Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005715

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390080101

Issued 09/15/04
Expires 03/15/05
Revenue Code 3157

Establishment:
PATRICIA LANE
T9N R6E SEC 18
LOT 3
5505 W OLD CHENEY ROAD

FEES: $100.00

Permittee:
PATRICIA LANE
5505 W OLD CHENEY RD
LINCOLN NE 68523

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

043900801

SEP 1 5 2004

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 9N Range 6E Section 18 NW 1/4 Section _____
   Block _____ Lot 3 Addition Rolling Meadows Add.
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 5505 West Old Cheney Rd.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Repair pipe + Add 100 FT LATERAL

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

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 Patricia Lane Address 5505 West Old Cheney Phone 797-7895
Applicant Signature (owner or lessee) Patricia Lane

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 9/15/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Wood

Site visits Inspection Date unknown, Inspected by D.F
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 9/29/05 By Doug Frye

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: 9/15/04 Amount $100.00 Check No. 4215 Initials _____

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

S T R.
18 9 6 LOT 3

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5505 "W" old Cheney Rd (no rural route) City LINCOLN NE, Zip 68523

Owner JONT PATRICIA LANE Addresss SAME

Soil Type (SCS): _____ Percolation Rate: 50 min./inch

Date of Tests 7/9/10 to 7/10/10 Weather: Precipitation 0 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	32	7/9	9:10	7/10	11:05	7/10	11:05	6	7/10	11:35	30	3/4	40
2	30	"	"	"	"	"	"	"	"	"	"	5/8	48
3	34	"	"	"	"	"	"	"	"	"	"	1/2	60
4	32	"	"	"	"	"	"	"	"	"	"	3/4	40
5	34	"	"	"	"	"	"	"	"	"	"	7/8	34
6	31	"	"	"	"	"	"	"	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Melvin Gagner
Phone: 402-432-5698
Address _____

Sum of Percolation Rates: 262
Average of Rates: 43.6
Rate Used for Calculation: 41-50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official

Date

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

C

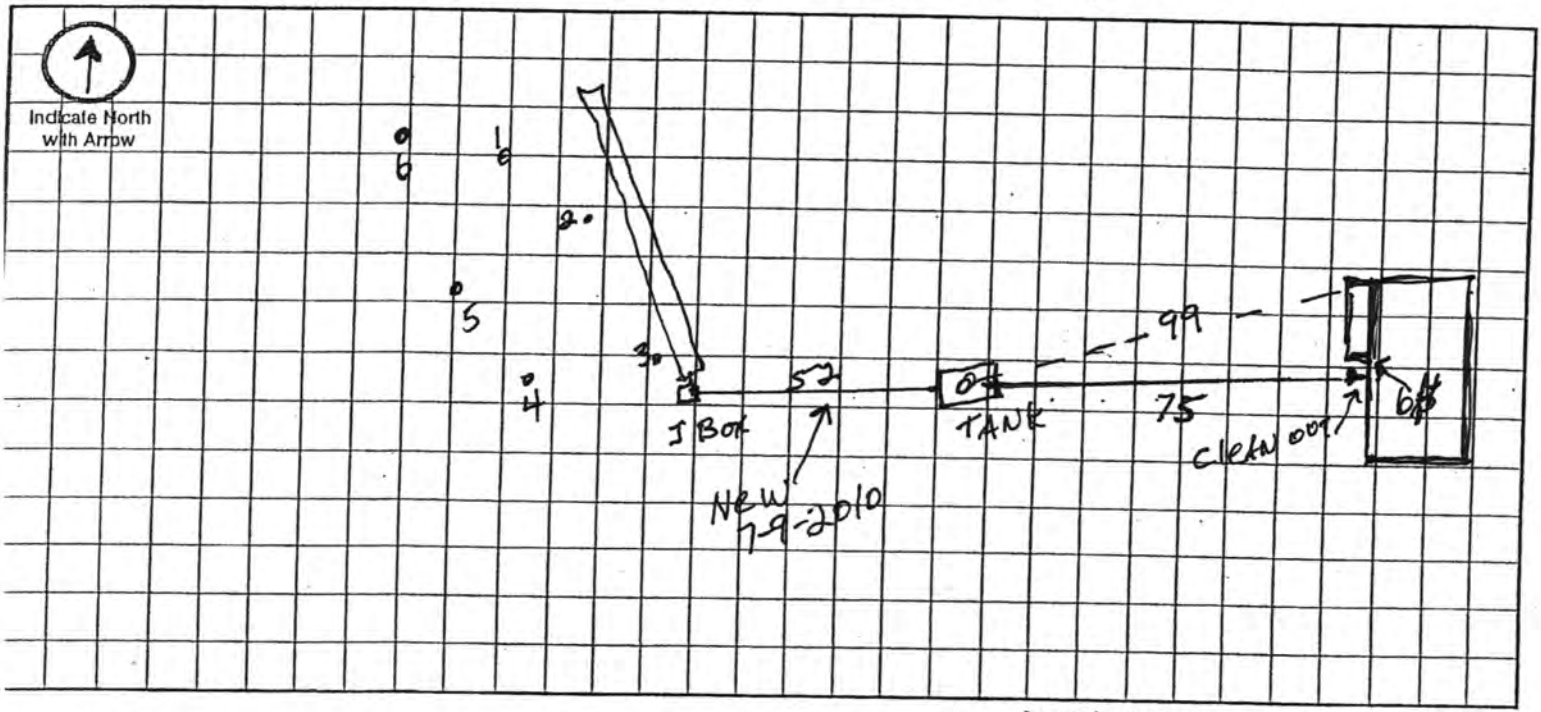
Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

