Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005207

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD LATERALS TO EXISTING SYSTEM

Establishment
MARK T EARNEST
T10N R5E SEC 17
BLK 2 LOT 3
12000 W WENDY LN

Permittee
MARK T EARNEST
12000 W WENDY LN
LINCOLN NE 68520

Permit # 04390079101

Issued 06/17/04
Expires 12/17/04
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#0439007 91

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 10N Range 5E Section 17 1/4 Section _____
   Block 2 Lot 3 Addition WORKMANS SUB.
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address 12000 W. Wendy Lane

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** Add laterals to existing system.

5. **Work to be done by:** ☐ owner ☒ contractor's name EARNEST WELL DRILLING.

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   ⓑ 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.

W-Days-479-4241

Print Name MARK T. EARNEST Address 12000 W. Wendy Lane. Phone 796-2102
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 6/17/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 7/4/04 By from road during
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 8/6/04 By Ron Mayhew

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: 06/17/04 Amount 100.00 Check No. 6261 Initials JS

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

#043900791

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township 8 Range _____
1/4 Section _____

Owner: Mark Earnest
Address: 12000 W Wendy Lane

Property Dimensions: 5.6 acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 6-13-04 to 6-14-04 **Weather:** Precip. ø Temp. 80's

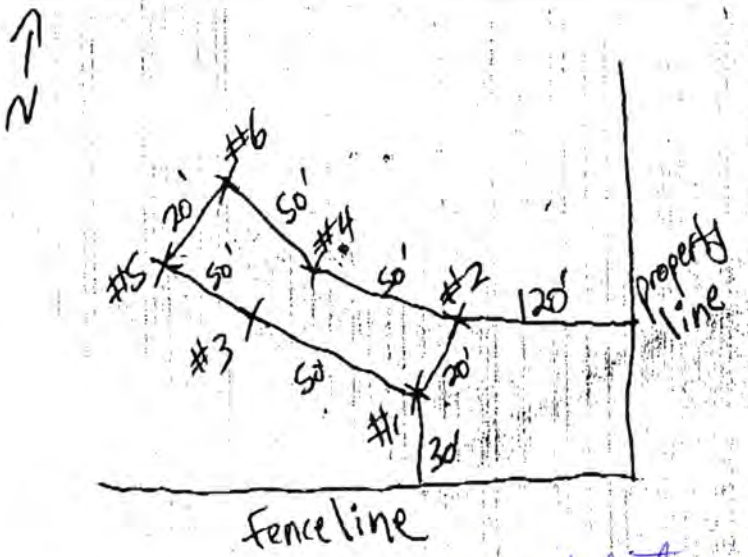
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(In.)
1	36	6-13	6:00pm	6-13	10:00pm	6-14	6:50pm	6	7:20pm	5	30	1
2	36	6-13	6:00pm	6-13	10:00pm	6-14	6:50pm	6	7:20pm	5	30	1
3	36	6-13	6:00pm	6-13	10:00pm	6-14	6:50pm	6	7:20pm	5¼	30	¾
4	36	6-13	6:00pm	6-13	10:00pm	6-14	6:55pm	6	7:25pm	5¼	30	¾
5	36	6-13	6:00pm	6-13	10:00pm	6-14	6:55pm	6	7:25pm	5¼	30	¾
6	36	6-13	6:00pm	6-13	10:00pm	6-14	6:55pm	6	7:25pm	5	30	1

Sum of Water Level Drops (in.) [Column m]: _____
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: 3¼

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justin R. Peterson

Square Feet of Lateral per 3 Bedroom: 825

SKETCH SHOWING HOLE LOCATION:



Contact Jerry Hood
441-8029

206' lateral

Official's Signature

06/15/2004 14:22 4024794232

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

AUG 6 2004

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 8/4/04 Mark Earnest Attn: Ron

System Location (Indicate correct number and street)

Address 12000 W Wendy Lane (no rural route) City Lincoln NE NE, Zip 68528

. 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.

. 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: Plastic
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 80' ft.

