Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002822

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
EXTEND EXISTING SEWAGE DISPOSAL SYSTEM

Permit # 03390075301

Issued 07/08/03
Expires 01/08/04
Revenue Code 3157

Establishment:
TIMOTHY L EKLUND
T12N R6E SEC 26
NORTH RIDGE BLK 3 LOT 3
17501 NORTHRIDGE ROAD

FEES: $100.00

Permittee:
TIMOTHY L EKLUND
17501 NORTHRIDGE RD
LINCOLN NE 68517

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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.

1. **Legal description of property:**
   Township 12N Range 6E Section 26 1/4 Section
   Block 3 Lot 3 Addition NORTHRIDGE ADDITION
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 17501 Northridge Lane

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 LATERALS

5. **Work to be done by:** ☐ owner ☒ contractor's name Loftus Septic Pumping

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.

Print Name Timothy L. Eklund Address 17501 Northridge Lane Phone 402-
Applicant Signature (owner or lessee) Timothy L Eklund

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 7/8/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold Hood

Site visits
Date 7/8/03 By DS Laterals need drawing
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: 7/8/03 Amount 100.00 Check No. 10493 ✓ Initials

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17501 Northridge Lane (no rural route) City Davey Nebr NE, Zip 68336

Owner Tim Eklund Addresss 17501 Northridge Lane

Soil Type (SCS): Clay loamy Percolation Rate: 24 min./inch

Date of Tests 6-9-03 to 6-10-03 Weather: Precipitation 0 Temperature 80'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)	Percolation Rates (Min/in)
1	24in	6-9				6-10	9:00AM	6in	6-10	9:30	30	4.5	20
2	24in	6-9	All			6-10	905AM	6 in	6-10	9:35	30	4.5	20
3	24in	6-9	DRY			6-10	910AM	6 in	6-10	9:40	30	5	30
4	24in	6-9				6-10	915AM	6 in	6-10	9:45	30	5	30
5	24in	6-9				6-10	9:20 AM	6 in	6-10	9:50	30	4.5	20
													ADD 120

Person Conducting Percolation Tests

Name: Douglas S Loftus Douglas Loftus

Phone: 402-944-7636

Address 410 CO RD C

Ashland Nebr 68003

Sum of Percolation Rates: 120

Average of Rates: 24

Rate Used for Calculation: 24

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

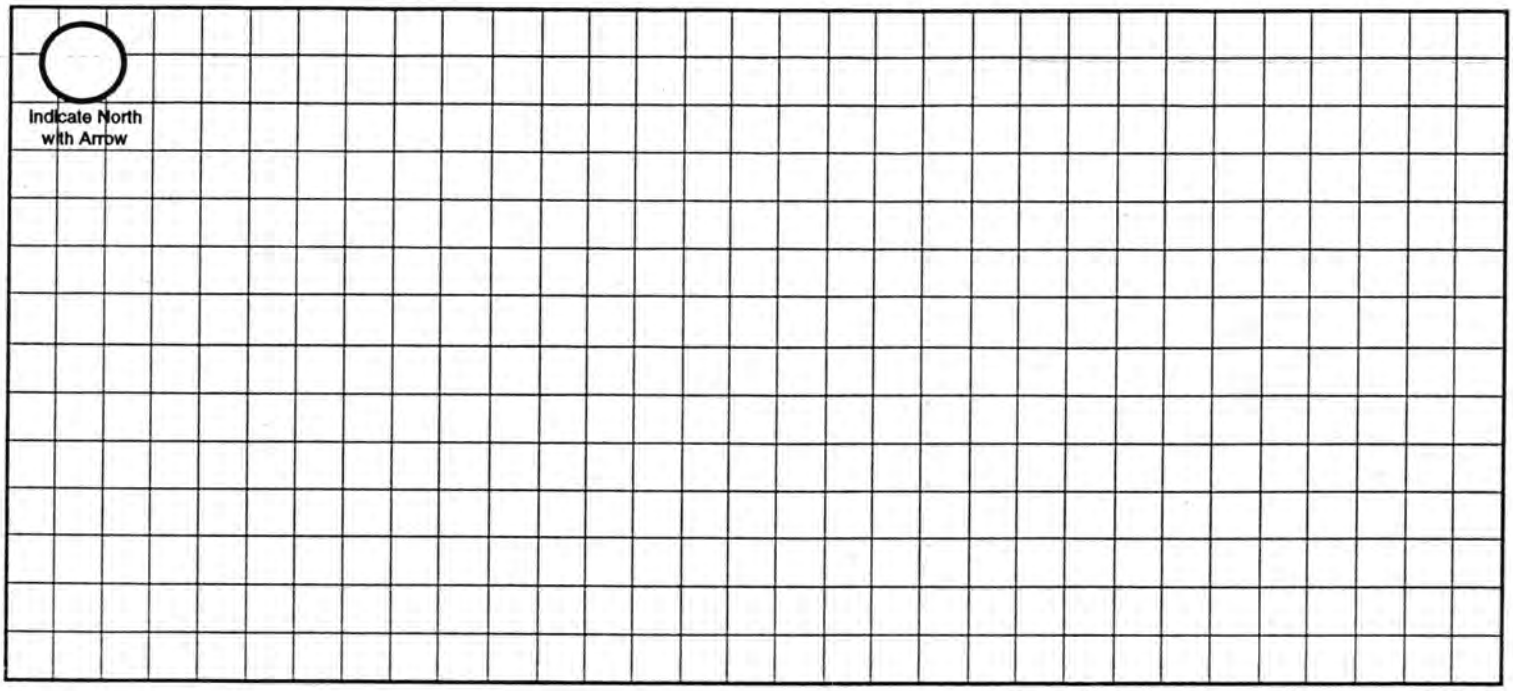
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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) _____ 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 24 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 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 Timothy J Eklund Date _____

