LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380186101

Issued 10/05/98
Expires 04/05/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
TIM KIRKPATRICK
T9N R7E SEC 22
AMBERHILL 1ST ADD LOT 1
7901 S 84 ST

Permittee
TIM KIRKPATRICK
8001 AMBER HILL RD
LINCOLN NE 68516

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008170

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

SEP 16 1998

A

Permit Number:

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

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 7901 So 84th (no rural route) City LNK NE, Zip 68516

Legal Description 22 9N 7E AMBER HILL ESTATES 1ST 1
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 Tim Kirkpatrick Signature Tim Kirkpatrick

Address 8001 Amber Hill City/State/Zip Lincoln NE. 68516

☒ Check if owner designed system Home Phone 423-9490 Work Phone _____

C. Contractor

Name John Strohmyer Company Name Excavating Inc.

Address 6667 N. W 48TH City/State/Zip Lincoln NE 68524

☒ Check if contractor designed system Work Phone 430-6023

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

Designer Name Excavating Inc Firm John Strohmyer Work Phone 430-6023

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 10/1/98 Date frwd 10/1/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. 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 John Strohmyer 10/12/98

Date _____

Business Office Use Only

Date Rec'd 10/1/98

Amt Paid 150.00

Rec'd By CW Cash/Check No. 9894

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

Proposal to change to Lagoon Leaving Septic Tank 25 is: C

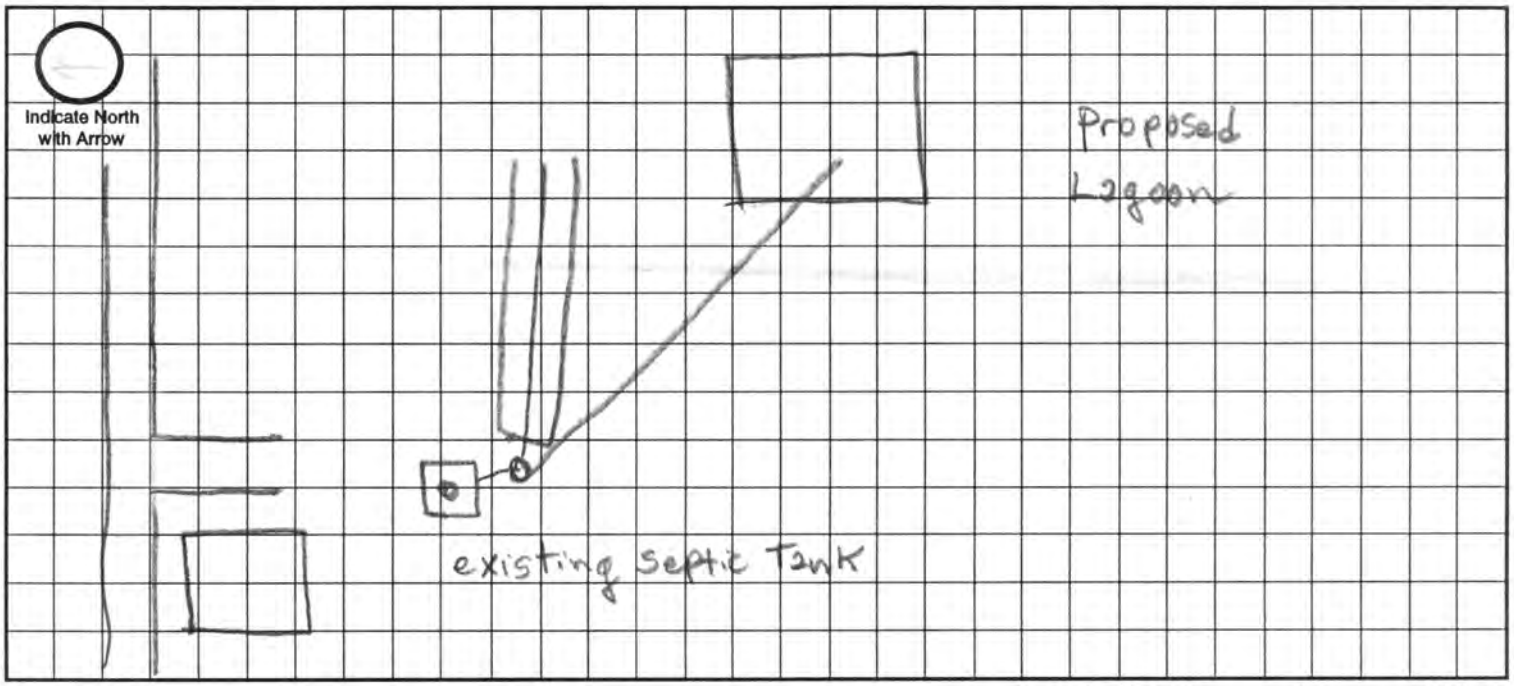
SEP 16 1998

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

Permit Number:

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) 7901 So. 84th City LNK NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: _____ 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 _____ ft. Number of Trenches _____ Trench Width _____

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 10-6-98

System Location (Indicate correct number and street)

Address 7901 So 84th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160 plastic
   Diameter: 4" 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: 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

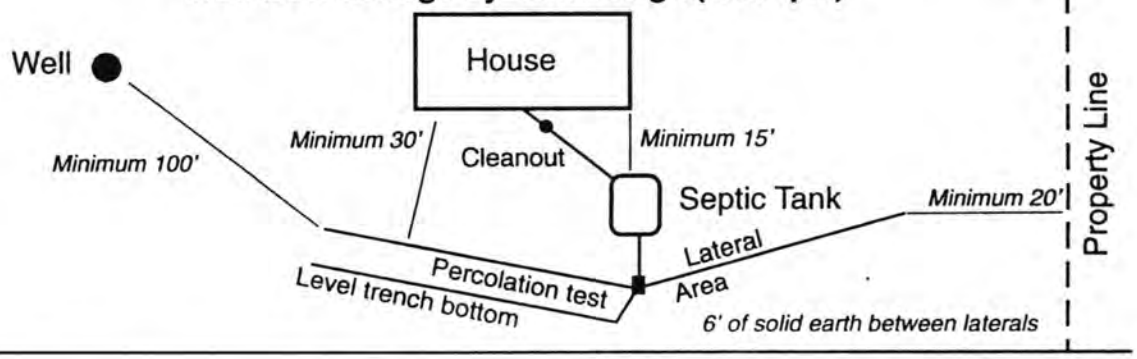
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: May 6, 1993

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 22; BLOCK ____

LOT 41; ADDITION _____; Street Address 7901 SOUTH 84TH STREET, LINCOLN, NE

Directions to Property 2 BLOCKS SOUTH OF HIGHWAY 2 ON 84TH STREET

Location of Well NORTH OF HOUSE BY SMALL SHED Tap Location: Inside [ ] Outside [X]

Location of Sewage System WEST OF HOUSE BY DRIVEWAY Year Installed ADDED TO IN 1987

	NAME	ADDRESS	PHONE
Present Owner:	RONALD A. & IVETA WILSON	7901 SOUTH 84TH STREET	421-3571
Tenant/Buyer:	WADE & VALERIE RICKS		488-7610
Return to:	Wade Ricks	3827 S. 52nd.	4887610

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

X Signature of Applicant Wade Frank Ricks Address 3827 S. 52ND ST LINCOLN, NE 68506

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HEALTH DEPARTMENT USE ONLY

Date Received 5/6/93 Received $150.00 Check [X] Cash [ ]

V# 1125 UB

PRELIMINARY STATUS--DATE 5/13/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	[ ]	[X]	Approved: [ ]	Date 5/13/93 by L.C.H.
Bacteria	[X]	[ ]	Provisional: [X]	Date 5/17/93 by L.C.H.
Nitrate <0.1ppm	[X]	[ ]	Disapproved: [ ]	Date 5/24/93 by L.C.H.

Comments: MANURE MUST BE REMOVED FROM PEN NEAR WELL IN FACT THE PEN SHOULD BE REMOVED SINCE IT WOULD ALWAYS BE TOO CLOSE TO THE WELL. PORTIONS OF THE SEPTIC SYSTEM PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Corrected 5/24/93 L.C.H.

See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM: Approved: [X]

SEWAGE DISPOSAL SYSTEM: Approved: [ ] Provisional Approval: [X]

APPROVED BY Leland C. Hood R.E.H.S. DATE MAY 26, 1993

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

125

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 7901 S 84th ST

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition AMBER HILL EST 2ND

Directions to Property 1 BLK S OF 84TH & HWY 2 OFF OF AMBER HILL RD

Location of Well North of House next to garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System under back parking area West of House Year Installed unknown (from cover)

	NAME	ADDRESS	PHONE
Present Owner:	WADE RICKS	7901 S 84TH ST	421-7902
Tenant/Buyer:	TIM KIRKPATRICK	8001 AMBER HILL RD	423-9490
Return to:	LANE BERST NEBRASKA TITLE CO	5635 O ST STE 101 LINCOLN NE 68510	486-4900

Signature of Applicant Lane Berst Address NTC Date 1/24/95

HEALTH DEPARTMENT USE ONLY

Date Received 01/25/95 10 Received $150.00 Check ☒ Cash ☐ #102

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 1/30/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 2/7/95 by LCA
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 1.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT IS BROKEN ON WELL HEAD. PORTIONS OF THE SEPTIC SYSTEM PREDATE REGULATIONS AND INSPECTION HENCE APPROVAL IS PROVISIONAL. Well repaired 2/7/95 LCA See Attached Letter ☐

THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY. IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED!