D. Absorption Field

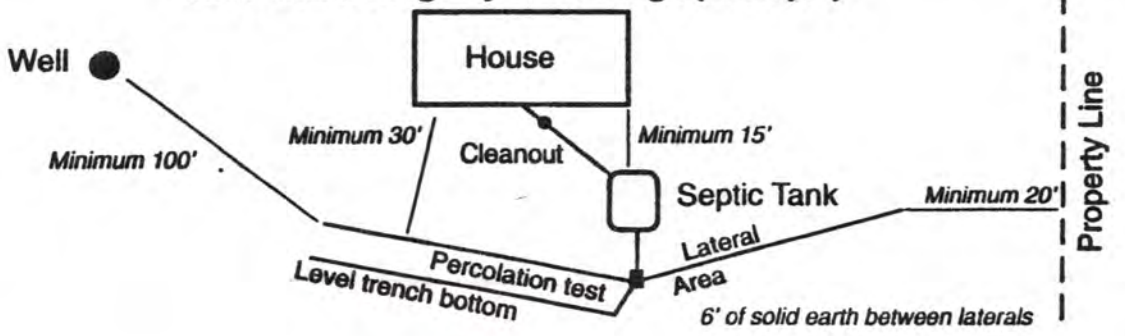
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 35"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 107' ft. 101' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 36 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.

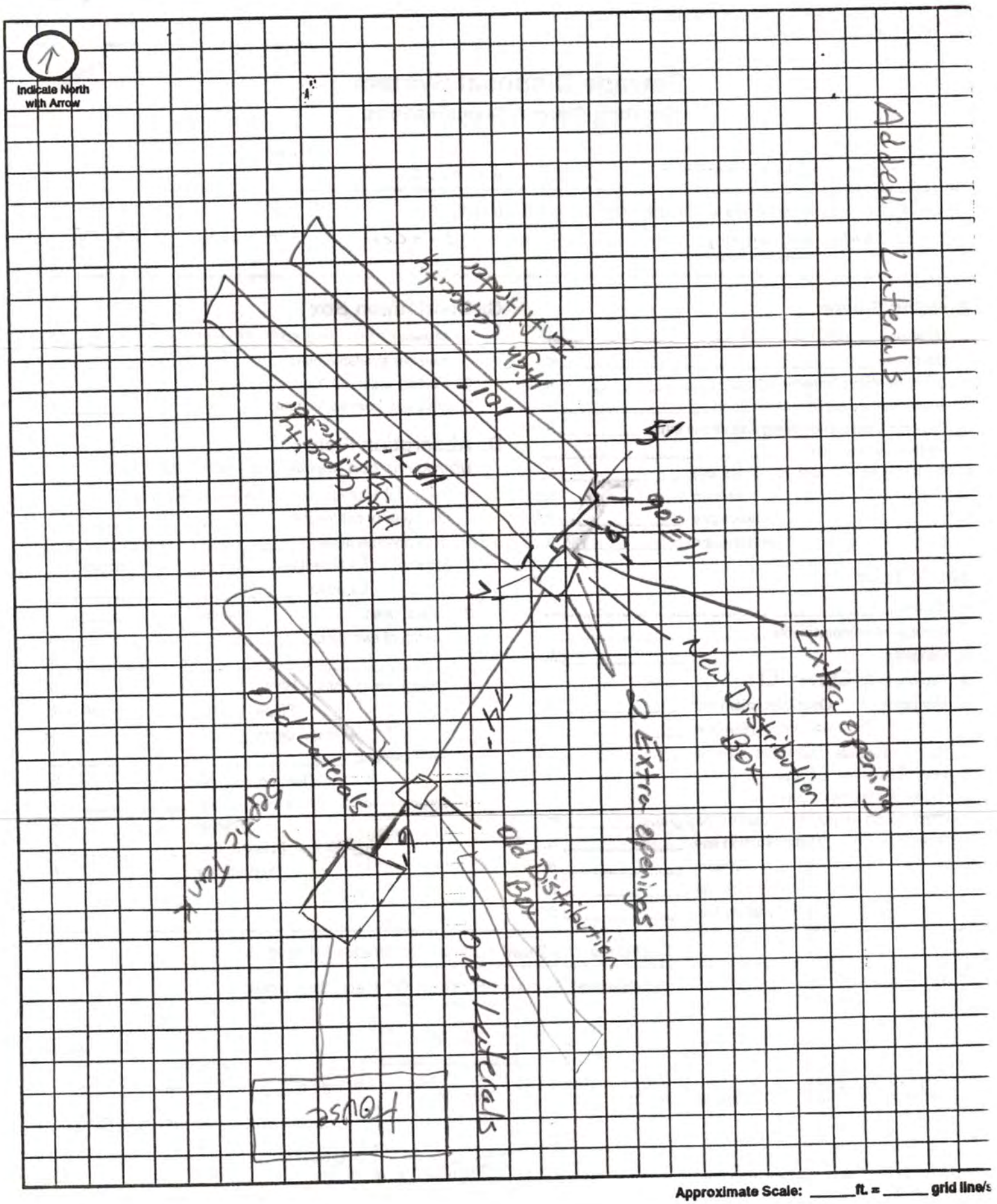
dicate North with Arrow

Individual Sewage System Design (Example)



