Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006575

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-RESHAPE LAGOON, INSTALL
NEW SDR26 PIPE FROM HOUSE TO LAGOON

Permit # 05390081901

Issued 03/22/05
Expires 03/22/06
Revenue Code 3157

Establishment

MONICA NORBY
T9N R7E SEC 33 QTR SW
LOT 32IT
5900 DEERHAVEN DR

FEES: $100.00

Permittee

MONICA NORBY
5900 DEERHAVEN DR
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0539008190 1 of

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.

LCR 5523

1. **Legal description of property:**
   Township 9N Range 7E Section 33 1/4 Section ____
   Block ____ Lot 4 & 32 I.T. Addition ~~DEERHAVEN ACRES~~
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address 5900 DEERHAVEN DR. LINCOLN NE 68516

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

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

4. **Description of proposed alteration, extension or repair** Reshape lagoon
   install new SDR26 pipe to lagoon from house

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

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.

5900 Deerhaven Dr.

Print Name Monica Norby Address Lincoln NE 68516 Phone 476-1600
Applicant Signature (owner or lessee) ____

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 3/22/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 8/22/05 By J. C. Hood
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

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: 3/22/05 Amount $100.00 Check No. 4458 Initials ____

White - Division Copy Pink - Business Office Revised 9/00

FILE NO. 1799

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION - LAGOON — December 23, 1981

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

JERRY JAKSHA — 2125 North 68, Lincoln, NE 68505

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Section 33; Block 1; Lot 1; Deerhaven Acres

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
58294 JN261		60.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60

FILE NO. 1799

DATE: 6/21/81

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 North; Range 7 east; Section 33; Block 1: Lot [redacted]: Addition DEER HAVEN ACRES
   Street Address _____

2. Property Use: Residential ☑; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ Lagoon

4. Distance to public sewer: 15,000 ft.

[signature]
Signature of Applicant (Owner or Lessee)

2125 N. 68th Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/23/81. Date Frwd. 6/26/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/26/81 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City ~~or County~~ Engineer: Date Rec'd. 6-26-81. Date Frwd. 6-26-81. ACTION: Approved ☒ Disapproved ☐ Signature: M Doig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-21-81 by: sm (must rebuild dike area)
Date: 11-13-81 by: gmn
Date: 12/16/86 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/16/86 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. 1799

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North; Range 7 East; Section & ¼ Section SW¼ Sec 33
Property Dimensions: 390 ft. x 357 ft. Area: ~3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6/19 to 6/19. Weather: Precip. Rain Temp. 80.

OWNER: Jerry Jaksha

Address: 2125 N. 68th Lincoln

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	6/18	6:00	6/19	6:00	6/19	6:00	6"	6:30	5 1/2	30	1/2	60
2	36	6/18	6:00	6/19	6:00	6/19	6:00	6"	6:30	5 3/8	30	5/8	48
3	36	6/18	6:00	6/19	6:00	6/19	6:01	6"	6:31	5 1/2	30	1/2	60
4	36	6/18	6:00	6/19	6:00	6/19	6:01	6"	6:31	5 3/8	30	5/8	48
5	36	6/18	6:00	6/19	6:00	6/19	6:02	6"	6:32	5 1/4	30	3/4	45
6	36	6/18	6:00	6/19	6:00	6/19	6:02	6"	6:32	5 1/4	30	3/4	45
7	36	6/18	6:0	Crushed Gravel									
8	36	6/18	6:0	"		"							

Sum of Percolation Rates: 306
Average of Rates: 51
Mean of Rates: 48

Signature of Person Conducting Test

Address 2125 N. 68th Phone 464-8541

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon must be lined
Soil Type (SCS): Wymore Silty Loam
Date: June 23, 1981

