Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005857

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390081001

Issued: 11/18/04
Expires: 05/18/05
Revenue Code: 3157

Establishment:
JAMES DEVINE
T8N R7E SEC 23
8800 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

HD

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 11/17/04	File No.: 04390081001

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 _____ Addition _____
   Street Address 8800 MARTELL RD

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

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

4. **Description of proposed alteration, extension or repair:** REPLACE 1250 GAL SEPTIC TANK

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 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 JIM + LAURA DEVINE Address 8600 MARTELL Phone 792-2997
Applicant Signature (owner or lessee) Jim Devine c/o Stan Kinser

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

(Please do not write below this line)

Date rec'd 11/18/04 REVIEW: ☒ approved ☐ disapproved By: Jerrold Hood

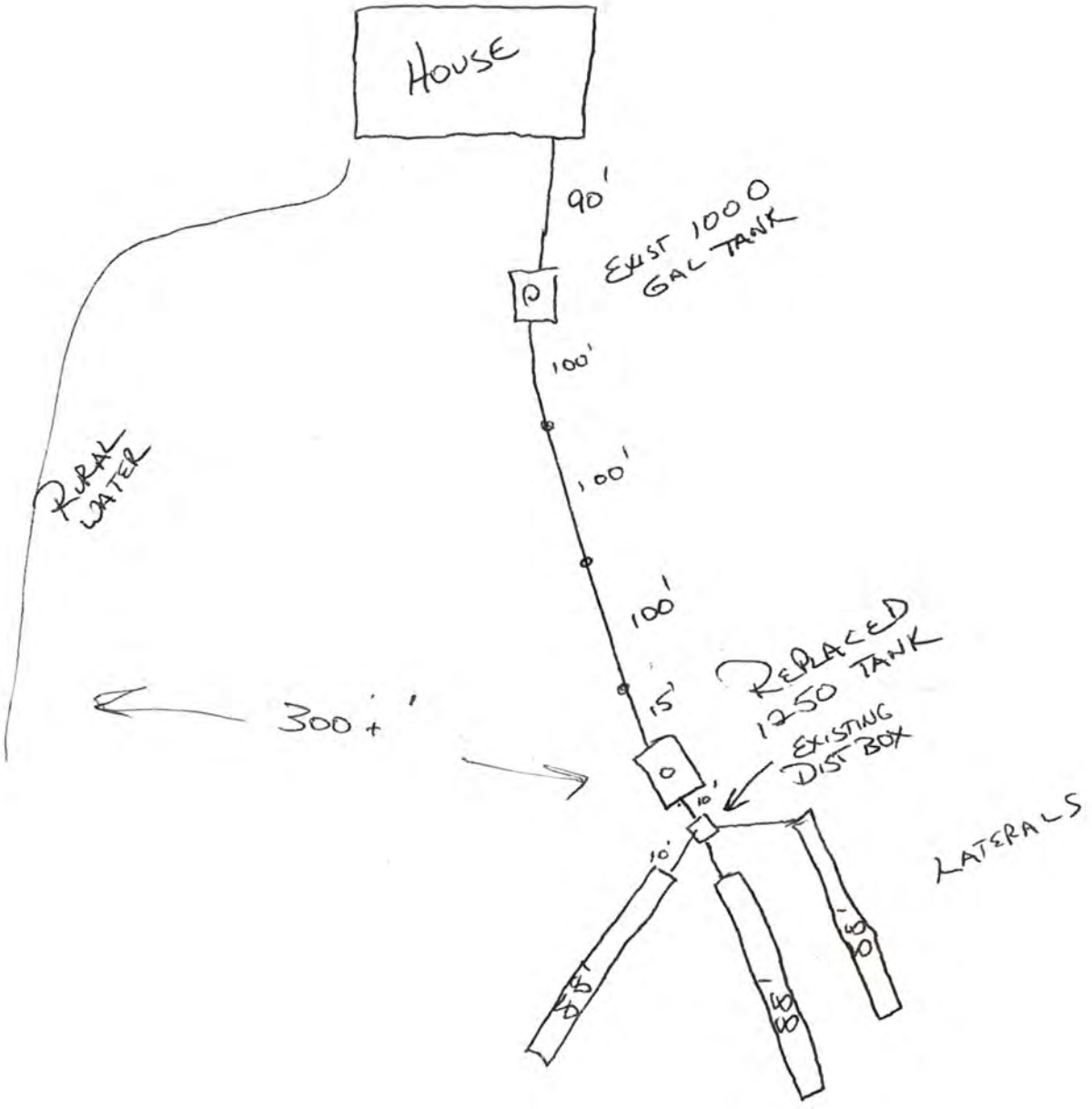
Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 12-3-04 By _____

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

White - EH Pink - Business Office Revised 1/98

Paid 11/18/04 #7359 $100.00



Replaced 1250 gal Crushed fiberglass septic tank

November 17, 2004

James and Laura Devine
8600 Martell Rd
Lincoln, NE

Re: Septic system

Inspection:

We uncovered 2 septic tanks- a 1000 gallon tank and a 1250 gallon tank, and pumped both. The riser on the 1000 gal tank was broken. The 1250 gal tank was crushed. We inspected the distribution box and laterals and found them to be in good shape and working.

