Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003183

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-NEW D-BOX W/NEW LATERAL

Permit # 03390076801

Issued 10/28/03
Expires 04/28/04
Revenue Code 3157

Establishment PHILLIP ADMIRE
T10N R5E SEC 20 QTR SW
LOT 53IT
301 NW 91 ST-EMERALD

FEES: $100.00

Permittee PHILLIP ADMIRE
RRT 6 BOX 107
LINCOLN NE 68502

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:** L53 SW 20-10-5
   Township 10N Range 5E Section 20 1/4 Section _____
   Block _____ Lot 53 I.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 301 NW 91st Lincoln, NE 68528 - Emerald

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** New D-Box with new Lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Raymond Contracting. Floyd.

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 Phil Admire Address 301 NW 91st. Phone 475-6102.
Applicant Signature (owner or lessee) Signature on A sheet attached

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 10/28/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerold C. Hood

Site visits
Date 10/29/03 By rm
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation ~~final~~ Provisional written approval*
Date 10/30/03 By Ron Magenau

* Neighbor to the north has a pit well 75 ft from beginning of this leach field.

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: 10/28/03 Amount $100.00 Check No. 5116 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 301 NW 91st St (no rural route) City Lincoln NE, Zip 68528

Owner Phil Admire Addresss Same

Soil Type (SCS): _____ Percolation Rate: 12 min./inch

Date of Tests 10/6/03 to 10/7/03 Weather: Precipitation 0 Temperature 75°

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	31	10/6	9:00a	10/6	1:00p	10/7	9:00a	6	10/7	1:00p	30	2½	2.50 12
2	30	"	"	"	"	"	"	"	"	"	"	3	3 10
3	22	"	"	"	"	"	"	"	"	"	"	2¾	2.75 11
4	28	"	"	"	"	"	"	"	"	"	"	1⅞	2.88 16
5	22	"	"	"	"	"	"	"	"	"	"	2⅛	2.13 14
6	28	"	"	"	"	"	"	"	"	"	"	3¼	3.25 10

Sum of Percolation Rates: 73 ÷ 6

Average of Rates: 12.16

Rate Used for Calculation: 630 gpd. ÷ 4' wide.

