LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380084201

Issued 05/19/92
Expires 11/19/92

ESTABLISHMENT

JAMES DEVINE
T8N R7E SEC 23
LOT 18

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JAMES DEVINE
432 W LAKESHORE DR
LINCOLN NE 68528

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/10/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED MAY 14 1992

9238 00842

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 23 ;
   Block _____ : Lot 18 I.L. : Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: Unknown ft.

JAMES DEVINE [signature]
Signature of Applicant (Owner or Lessee)

432 W. Lakeshore Dr., Lincoln 68528
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/18/92. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/9/92. Date Frwd. 6/9/92. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/23/93 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/17/93 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: May 2-92 to May 3 92. Weather: Precip. none Temp. 65 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30	MAY2	13:00	MAY3	09:00	MAY3	09:00		13:00		30 min		
1	"	"	"	"	"	"	"		"		"	1	
2	"	"	"	"	"	"	"		"		"	3/4	
3	"	"	"	"	"	"	"		"		"	1/2	
4	"	"	"	"	"	"	"		"		"	1/2	
5	"	"	"	"	"	"	"		"		"	1/2	
6	"	"	"	"	"	"	"		"		"	2	

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Bryan Mailes
Signature of Person Conducting Test

Address 617 Wulf Dr Eagle.
Phone: 791-2818 (Home) 464038 (Work)

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam or Judson Silt Loam.

Approved Percolation Rate(s)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: MAY 15, 1992

Gerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

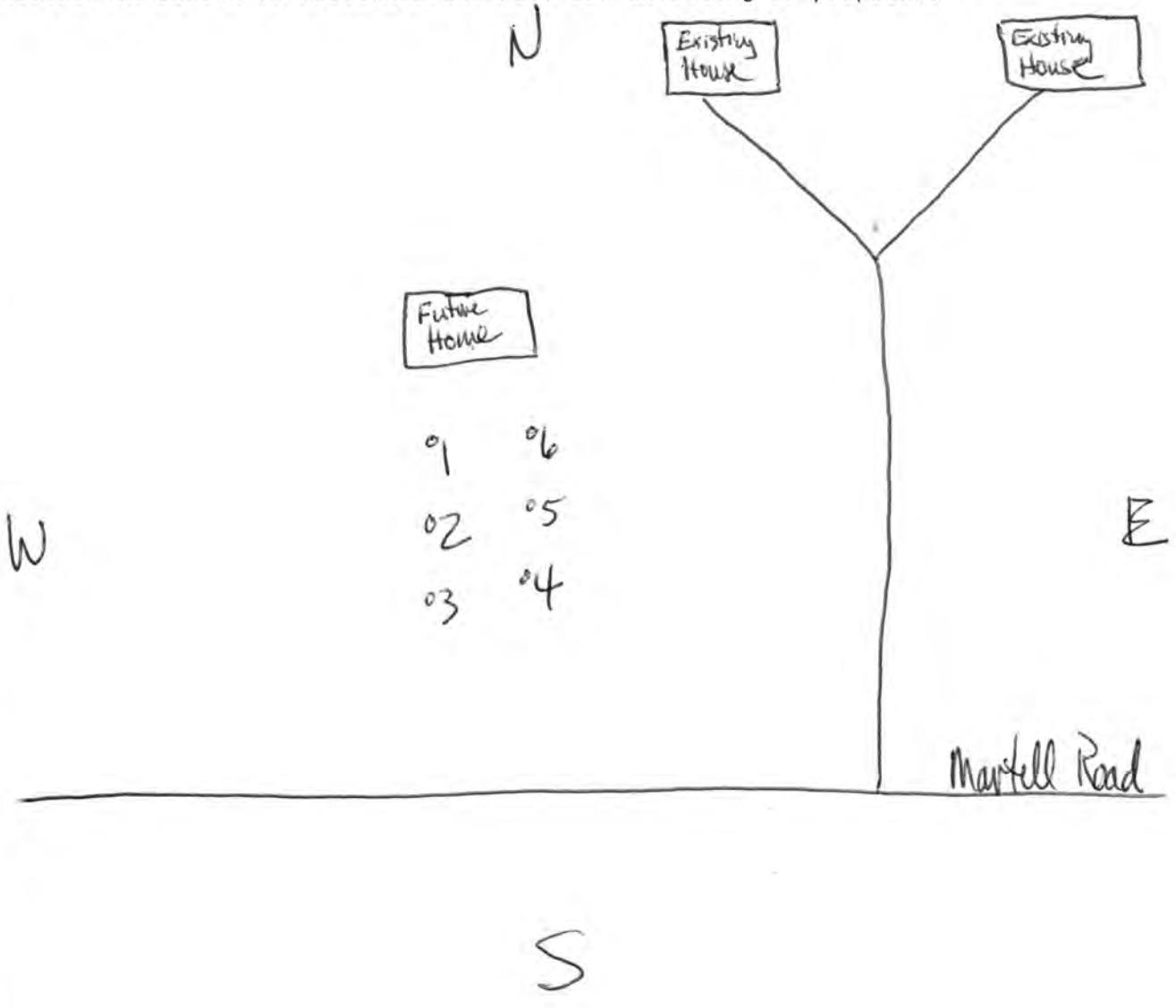
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 172 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 689 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO: _____

