#02-3900738

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 7N Range 5E Section 36 1/4 Section NE/4 of SE/4
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 28705 So West 58th Hallam, Ne 68368

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Install 1,000 gallon Septic Tank

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Ken Fraley Address 28705 SW 58 Phone 499-0688
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 11/8/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

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

Installation final written approval
Date 11/22/02 By Doug Arndt

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 11/08/02 Amount 100 Check No. 4884 Initials es

White - Division Copy Pink - Business Office Revised 9/00

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 11-8-02 Tank install 11-8-02 Southwick Sewer + Drain

System Location (Indicate correct number and street)

Address 28701 SW 58 (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: even in.
3. Distance between dwelling and septic tank: 84 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 6 x 9 in.
   Over outlet, diameter 6 x 9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 25 ft.
   Property line > 15 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50 ft.

D. Absorption Field

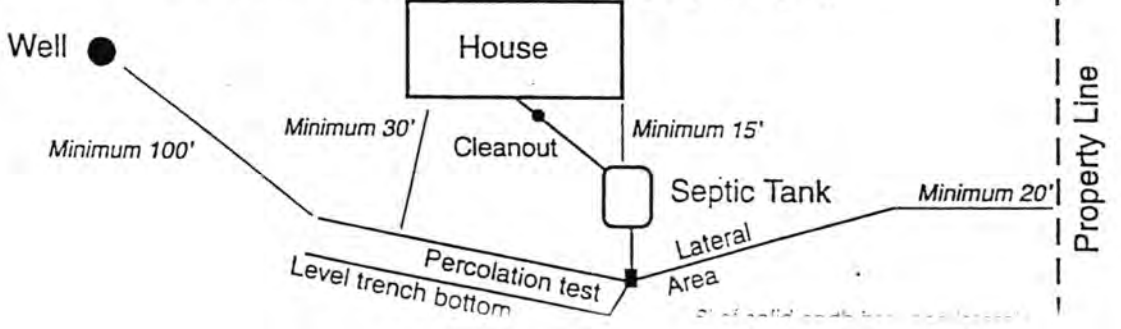
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   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 28 in
4. Filter material: _____
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

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

DATE: 10-10-79

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N ; Range 5E ; Section 36 ;
Block _____; Lot 3 ; Addition _____
Street Address BARR HALLAM, NEAR

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☒
Describe ACERAGE

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

4. Description of proposed alteration, extension or repair:
MAY NEED ADDITIONAL LATERALS - 144 ft of Laterals installed

5. Work to be done by: Owner ☐ ; or Contractor ☐ , K & Kreshel
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 3400.00

UNDER $400.00 NO PERMIT
OVER IT WE NEED PERMIT

Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ No Fee

2. Site Visits:
Date: 10-10-79 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-10-79 by: _____

OVER

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1											6 to 4	4 to 2	
2											6 to 4	4 to 2	
3											6 to 5	6 to 3	
4											6 to 3	3 to 2	
5											6 to 4	4 to 3	
6											6 to 5	5 to 3	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

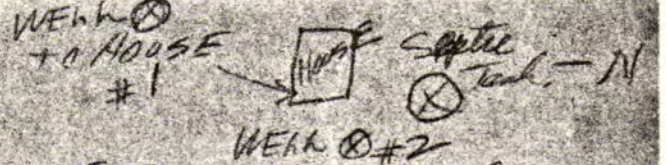
This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: 9-27-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:



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

Legal description of property: Twp. 7N ; Range 5E ; Section 36 ;
Block ; Lot 3 ; Addition E. T. IN SE1/4 OF SEC 36, T7.
Street Address R5E OF 6th P.M. LANCASTER COUNTY, NEBR.
Directions on how to get to property 1/2 MILE WEST OF HALLAM, NEBR. & 1/2 MILE SOUTH -
Location of well SOUTHWEST HOUSE - WELL #2
Where is tap: Inside ☐ Outside ☐ WELL #1

	NAME	ADDRESS	PHONE
Present Owner:	RICHARD OLIVER	RR #2	787-2102 423-4389
Tenant:	NO		
Lending Agency:	WESTERN SEC.	620 NO 48th SUITE 204	467-4605

(Do not write below double lines)

Health Department: Date Received 9-27-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 10/3/79 by D.C.H.
Date 10-10-79 by RM
Date ____ by ____

Jan S. Hauck
Signature of Applicant
Woods Bros Realty
1600 SOUTH 70th
Address
LINCOLN, NEBR 68506
483-4741

PRELIMINARY STATUS -- DATE 10/3/79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval Septic system open ends under roadway to the east. Well #2 not acceptable to Complete. Correct prior to well #1

☐ See Attached Letter.