Installer _____ Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

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

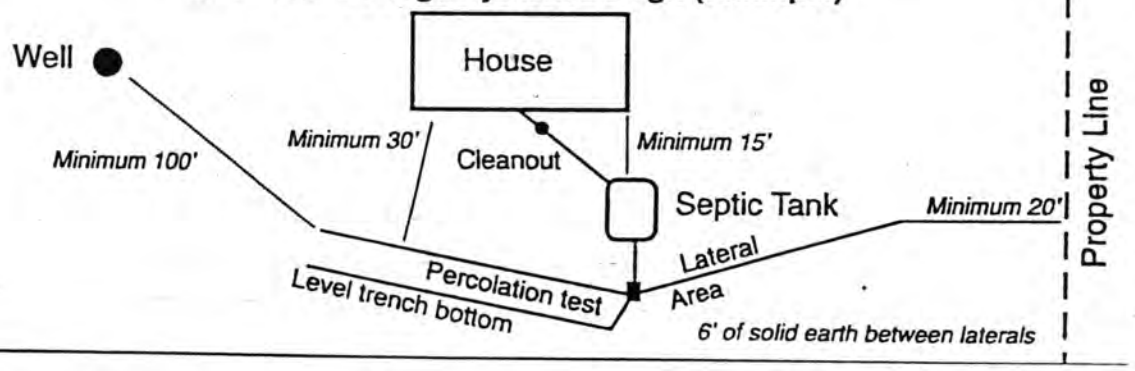
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   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

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 17501 Northridge Lane

Twp 12N Range 6E Section 26 1/4 ___ 1/4 ___ Block 3 Lot 3 Addition Northridge

Directions to Property 14th st N. to Davey Rd, West on Davey Rd 1 BK Turn left in N. Ridge entrance 4 ac. on Your right.

Location of Well 12 ft. N of at building East 6 ft Tap Location: Inside ☐ Outside ☑

Location of Sewage System 4 ft. S of S By Pine Trees in front of house Year Installed Well 93 Septic 78

	NAME	ADDRESS	PHONE
Present Owner:	Dale & Brenda Krose	17501 Northridge lane	785-5775
Tenant/Buyer:	Tim & Jana EKlund	209 8th st Ceresco	665-6801
Return to:	Tim EKlund	209 8th st Ceresco	665-6801

Signature of Applicant Tim EKlund Address 209 8'st Ceresco Date 12/18/95

HEALTH DEPARTMENT USE ONLY

Date Received 12/19/95 Received $150.00 Check ☑ #4177 Cash ☐

PRELIMINARY STATUS--By Ron Maryvart **DATE:** 12/20/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 5.0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maryvart, R.S. Date 12/27/95

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.

003

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

RUSH

REAL ESTATE TRANSF

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to

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

☒ Evaluation of the Individual Water System Date: June 28, 1993

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 $150.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 26; BLOCK 3

LOT 3; ADDITION North Ridge; Street Address 17501 Northridge Road, Davey, NE

Directions to Property North 14th to Davey Rd. W. to top of hill, S. to 4th house on right (blue & white)

Location of Well E. of Northridge. Across from pond Tap Location: Inside ☒ Outside ☐

Location of Sewage System front of house, S. of pines Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Dale & Brenda Kruse	17501 Northridge Road	785-5775
Tenant/Buyer:	Same		
Return to:	Norwest Mortgage Inc	6940 O Street, Lincoln, NE 68510	434-6141

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

Signature of Applicant Brenda O. Kruse Address 17501 Northridge La Davey NE 68336

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HEALTH DEPARTMENT USE ONLY

Date Received 07/01/93 Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 7-2-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☐	Date 7-2-93 by
Bacteria	☒ 2,62	☒ corrected	Provisional: ☐	Date 7-7-93 by
Nitrate	☒	☐	Disapproved: ☐	Date 7-19-93 by

Comments: Recommend checking to see if septic tank needs pumping 7-20-93
New well drilled. 8-19-93 63 mg/l
8-27-93

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Morgan RS DATE 9-3-93

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

304

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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

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

☒ Evaluation of the Individual Water System Date: 12-17-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 26; BLOCK 3

LOT 3; ADDITION Northridge; Street Address 17501 Northridge Lane Davey NE

Directions to Property Call borrower

cistern sw of house

Location of Well Ask borrower E. of drainage ditch Tap Location: Inside ☐ Outside ☐

Location of Sewage System " " east of Home past entrance (same time) 100 ft west side Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Dale & Brenda Kruse	17501 Northridge Ln Davey NE	785-5775
Tenant/Buyer:	" " "	Same	
Return to:	Vistar Bank	P.O. Box 5306 Lincoln 68505	465-7500

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

Signature of Applicant Cathy Mueller Address Vistar Bank

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 18, 1991 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12-19-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 12-19-91 by mm
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒ 0.4 Wells 20	☐	Disapproved:	☐	Date _____ by _____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magenau, R.S. DATE 12-20-91

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