Lincoln-Lancaster County Health Department

006672

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD LATERALS &DISTRIBUTION
BOX

Permit # 05390082301

Issued 04/18/05

Expires 04/18/06

Revenue Code 3157

Establishment DARIN GROPP
T10N R5E SEC 22 QTR SW
IRREGULAR TRACT-L97 LOT &100
605 NW 91 ST

FEES: $100.00

Permittee DARIN GROPP
605 NW 91 ST
LINCOLN NE 68528-9123

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

05390082 3

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 10 N Range 5 E Section 22 1/4 Section SW
   Block _____ Lot 97 & 100 Addition _____
   Parcel ID 04 - 22 - 300 - 022 - 000 (i.e. 99-99-999-999-999)
   Street Address 605 NW 91st St Lincoln, NE 68528

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

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

4. **Description of proposed alteration, extension or repair** Add Laterals, tie into old Add Distribution box

5. **Work to be done by:** ☐ owner ☒ contractor's name Raymond Construction, Inc

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 DARIN GROFF Address NW 91st St. Lincoln NE Phone (402) 475-6345
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 4 / 18 / 05 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date 4 / 18 / 05 By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 4 / 20 / 05 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: 04 / 19 / 05 Amount 100 Check No. 5722 Initials _____

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

05390082

B

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

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 605 NW 61st St (no rural route) City Lincoln NE, Zip 68528

Owner Darin Dropp Address 605 NW 61st St Lincoln, NE 68528

Soil Type (SCS): Wymore Percolation Rate: 60 min./inch

Date of Tests 4-15-05 to 4-16-05 Weather: Precipitation 0 Temperature 70°

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	36	4-15	1:00p	4-15	5:00p	4-16	1:20p	6	4-16	5:20p	30	1/2	30/0.50=60
2	36	"	"	"	"	"	"	"	"	"	30	5/8	30/0.63=48
3	33	"	"	"	"	"	2:00p	"	"	3:00p	30	1/2	30/0.50=60
4	36	"	"	"	"	"	1:20p	"	"	5:20p	10	2	10/2.00=5
5	35	"	"	"	"	"	"	"	"	"	30	9/16	30/0.56=54
6	33	"	"	"	"	"	"	"	"	"	30	1/2	30/0.50=60

Person Conducting Percolation Tests

Name: Terri Jakobek, Raymond Contracting,
Phone: 402-783-2663 or 402-890-3870 Int.
Address 13800 NW 70th St
Raymond, NE 68428

Sum of Percolation Rates: 287
Average of Rates: 48
Rate Used for Calculation: 60 mpi (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

APR 2 0 2005

D

Permit Number: 05390082 3

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

Sewage Disposal System

As Built Plans & Specifications

Repair - Cropp

Date 4-18-05

System Location (Indicate correct number and street)

Address 605 NW 91st St (no rural route) City Lincoln NE, Zip 68528

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

Installed Riser on outlet

1. Material: New T (concrete End)
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter 4" in. New
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100 ft.
   Property line 25+ ft.

Old Tank

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 24' ft.

D. Absorption Field

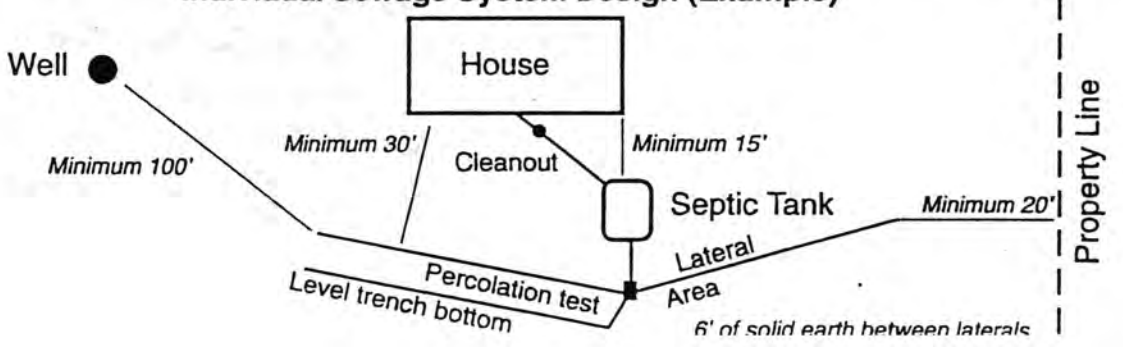
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" Tall
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 62.5 ft. 62.5 ft.
   50' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 36" in
4. Filter material: Dirt
   Depth of material 36 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 15' ft.

