LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380163501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/22/97
Expires 02/22/98
Revenue Code 18754

Establishment

DOYLE WRIGHT
T8N R6E SEC 4
LOT 25
1401 W SALTILLO ROAD

FEES: $150.00

TOTAL $150.00

Permittee

DOYLE WRIGHT
BOX21891
BOX 21891
LINCOLN NE 68542

Issued By M. Jane Ford
Health Director

5171

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

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 1401 W. Saltillo Rd. (no rural route) City Roca NE, Zip 68430

Legal Description NE 1/4 (1/4) 4 (Section) 8 (Township) 6 (Range) ____ (Subdivision) ____ (Addition) 25 (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 Doyle Wright - Kris Douglass Signature Doyle Wright

Address Box 21891 City/State/Zip Lincoln, NE 68542

☐ Check if owner designed system Home Phone 421-7758 Work Phone 430-7710

C. Contractor

Name SAME Company Name The Wright Finish Carpenters

Address SAME City/State/Zip ____

☐ Check if contractor designed system Work Phone 430-7710

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 2 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 8/22/97 Date frwd 8/22/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/22/97 Date frwd 8/22/97 ACTION ☒ Approved ☐ Disapproved Signature ZONE C
3. **City or County Engineer** Must Not Be In Flood Plain Date rec'd 8/22/97 Date frwd 8/22/97 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jerrold C. Hood

Date SEPTEMBER 12, 1997

Business Office Use Only
Date Rec'd 8/22/97
Amt Paid $150.00
Rec'd By CW. Cash/Check No. 513

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

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 1401 W SALTILLO City ROCA NE, Zip 68430
(no rural route)

Owner Doyle WRIGHT Addresss BOX 21891 LINCOLN. 68542

Soil Type (SCS): SILTY CLAY LOME (WYMORE) Percolation Rate: 43 min./inch

Date of Tests 1AUG to 2AUG Weather: Precipitation 0 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	30	8/1	6:00	8/2	6:00	8/2	6:30	6	8/2	7:00	30	5/8	48
2	"	"	"	"	"	"	"	"	"	"	"	3/4	40
3	"	"	"	"	"	"	"	"	"	"	"	3/4	40
4	"	"	"	"	"	"	"	"	"	"	"	5/8	48
5	"	"	"	"	"	"	"	"	"	"	"	5/8	48
6	"	"	"	"	"	"	"	"	"	"	"	7/8	34

Sum of Percolation Rates: 258
Average of Rates: 43
Rate Used for Calculation: 43

Person Conducting Percolation Tests

Name: MELVIN WAGNER
Phone: 797-2365 -432-5698
Address 4810 WEST CLAIRE
LINCOLN 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official [signature] Date 8-22-97