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

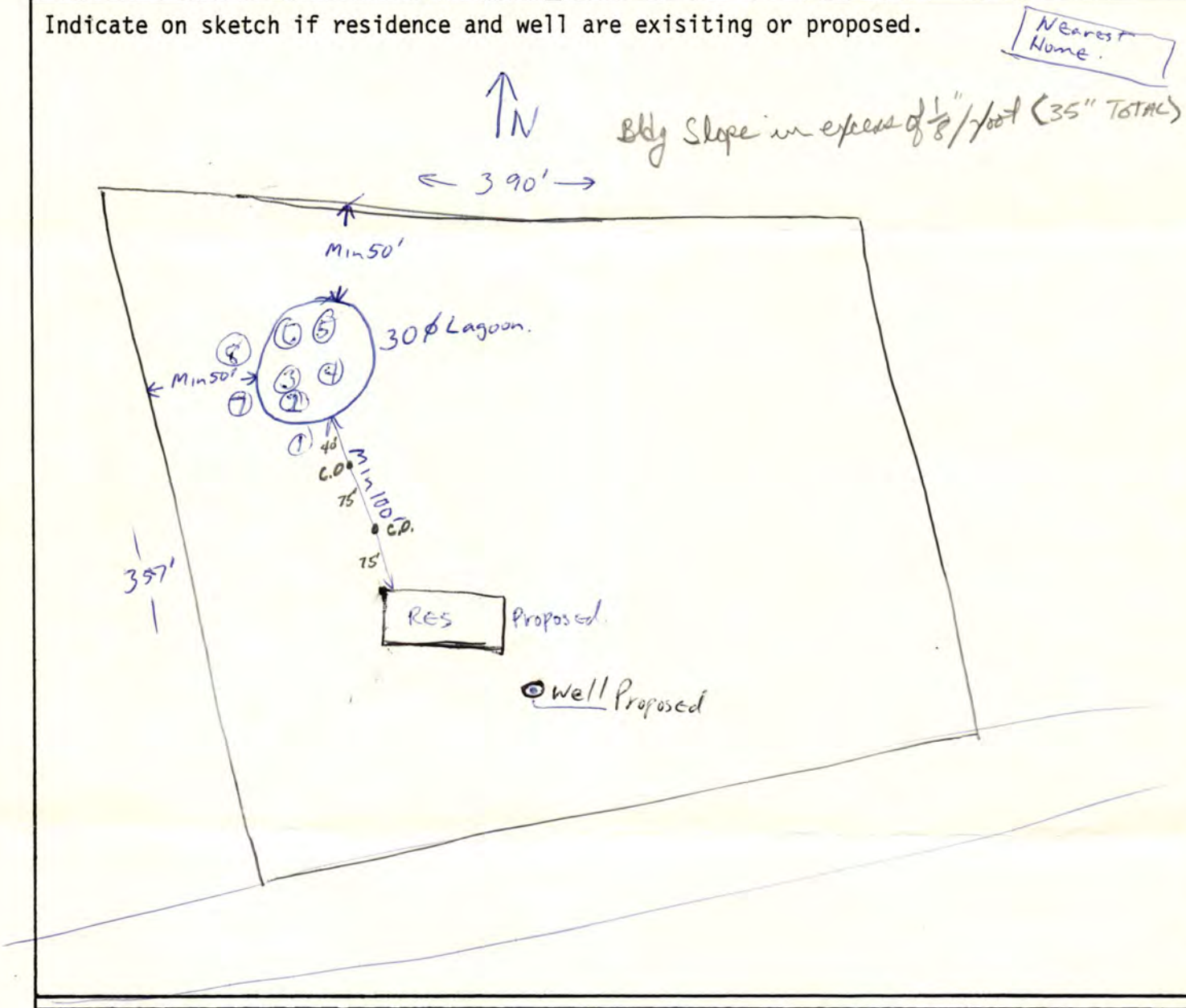
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1799

