Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 99390064101

Issued 11/02/99
Expires 05/02/00
Revenue Code 3157

FEES: $50.00

Establishment

DELORESE FOREMAN
T9N R6E SEC 27
400 W ROKEBY RD

Permitee

DELORESE FOREMAN
400 W ROKEBY RD
LINCOLN NE 68523

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011124

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 11/2/99	File No.: 9939000641

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 10E Section 27 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Street Address 400 WEST ROKEBY ROAD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair:** _____
   Add 200' Lateral

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

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Delorese Foreman Address 400 West Lincoln Rokeby Rd Phone 423-0591
Applicant Signature (owner or lessee) For Approval for Delores Foreman

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 11/2/99 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 11/12/99 By Jerrold Hood Hood Drawing
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 11/23/99 By Jerrold C. Hood

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Paid $50 ck #5412
11/02/99 ls

White - EH Pink - Business Office Revised 1/98

B

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

Permit Number: F 99390064I

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

City View Farms

System Location (Indicate correct number and street)

Address 400 West Rokeby Rd. (no rural route) City Lincoln NE, Zip 68522

Owner Delores Foreman Addresss

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

Date of Tests 10-29 to 10-30-99 Weather: Precipitation ~ 0 ~ Temperature 60

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	36	10/29	2:30	10/30	11:00	10/30	1:40	25½	10/30	2:10	30	1	30
1			P		AM		P	26½		P		1	30
2								23⅜				⅞	34
3								23⅞				⅞	34
4								30⅞				⅞	34
5								33⅞					
6													

Sum of Percolation Rates: 196
Average of Rates: 33
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17501 Se 72nd
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

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

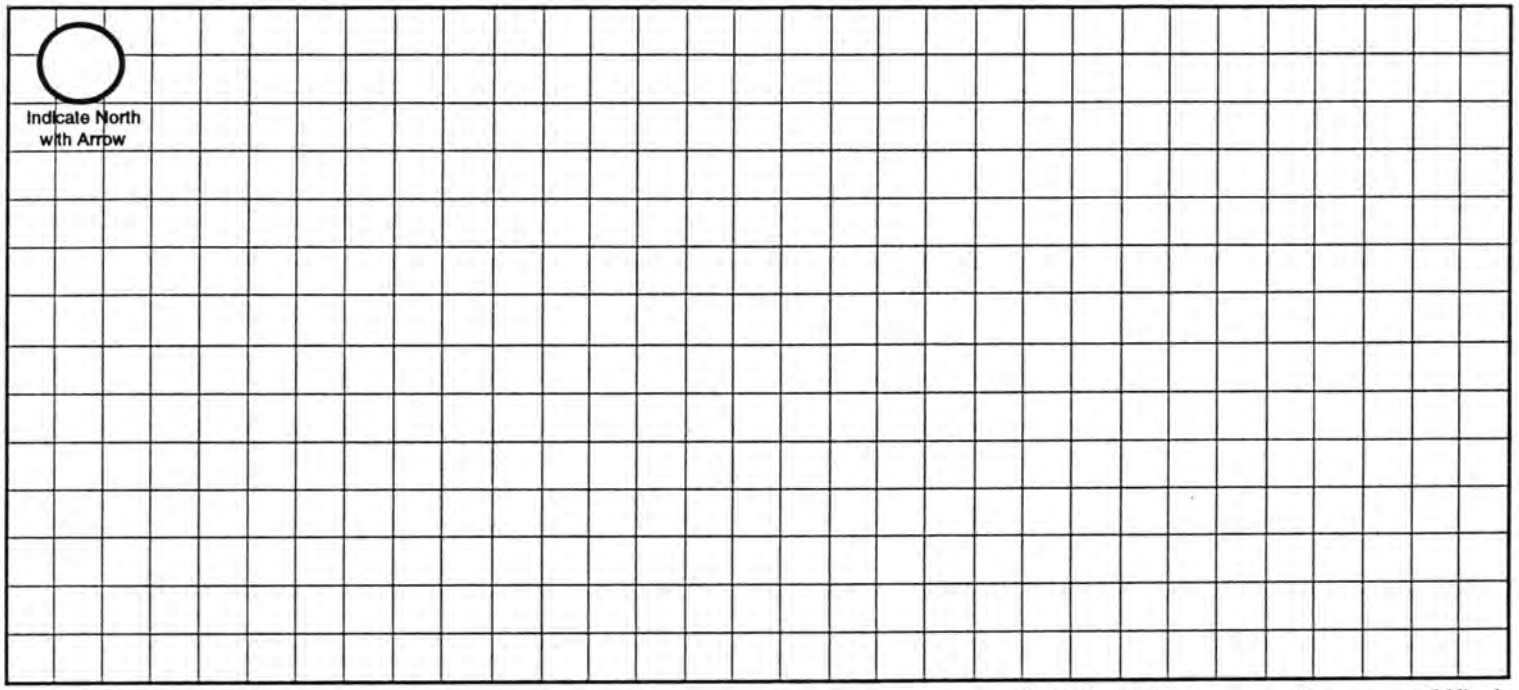
C

Permit Number: # 99390064

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) _____ 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 33 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1052 sq. ft.

