Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390072101

Issued 05/10/02
Expires 11/10/02
Revenue Code 3157

FEES: $100.00

Establishment
MARK ERICKSON
T8N R6E SEC 28
MARTELL-1ST ADD BLK 3 LOT 8&9
2600 D ST -MARTELL

Permittee
MARK ERICKSON
2600 D ST
MARTELL NE 68404

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002172

#023900721

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 8N Range 6E Section 28 1/4 Section
   Block 3 Lot 8 & 9 Addition Mantell 1st Addition
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 2600 D st Mantell Ne 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** move lateral field to be 100' or more from present well

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 Mark Erickson Address Phone 465-4847
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 5/10/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 5/10/02 By DS
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
Date 05/10/02 By Doug Sarver

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: 05/10/02 Amount $100.00 Check No. 4677 Initials LS

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 2600 D st (no rural route) City Martell NE, Zip 68404

Owner Mark Erickson Addresss 4530 Adams Lincoln, Ne 68504

Soil Type (SCS): WTC - very Loamy Percolation Rate: _____ min./inch

Date of Tests 4/8 to 4/9/02 Weather: Precipitation — Temperature 50's

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	4/8	7:00	4/9	7:00	4/9	8:00	21½	4/9	8:30	30	1	30
2	↓		P		P		P	17⅞		P		⅞	34
3								18½				1	30
4								24¼				⅞	34
5								24⅛				1¼	24
6								23⅝				1¼	24

Sum of Percolation Rates: 176

Average of Rates: 30

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Sanderman

Phone: 475-2462

Address 17201 So 72nd st.
Lincoln, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

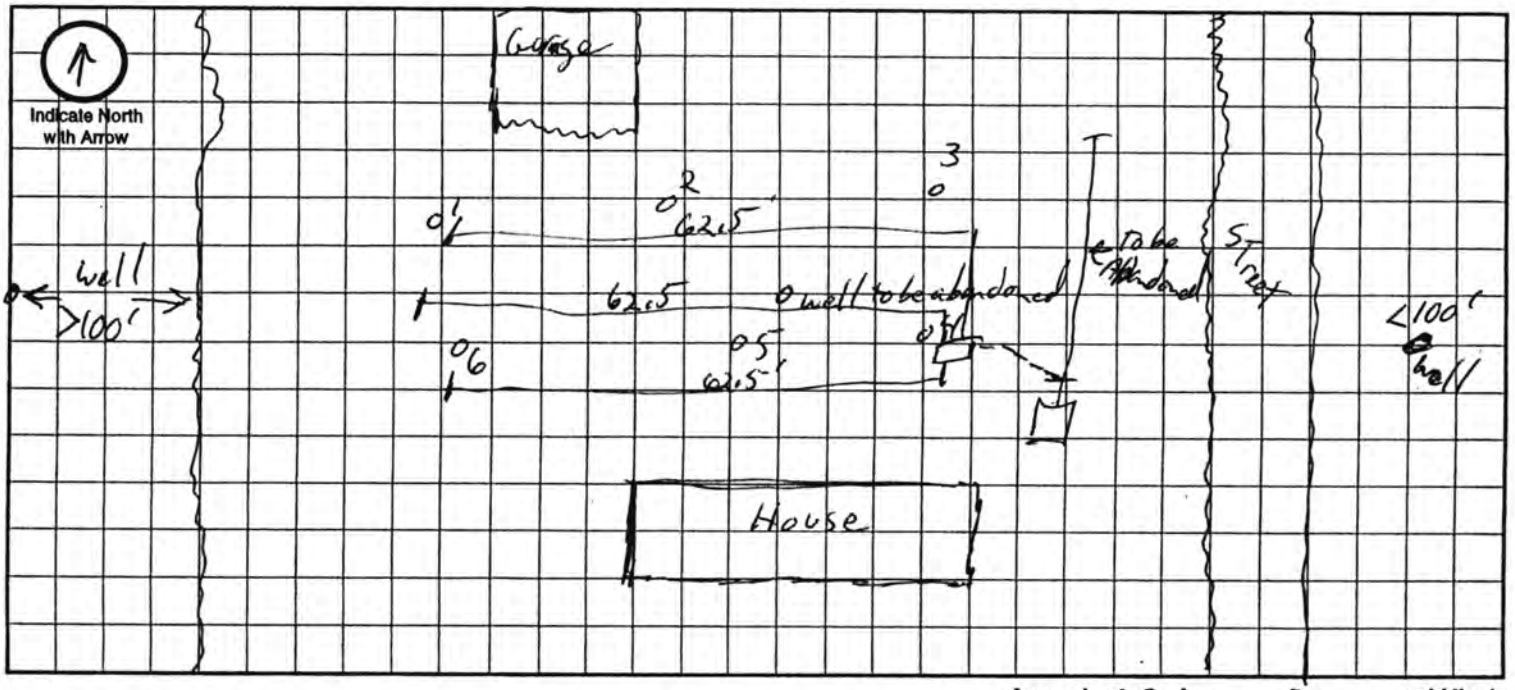
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0239007 21

