Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005144

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-INSTALL 250' OF INFILTRATION LATERAL

Establishment

DARLA FREYE
T8N R6E SEC 26
18301 S 12 STREET-ROCA

Permittee

DARLA FREYE
18301 S 12 ST
ROCA NE 68430

Permit # 04390078601

Issued 06/02/04
Expires 12/02/04
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED JUN 0 2 2004

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

#043900786

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 26 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 18301 S 12 Roca, Ne 68430

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

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

4. **Description of proposed alteration, extension or repair** abandon seepage field which is to close to well & install 250' of Infiltrator lateral greater than 100' from well

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick

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 Darla Freye Address 18301 S. 12 Phone _____
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 6/2/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

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

Installation final written approval
Date ____/____/____ By _____

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: 6/2/04 Amount 100.00 Check No. 1023 Initials ew

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

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 18301 S. 12 (no rural route) City Roca NE, Zip 68430

Owner Elmer Janssen Addresss 18301 S. 12 Roca, Ne 68430

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

Date of Tests 3/18 to 3/19/04 Weather: Precipitation — Temperature 50s

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	28	3/18	3:30	3/19	7:30	3/19	8:48	12½	3/19	9:18	30	⅞	34
2			PM		AM		9:08 AM	26¼			10	1⅜	7
3								13½			30	1⅜	24
4							9:08	24⅞			10	1⅜	7
5	V							15¾			30	1⅞	18
6								8			30	¾	40

Sum of Percolation Rates: 130
Average of Rates: 22
Rate Used for Calculation: 40
>20 min difference

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 475-2462
Address 17201 So. 72nd St.
Hickman, NE 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

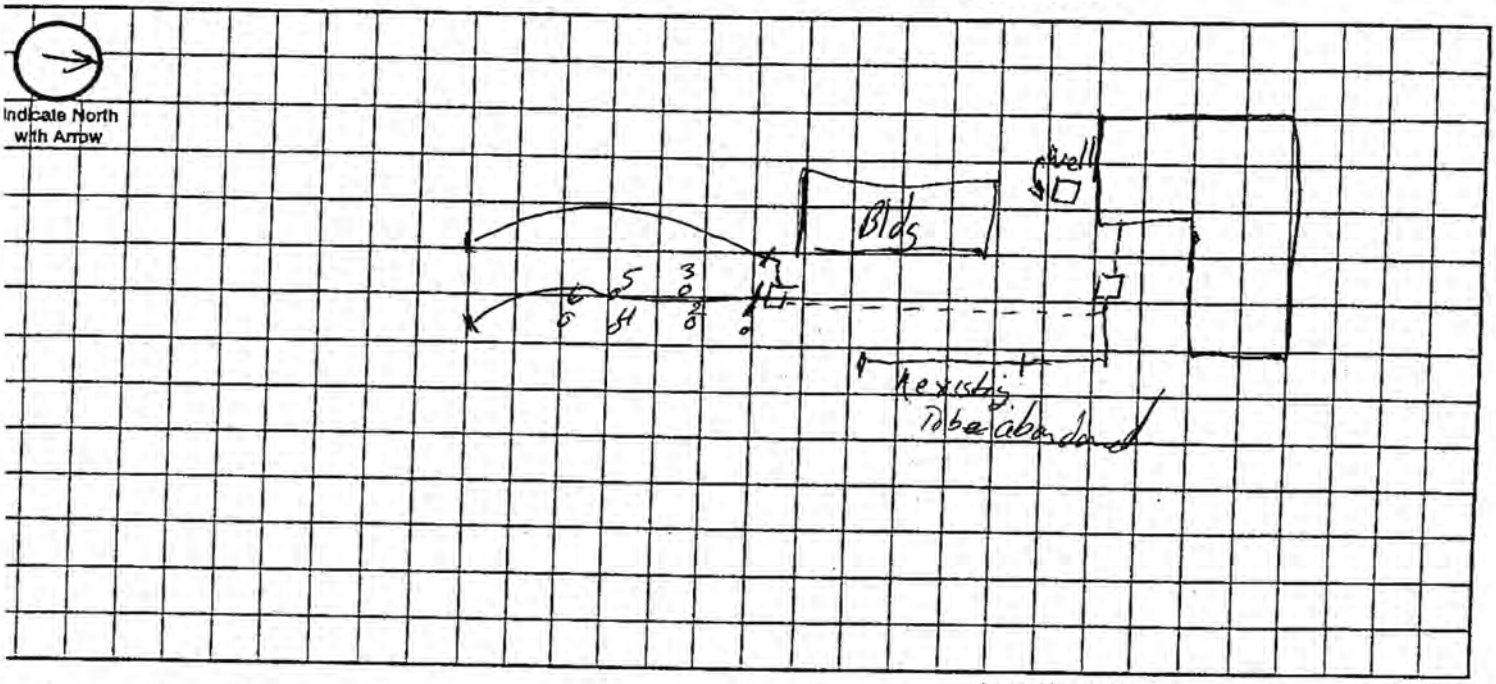
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ddress (no rural route) 18301 So 12 City Raca NE, Zip 68430

