LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND

No. 99390061601

Issued 04/23/99
Expires 10/23/99
Revenue Code 3157

Establishment
GEORGE A SMITH
T9N R5E SEC 21 QTR SE
LOT 10
8205 SW 98 ST-DENTON

FEES: $50.00

PAID

TOTAL $50.00

Permittee
GEORGE A SMITH
RR0001
BOX 0000099
DENTON NE 68339

Issued By Health Director
Lincoln-Lancaster County Health Department

009166

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

APR 22 1999

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 4-21-99	File No.: 9939006616

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 7N Range 5E Section 21 1/4 Section _____
   Block _____ Lot 10 SE Addition _____
   Street Address 8205 SW 98th, DENTON, NE 68339

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe 2 LOWER FLR 1 ATTIC

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

4. **Description of proposed alteration, extension or repair:** WOULD LIKE TO ADD ANOTHER LATERAL

5. **Work to be done by:** ☐ owner ☒ contractor's name WELL DIGGING INC RED 1, MILFORD, NE 68405

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 GEO. SMITH Address Rt 1 Box 99, DENTON 68339 Phone 797-5385
Applicant Signature (owner or lessee) George A. Smith

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

(Please do not write below this line)

Date rec'd 4/23/99 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date _____ By L.C.H. + L.D. Need Drawing
Date _____ By L.C.H. 4-26-99
Date _____ By _____

Installation final written approval
Date NOVEMBER 24, 1999 By Jerrold C. Hood

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

Rec'd 4/23/99 LD
8919 $50 cc

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 8205 SW 98 (no rural route) City Denton NE, Zip 68339

Owner Gary Steer Addresss RFD Denton, Ne

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

Date of Tests 10-6 to 10-7-99 Weather: Precipitation _____ Temperature _____

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	36	10/6	3:30	10/7	9:30	10/7	11:05	16 1/8	10/7	11:15	10	2/8	12
2			P		AM		AM	20		AM		3/4	14
3								13 3/4				3/8	25
4								12 1/8				2/8	12
5								9 3/4				5/8	16
6								16 1/4				5/8	16
7	↓							14 1/8				5/8	16

Sum of Percolation Rates: 111

Average of Rates: 16

Rate Used for Calculation: 16

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 475-2462 / 430-7606

Address 17201 So 72

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10/12/99

Gary Steer

System Location (Indicate correct number and street)

Address 8205 SW 98 (no rural route) City Denton NE, Zip 68339

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: PVC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

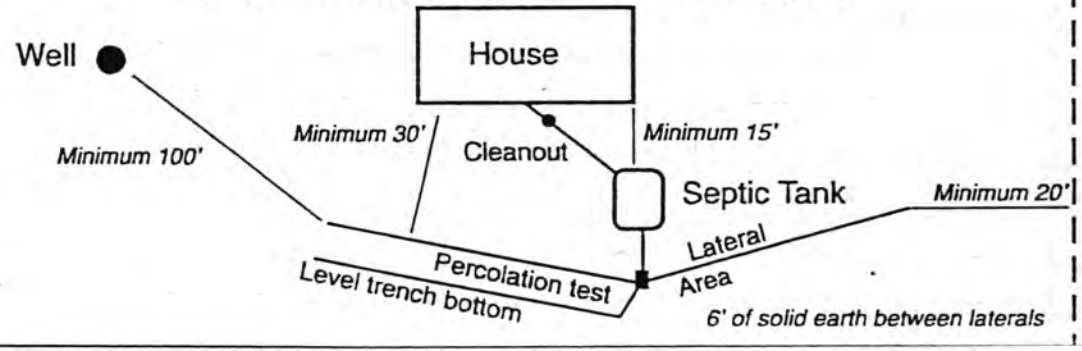
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

COLI 6/22/99 9907010O2 nf

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

Coli 6/22/99

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8205 SW 98

Twp 9N Range 5 Section 35 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property 1/2 MILES WEST 1/2 MILE SOUTH WEST SIDE OF ROAD

Location of Well APPROX 20' SOUTH OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System APPROX 120' NORTHWEST OF HOUSE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	GEO. A. SMITH	8205 SW 98, DENTON 68339-3136	797-5385
Tenant/Buyer:	Harry F. Steer	11500 Yankee Hill Rd. Denton	797-3757
Return to:			

Signature of Applicant Harry F. Steer Address 11500 Yankee Hill Rd Denton, NE 68339 Date 6 / 9 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 06 / 10 / 99
Initials ___
Amount 150.00
Check No. 2748

DATA ENTRY

Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6 / 11 / 99

6/28/99 by J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits

Date 6 / 14 / 99 by J.C.H.
Date 6 / 18 / 99 by J.C.H. CL 6/2
Date 6 / 21 / 99 by J.C.H.

Comments: GRAY WATER MUST GO INTO SEPTIC SYSTEM. SEWAGE SYSTEM PREDATES REGULATIONS. 6/14/99 Re-visited in the house. J.C.H. AN INCREASE IN FLOW BY ADDING THE GRAY WATER INTO THE SEWAGE SYSTEM MAY NECESSITATE ADDING LATERAL AT A LATER DATE. OWNER INDICATES SEPTIC TANK WAS PUMPED LAST FALL. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6 / 30 / 99

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: 10-95

As Built Drawing