RM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1762-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

September 25, 1981
THIS PERMIT EXPIRES

Ted W. Karle 2510 N. 64th Lincoln NE 68507
ISSUED TO ADDRESS

T10N, R5E, Section 17, Block 2, Lot 3, Addition Workman Subdivision
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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: $. —

FILE NO. 1762-C

DATE: _____

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: ~~SEE ATTACHED~~

1. Legal description of property: Twp. 10N ; Range 5E ; Section 17 ;
   Block 2 : Lot 3 : Addition WORKMAN SUBDIVISION
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Ted W Kaul
Signature of Applicant (Owner or Lessee)

2510 North 64th Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/24/81. Date Frwd. 3/25/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3-25-81. Date Frwd. 3-27-81. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Bauma

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 3/25/81. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/11/81 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/11/81 By: Jerrold C. Hood

ED ALBERT 792-2322

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 2-28-81 to 3-1-81. Weather: Precip. 0 Temp. 50's.

OWNER: _____

Address: _____

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	32"	2-28	9:30 AM	3-1	8:30 AM	3-1	8:30 AM	12"	12:00 N	2"	30	1"	
2										3"		3/4"	
3										3"		1"	
4										3½"		1"	
5										4"		3/4"	
6										3½"		1"	

Dennis LaPoge
Signature of Person Conducting Test

Address PRECAST STEP Phone 464-0638

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 24, 1981
But looks like glacial till out of basement and septic tank hole 5/11/81 L.C.H.

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

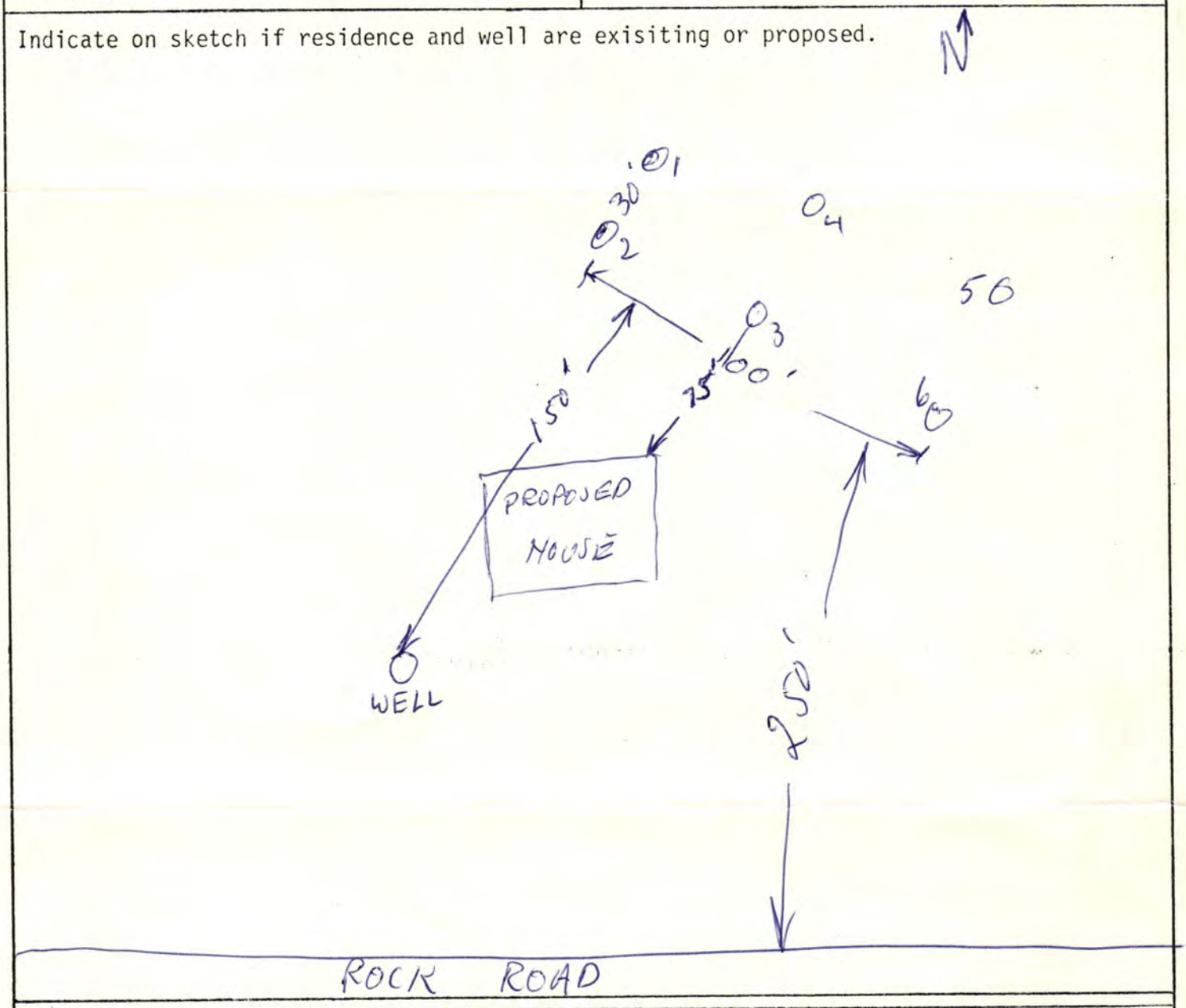
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 258 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 774 sq.ft.

