Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003002

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380269801

Issued 08/22/03
Expires 04/22/04
Revenue Code 3157

Establishment

MARK CALIDONNA
T9N R6E SEC 14
LAZY ACRES BLK 2 LOT 6
1145 N MOCKINGBIRD LN

FEES: $200.00

Permittee

MARK CALIDONNA
1145 MOCKINGBIRD LN N
LINCOLN NE 68512-2319

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380269801

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 1145 MOCKINGBIRD LANE N. (no rural route) City LINCOLN NE, Zip 68512

Legal Description ____ T9N R6E SEC 14 CAZY ACRES BLK 2 LOT 6
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 MARK CALDONNA Signature Mark Caldonna

Address 1145 N MOCKINGBIRD LANE City/State/Zip LINCOLN NE 68512

☐ Check if owner designed system Home Phone 420 6980 Work Phone 730 9569

C. Contractor

Name G&A BACKHOE 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 ____ Firm ____ Work Phone ____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 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 8/22/03 Date frwd 8/22/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/22 Date frwd 8/22 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-22-03 Date frwd 8-22-03 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

P.W. has received district request that to date has not been put on City Council for action

8/28 tank, line, lateral O.K.

Installation Final Written Approval

By Doug Arnold

Date 9/3/03

Business Office Use Only
Date Rec'd 8/22/03
Amt Paid $100.00
Rec'd By cw Cash/Check No. 204

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

Void permit 03390075601 for repair-apply $100.00 to this permit-cw 8/22/03

File Notes for 1145 Mockingbird

The property located at 1145 Mockingbird is an existing property on a lot with less than 3 acres. The lot is currently served by a septic system installed in 1968. An additional 100 feet of lateral was installed in 1989. The current system does not show any visible signs of malfunction. The homeowner is adding an additional bedroom to the house. The additional bedroom is located at an elevation that will not allow gravity feed for a connection to the existing septic system. The homeowner is requesting the installation of an additional septic tank and lateral to serve the added bedroom. Long term plans are to use the new tank as a pumping station if city sewer becomes available at an elevation that will not allow gravity flow. The city sewer is expected to serve this property in the near future although final dates and elevations have not been determined. Based on discussion with Gordon Luke (G and A Backhoe), John Chess, Jerry Hood and Doug Smith the following was decided:

- A new construction permit must be taken out. The $100 already paid for a repair permit will be credited to the permit.
- A new construction permit will be issued as a standard permit. The existing property and nature of the circumstances do not require the non-standard classification.
- The septic tank must be a minumum of 1,000 gallons. Modification to the tank may be allowed based on the homeowner's desire to utilize the tank for use as a pump station in the event it is needed for connection to city sewer. The homeowner will be responsible for communicating with Building and Safety for plumbing requirements. The homeowner has been informed of this and has been asked to contact Bob Siemson.
- The soil in the area is Dickson. Based on the current system operation and soil type this system may be installed without additional percolation tests. The system will be sized for the maximum 60 inch perc rate for a one bedroom. This rate requires 350 of lateral which is 87.5 feet in a 4 foot trench.
- The bedroom is slab on grade. The tank may be set a minimum of 10 feet from the slab.

Doug Smith 8/21/03

8/21/03

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:**
   Township T9N Range R6E Section SEC14 1/4 Section _____
   Block BK2 Lot LOT 6 Addition LAZY ACRES
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address 1145 N. MOCKINGBIRD LANE LINCOLN

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** _____

5. **Work to be done by:** ☐ owner ☑ contractor's name G & A

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 MARK CALIDONNA Address 1145 N. MOCKINGBIRD LANE Phone 730-9569
Applicant Signature (owner or lessee) Mark Calidonna MARK CALIDONNA

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 8/15/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerold C. Hood

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

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: 08/15/03 Amount 100.00 Check No. 202 Initials _____

