Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 01390069301

Issued 04/11/01
Expires 10/11/01
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Establishment

RICK COX
T9N R6E SEC 4
STOCKWELL ADDN E 1/2 LOT 9
3640 SW 16 ST

Permittee

RICK COX
2308 PHILADELPHIA DR
LINCOLN NE

[redacted], Health Director

Carol Doyle

015576

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 4-11-01	File No.: 013900693

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 9N Range 6E Section 4 1/4 Section _____
   Block _____ Lot 9 Addition STOCKWELL
   Street Address ~~6400 SW 16TH~~ 3640 S.W. 16TH STREET

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 LATERALS

5. **Work to be done by:** ☐ owner ☒ contractor's name GAGNER CONST.

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 Rick Cox Address 2308 Philadelphia DR Phone 435-2308
Applicant Signature (owner or lessee) Richard A Cox

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

(Please do not write below this line)

Date rec'd 4/11/01 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 4/23/01 By Doug Smith
Date _____ By _____
Date _____ By _____

Installation final written approval
drawing received
Date 4/27/01 By Doug Smith
Experimental/ Provisional

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

4/20/01 cw
$100.00
CK 2571

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: 013900693

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3640 SW 16TH (no rural route) City LINCOLN NE, Zip 68522

Owner RICK COX Addresss 2308 PHILADELPHIA DR. 68521

Soil Type (SCS): KENNEBEC SILTY LOAM (BLACK DIRT) Percolation Rate: _____ min./inch

Date of Tests 17MAR to 18 MAR Weather: Precipitation 0 Temperature 42

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	30	17MAR	1:00	18MAR	12:30	18MAR	1:00	6	18MAR	1:30	30	1 1/2	20 MIN/IN
2	"	"	"	"	"	"	"	"	"	"	"	1 1/4	24 MIN/IN
3	"	"	"	"	"	"	"	"	"	"	"	1 1/2	20 MIN/IN
4	"	"	"	"	"	"	"	"	"	"	"	1 5/8	18 MIN/IN
5	"	"	"	"	"	"	"	"	"	"	"	1 1/4	24 MIN/IN
6	"	"	"	"	"	"	"	"	"	"	"	1 1/4	24 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 22

Person Conducting Percolation Tests

Name: Melvin J Gagne

Phone: 432-5698

Address 4810 W CLAIRE AVE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

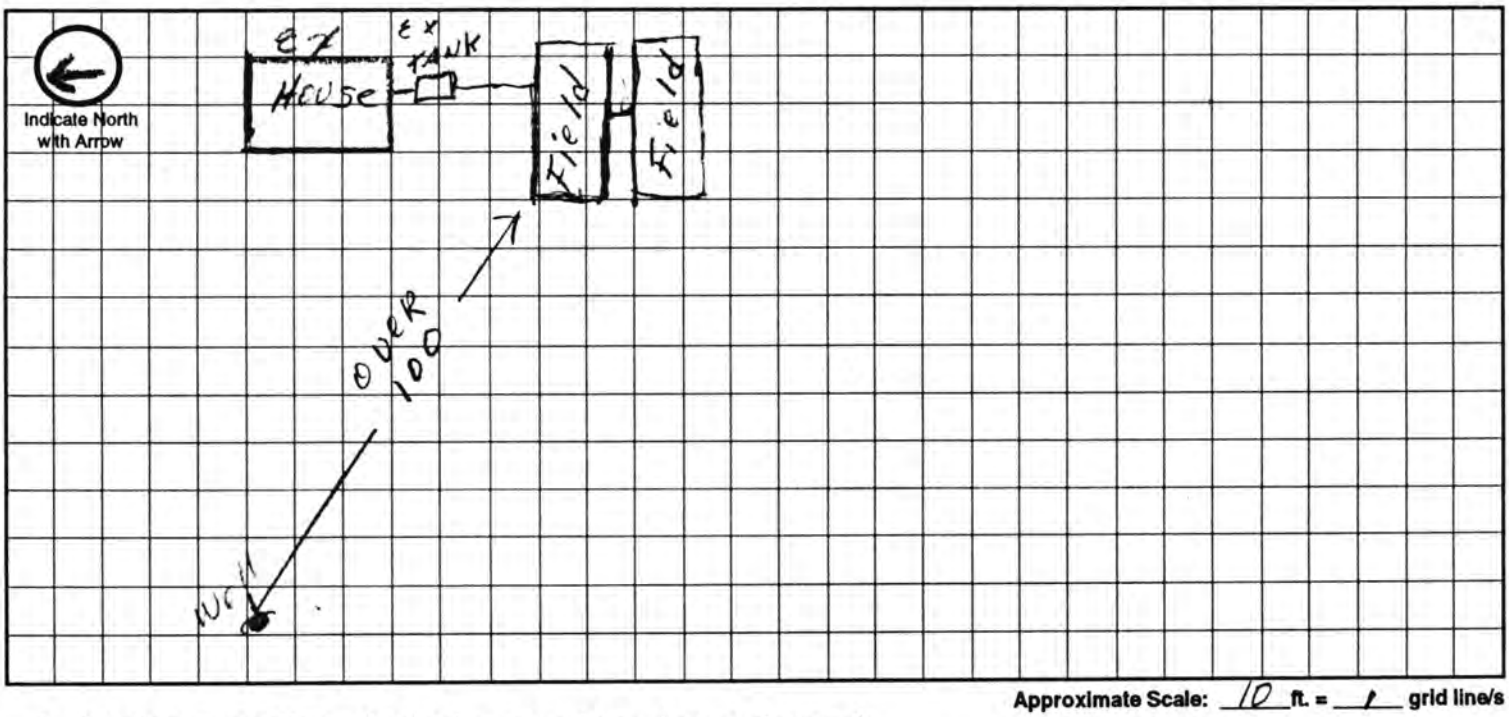
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013900693