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) 2600 Dst Martell City _____ NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other existing 750-800 gallons

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

Percolation Rate 30 (min. per inch) Soil Type: WTC Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 700-800 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 1875 ft. Number of Trenches 3 Trench Width 4'

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 _____ Date 4-10-02

FORM 23-102 10-96

faxed 5/13/02

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 2600 D STREET, MARTELL NE

Parcel ID 08-28-105-005-000 (i.e. 99-99-999-999-999)

Twp 8 Range 6 Section 28 1/4 1/4 Block 3 Lot 8 & 9 Addition 1ST ADDITION TO MARTELL

Directions to Property SOUTH ON HIWAY #77 TO HIWAY #33. WEST ON #33 TO 55B. SOUTH ON 55B TO SIGN TO MARTELL. WEST INTO MARTELL. TURN SOUTH AT THE SECOND STREET. TURN LEFT AT END ONTO D STREET

Location of Well IN CENTER OF PROPERTY Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTHEAST CORNER OF PROPERTY Year Installed UNKNOWN.

Site Hazards (dogs, etc.) HOUSE IS VACANT, YARD IS COMPLETELY FENCED

	NAME	ADDRESS	PHONE
Present Owner:	MARK & BRENDA ERICKSON	4530 ADAMS ST. LINCOLN, NE 68	402 465 4847
~~Tenant~~/Buyer:	JERRY IVERSON	1920 J STREET #7 LINCOLN NE 68510	402 525 0772
Return to:	JIM BUCKWALTER HOME REAL ESTATE	4444 "O" STREET LINCOLN NE 68510	402 436 3134 402 437 7599 (Fax)

Signature of Applicant _____ Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/15/02 Amount $200 Check No. 5794 Initials ddf

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 01/16/02

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☒ 15 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Well disapproved due to construction, location within 100' of septic lateral and nitrate level of 15 p.p.m. 10 ppm maximum allowed. - Septic system disapproved due to location near well and small lot size that will not allow adequate setbacks. Doug Smith 1/28/02 See Attached Letter ☐

FINAL STATUS Well has been abandoned and house connected to rural water. 5/10/02 Lateral field has been replaced.

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

Approved by Doug Smith Date 5/13/02

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

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

D

Permit Number: 023900721

Sewage Disposal System

As Built Plans & Specifications

Date 5-10-02 Mark Ericksen

System Location (Indicate correct number and street)

Address 2600 D st (no rural route) City Martell NE, Zip 68404

A. Building Sewer

1. Material: PVC
   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: steel
   Number of compartments: 1
2. Capacity: 800 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade (4" pipe) 2 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 28 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 15 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18 ft.

D. Absorption Field

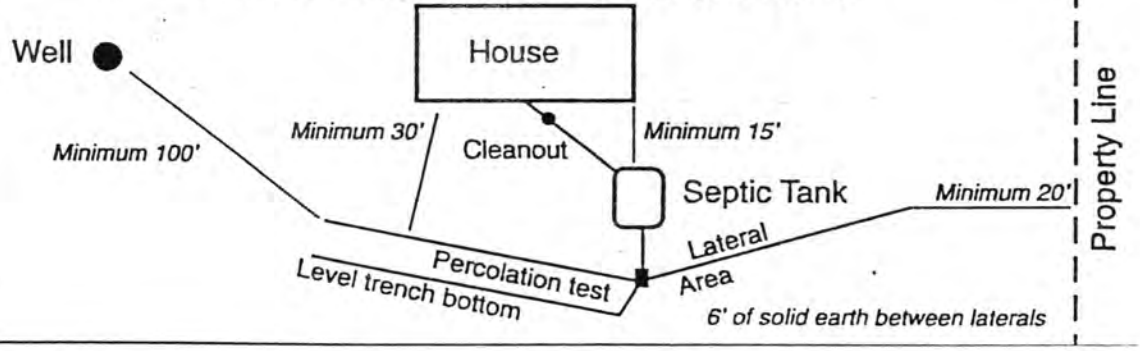
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 39 ft. 45 ft.
   45 ft. 24 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 39 in
4. Filter material: GRAVELESS
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 15 ft.