_____
Signature of Reviewing Official

Ted Karle. Workman's Acres

1-2 gpm usually Pass

FORM 20104-0477
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
Phone: 474-1541

D

DATE: _____

FILE NO. _____

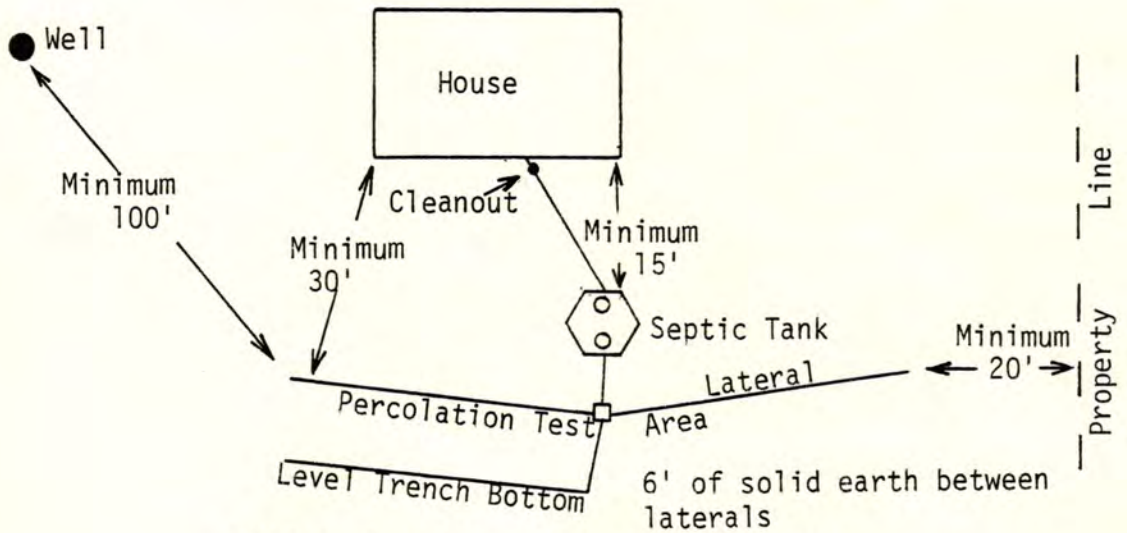
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor 30 in., or below basement floor - in.
3. Distance between dwelling and septic tank 54 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 100* ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12" in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 6' ft.