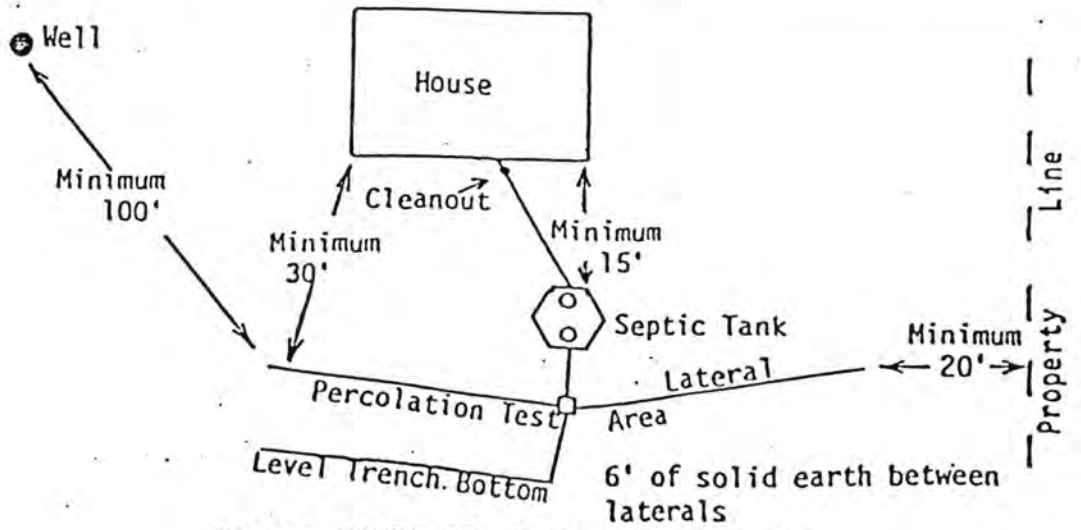
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 164 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream 50+ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 10 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100+ ft.;
Stream 100+ ft.; Pressure Line 20+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 11 ft.

