LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98380191101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 12/09/98
Expires 06/09/99
Revenue Code 3157

PAID

Establishment

WILLIAM & NAEDO HENERY
T9N R7E SEC 22
PORTSCHE HEIGHTS BLK 1 LOT 2
7720 PORTSCHE LN

FEES: $150.00

Permittee

WILLIAM & NAEDO HENERY
10600 S 27 ST
ROCA NE 68430

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008370

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

A

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

Permit Number:

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 7720 Portsche Lane (no rural route) City Lincoln NE, Zip No 68506

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range Portsche Heights third Subdivision Addition 1 Block 2 Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name William + Naedo Henery Signature William Henery

Address 10600 S 27th City/State/Zip [redacted] Roca NE 68430

☐ Check if owner designed system Home Phone 402-421-9902 Work Phone 402 432-7321

C. Contractor

Name Rich Miller Company Name Camelot Homes

Address 6940 O St City/State/Zip Lincoln Ne 68510

☐ Check if contractor designed system Work Phone 402-730-4262

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Harold Casement Firm Capitol City Trenching Work Phone 402-476-6313

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 ____ Date fwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd ____ Date fwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. City or County Engineer — Date rec'd ____ Date fwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

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

B

Permit Number:

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

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7721? Portside Lane (no rural route) City Lincoln NE, Zip

Owner Will & Nicole Henry Address 10600 S 72nd St Roca NE 68430

Soil Type (SCS): clay Percolation Rate: 34 min/inch Reg min/inch

Date of Tests 11/23 to 11/29 Weather: Precipitation 0 Temperature 40-60's

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)	Last 30 min Percolation Rates (Min/in)
1	24	11/23	10:30	11/23	4pm	11/29	10:45	6"	11/29	2:45	240	7 5/16	15/16"
2	24	/	/	/	/	/	:33	/	/	:43	240	7 3/16	1.0"
3	24	/	/	/	/	/	:49	/	/	:49	237	6 4/16	12/16
4	24	/	/	/	/	/	:53	/	/	2:09	256	8 3/16	1 5/16
5	24	/	/	/	/	/	:56	/	/	2:29	233	5 9/16	12/16
6	24	/	/	/	/	/	11:09	/	/	3:09	240	4 9/16	9/16

Sum of Percolation Rates: 5 1/3" - last 1/2 hr
Average of Rates: 7/8" per 30 min
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Will Henry
Phone: 402-421-9402 (H) 484-3021 (W)
Address 10600 S 72nd St Roca NE 68430

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

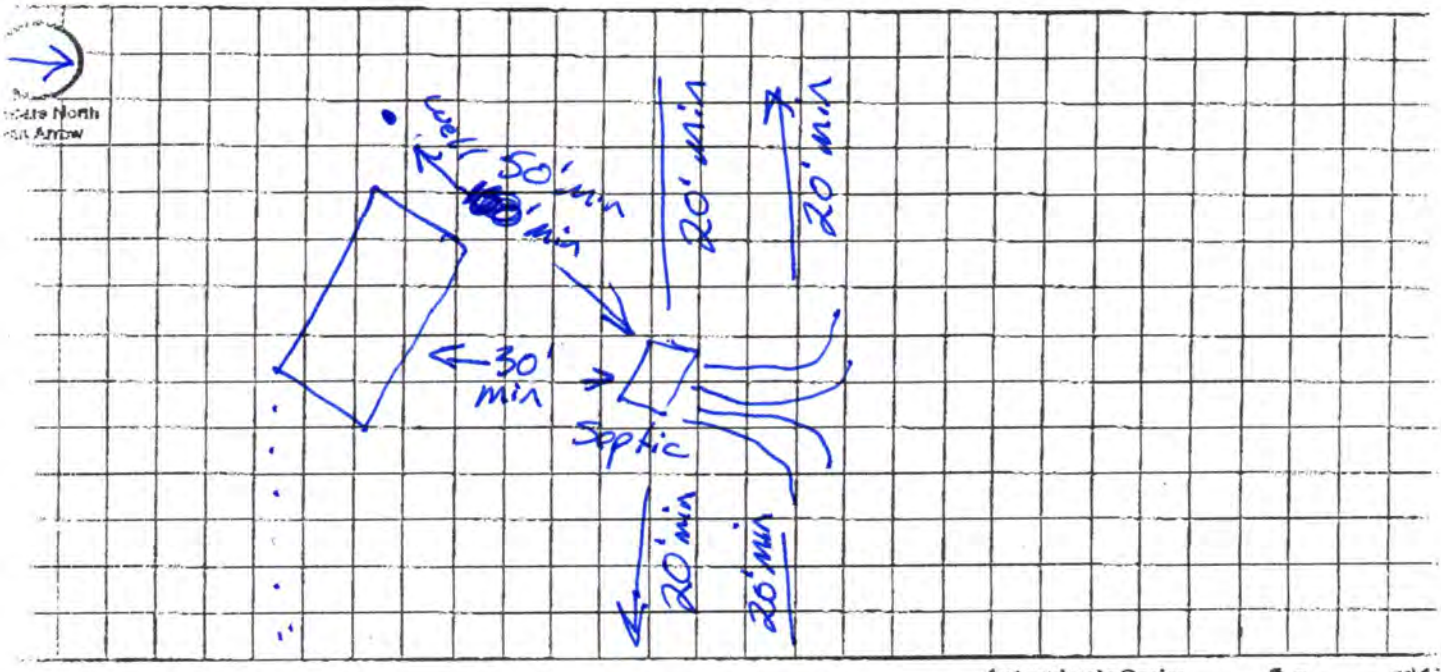
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380191