Repair:

- Installed a new riser on the 1000 gal tank
- Replaced the crushed fiberglass 1250 gal tank with a new 1250 gal concrete tank
- Installed the riser lid to the top of the ground

Stan Kroese, Pres.
Dirt Works Plus, Inc.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1806-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 15, 1982 — THIS PERMIT EXPIRES

NEBRASKA CHILDRENS' HOME — ISSUED TO

RFD, Hickman, NE 68372 — ADDRESS

T8N; R7E; Section 23; Lot 12 I.T. — LEGAL DESCRIPTION

Alteration

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-14-81

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or 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: Twp. 8N ; Range 7E ; Section 23 ;
Block _____; Lot 12 I.T. ; Addition _____
Street Address _____

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☒
Describe 8 Bedroom Boys Home

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

4. Description of proposed alteration, extension or repair: ADDITION OF 1250 GAL SEPTIC TANK AND 264'OF 4" WIDE LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒, SOUTHWICK SERVICES
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 2000	00
b. Labor	$ 1000	00
c. Other	$	
TOTAL	$ 3000	00

NEBRASKA CHILDRENS HOME
Signature of Applicant (owner or lessee)

RFD HICKMAN, NE.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 7/14/81 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/11/81 by: J. C. Hood

FORM 20105-0477
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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section 23 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 7-1-81 to 7-2-81 . Weather: Precip. 0" Temp. 90° .

OWNER: GREG NICKLAS

Address: HICKMAN, NE

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	22	7/1	10:30	7/2	10:30	7/2	2:15	16½		18¼	30	1¾	
2	19						↓	13		14⅛		1⅛	
3	23						↓	17⅜		19½		2⅛	
4	20						1:45	17⅝	2:15	20¼		2⅝	
5	24						2:15	14⅜		15¾		1⅜	
6	21					↓	↓	17		18⅝		1⅝	

Brad Senturia
Signature of Person Conducting Test

Address Hickman, Ne Phone 792-2462

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: July 2, 1981

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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: 474-1541

D

DATE: 7-14-81

FILE NO. _____

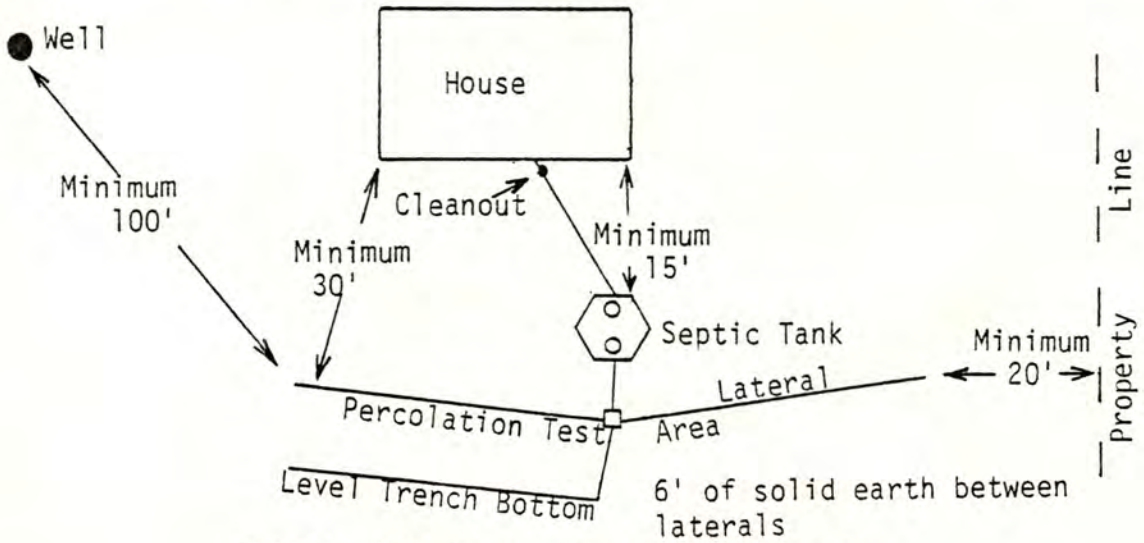
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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: CONCRETE
1. Material FIBER GLASS; No. of compartments 2.
2. Capacity 2250 gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 13 in.
Over Outlet; diam. 13 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 15 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or
Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ;
concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 88, 88, 88, _____, _____ ft.;
Total length of laterals 264 ft.;
Distance between lateral lines 2.5 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth _____ in.
4. Filter Material: ROAD GRAVEL
Depth of Material 15 in.
5. Distances to:
Well or Suction Line 500 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 500' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7-14-81 INSTALLER

