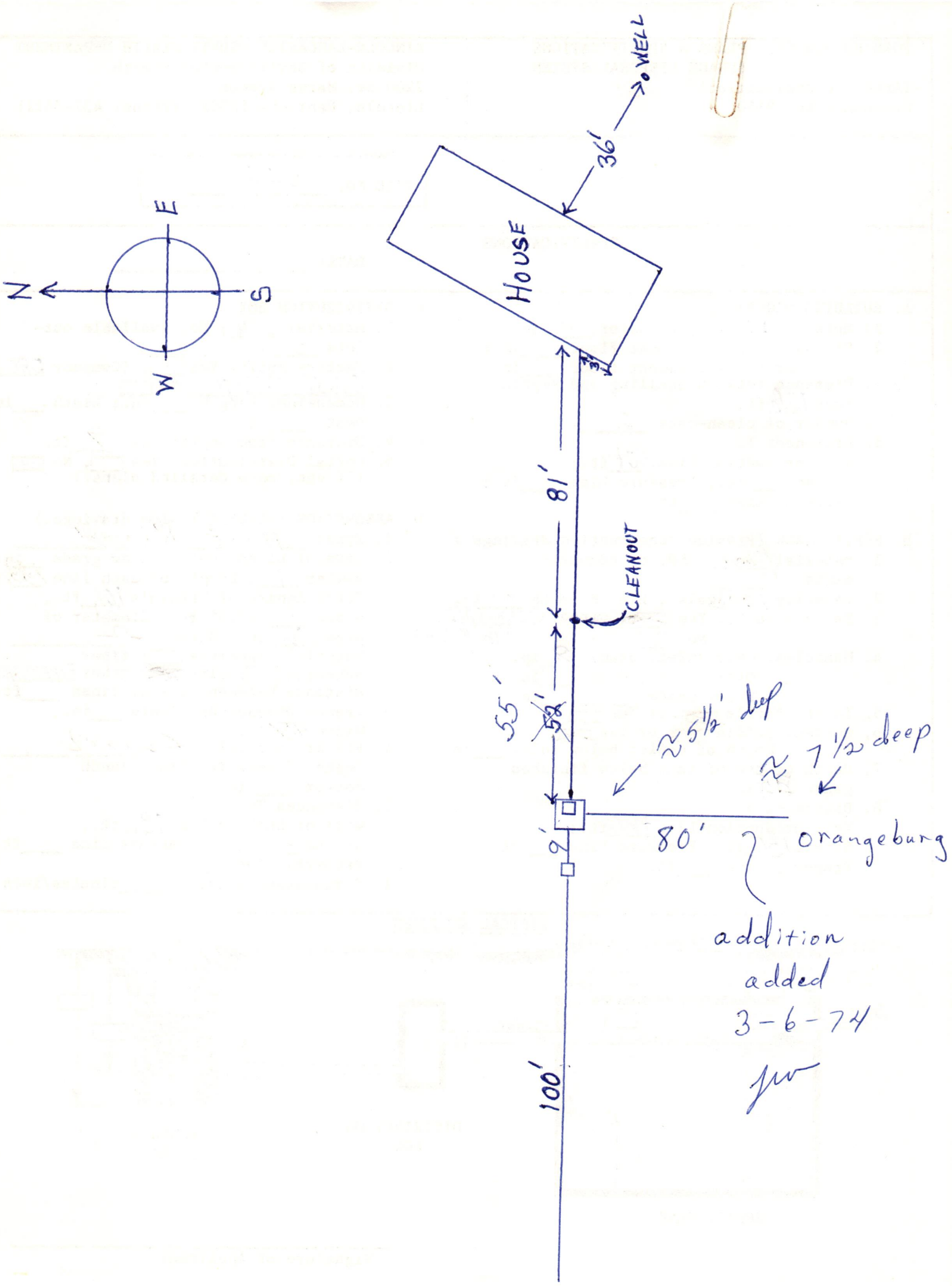
C. DISTRICTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST STEP No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___ in.
Number 1; Length of each line 100 ft
Total length of Laterals 100 ft.;
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape —
Material: concrete ☐; fiber asbestos ☐; clay ☒; other FIBERGLASS
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 180 ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant


E
N
S
W
WELL
36'
HOUSE
81'
CLEANOUT
55'
58'
≈5½' deep
≈7½' deep
2'
80'
orangeburg
addition
added
3-6-74
100'