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

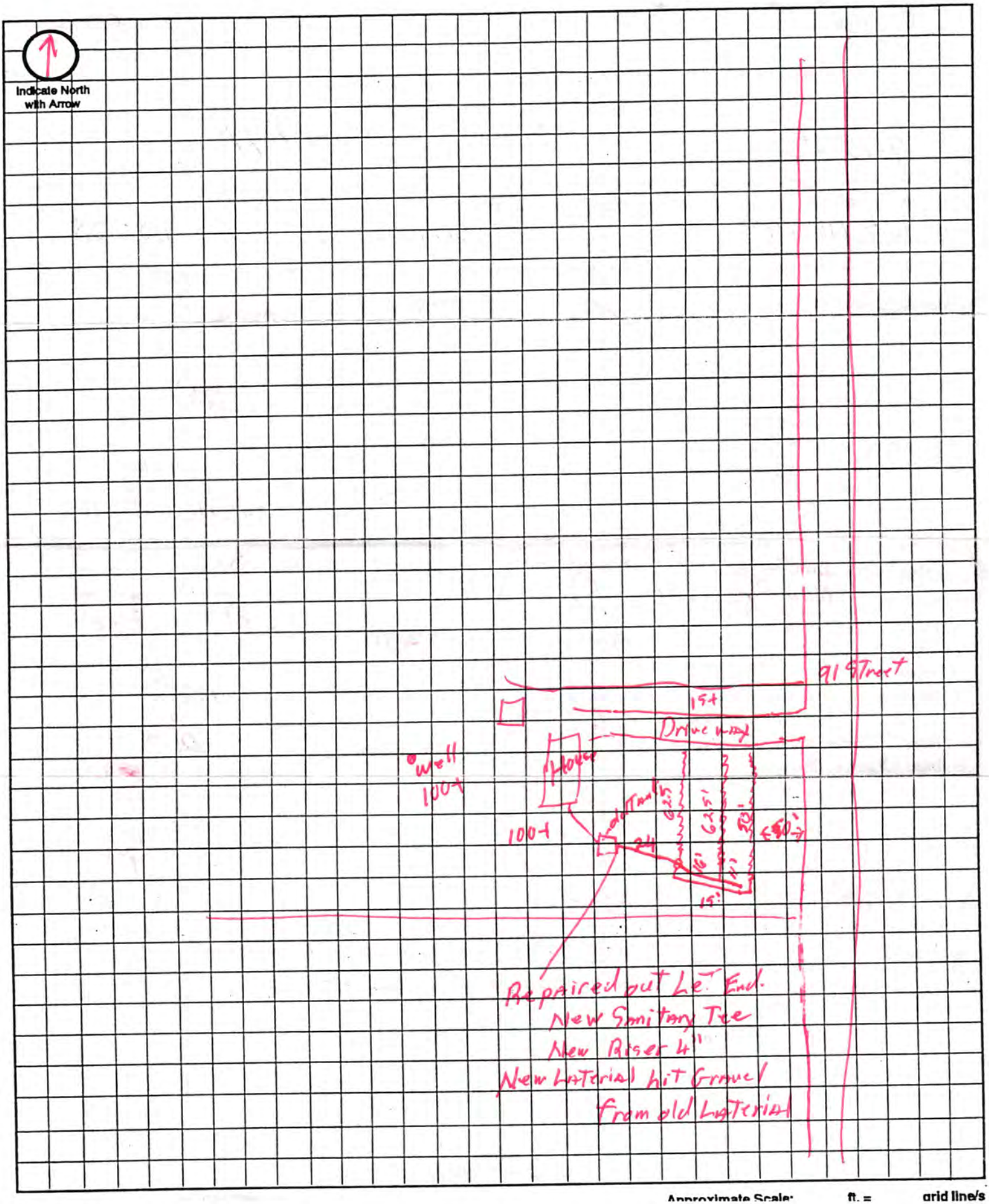
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: ft. = grid line/s

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 605 NW 91st

Parcel ID 04 - 22 - 300 - 022 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 5E Section 22 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property go to West O heading West to NW 91st, turn right heading North, 1st House on West side after Rail Road crossing

Location of Well SW side of home Tap Location: Inside ☐ Outside ☑

Location of Sewage System SW side of home Year Installed 1960

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Daniel Dolores Kruse	6600 SW 91st	
Tenant/Buyer:	Darin Gruppi Jessica Scott	2200 N. 58th Lincoln NE	467-3341
Return to:	~~[illegible]~~ Jodi Gibson	3737 S. 27th Lincoln NE 68502	499-2722 434-3510 (Fax)

Signature of Applicant Jodi Gibson Address 3737 S. 27th Lincoln NE 68502 Date 6/6/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/10/02 Amount 200.00 Check No. 604 Initials lo

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

PRELIMINARY STATUS--By Ron Morgan **DATE:** 6/10/02

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☐	☑ New dr well	Approved	☐	Date 8/1/02 by rm cl>300
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional	☐	Date 8/2/02 by rm cl 0
Nitrate	☑ 10 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Septic tank has been pumped recently (July 2002). Recommend checking every 2-3 yr. to pump tank as req'd. Original septic system installation predates County-City regulations. There is no record of a permit or inspection. Thus, a provision ☐ See Attached Letter ☐ approval. There was no visible malfunction at the time of inspection.

FINAL STATUS

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

Approved by Ron Morgan R.S. Date 8/5/02

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.

8-2-02 cc: Eli P20776-13003

White - Applicant after approval Yellow - Environmental Health Pink - [illegible]

Revised/Reprint: 9-00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 22-10-5 Location 605 NW 91st St

Owner/Requestor Jodi Gibson

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS Cap of sanitary seal missing bolts & nuts to be secured, screened vent needs to be replaced or repaired. Electrical conduit is broken. Need a drawing showing setbacks of components of septic system from water well

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field 2
   B. ~~Septic Tank~~
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify) Water not turned on

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component 2
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Maranaat Received by: _____

Date: 6-10-02

WA1002