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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

$50

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

DATE: 12-10-96

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 R6E; Section 24 SW¼;
Block _____; Lot _____; Addition _____
Street Address South 12th & Pella Rd

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

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

4. Description of proposed alteration, extension or repair: New 4" PVC to Lagoon & LAGOON

5. Work to be done by: Owner ☐; or Contractor ☑, Weber Well Service
Contractor's Name

6. Estimated cost of project:

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

Steve Close
Signature of Applicant (owner or lessee)

1107 Shorthore Drive Norfolk Neb 68701
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 12/18/96 LS
Filing Fee: $ 50.00 #1088

2. Site Visits:
Date: 12/17/96 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/6/97 by: J. C. Hood

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

A

Permit Number:

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 South 12th and Pella Rd (no rural route) City Martell NE, Zip 68404

Legal Description Southwest 24 T7N R6E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Steven L. Clare Signature Steven L Clare

Address 1107 Shorthorn Drive City/State/Zip Norfolk Ne 68701

☐ Check if owner designed system Home Phone 402-371-8474 Work Phone 402-371-3322

C. Contractor

Name Weber Well Service Company Name Paul Weber

Address Cortland, City/State/Zip Cortland, Nebraska 68131

☐ Check if contractor designed system Work Phone _____

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

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3098

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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 South 12th & Pella Rd (no rural route) City Martell NE, Zip 68404

Owner Steve Clare Addresss 1107 Shorthorn Drive Norfolk Ne 68701

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 12-6-96 to 12-7-97 Weather: Precipitation 0 Temperature 30

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	30	12-6	4:00	12-7	9:00	12-7	10:00	19 7/8	12-7	10:30	30	1/8"	
2	30	12-6	4:01	12-7	9:00	"	10:01	19 15/16	"	10:31	30	1/16"	
3	30	12-6	4:02	12-7	9:00	"	10:02	19 1/2	"	10:32	30	1/4"	
4	30	12-6	4:03	12-7	9:00	"	10:03	19 1/4	"	10:33	30	1/8"	
5	30	12-6	4:04	12-7	9:00	"	10:04	18 7/8	"	10:34	30	1/4"	
6	30	12-6	4:05	12-7	9:00	"	10:04	19 ok	"	10:35	30	3/16"	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Doug Oltman

Phone: 402-794-4773

Address RT 1 Box 35 Hallam Ne 68368

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

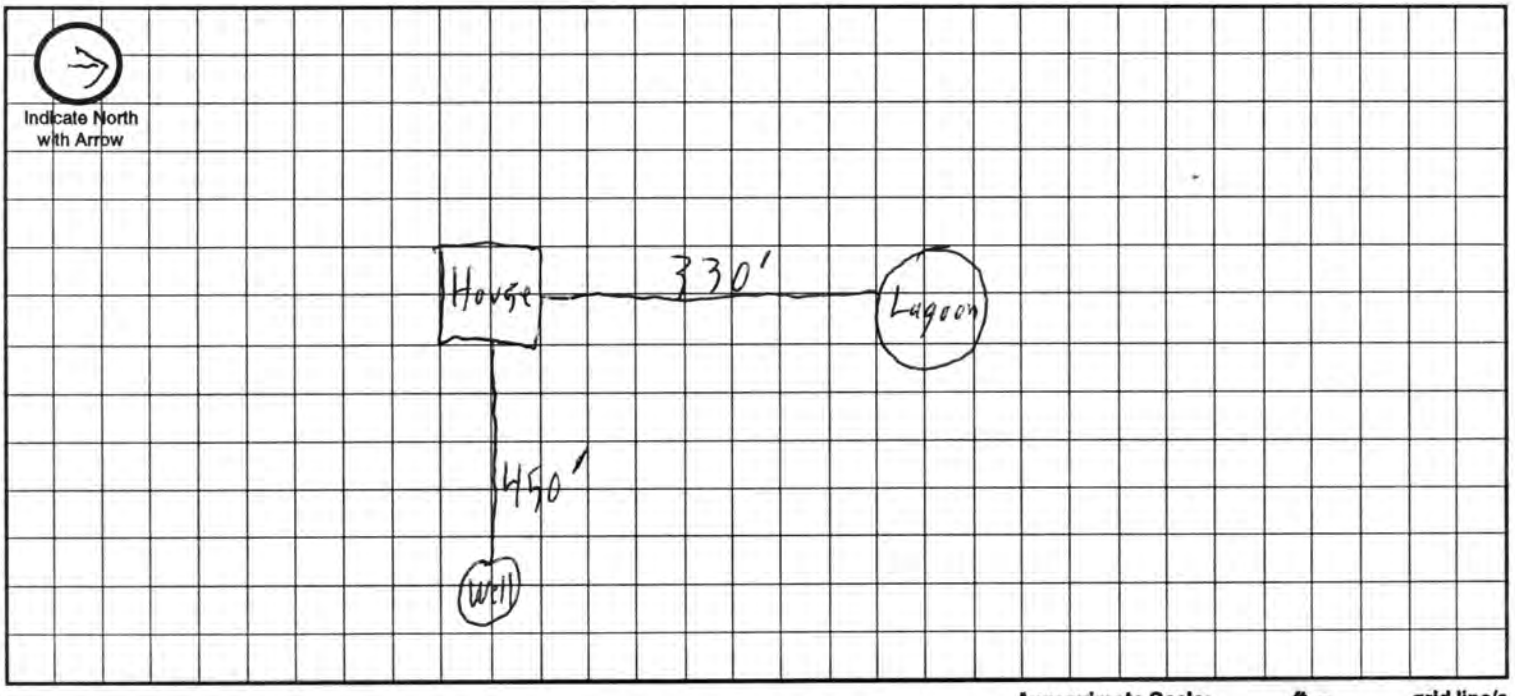
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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.



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

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other lagoon

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 Paul Weber - Weber Well Date 12-13-96

RR1 Box 48 Cortland Ne 68331

330'

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

DEC 27 1996

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-10-96

System Location (Indicate correct number and street)

Address South 12th & Pella Rd (no rural route) City Martell NE, Zip Ne 68404

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 300' ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 450' ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 54 ft.

B. Septic Tank

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. 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 0 ft.

C. Distribution Box

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

D. Absorption Field

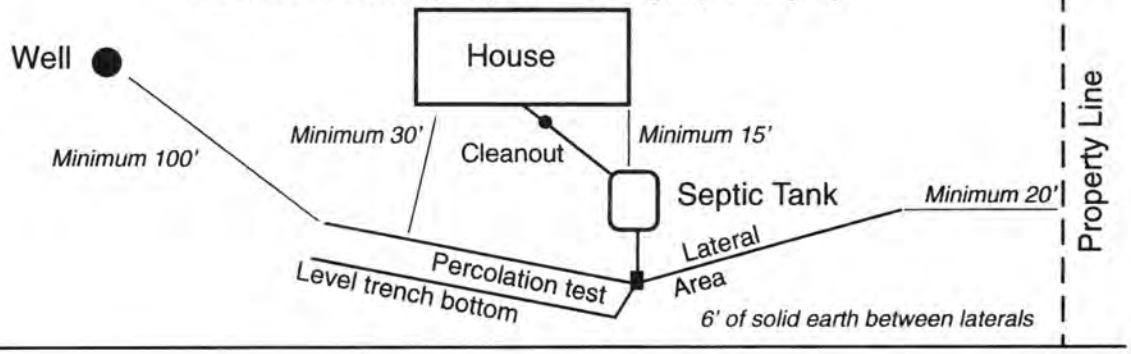
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ 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



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514

ENVIRONMENTAL HEALTH DIVISION

PERMIT

Permit

NON TRANSFERABLE

SEWAGE SYSTEM REPAIR

Establishment

STEVE CLARE
T7N R6E SEC 24

Permittee

STEVE CLARE
1107 SHORTHORE DR
NORFOLK NE 68701

2927

(AD2)

Rev

Issued

No.

441-800

9439005

12/19/96
06/19/97
19754

TOTAL

Issued By M. Jane Foro
Health Director

THIS LICENSE OR PERMIT IS ISSU
TO REVOCATION AS PROVI
"POST IN A PROMIN

'96 DEC 18 PM 12 55 REPORTED

'96 DEC 17 RECEIVED

WATER MICROBIOLOGY

STATE LAB NO 142693

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO) 17 (DAY) 96 (YEAR) 9:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CLARE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 24 TWNSHP 7 N RANGE 6 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

TEST METHOD: ☑ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☑ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

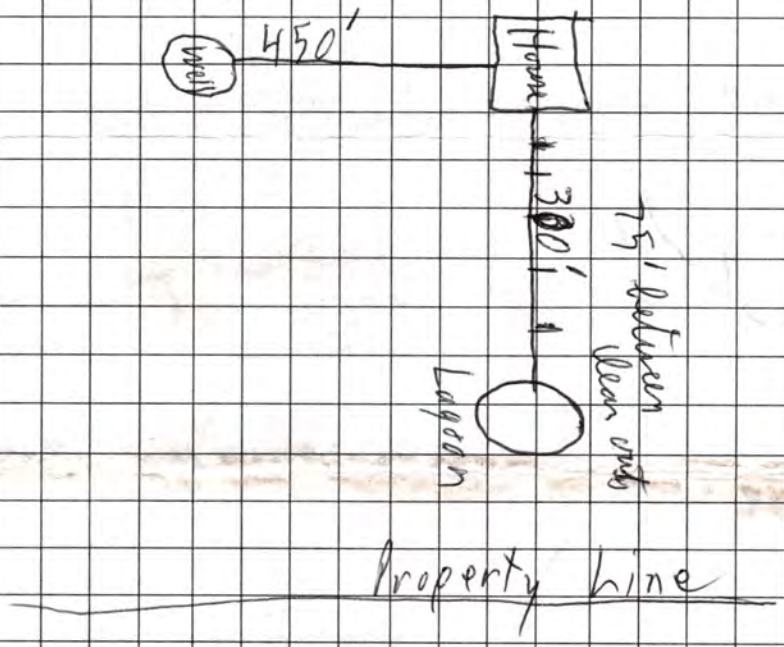
TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWB 91

As Built Drawing

Indicate North with Arrow



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 96390053601

Issued 12/19/96
Expires 06/19/97
Revenue Code 18754

Establishment
STEVE CLARE
T7N R6E SEC 24

FEES: $50.00

TOTAL $50.00

Permittee
STEVE CLARE
1107 SHORTHORE DR
NORFOLK NE 68701

Issued By M. Jane Ford
Health Director

2927

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"