. Proposed Septic Tank/s

ank Material: ☒ Concrete ☐ Plastic ☐ Other existing

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

tal Square Feet of Field Required: 825 sq. ft.

pe of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

pacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 206.25 ft. Number of Trenches 2 or 3 Trench Width 4'

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☐
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☐
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Smith Date 3/20/04

23-102 10-96

497-4922 437-2760

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

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 18301 So 12th - Roca

Parcel ID ____ (i.e. 99-99-999-999-999)

Twp 5 Range 6 Section 26 1/4 NE1/4SE Block ____ Lot 30 Addition Lot 37

Directions to Property ____

Location of Well South of Home Tap Location: Inside ☒ Outside ☒

Location of Sewage System E of Home Year Installed ____

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Elmer & Irma Janssen	18301 So 12 Roca 68	402-794-4078
Tenant/Buyer:	Kevin & Davia Frey	1900 Davenport Dr Lincoln 68512	421-3358
Return to:	Jerry Haase	107 Wedgewood Dr 68510	483-4141 483-4146 (Fax)

Signature of Applicant Jerome H Haase Address 18301 So 12 Roca, Ne. 68 Date 2/23/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/23/04 Amount $200.00 Check No. 3269 Initials ____

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

PRELIMINARY STATUS--By Jerry Smith **DATE:** 2/25/04

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 2/26/04 by JH
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ____/____/____ by ____
Nitrate	☒ 0.4 ppm	☐ ____ ppm	Disapproved ☐	Date ____/____/____ by ____

Comments: See attached letter - Sewage system - pending additional information

☒ See Attached Letter

FINAL STATUS

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

Approved by ____ Date ____/____/____

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

Proposal

Page No. 1 of 1 Pages

SOUTHWICK SEWER & DRAIN
Brad Southwick
17201 S. 72nd Street
Hickman, NE 68372
(402) 475-2462

PROPOSAL SUBMITTED TO:	Phone:	Date:
Name: **HARRINGTON REALTY C/O. JERRY HAASA**	Job Name: **ELMER JANSSEN PROPERTY**	
Street: **107 WEDGEWOOD DRIVE**	Street: **18301 S. 12TH STREET (HWY 77)**	
City: **LINCOLN**	City: **ROCA**	State: **NE 68430**
State: **NE 68510**	Architect:	Date of Plans:

We hereby submit specifications and estimates for:

200 ADDITIONAL FEET OF LATERAL WITH PIPE TO AREA FROM SEPTIC TANK	**$2500**
LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT PERMIT FEE	**100**
TOTAL	**$2600**

We hereby propose to furnish labor and materials – complete in accordance with the above specifications, for the sum of:

TWO THOUSAND SIX HUNDRED AND 00/100 dollars (**$ 2600.00**) with payment to be made as follows:

UPON COMPLETION OF WORK. THIRTY DAY BALANCE CARRIES 1.75% INTEREST PER MONTH.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.
This contract is not subject to cancellation.

