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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4-7-17 Legal Description 9-6-20 Whispering Pines Lot 2
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 2905 W Denton City Lincoln NE, Zip 68523

Owner John Carlson Address " "

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line Over 100 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 43 ft.

D. Drainfield Absorption

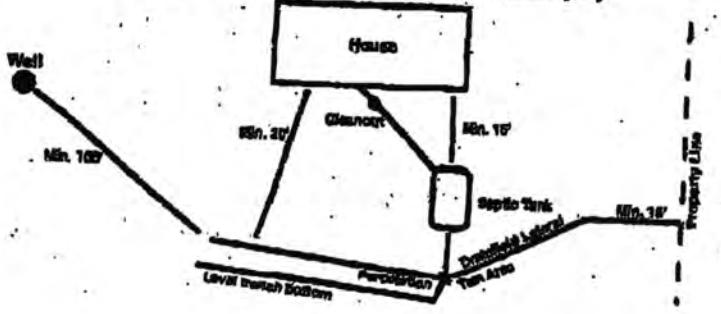
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 24"
   Number of distribution lines in bed 2
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 148 ft. 144 ft.
   _____ ft. _____ ft. _____ ft.
3. Drainfield dimensions: Width 36 ft.
   Distribution Pipe Slope 14 in/100 ft.
   Average depth 30 in
4. Filter material: N/A
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

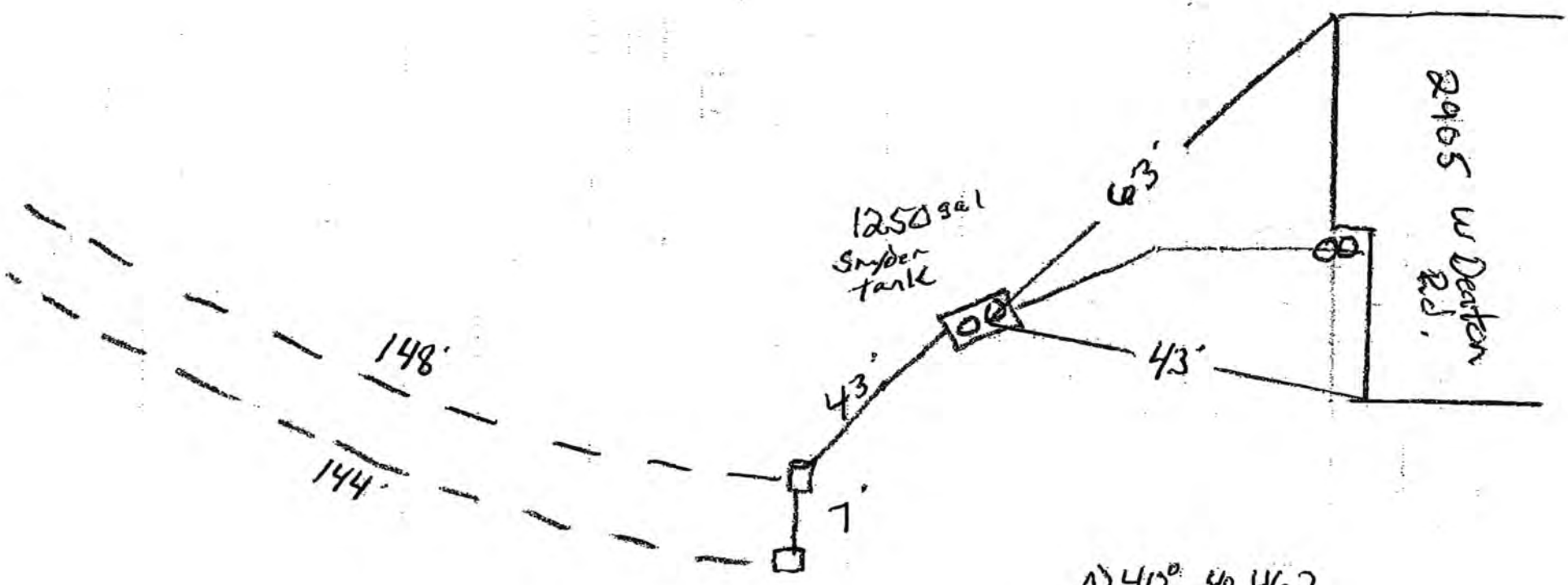
Complete As-Built drawing on the back to this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Form D 12_08



292' Infiltrator Quick 4 Plus

1058.5 sq'

N 40° 40.462

W096° 45.686

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 2905 W Denton Rd. Lincoln Ne 68523

Twp 9N Range 6E Section 20 1/4 1/4 Block Lot 2 Addition Whispering Pine Add

Directions to Property 2½ M. West of Hwy 77 & W Denton Rd South side North

Location of Well South East of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW Corner of House Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Dan Fairbanks	225 N Cotner Lincoln 68505 Care of Dick	402-430-7288
Tenant/Buyer:	Jan Carlson	3787 Randolph Lincoln Ne 68510	483-5855
Return to:	Dick Wolf	225 N Cotner Lincoln 68505	430-7288

Signature of Applicant Dick Wolf Address 225 No Cotner Lincoln Nebr 68505 Date 8/31/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/1/98
Initials [illegible]
Amount $150.00
Check No. 8190

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

PRELIMINARY STATUS--By Jerold C. Hood **DATE:** 9/1/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒ corrected
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☐ 1.8 ppm (treated)	☒ 18.3 ppm (raw)

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date 9/10/98 by J.C.H.
Date 9/15/98 by J.C.H.
Date ____/____/____ by ____

Comments: WELL TO WEST IS TOO CLOSE TO SEWAGE SYSTEM MUST BE PROPERLY ABANDONED. WATER TO OUTSIDE IS NOT ON. SEWAGE SYSTEM IS OF AN EXPERIMENTAL TYPE HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐
9/10/98 New well. Need well log. J.C.H.

FINAL STATUS 9/15/98 S.D. Installed. J.C.H.

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

Approved by Ron Maynard, R.S. Date 9/17/98

* Approval is for treated water only to remove excess nitrate, not the raw water.

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