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

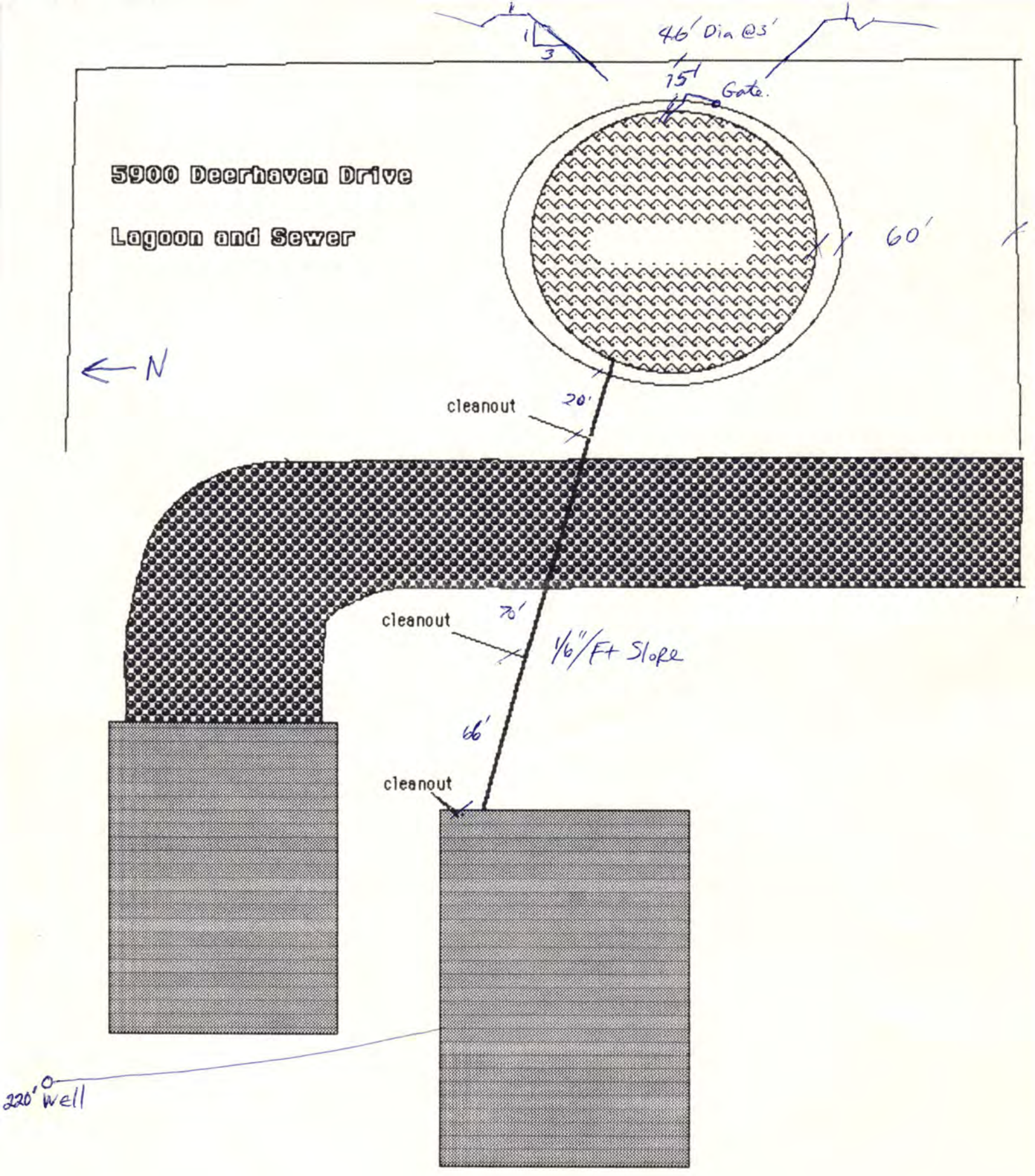
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official


46' Dia @ 3'
1
3
15'
Gate.
5900 Deerhaven Drive
Lagoon and Sewer
60'
N
cleanout
20'
cleanout
70'
1/16"/Ft Slope
66'
cleanout
220'
well