LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 99390061301

SEWAGE SYSTEM REPAIR
EXTEND EXISTING SEWAGE DISPOSAL SYSTEM

Issued 04/02/99
Expires 10/02/99
Revenue Code 3157

Establishment
DAVE LOVELACE
T8N R6E SEC 17
LOT 7
3805 W WITTSTRUCK-MARTELL

FEES: $50.00

PAID

TOTAL $50.00

Permittee
DAVE LOVELACE
3805 W WITTSTRUCK RD
MARTELL NE 68404

Issued By Health Director
Lincoln-Lancaster County Health Department

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

009057

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 3/30/99	File No.:

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 8N Range 6E Section 17 1/4 Section _____
   Block _____ Lot 177 Addition _____
   Street Address 3805 (3945) W. Wittstruck 68404

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:** Add 200' x 4' wide infiltrator lateral

5. **Work to be done by:** ❒ owner ❒ contractor's name John Strohmyer 430-6023

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Dave Lovelace Address 3805 W. Wittstruck Phone _____
Applicant Signature (owner or lessee) Dave Lovelace

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 4/2/99 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date 7/2/99 By J.C. Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 7/2/99 By Jerrold C. Hood

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

Paid $50 cc ck # 10725
04/02/99 LS

White - EH Pink - Business Office Revised 1/98

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 3945 ?? 3805 W. Whitestruck (no rural route) City Lincoln, Nebr NE, Zip 68404

Owner Dave Lovelace Addresss Same

Soil Type (SCS): ~~Pawnee~~ WYMORE silty clay LOAM Percolation Rate: 33 min./inch

Date of Tests 3/31 to 4/1 Weather: Precipitation dry Temperature 75°

Percolation Test Data Table

1999

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	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	1	30 MIN
2	29	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	3/4	40 MIN
3	31	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	3/4	40 MIN
4	30	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	7/8	34 MIN
5	30	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	1	30 MIN
6	30	3/31	9:30	4/1	9:30	4/1	2:00	6	4/1	2:30	30	1 1/8	24 MIN

Person Conducting Percolation Tests

Name: John Stuhmer

Phone: 430-6023

Address

Sum of Percolation Rates:

Average of Rates: 33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date APRIL 2, 1999

FORM 23-101 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 7-2-99

System Location (Indicate correct number and street)

Address 3960 W. Wittstruck Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: _____
   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: _____
   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: Concrete
   Number available outlets: 6
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 400' ft.

D. Absorption Field

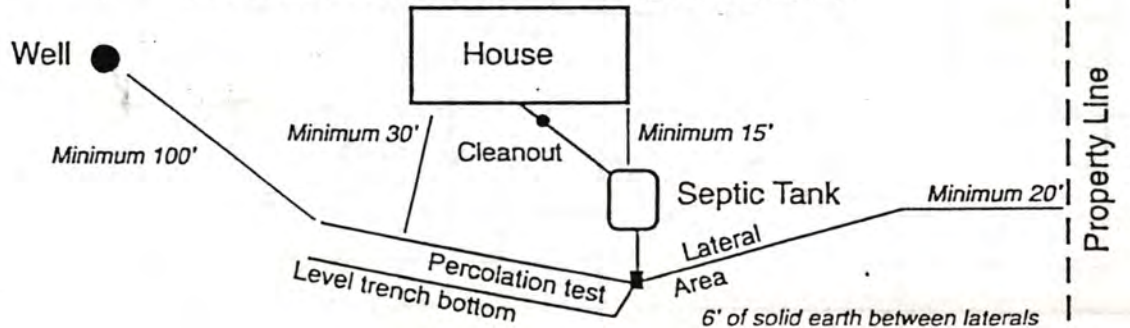
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 24 in
4. Filter material: gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 200+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



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

RECEIVED DEC 06 2004

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 3945 W. Wittstruck Rd Martell NE

Parcel ID 08-17-100-092-000 (i.e. 99-99-999-999-999)

Twp 8N Range 6E Section 17 1/4 NW1/4 Block ___ Lot 7 Addition ___

Directions to Property Hwy 33 to SW 29th 3/4 Mile West South side

Location of Well 40' NE of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System 400' NW of House Year Installed ___

Site Hazards (dogs, etc.) Vacant

	NAME	ADDRESS	PHONE
Present Owner:	Julie – Dave Lovelace	3945 W. Wittstruck Rd	441 8050
Tenant/Buyer:	Dennis & Joanna Pope		402 443-1516
Return to:	John Ball	3737 So 27 Lincoln NE 68502	430 6603 / 434 3510 (Fax)