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 196 ft. Number of Trenches 2 Trench Width 48'

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 _____ Date _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-22-99

System Location (Indicate correct number and street)

Address 400 W. Rokeby Rd (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

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

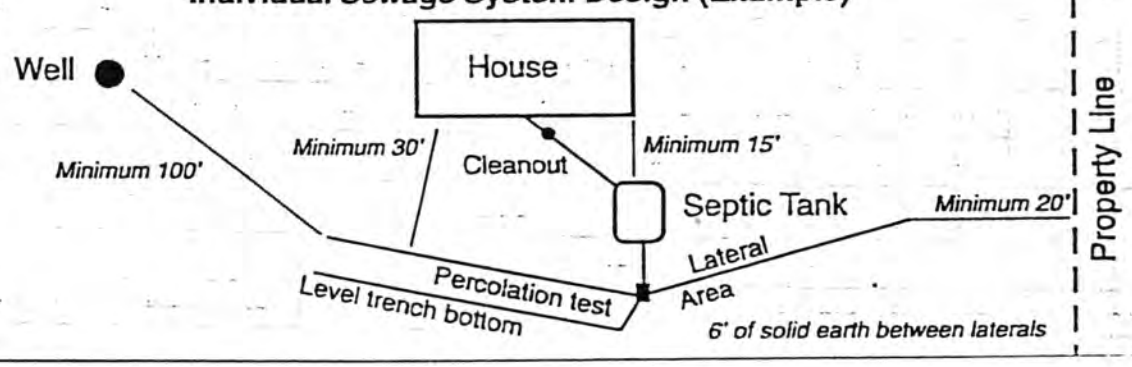
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☒ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number _____
   Length of each line: 100 Ft ft. 100 ft.
   100 ft. _____ ft. _____ ft.
3. Trench dimensions: Width (2' Ref) 4 ft.
   Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

DWRABAN
July 1995

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
NOTICE OF WATER WELL ABANDONMENT

9939 00641

FOR DEPARTMENT USE ONLY

Instructions
Complete items 1 through 5 by printing in ink or typing the appropriate information. Submit the completed form to the Department of Water Resources, P.O. Box 94676, Lincoln, NE 68509-4676 within 60 days of such abandonment. There is not a fee for filing this form.

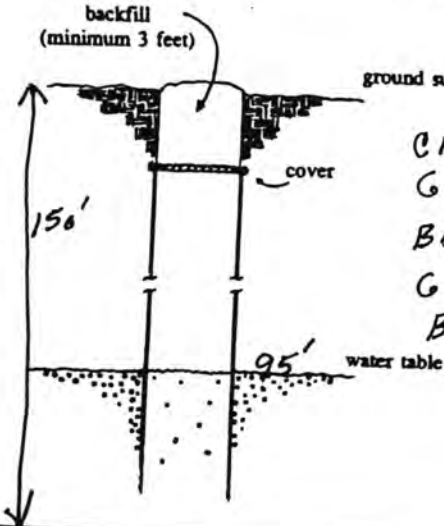
Sequence No. _____
Registration No. _____
Owner Code No. _____
NRD _____
NRD No. _____

1. Name of water well owner YVONNE FORMAN Telephone Number (402) 423-0591
Address 400 WEST ROKEBY RD
City LINCOLN State NE Zip Code 68523 +

2. A. Person completing decommissioning ☐ Owner ☒ Contractor (If Contractor, complete part B.)
B.(1) Contractor Name WILLIAM A. OVERMAN (4) Address 4337 MADISON
(2) Contractor's License No. 29007 (5) City LINCOLN State NE
(3) Telephone Number (402) 464-1745 (6) Zip Code 68504 +

3. A. Water well registration number: _____
B. Water Well location: _____ of _____ Section 27, Township 9 North, Range 6 East/~~West~~, LANCASTER County. Street address or block, lot and subdivision, if applicable: LOT 10 400 WEST ROKEBY RD
C. Location of ground water use: SAME of _____ Section _____, Township _____ North, Range _____ East/West, _____ County. Street address or block, lot and subdivision, if applicable: _____
D. Date of decommissioning: 10-24, 1999.
E. Abandoned water well last operated: _____, 19___.
F. Pump column size of the abandoned water well: _____ inches.
G. Additional Comments 3" STEEL CASING

. Actual Method Used For Abandonment of Well*



A CLAY
Describe the type of back fill used in upper 3 ft. If excava area is greater than 3 ft. indicate depth of excavation: 4'

B 6"X 30" Concrete 10" into well Casing
Describe and illustrate the type and location of the cover used

C ROAD GRAVEL - 3/8 HOLE PLUG
Describe the type and amount of material used in lower casing.

