Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

JEFF LAMBERT
T9N R5E SEC 26 QTR NW
LOT 33IT
8600 SW 84 ST-DENTON

Permittee

JEFF LAMBERT
BOX 22171
LINCOLN NE 68504

Permit # 01380238601

Issued 10/15/01
Expires 04/15/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000181

OCT 1 6 2001 OCT 5 2001

A

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

Permit Number: 013802386

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8600 SW. 84TH (no rural route) City DENTON NE, Zip 68339

Legal Description NE T. NW 1/4 26 9N 5E 33 T
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name JEFF LAMBERT Signature [signature]

Address BOX 22171 City/State/Zip LINCOLN NE. 68504

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name SAME Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name MIKE NORMAN Firm NORMAN PLUMBING Work Phone 402-464-5721

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/5/01 Date frwd 10/9/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-15-01 Date frwd 10-15-01 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 10/9/01 Date frwd 10/9/01 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature]

Date 1/18/02

Business Office Use Only

Date Rec'd 10/05/01

Amt Paid 200.00

Rec'd By LO Cash/Check No. 5593

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

OCT 5 2001

B

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

Permit Number: 01380238b

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8600 SW. 84th St. (no rural route) City Lincoln NE, Zip

Owner Addresss

Soil Type (SCS): WYMORE Silty Clay LOAM Percolation Rate: min./inch

Date of Tests 8/31 to 9/1 Weather: Precipitation none Temperature 85+

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	38	8/31	1:00	9/1	1:00	9/1	4:30	34	9/1	5:00	30	1	30
2	36	8/31	1:00	9/1	1:00	9/1	4:30	31¼	9/1	5:00	30	¾	40
3	38	8/31	1:00	9/1	1:00	9/1	4:30	32½	9/1	5:00	30	1¼	24
4	41	8/31	1:00	9/1	1:00	9/1	4:30	36½	9/1	5:00	30	¾	40
5	39	8/31	1:00	9/1	1:00	9/1	4:30	30¾	9/1	5:00	30	¾	40
6	37	8/31	1:00	9/1	1:00	9/1	4:30	31½	9/1	5:00	30	1	30

Sum of Percolation Rates: 204

Average of Rates: 34

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: CLAUDE OEE

Phone: 402-423-0614

Address 5910 S 52nd St. Ct. Lincoln Neb.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 9, 2001