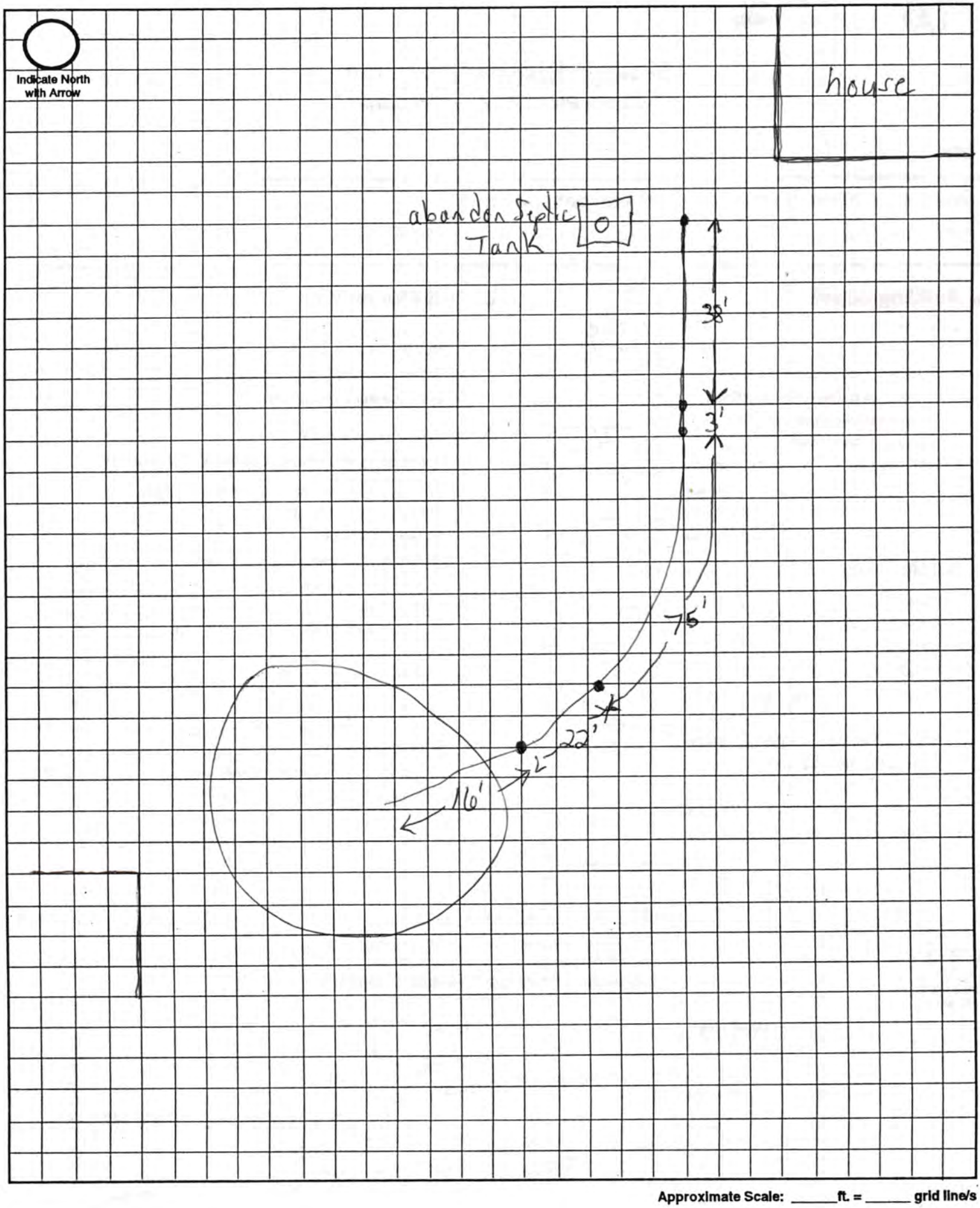
FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 2/9/95

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.

As Built Drawing



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