D _____
If any, describe and illustrate type and thickness of materials used between confining layers. (Indicate plug depth(s) on left hand side of sketch).

*Use illustration at left, if appropriate. Otherwise illustrate method of decommissioning on a separate sheet.

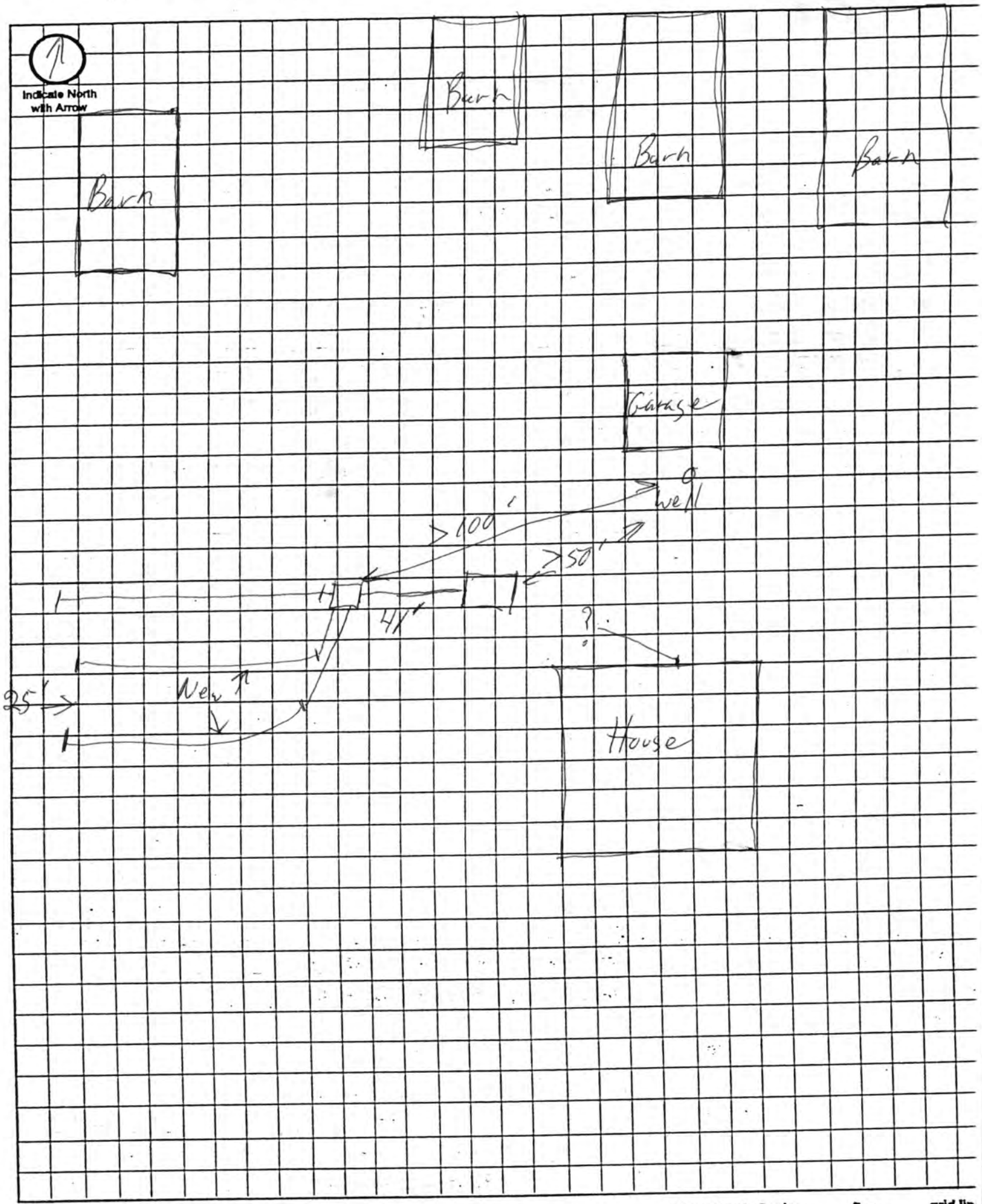
am familiar with the information submitted on this form and to the best of my knowledge it is true.

William A. Overman — r Well Contractor's Signature — 10-26-99 Date

Dolores Y. Foreman — Water Well Owner's Signature — 10-26-99 Date

printed on recycled paper

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin