# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380170301

Issued 12/22/97
Expires 06/22/98
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MARK MASEK
T9N R6E SEC 18
ROLLING MEADOWS BLK 5 LOT 1
6800 SW 44 ST

Permittee

MARK MASEK
2815 STARR ST
LINCOLN NE 68503-1857

Gregg Wright MD.

Issued By ~~M. Jane Ford~~
Health Director

5587

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

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

**A**

Permit Number: 973801703.

# 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 6800 SW 44th (no rural route) City Lancaster Co NE, Zip

Legal Description SE (1/4) SE (1/4) 18 (Section) 9N (Township) 6E (Range) Rolling Meadows (Subdivision) 5 (Addition) 1 (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 Masek Signature

Address 2815 Starr City/State/Zip Lincoln Nebr. 68503

☐ Check if owner designed system Home Phone 402-476-9184 Work Phone 560-4751

### C. Contractor

Name Larry Schwarck Company Name Larry Schwarck Trenching

Address 8200 Old Cheney City/State/Zip Lincoln NE, 68516

☒ Check if contractor designed system Work Phone 402-489-7294

### 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 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 12-22-97 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-29-97 Date frwd 12-29-97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-29-97 Date frwd 12-29-97 ACTION ☒ Approved ☐ Disapproved Signature

4/20/98 Had to C.H

### Installation Final Written Approval

By Gerrold C. Neef R.E.H.S.

Date April 23, 1998

***Business Office Use Only***

Date Rec'd 12/22/97
Amt Paid #150.00
Rec'd By ~~Cash~~/Check No. 5698

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

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

Blk 5 Lot 1
Rolling Meadows

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address X 6800 SW 44TH (no rural route) City LINCOLN NE, Zip NE

Owner X MARK MASER Address X ~~[illegible]~~ 2815 STARR, LINC, NE 68503

Soil Type (SCS): [illegible] Percolation Rate: _____ min./inch

Date of Tests 12-4 to 12-5-97 Weather: Precipitation _____ Temperature 22°

## 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 | 12-4 | 4:30 | 12-5 | 10:35 | 12-5 | 10:35 | 13 | 12-5 | 11:05 | 30 | 1/2 | 60 |
| 2 | | | | | | | | 12 1/2 | | | | 1/2 | 60 |
| 3 | | | | | | | | 12 | | | | 1/2 | 60 |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | 13 1/8 | | | | 1/8 | 60 |
| 7 | | | | | | | | 12 3/4 | | | | 3/4 | 48 |
| 8 | | | | | | | | 10 | | | | 1/2 | 60 |
| 9 | | | | | | | | 11 1/2 | | | | 1/2 | 60 |
| 10 | | | | | | | | 12 1/2 | | | | 1/2 | 60 |

**Person Conducting Percolation Tests**

Name: Randy Sackmann

Phone: [illegible]

Address [illegible]

Sum of Percolation Rates: 468
Average of Rates: 58.5
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official John E Mason Date 12-22-97

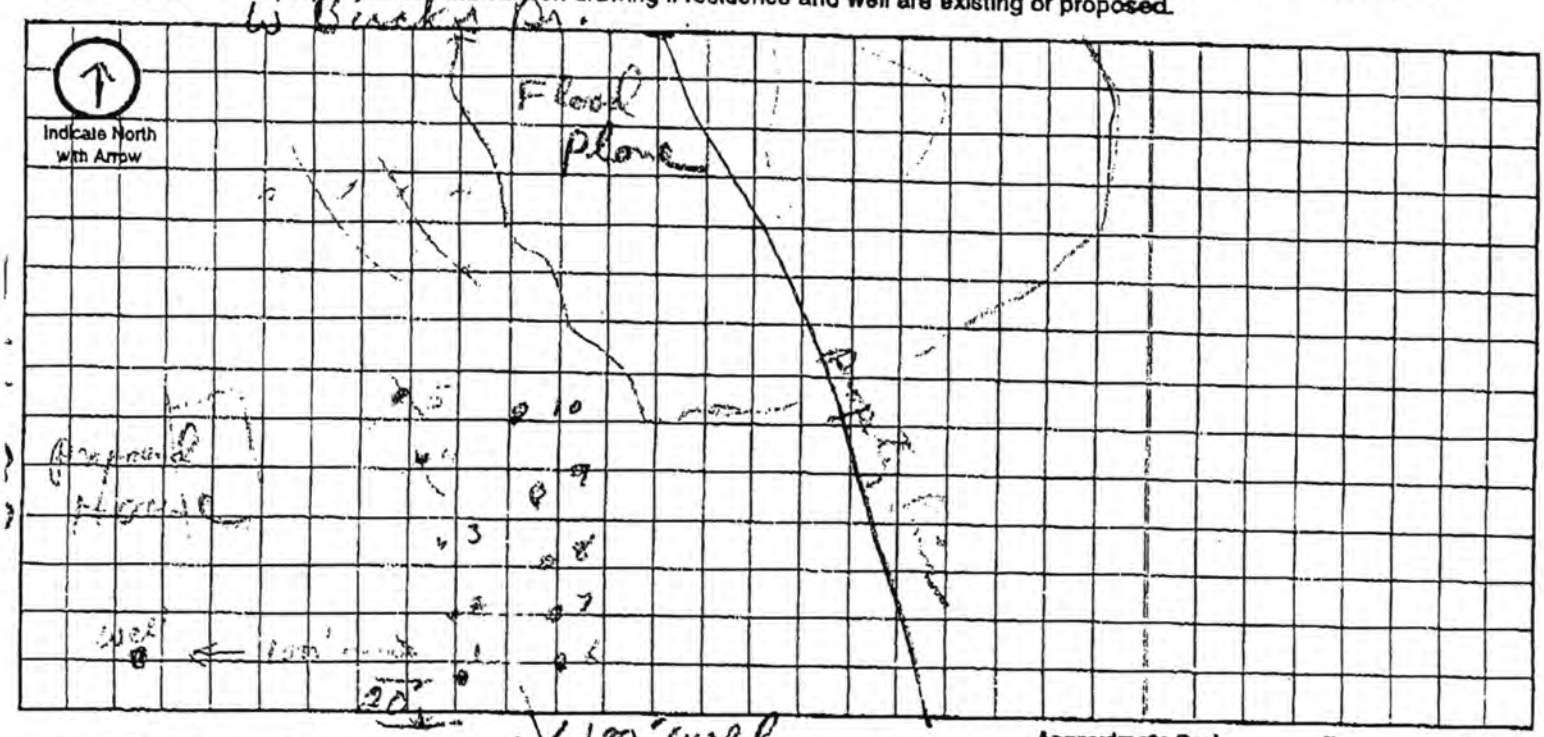
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

# 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: _____ ft. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) X _____ City _____ NE, Zip _____

## 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: 1-2 %

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

Total Square Feet of Field Required: 247 sq. ft LINEAR FT 4 ft WIDE TRENCH

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 3 Trench Width 2 ft

## 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 ☐ | 60 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor _____ Date 12-22-97

Installer _____ Date 12-5-97

FORM 23-102 10-96

APR 2 3 1998

D

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

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 4-20-98

**System Location (Indicate correct number and street)**

Address 6800 SW 44 (no rural route) City Denton NE, Zip

## A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ~~16~~ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

## B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1250 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 ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

## C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

## D. Absorption Field

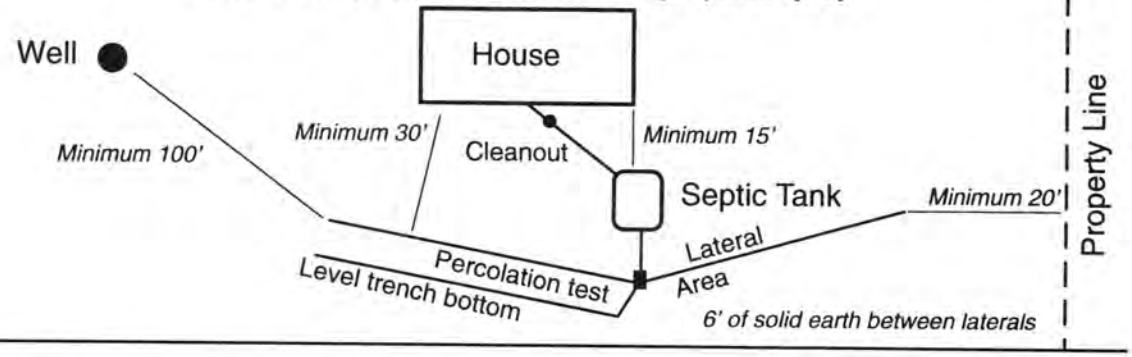
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ~~4~~
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 96 ft.
   96 ft. 42 ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 20 ft.

Indicate North with Arrow

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

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

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

Legal Description of Property: Street Address 6800 SW 44th Lincoln Ne

Twp 9N Range 6E Section 18 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition ROLLING MEADOWS

Directions to Property Q Hwy 2 South on 514 to Hwy 77 bypass Cross the W. Denton Rd Continue to 56 44. North on 56 44th to 6800 56 44th St.

Location of Well On Lot Tap Location: Inside ☐ Outside ☐

Location of Sewage System on Lot Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Richard Poeschl | 6800 SW 44th St | 797-2266 |
| Tenant/Buyer: | Mr & Mrs Darren Blaser | 850 No 58th Lincoln Ne 68505 | 467-5205 |
| Return to: | Jeanine Curtis Home Realty | 2855 So 70th Lincoln Ne 68506 | |

Signature of Applicant [signature] Address 850 No 58th Lincoln Ne 68505 Date 10/17/00

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
- Date 10/19/00
- Initials JS
- Amount $200.00
- Check No. 1068

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

**PRELIMINARY STATUS--By** Doug Smith **DATE:** 10/19/00

| 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:** Septic tank should be checked to see if it needs to be pumped. No visible malfunctions of system noted. A green area exists on shown lateral but it doesn't appear that sewage effluent is surfacing. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Doug Smith Date 10/24/00

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.

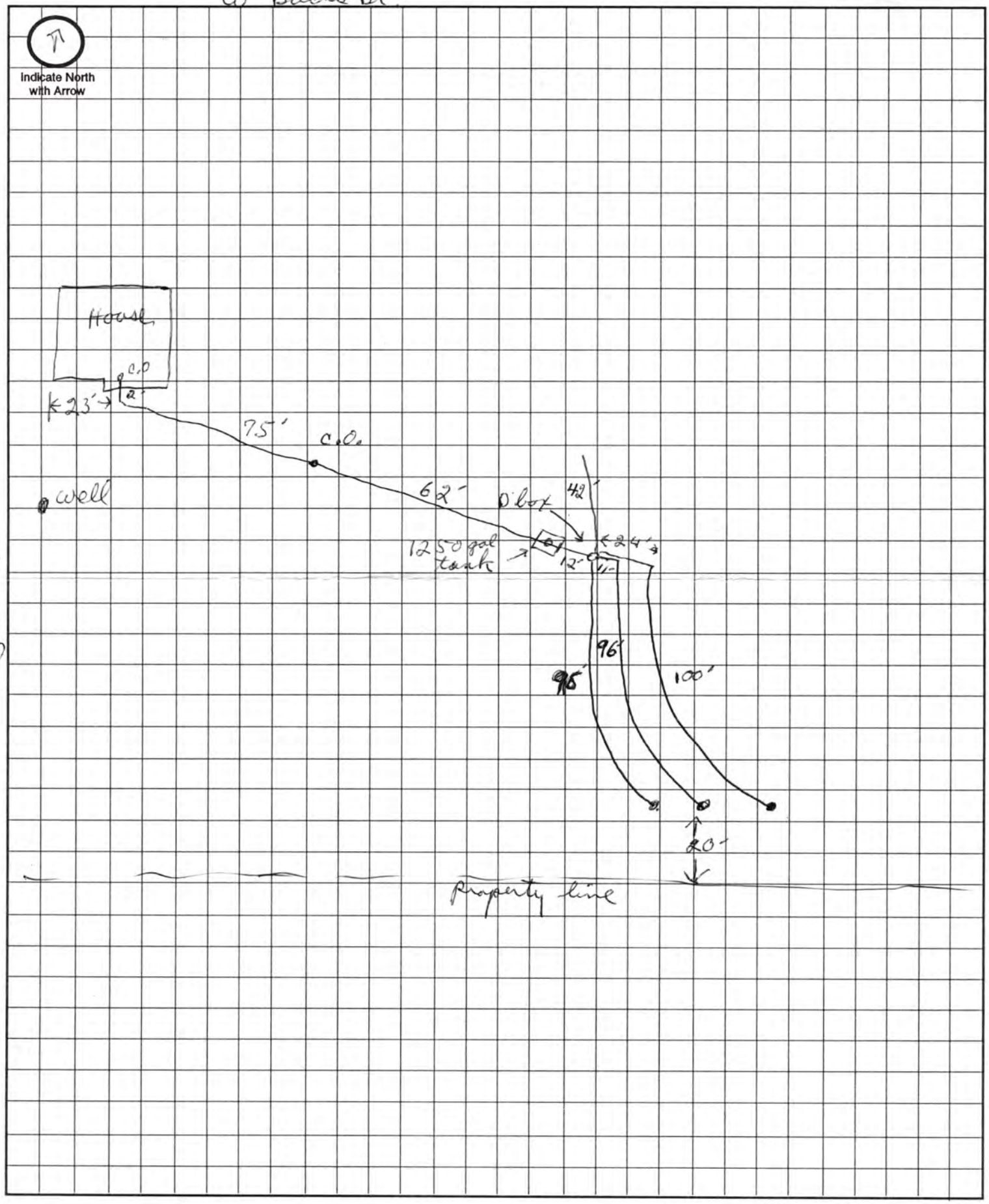
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

# As Built Drawing

By Larry Schwarck Lot 9 Blk 5 Rolling Meadows

W Backs Dr.




SCD 4424

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