CORRECTIONS Made

FINAL APPROVAL -- DATE 10-10-79

Water System ☐ . Sewage Disposal System ☒ . BY Ron Mayfield

Form Number 20215-0878

RECEIVED SEP 2 4 1991

SAN 1803

APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY AND SEWAGE TREATMENT SYSTEM

BUYERS NAME To be determined HOME PHONE (___)_____

WORK PHONE (___)_____

ADDRESS 28701 SW 58 CITY Hallam ZIP _____ COUNTY Lancaster

LENDING AGENCY _____ MAILING ADDRESS _____

TYPE OF LOAN: ○ Conventional ○ FHA ⊗ VA ○ Other

LEGAL DESCRIPTION OF PROPERTY Lot 3, FT Sec 36, T7N, R5E Lancaster Co Ne.

DIRECTIONS TO PROPERTY 1/2 west of Hallam To SW 58. Then South 6/10 Mile on west side of road - Vacant-

RESULTS OF EVALUATION SHOULD BE SENT TO Veterans Administration C/o Century Realty 4444 O St Lincoln Ne 68510 ATT: Harry

If appointment for inspection is to be made with someone other than buyer, please specify name and telephone number Harry Matthews 475-4444

150.00
~~$80~~ INSPECTION FEE MUST BE INCLUDED WHEN SUBMITTING THIS FORM

FOR HEALTH DEPARTMENT USE ONLY

Receipt # _____ Assigned to _____ Date _____

Water Sample Results

Before Well Bacteria _____ After Well Bacteria _____

Improvement Nitrate _____ Improvement Nitrate _____

DIRECTIONS: Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA as all blanks must be filled. If you have any questions concerning completion of this form, please call (402) 471-2541 for assistance.