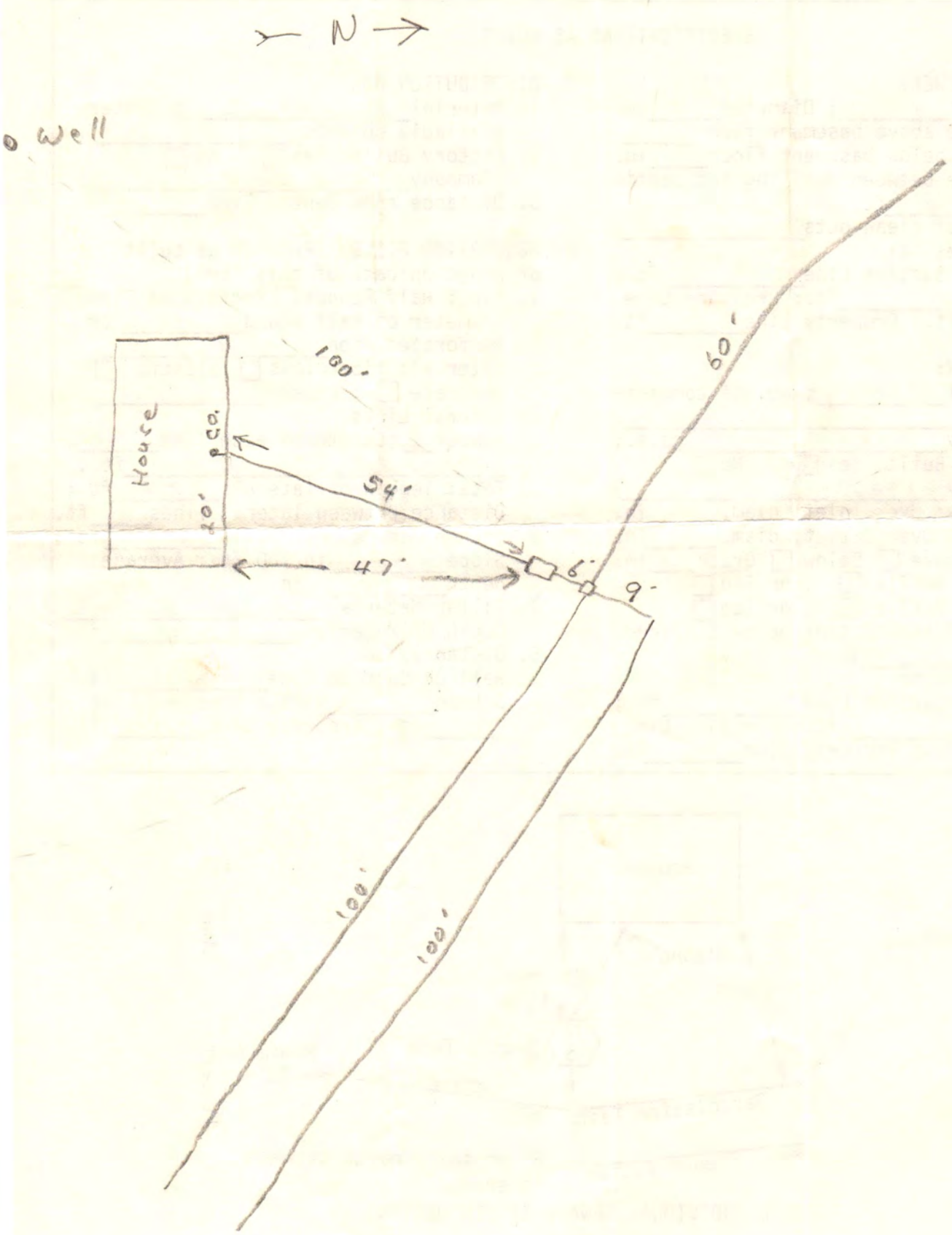
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 60, _____, _____ ft.;
Total length of laterals 260 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width 3 ft.;
Slope 6" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel
Depth of Material 16-18 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM Septic Bed

DATE May 11, 81 INSTALLER Larry Schwarck



004

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 12000 W. Wendy Lane, Lincoln, NE 68528
Twp 10N Range 5E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition Workman's
Directions to Property W on "O" St. to W. 126th St. to W. Wendy Lane (last property on N. side of road)
Location of Well Front Yard - Tea Terrace - 100' in home Tap Location: Inside ☐ Outside ☒
Location of Sewage System Back Yard - ½ way between satellite Dish and Ash Trees. Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	Terry L. Zielke	12000 W. Wendy Lane Lincoln, NE 68528	796-2459
Tenant/Buyer:	Mark T. Earnest	200 S.W. 40th St. Lincoln, NE 68522	435-8786
Return to:	Nebraska Title Co.	633 S. 9th St. Lincoln, NE 68508	476-8818

Signature of Applicant Mark T. Earnest Address 200 S.W. 40TH Lincoln NE. 68522 Date 1/1/94

HEALTH DEPARTMENT USE ONLY

Date Received 01/04/94 Received $150.00 Check ☑ #1643 Cash ☐

PRELIMINARY STATUS--By R. Moravort **DATE:** 1/6/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <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 Moravort, RS Date 1/18/94

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.