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3640 SW 16TH City LINCOLN NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____

Installer Mike Hagen Date 4/11/01

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: 0139 00693

Richard Cox

Sewage Disposal System

As Built Plans & Specifications

Date 4-23-01

System Location (indicate correct number and street)
Address 3640 SW 16TH (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: Tile
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 15 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line 50 ft.
   property line 40 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: 2
2. Capacity: 1000 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: 4 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 40 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: NA ft.

D. Absorption Field

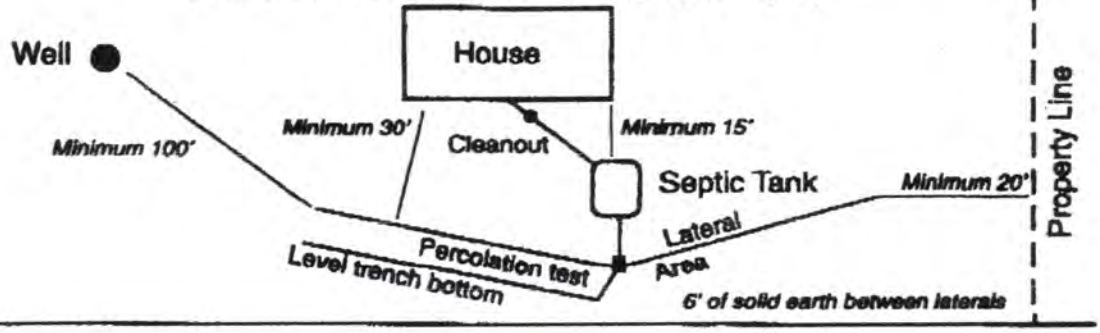
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 44 ft. 39 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 10 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 21 ft.

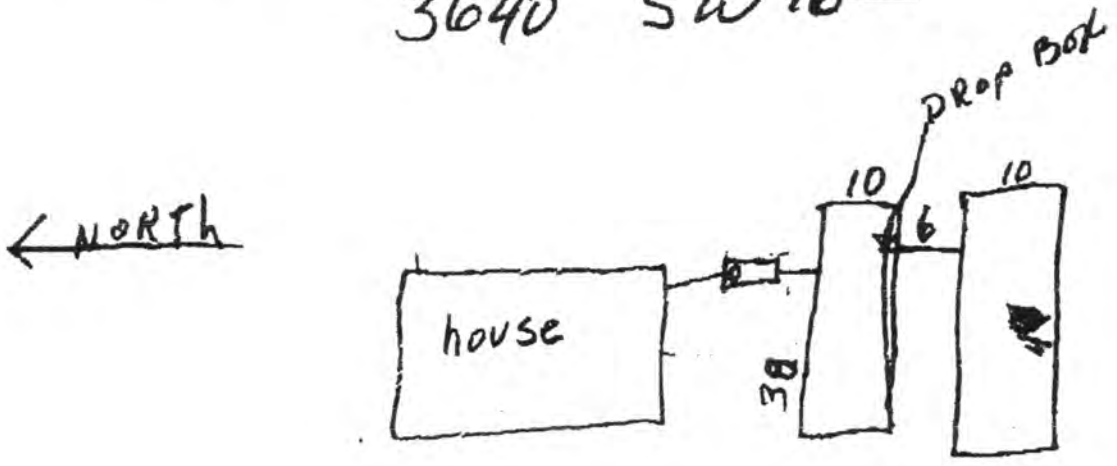
Indicate North with Arrow

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

Individual Sewage System Design (Example)



3640 SW 16TH



Rich Cox

Gagner Const.

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

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 3640 SW 16th

Parcel ID 09-04-400-057-000 (i.e. 99-99-999-999-999)

Twp 9 Range 6 Section 4 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Stockwell

Directions to Property ___

Location of Well 2 yds from front door W. st Tap Location: Inside ☐ Outside ☐

Location of Sewage System South Side of House Year Installed 1972

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Nancy Cox		
Tenant/Buyer:	Jeff & Robin Mueller	4935 Leighton Ave	325-8654
Return to:	Capital Title Attn: Marylin Wimmer	4645 Normal Blvd Lincoln, NE	(Fax)

Signature of Applicant Jeffrey A Mueller Address 4935 Leighton Ave Lincoln, NE 68504 Date 6/19/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/20/01 Amount 200.00 Check No. 1051 Initials ___

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

PRELIMINARY STATUS--By Doug Svoboda **DATE:** 06/20/01

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0.0 /ml	☐ ___ /ml
Nitrate	☑ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: New laterals installed in April 2001. If these laterals fail very little replacement area exists due to small size of lot. Septic tank should be checked to determine if pumping is needed. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Svoboda Date 6/25/01

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

JUN 19 2001