FORM 23-101 10-96

OCT 5 2001

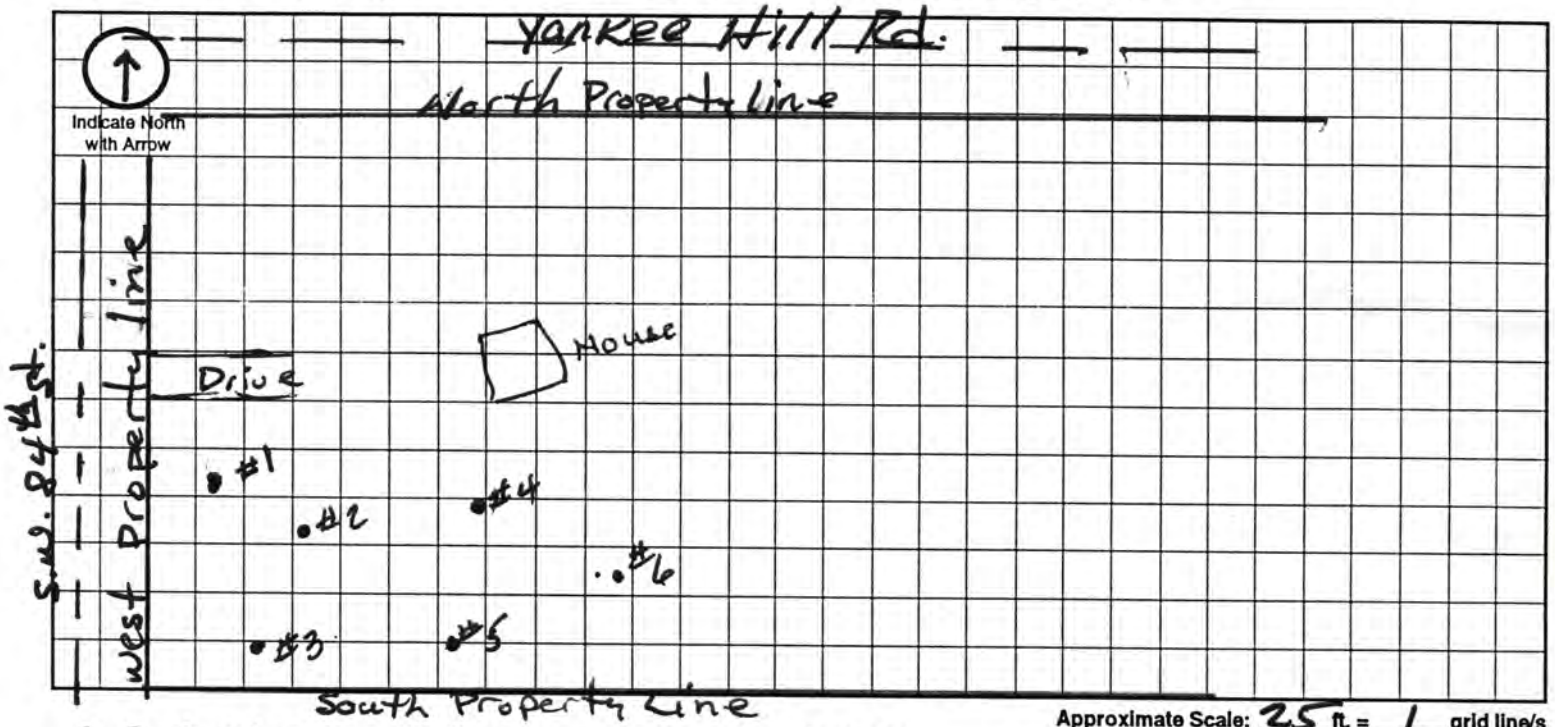
C

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

Permit Number: 013802386

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8600 SW 84th St. City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate .34 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 206 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 10/4/01

Installer _____ Date _____

FORM 23-102 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 1/18/02

System Location (Indicate correct number and street)

Address 8600 SW 84 (no rural route) City Denton NE, Zip _____

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: 1,000 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

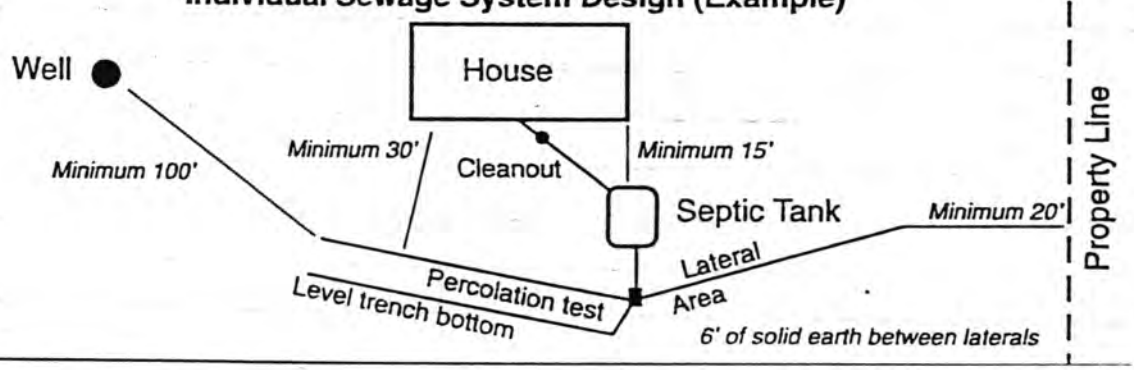
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

JUL 1 2 2005

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

FAXED 7/17

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 8600 SW 84, Denton

Parcel ID 03 - 26 - 1W - 013 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 26 1/4 ___ 1/4 ___ Block ___ Lot 33 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW of House Year Installed 2002

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Jeff Lambert	8600 SW 84	
Tenant/Buyer:	Loren Skala	3711 Faulkner Dr #116 Lincoln NE 68516	
Return to:	Cindi Hahn		730-5971 (434-3817 (Fax)

Signature of Applicant Cindi Hahn Address 9330 Whispering Wind Lincoln, NE 68512 Date 7/9/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/12/05 Amount 200.00 Check No. 2906 Initials es

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

PRELIMINARY STATUS--By Doug Smith DATE: 7/13/05

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: On-site wastewater treatment system installed in 2002. Although not required, it is a standard recommendation to have septic tanks pumped if they have not been pumped within 2 years.

