# Lincoln-Lancaster County Health Department
## ENVIRONMENTAL PUBLIC HEALTH DIVISION

004974

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-REPLACED SEPTIC TANK

Permit # 04390078401

Issued 05/10/04
Expires 11/10/04
Revenue Code 3157

Establishment

DAVID G HUBERTUS
T9N R6E SEC 21 QTR SW
S 1/2 OF N 1/2OF NW
7900 SW 27 ST

FEES: $100.00

Permittee

DAVID G HUBERTUS
7900 SW 27 ST
LINCOLN NE 68522

TOTAL: $100.00

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director

# 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 21 1/4 Section
   Block Lot Addition
   Parcel ID ___-___-___-___-___ (i.e. 99-99-999-999-999)
   Street Address 7900 SW 27TH LINCOLN NE 68528

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** Replaced 1000 Gal septic tank with new 1000 gal replaced distbox and added 102 LF of Hi Cap Infiltrator Gravelless

5. **Work to be done by:** ☐ owner ☑ contractor's name DirtWorks Plus Inc % Steve Kraeer

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 DAVID HUBERTUS Address 7900 SW 27TH Phone 423-2234
Applicant Signature (owner or lessee) David Hubertus

**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 5/10/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C Hood

**Site visits**
Date ___/___/___ By
Date ___/___/___ By
Date ___/___/___ By

**Installation final written approval**
Date 5/10/04 By Doug Smith

**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: 05/10/04 Amount 100 Check No. 6811 Initials JS

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

D

Permit Number: 0439007 84

# Sewage Disposal System

## As Built Plans & Specifications

Date 5/3/04 ALTER/REPAIR

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

Address 7900 SW 27TH (no rural route) City LINCOLN NE, Zip 68523

## A. Building Sewer

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

## B. Septic Tank REPLACE

1. Material: ~~CONC~~ CONC
   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 2 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

## C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14' ft.

## D. Absorption Field ADDED 102'

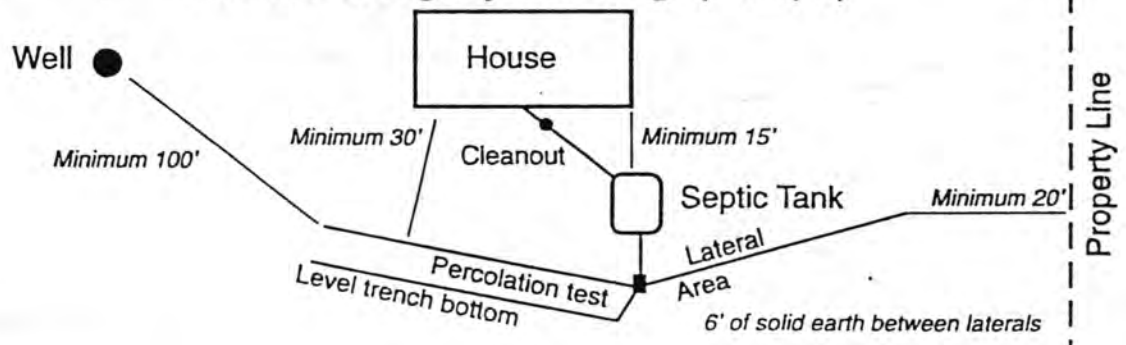
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR HI-CAP
2. Lateral lines: Number 1
   Length of each line: 102 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL-LESS
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

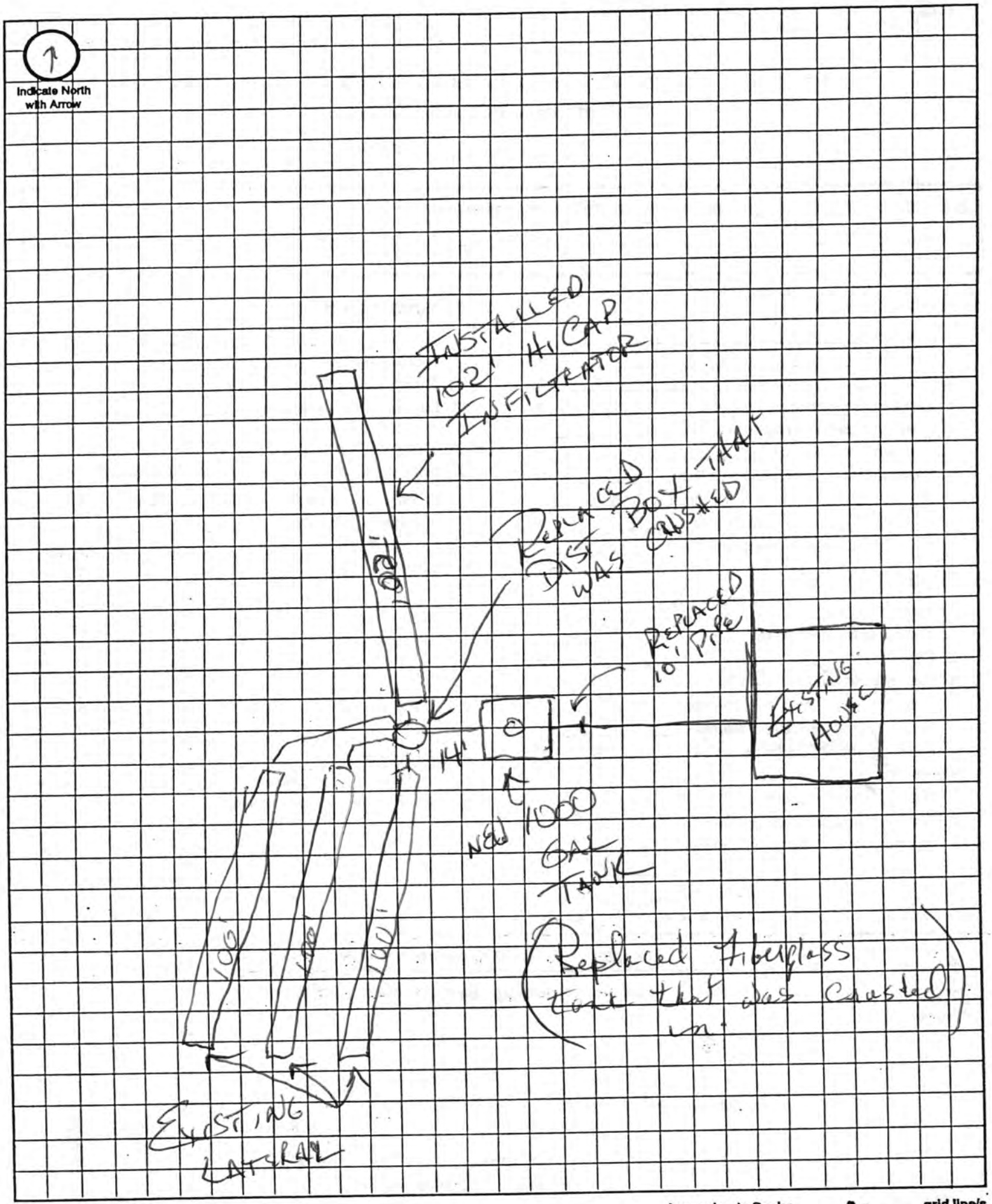
Indicate North with Arrow

### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing




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