INFORMATION DESCRIBES: ○ Existing Well ○ Proposed Well

WATER SUPPLY - PART A

1. In the event of poor water quality, is rural or municipal water available?
○ Yes ○ No _____ Distance from home

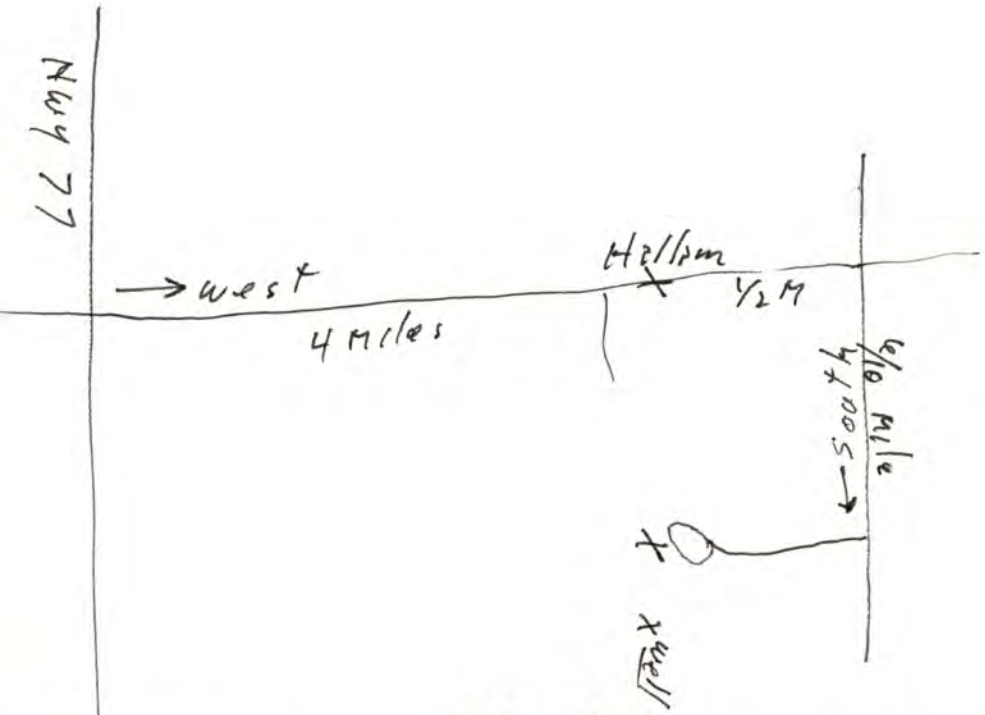
RECEIVED SEP 2 4 1991

CENTURY REALTY INC.

From the desk of...

HARRY E. ROTTHAUS
GRI, CRS, ASSOCIATE BROKER

Please Do not go out until notified as the power is not on yet.
Enclosed is an old inspection



4444 "O" STREET
LINCOLN, NE 68510

REALTOR®

EQUAL HOUSING OPPORTUNITY

BUS: (402) 475-4444
RES: (402) 483-4308

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Establishment

KEN FRALEY
T7N R5E SEC 36 QTR SE
NE 1/4 OF SE 1/4
28705 SW 58 ST-HALLAM

Permittee

KEN FRALEY
28705 SW 58 ST
HALLAM NE 68368

Permit # 02390073801

Issued 11/08/02
Expires 05/08/03
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003074

WATER CHEMISTRY

STATE LAB NO. 15 6137

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 30 (DAY) 91 (YEAR) 10:30AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION HARRY ROTHAUS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 36 TWNSHP 7 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED NOV -1 '91 P 4:07

RECEIVED OCT 3 '91

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

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 11-8-02 Tank install 11-8-02 Southwick Sewer & Drain

System Location (Indicate correct number and street)

Address 28701 SW 58 (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: even in.
3. Distance between dwelling and septic tank: 84 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line >50 ft.
   Stream NA ft.
   Pressure line >25 ft.
   Property line >15 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50 ft.

D. Absorption Field

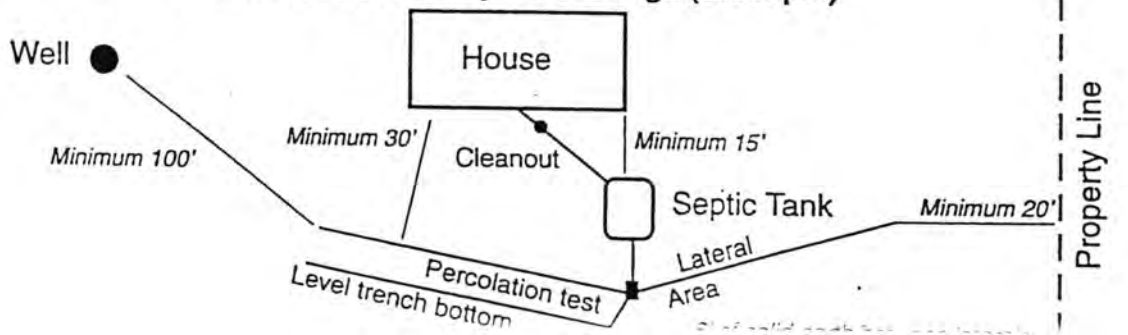
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   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 28 in
4. Filter material: _____
   Depth of material 16 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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

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

DATE: 10-10-79

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N ; Range 5E ; Section 36 ;
Block _____ ; Lot 3 ; Addition _____
Street Address RR#2 HALLAM, NEBR.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☒
Describe ACERAGE

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

4. Description of proposed alteration, extension or repair:
MAY NEED ADDITIONAL LATERALS - 144 ft of Laterals installed

5. Work to be done by: Owner ☐ ; or Contractor ☐ , K & Kreehel
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2400.00

UNDER $400.00 NO PERMIT
OVER IT WE NEED PERMIT

Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ No Fee

2. Site Visits:
Date: 10-10-79 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐ ; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-10-79 by: _____