See Attached Letter ☐

FINAL STATUS

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

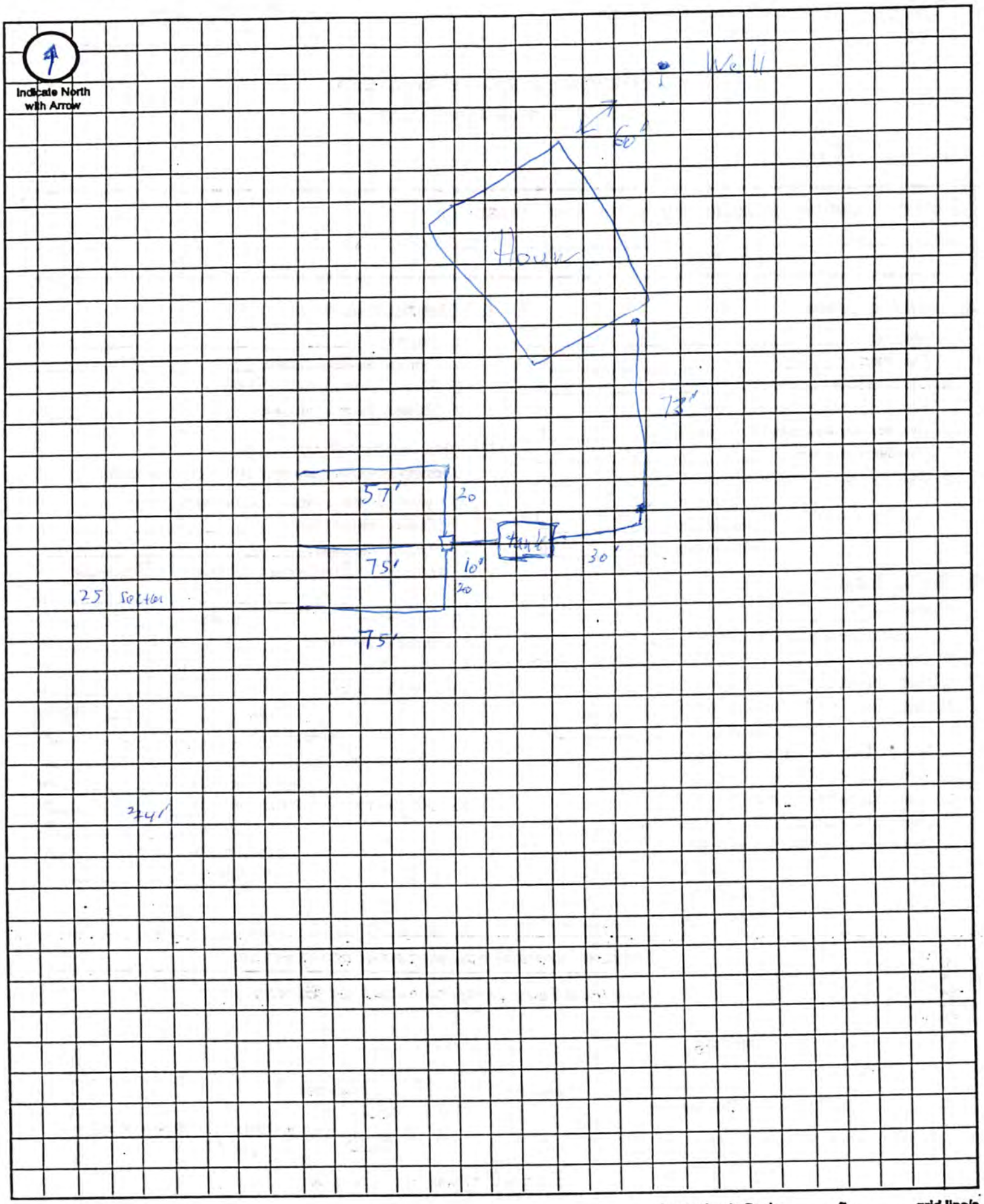
Approved by Doug Smith 441-8031 Date 7/18/05

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

As Built Drawing



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