Sewage Disposal System
Preliminary Plan Specifications

- a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ...ass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid i

System Location (Indicate correct number and street)

...ress (no rural route) 7720 Portsche Lane City Lincoln NE, Zip Ne. 68...

Proposed Septic Tank/s

...Material: ☑ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

...olation Rate Avg 6/34 min/in (min. per inch) Soil Type: clay Land Slope: _____

...e of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

...d Square Feet of Field Required: 313 sq. ft.

...e of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: PLASTIC

...acity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

...d Length of Laterals 320 ft. Number of Trenches 4 Trench Width 4'

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

...stance ...om	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Othe Setback
...k (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
...d (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
...on (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

...e Building Contractor _____ Date 12-8-98

...ator Capitol City Trenching Randal Casement Date 12-9-98

...m 93-102 10-96

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

D

Permit Number: #98380191 1

Sewage Disposal System

As Built Plans & Specifications

Date 6-18-99

System Location (Indicate correct number and street)

Address 7720 PORTsche LN (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 4
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

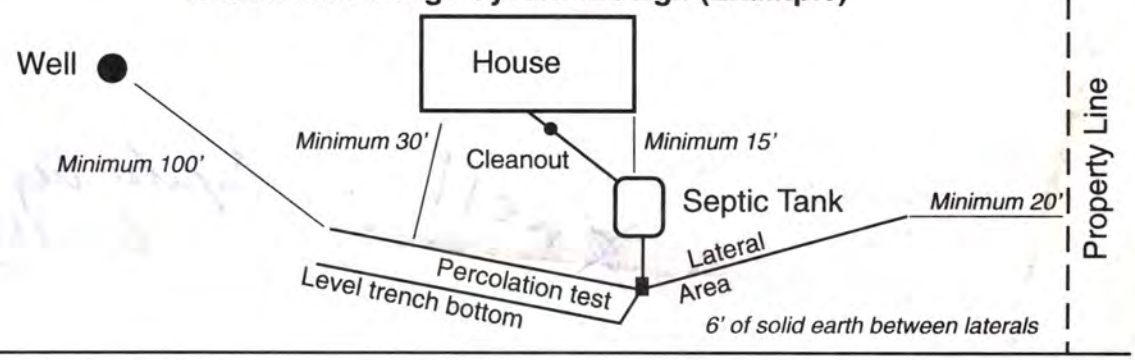
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ 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

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 7720 Portsche Lane

Parcel ID 16-22-204-002-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition 3rd Portsche Heights

Directions to Property S. of Pine Lake Rd. on 70th, E. on Revere Ln., S. on 75th, E. on Portsche

Location of Well 50' S of edge of garage Tap Location: Inside ☒ Outside ☐

Location of Sewage System lagoon in NW corner Year Installed 2000

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Geyer, Don	7720 Portsche Ln.	423-1810
Tenant/Buyer:			
Return to:	Chris & Shari True	7642 Ali Dr.	464-8494 (Fax)

