Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003334

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390077601

Issued 10/21/03
Expires 04/21/04
Revenue Code 3157

Establishment LEONARD & CAROLYN ROBERTUS
T9N R6E SEC 3
PARK RIDGE HGTS-RPLT BLK 2 LOT 5
4140 S FOLSOM ST

FEES: $100.00

Permittee LEONARD & CAROLYN ROBERTUS
4140 S FOLSOM ST
LINCOLN NE 68522

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0439007701

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:** Park Ridge Heights. Replat 3-9-6 Block 2 Lot 5
   Township 9N Range 6E Section 3 1/4 Section ____
   Block 2 Lot 5 Addition PARK RIDGE HEIGHTS REPLAT
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address 4140 S Folsom st. Lincoln NE. 68522

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** New D-Box with 80' of Laterial 4' wide.

5. **Work to be done by:** ☐ owner ☒ contractor's name Raymond Contracting (Lloyd)

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 Leonard Robertus. Address 4140 S Folsom ST Phone 423-5224
Applicant Signature (owner or lessee) Leonard Robertus

carolyn

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 10/21/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/22/03 By D.S.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/3/03 By Doug Arnold

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: 10/21/03 Amount #100.00 Check No. 5106 Initials CW

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 4140 S. Folsom St (no rural route) City Lincoln NE, Zip 68522

Owner Leonard Roberts Addresss same

Soil Type (SCS): _____ Percolation Rate: 51 min./inch

Date of Tests 9/8 to 9/9 Weather: Precipitation 3/4" between presoak + test Temperature 80°

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	24"	9/8	4:00	9/8	8:00	9/9	1:30	6	9/9	4:30	30	.75	40
2	28	"	"	"	"	"	"	"	"	"	"	.63	47
3	26	"	"	"	"	"	"	"	"	"	"	.50	60
4	27	"	"	"	"	"	"	"	"	"	"	.50	60
5	22	"	"	"	"	"	"	"	"	"	"	.50	60
6	22	"	"	"	"	"	"	"	"	"	"	.75	40
													307÷6=51
													3 Bedroom 1050÷4=263

Person Conducting Percolation Tests

Name: Terri Jakubicek Raymond Contracting Inc.

Phone: 402-783-2663 | 402-890-3870

Address 13800 NW 70th St. Raymond, NE 68428

Sum of Percolation Rates: 307 ÷ 6 = 51

Average of Rates: 51 = 1050 ÷ 4 wide = 263

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of _____ Date _____

Raymond Contracting Inc

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 10/22/03 Leonard Roberts

System Location (Indicate correct number and street)

Address 4140 S. Folsom St (no rural route) City Lincoln NE, Zip 68522

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: Concrete - existing
   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: plastic
   Number available outlets: 3
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 4 ft.

D. Absorption Field

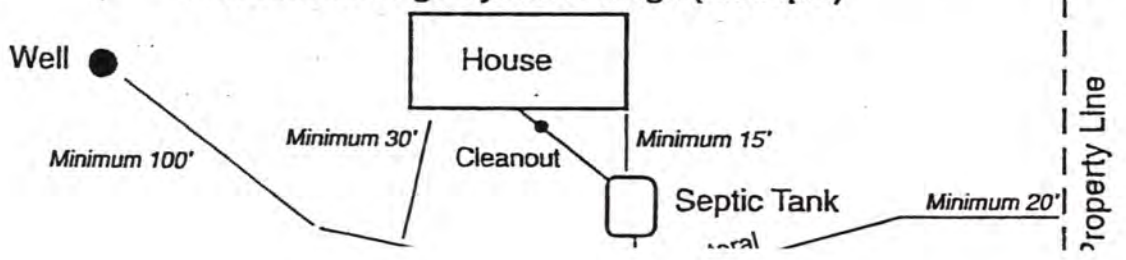
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other Equalizer H-10 Standard
2. Lateral lines: Number 3
   Length of each line: 100 (old) ft. 80 (old) ft.
   75 (new) ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 42 (to bottom) in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 100 + ft.
   Stream — ft.
   Pressure line — ft.
   Property line 8 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