FORM 23-101 10-96

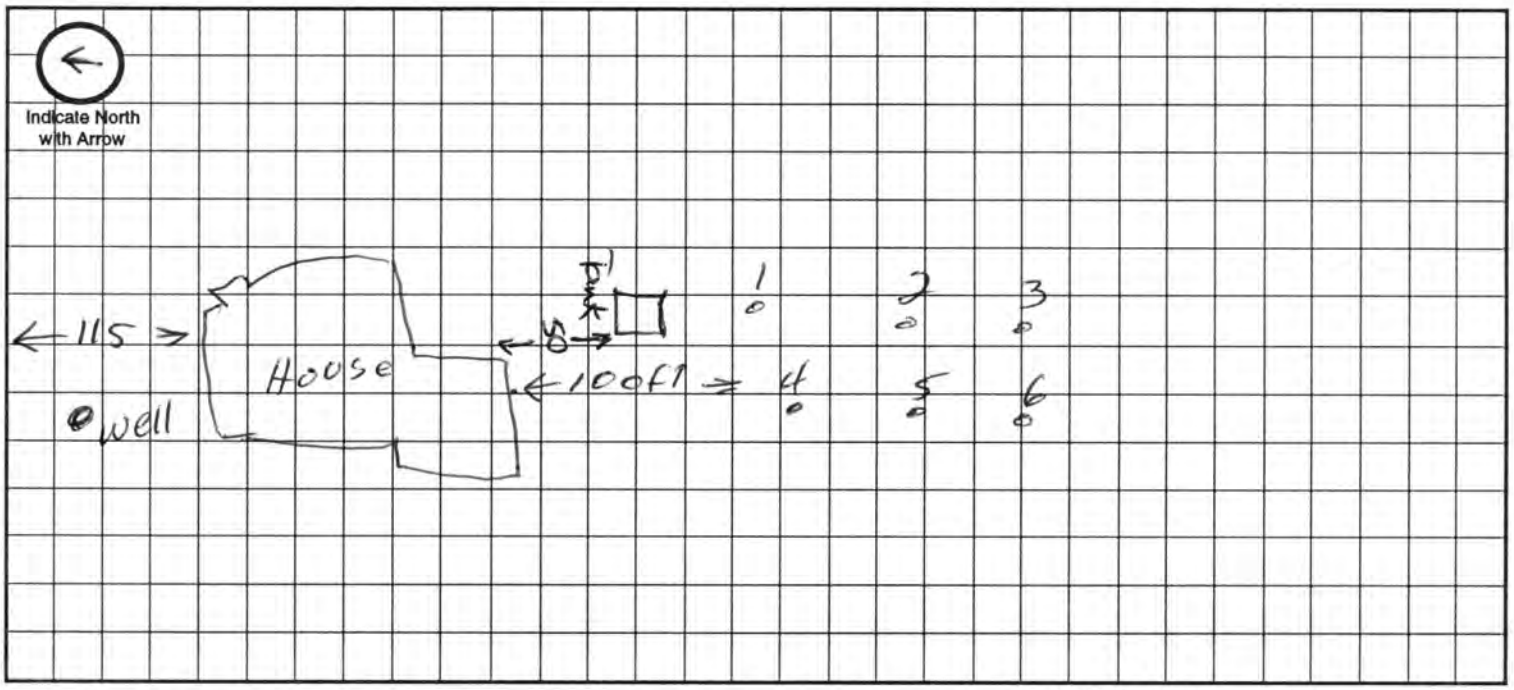
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 1401 W SAITillo City ROCA NE, Zip 68542

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: SILTY CLAY LOAM Land Slope: 2 %

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

Total Square Feet of Field Required: 591 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 200 ft. Number of Trenches 3 Trench Width 36

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 SELF Date _____

Installer ~~Melvin Wagner~~ Melvin F Wagner Date 2/A0997

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 _____

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 42 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 60 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 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: 8 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 60 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 96 ft.

D. Absorption Field

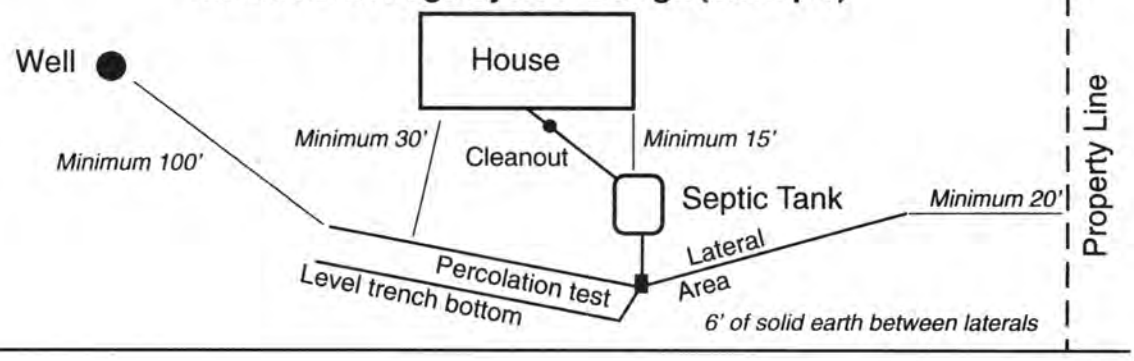
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   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 3 ft.
   Slope 4 in/100 ft.
   Average depth 28 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 50 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

P13716-29 COLI 1/4/00

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

John Miner 1/4/00

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.

Legal Description of Property: Street Address 1401 West Saltillo Rd.

Twp 8N Range 6E Section 4 1/4 NE 1/4 Block ___ Lot 25 Addition ___

Directions to Property South on Hwy 77 to Saltillo Rd Turn West on Saltillo go to W 14th st / house is on SW corner of 14th & W. Saltillo

Location of Well NW Corner in front of house door Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Terrance T. Rupert	1401 W. Saltillo Rd. Lincoln NE 68430	474-2717
Tenant/Buyer:			
Return to:	Sheryl Oldham Fax to → 434-5040	State Title Services 4500 So. 70th Suite 102 Lincoln NE 68516	434-5039