Signature of Applicant Shari True Address 7642 Ali Dr. Date 8/22/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/22/03 Amount $200.00 Check No. 6145 Initials ___

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

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 8/25/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 1.3 ppm THRU R.O. 1.0	☐ ___ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 8/27/03

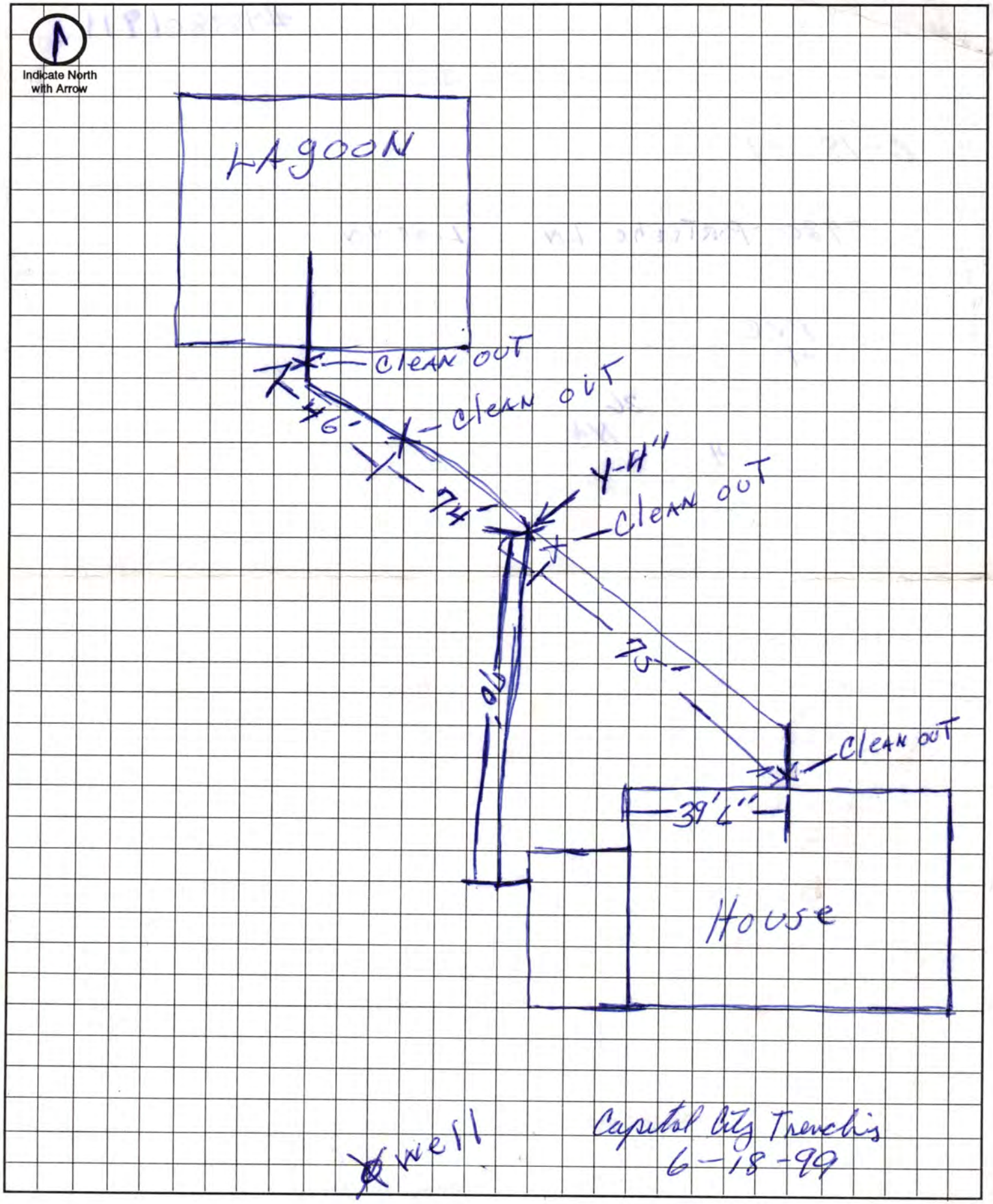
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

As Built Drawing

98380191 1



Capital City Trenching
6-18-99

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