GPS N40° 45.309'
W096° 41.697'

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) 5505 "W" old Chevey Rd. City Lincoln NE, Zip 68523

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: 990 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 _____ 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 Melvin Wagner Date 7/11/10

M-22-103 10-06

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

D

Permit Number:

9-6-18 Lot 3

Sewage Disposal System

As Built Plans & Specifications

EPS ON TANK
N 40° 45. 309'
W 096° 47. 697'

Date 7/11/2010

System Location (Indicate correct number and street)

Address 5505 "W" old Cheney Rd (no rural route) City Lincoln NE, Zip [redacted]68523

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: [redacted] in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 40 ft.
   property line OVER 50 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 100 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 52 ft.

D. Absorption Field

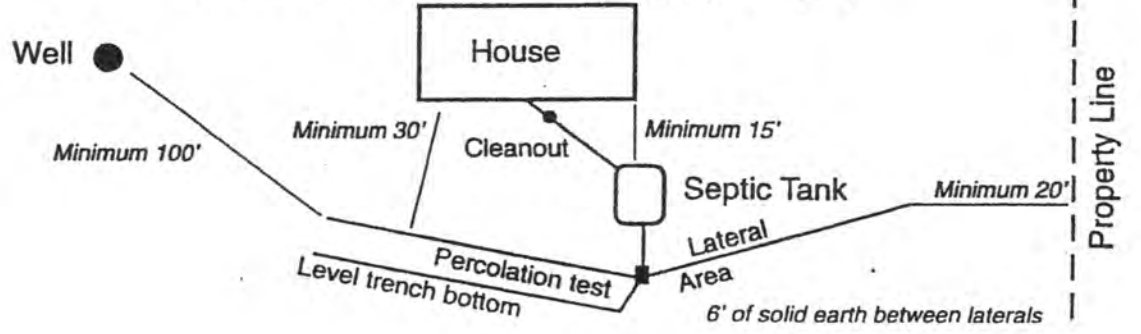
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number ____
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Rd GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 70 ft.
   Property line OVER 30 ft.

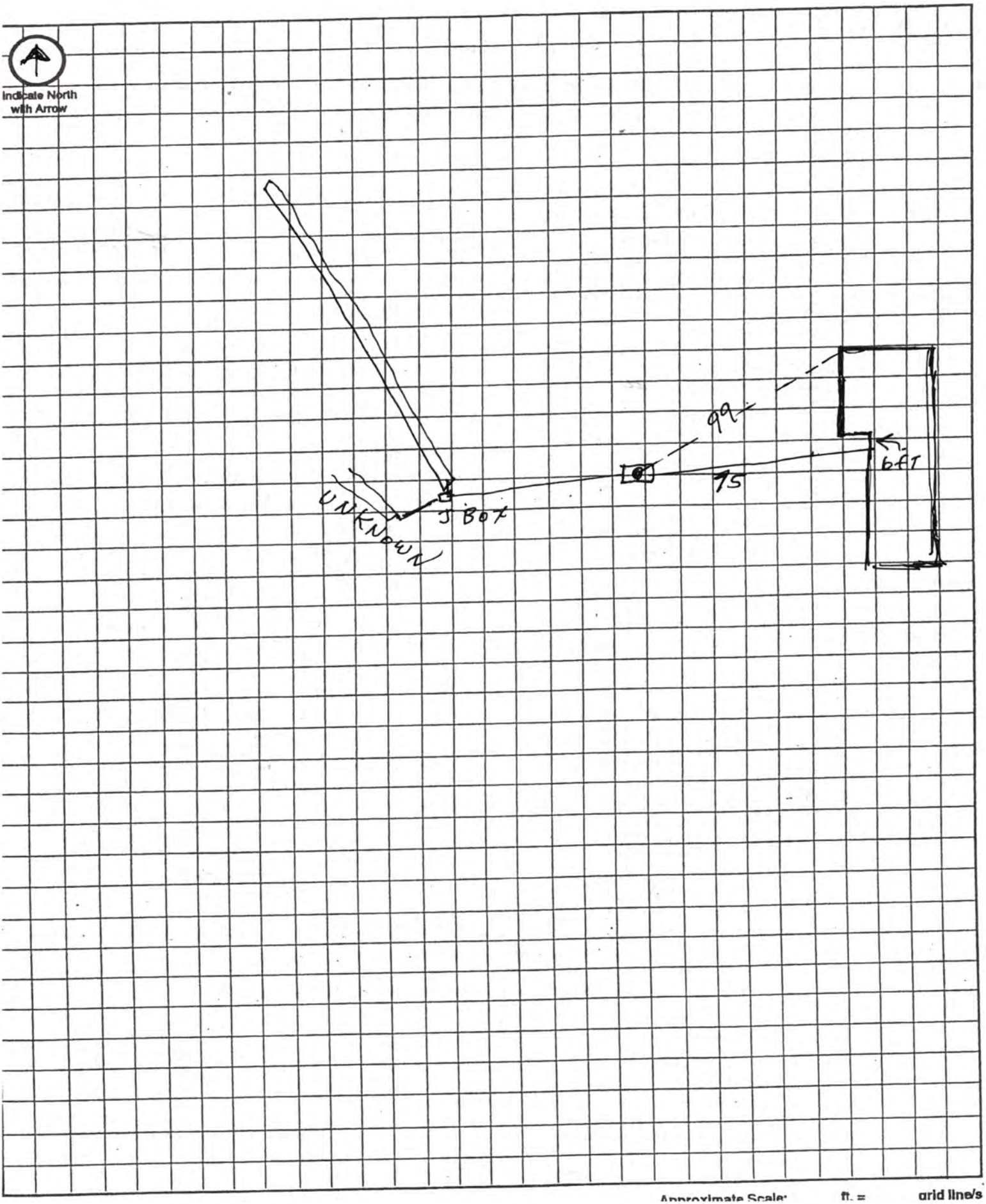
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: ft. = grid line/s