Signature of Applicant John – Ball Address 3737 So 27 Lincoln NE 68502 Date 12/06/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/6/04 Amount $200.00 Check No. 1568 Initials MP

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 12/7/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

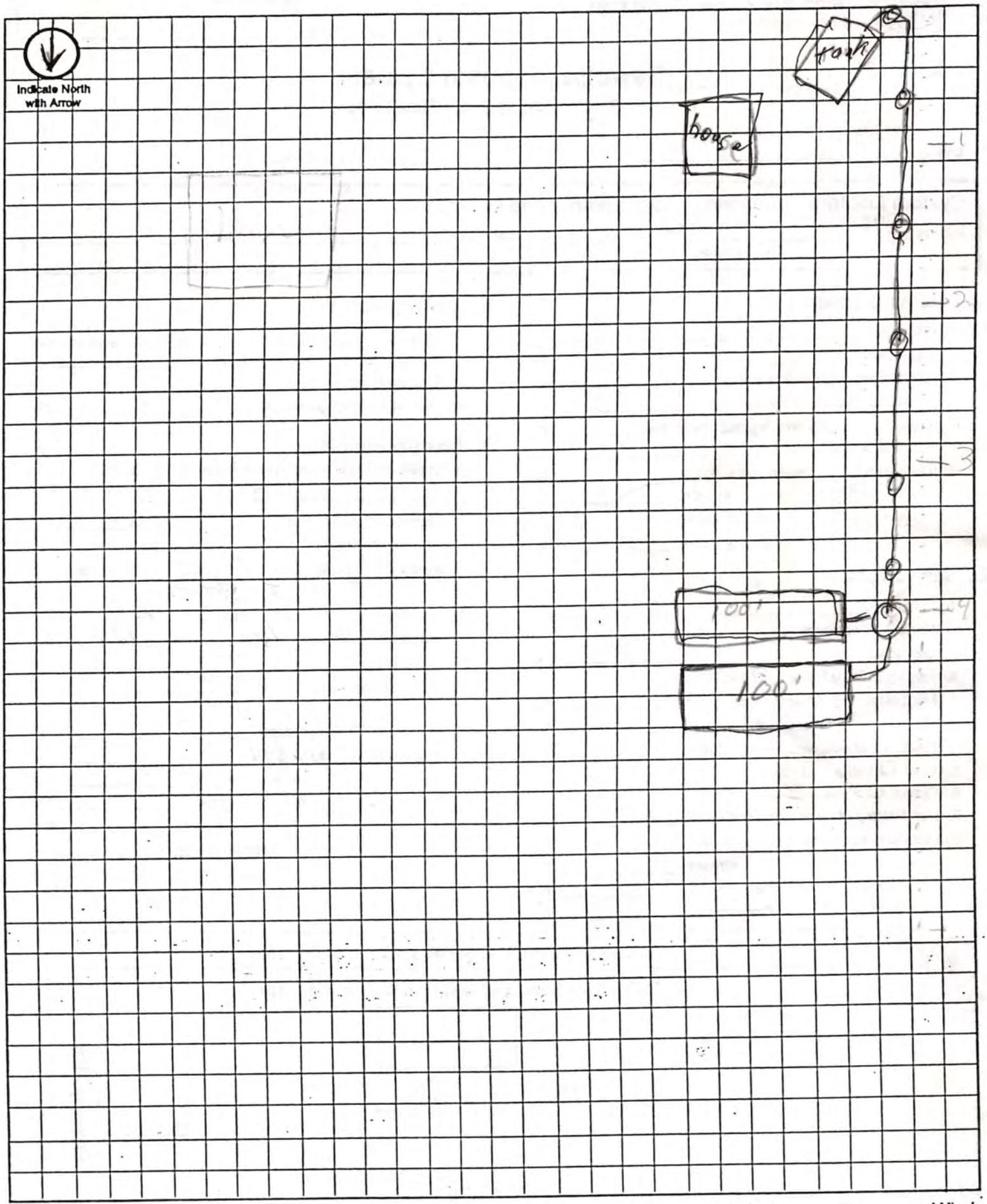
Approved by Doug Smith Date 12/9/04

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: 9-00

As Built Drawing



Approximate Scale: 1" = grid line/s