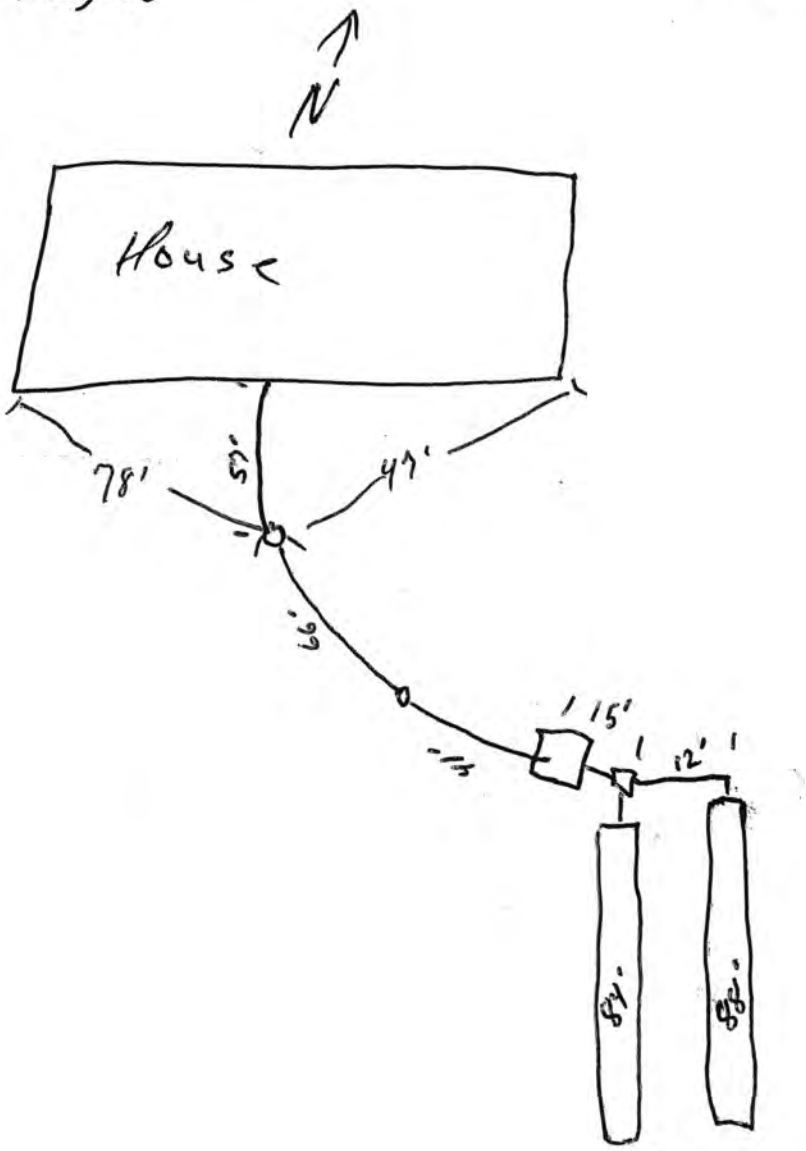
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22+ or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 84 , 88 , ____ , ____ , ____ ft.;
Total length of laterals 172 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 28+ in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream 50+ ft.; Pressure Line 50+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Monk Custom Homes
68th & Martell Rd 1½ miles East
Christian Heights

Installed By
Vogt T&T Excavating In
3-23-93



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005836

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390080801

Issued: 11/05/04
Expires: 05/05/05
Revenue Code: 3157

Establishment:
JAMES DEVINE
T8N R7E SEC 23
LOT 18
8600 MARTELL RD

FEES: $100.00

Permittee:
JAMES DEVINE
8600 MARTELL RD
HICKMAN NE 68372-9789

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

NOV 5 2004

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 7E Section 23 1/4 Section _____
   Block _____ Lot 18 I.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address 8600 MARTELL RD

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 150 LF OF INFILTRATOR AND REPLACE DIST. BOX

5. **Work to be done by:** ☐ owner ☑ contractor's name DIRT WORKS PLUS INC

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 JIM DEVINE Address 8600 MARTELL Phone _____
Applicant Signature (owner or lessee) Jim Devine % Stan Kuhn

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 11/5/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

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

Installation final written approval
Date 1/21/05 By Joe

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: 11/5/04 Amount $100.00 ✓ Check No. 7313 ✓ Initials _____

White - Division Copy Pink - Business Office Revised 9/00

Dirt Works Plus, Inc.
7801 Leighton Ave
Lincoln, NE 68507
www.dirtworksplus.com

SEPTIC INSPECTION REPORT

Re: Jim & Laura Devine
8600 Martell Rd
Hickman, NE 68372

INSPECTION:

We pumped the septic tank and uncovered it, and checked the baffles, outlet and inlet pipes. We found no riser on the tank and the outlet pipe had slid out of the tank. We uncovered the pipe from the tank to the Distribution box and found it to be flowing backwards. The distribution box was also corroded. We also observed that the distribution box was loading the lower lateral first, which was making the gray water surface on the lower lateral.

REPAIR:

1. Installed a riser lid on the tank.
2. Replaced the outlet pipe from the tank to the distribution box.
3. Replaced the distribution box and made the top lateral load first.
4. Installed 150 LF of infiltrator lateral between the 2 existing laterals.
5. A drop box was used to ensure that the new lateral would load next, before flowing to the lateral that was surfacing.

Stan Kroese, Pres.
Dirt Works Plus, Inc.

JIM + LAURA DEVINE
8600 MARTELL RD