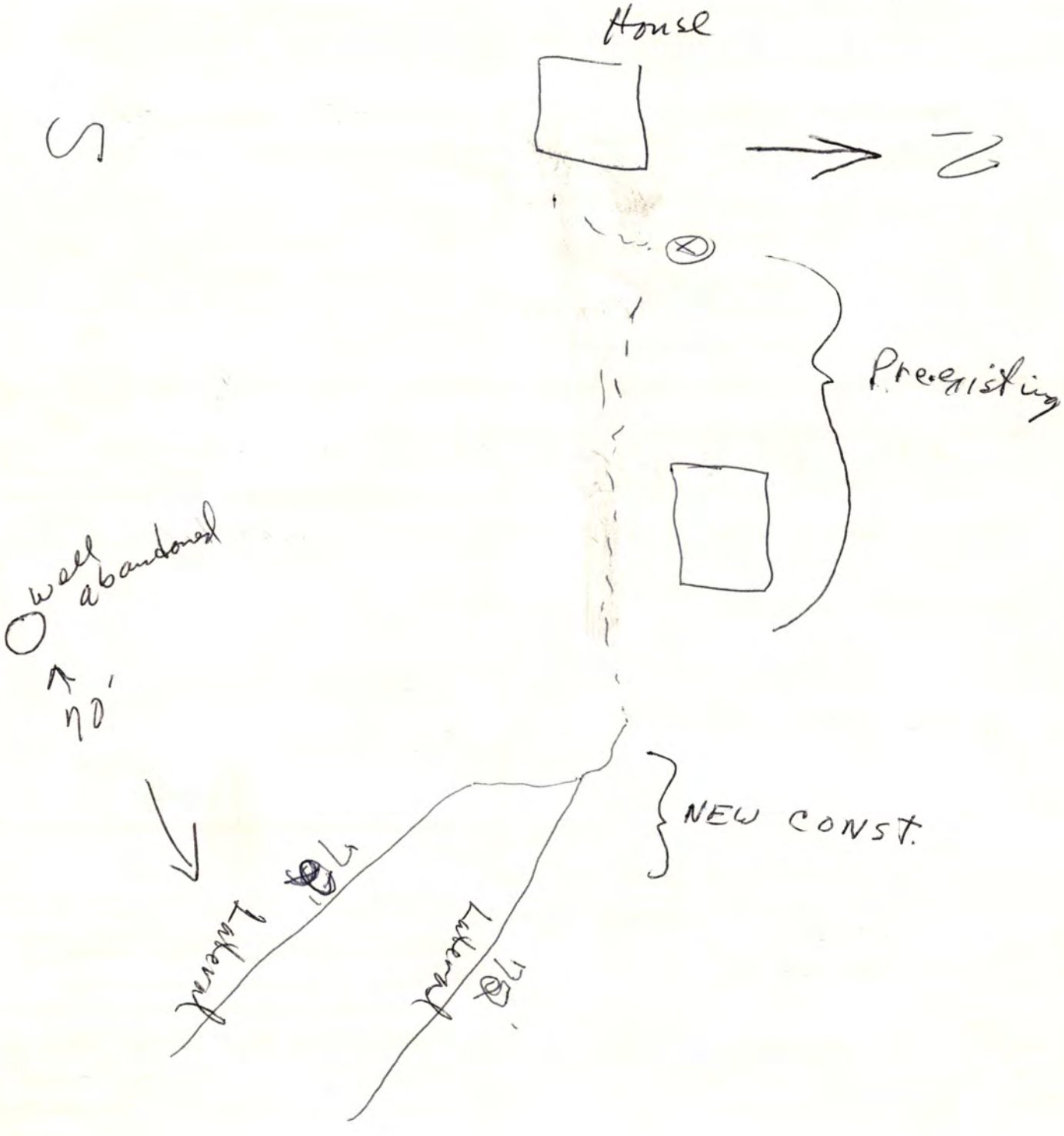
OVER

Bad spot

JUDSON SITE

East Barn & W. Shop

Thomas Polin



As Built Drawing

