Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003707

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380279501

Issued 03/19/04
Expires 09/19/04
Revenue Code 3157

Establishment
FRED H MADISON
T9N R6E SEC 23
LOT 32IT
8000 S 1 ST

FEES: $200.00

Permittee
FRED H MADISON
8000 S 1 ST
LINCOLN NE 68512

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: 04380279501

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 8000 S 1ST (no rural route) City LINCOLN NE, Zip 68512

Legal Description 23 9N 6E 32 I.T
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 FRED MADSION Signature Fred H Madsion

Address 8000 S 1ST City/State/Zip LINCOLN NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 3/19/04 Date frwd 3/19/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Arnold

Date 1/3/04

Business Office Use Only
Date Rec'd 03/19/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1108

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

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number: 043802795

Sewage Disposal System

As Built Plans & Specifications

Date 3-17-04

System Location (Indicate correct number and street)

Address 8000 S 1ST (no rural route) City LINCOLN NE, Zip 68512

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 EXISTING

1. Material: 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 6 in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 12 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 24 ft.

D. Absorption Field

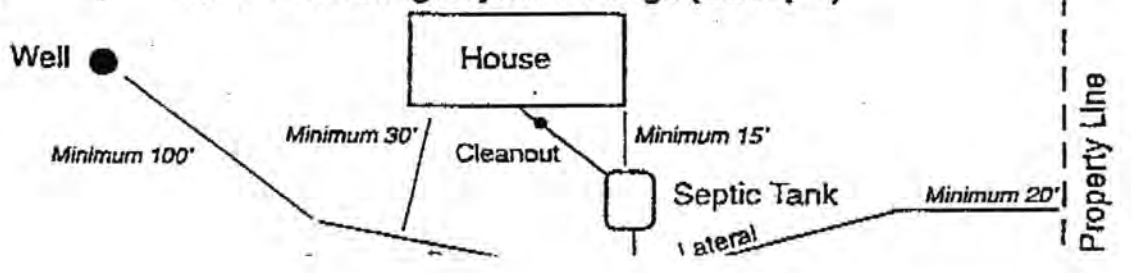
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: INFILTRATOR
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 120 ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 3.5 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 70' ft.

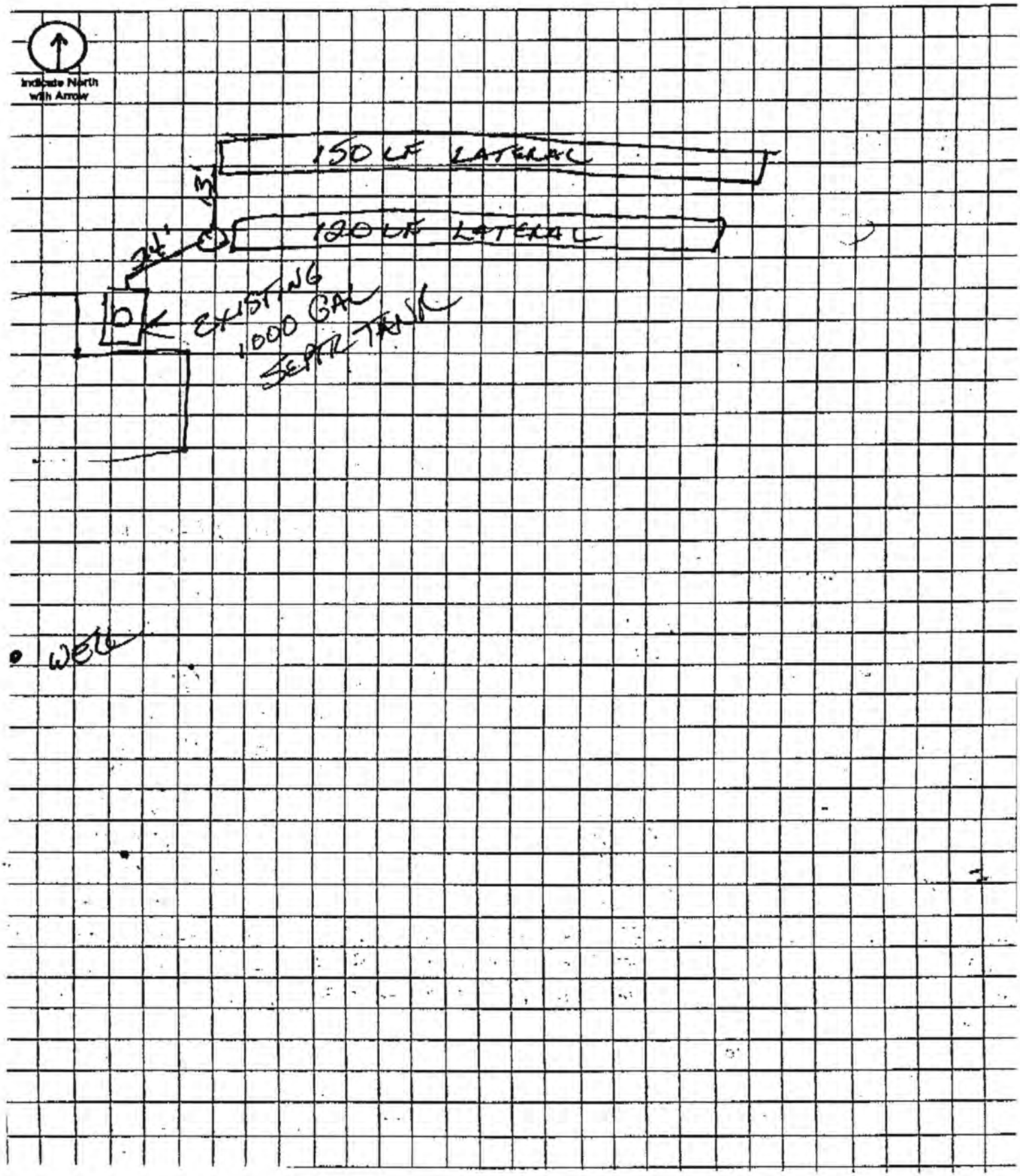
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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 8000 So 1st. Lincoln

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition____

Directions to Property Half mile So. of Denton Rd. on 1st Street East side

Location of Well 70' So. of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System 7'-8' No. of house Year Installed 1963

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Lauretta Wunderlich	3500 Faulkner Dr. Lincoln Ne.	423-0645
Tenant/Buyer:			
Return to:	Keith Wunderlich	8050 So 1st Lincoln Ne 68512	423-0642 (Fax)

Signature of Applicant Lauretta Wunderlich Address 3500 Faulkner Dr, Lincoln Ne Date 12/9/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/9/02 Amount $200.00 Check No. #1093 Initials ____

DATA ENTRY Date____/____/____ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Ansell **DATE:** 8/10/02

WATER SYSTEM:	Approved	Disapproved
Construction	1/23 ☒	☐
Bacteria	1/23 ☒ ____/ml	☐ ____/ml
Nitrate	1/23 ☐ 8.2 ppm (State Lab result)	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 1/23/03 by D.S.

Date____/____/____ by____

Date____/____/____ by____

Comments: Items in attached letter have been complied with. Buyer must be made aware of concerns expressed in item #7. 3/18/03 D.S. See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Ansell Date 2/18/03

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