Authorized Signature Brad Southwick Date **March 20, 2004**

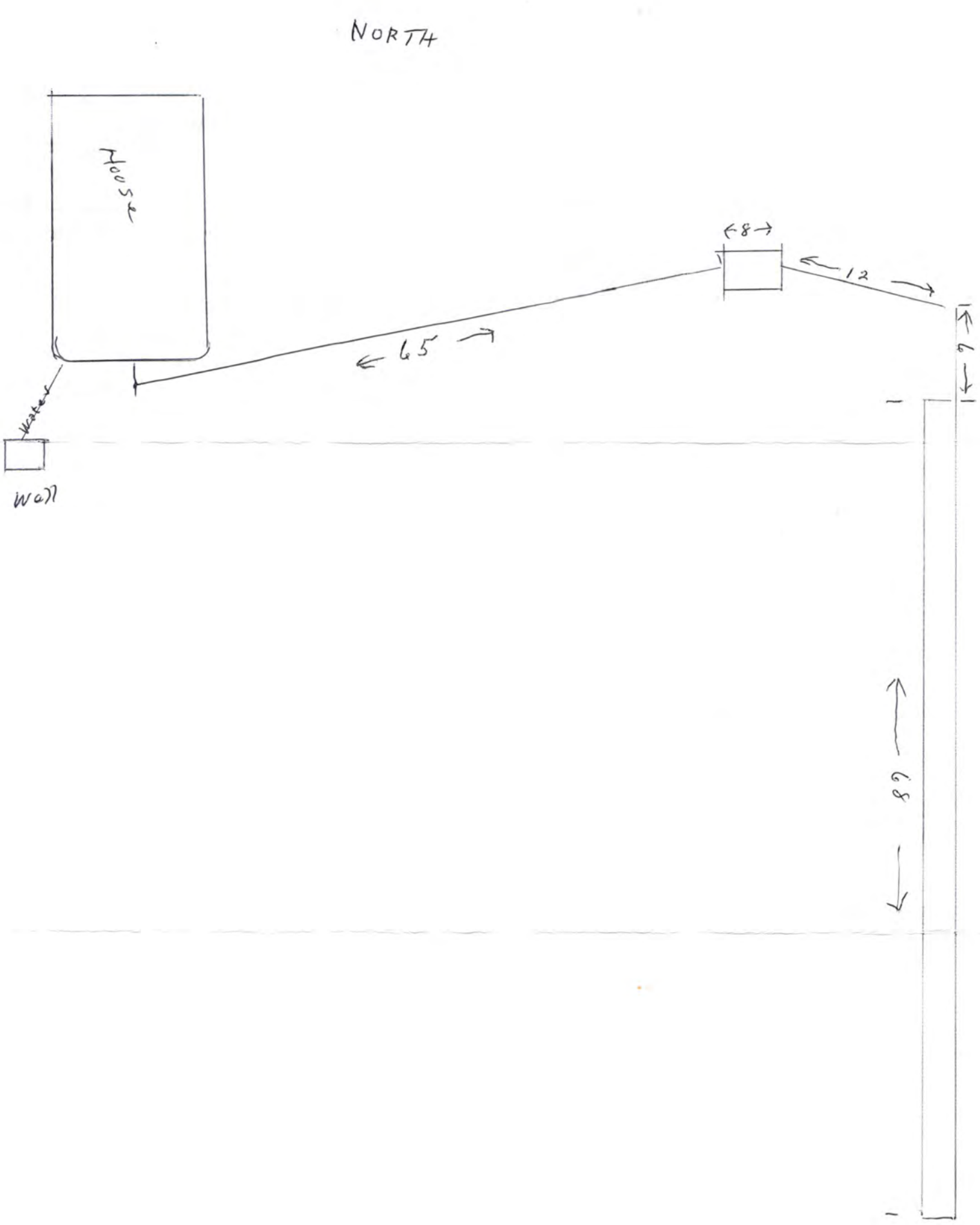
NOTE: This proposal may be withdrawn by us if not accepted within **THIRTY** days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted: Signature _____

Date: _____ Signature _____


NORTH
House
8
12
65
6
Water
Wall
68