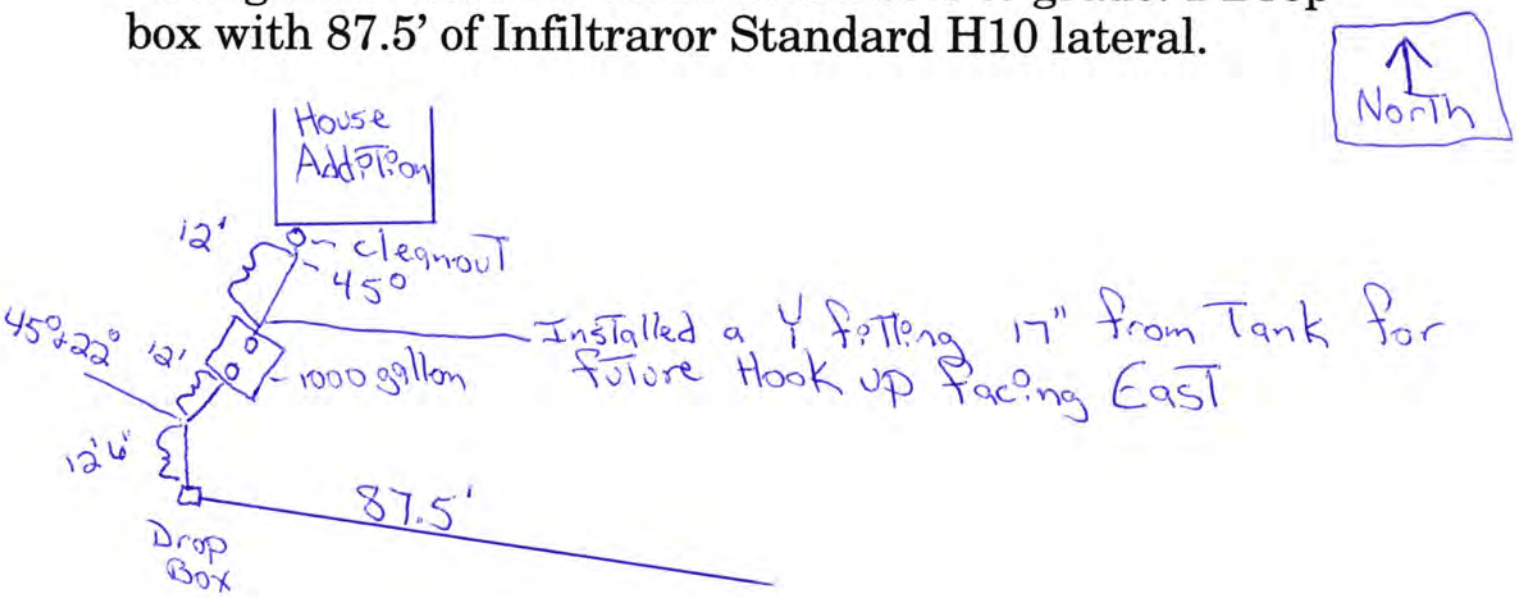
White - Division Copy Pink - Business Office Revised 9/00

SEP 2 2003

G & A
BACKHOE SERVICE
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

08/28/03

To Doug Smith,
This is the as built drawing for the Septic System onto the Addition of the house @ 1145 North Mocking Bird Lane, Mark Calidonna.
1000 gallon Concrete Tank with risers to grade. 1 Drop box with 87.5' of Infiltraror Standard H10 lateral.



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 1145 Mockingbird Ln.

Parcel ID 09 - 14 - 401 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 14 1/4 ___ 1/4 ___ Block 2 Lot 6 Addition 1.024 Acres

Directions to Property ON South 66th St. by NEW-PMCA & Sw. High School

Location of Well Front yard Tap Location: Inside ☐ Outside ☐

Location of Sewage System Back yard Year Installed 1968

Site Hazards (dogs, etc.) LATERAL ADDED 1989

	NAME	ADDRESS	PHONE
Present Owner:	Robert & Janet Luedtke	4235 Everett Wheat Ridge Co. 80033	
Tenant/Buyer:	Mark Caldonna Barbara Barron	2133 So. 58th	486-6652
Return to:	Larry Richenberg	5901 No. 27th Lincoln, NE 68521	437-7504 323-8777 (Fax) CELL-432-1837

Signature of Applicant Mark Caldon Address 2133 So. 58th Lincoln, NE Date 8/21/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/21/02 Amount 200.00 Check No. 2030 Initials

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

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 8/22/02

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☑ 2.7 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

Lab reports of 8/23 and 8/29 show coliform bacteria present. Recommend Chlorination of well by licensed individual ☐ See Attached Letter

FINAL STATUS Chlorination completed — follow-up sampling - No coliform

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

Approved by Doug Ahrens Date 9/11/02

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