Indicate North with Arrow

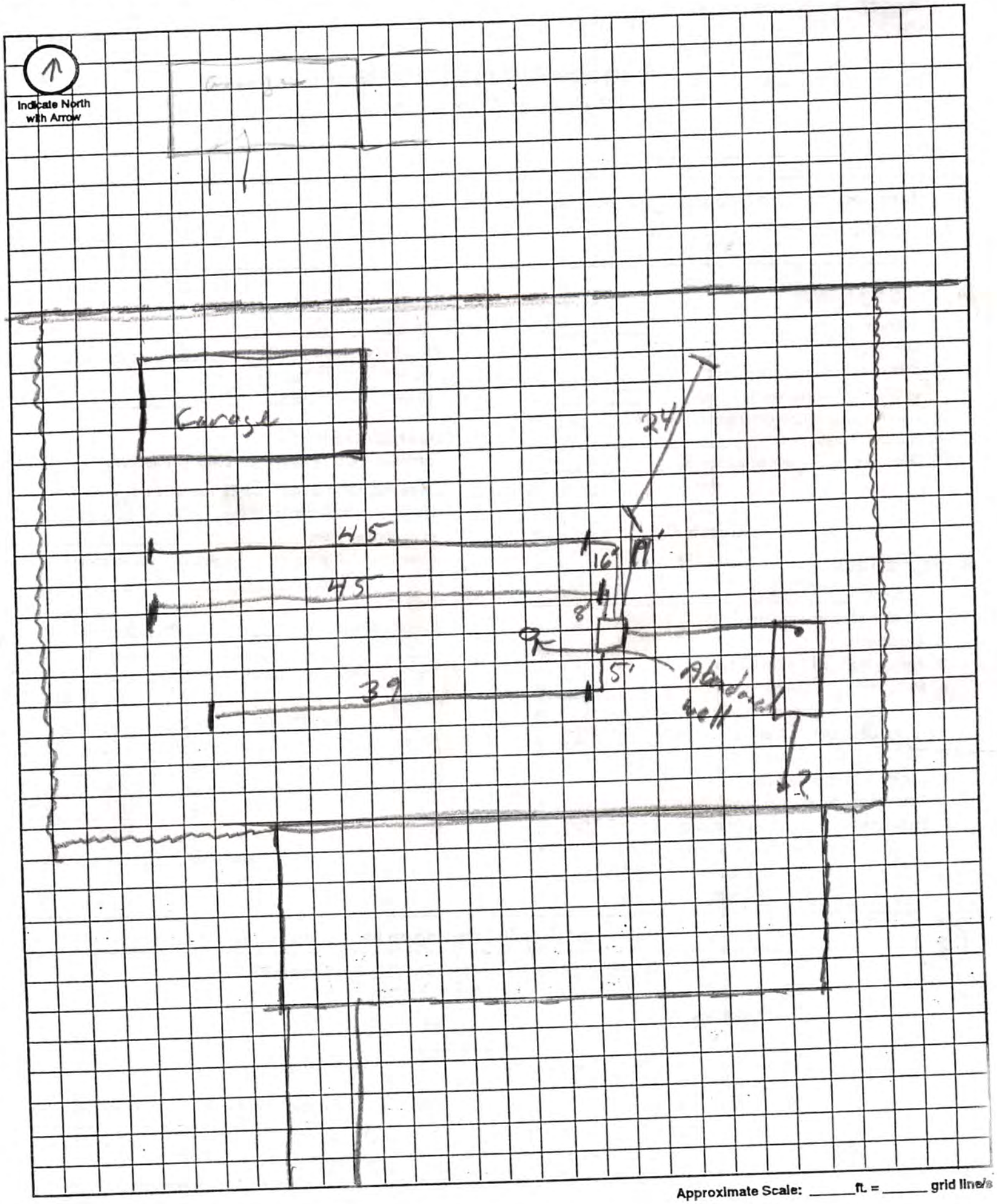
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lines