Signature of Applicant Sheryl Oldham Address Same as above Date 01/03/2000

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 01/04/2000

Initials ___

Amount 75 = 75 = 150 ☒

Check No. 4356 4359

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 1/4/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SEWAGE SYSTEM NOT USED SINCE INSTALLATION.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 1/6/00

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

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

JAN 6 2000

Laboratory Report Printed on: **January 05, 2000**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P13716-29**
Sampled By: **JERROLD HOOD**
Location: **NG**
Sample Point:

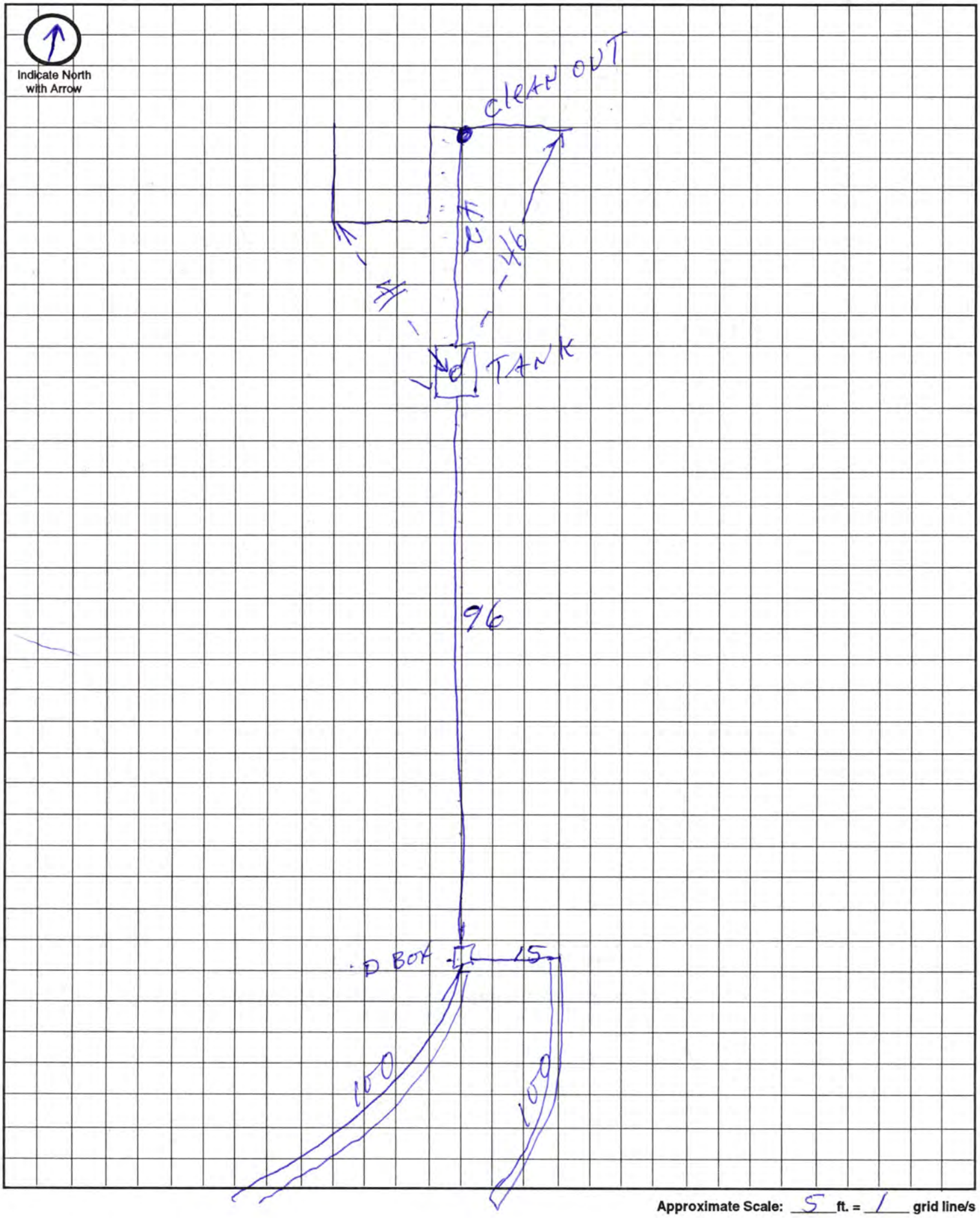
Date Collected **04-Jan-2000 02:45 PM**
Date Received: **04-Jan-2000**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	01/05/00	KC	**total coliform absent - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	01/05/00	KC	**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-2541.

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s