3 Bed Room 158 LF 4' wide.

Person Conducting Percolation Tests

Name: Phil Admire - home owner

Phone: 475-6102

Address: 301 NW 91st St Lincoln, NE 68528

DO NOT WRITE BELOW THIS LINE

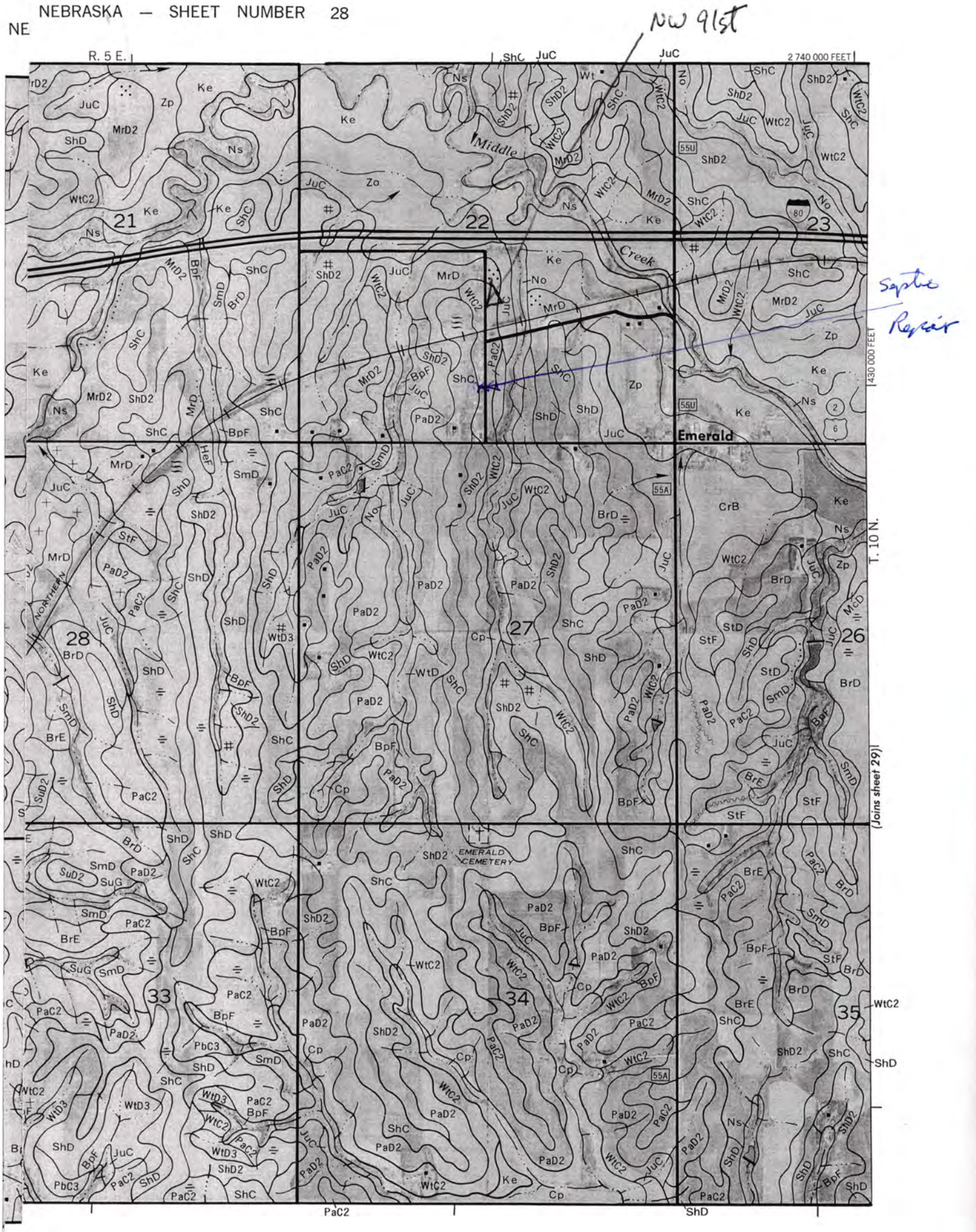
Reviewing Action

Remarks _____

Signature of _____ Date _____

NEBRASKA — SHEET NUMBER 28

NE



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 10/24/03

System Location (Indicate correct number and street)

Address 301 NW 91 (no rural route) City Lincoln NE NE, Zip 68528

Repair

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 5' 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 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 2
2. Capacity: 1000 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: 38 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: _____
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

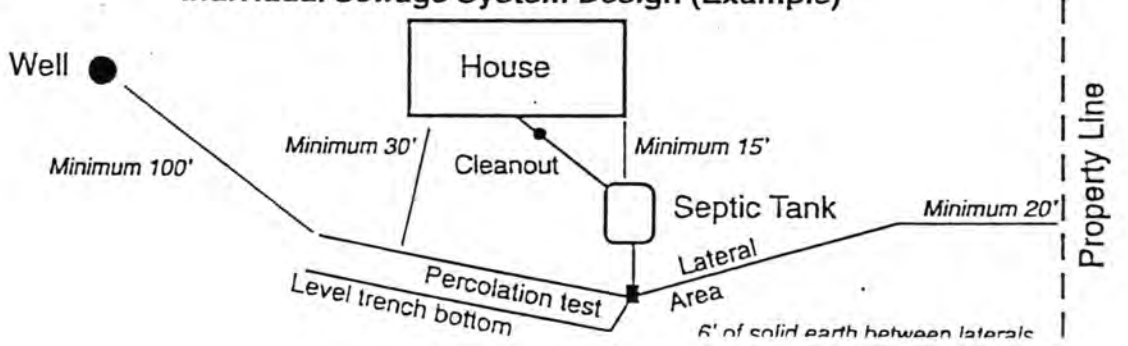
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 4-10
   ~~or perforated pipe:~~ _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 56.25 ft. 56.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 4' in
4. Filter material: Dirt
   Depth of material ~~4~~ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 40 ft.

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

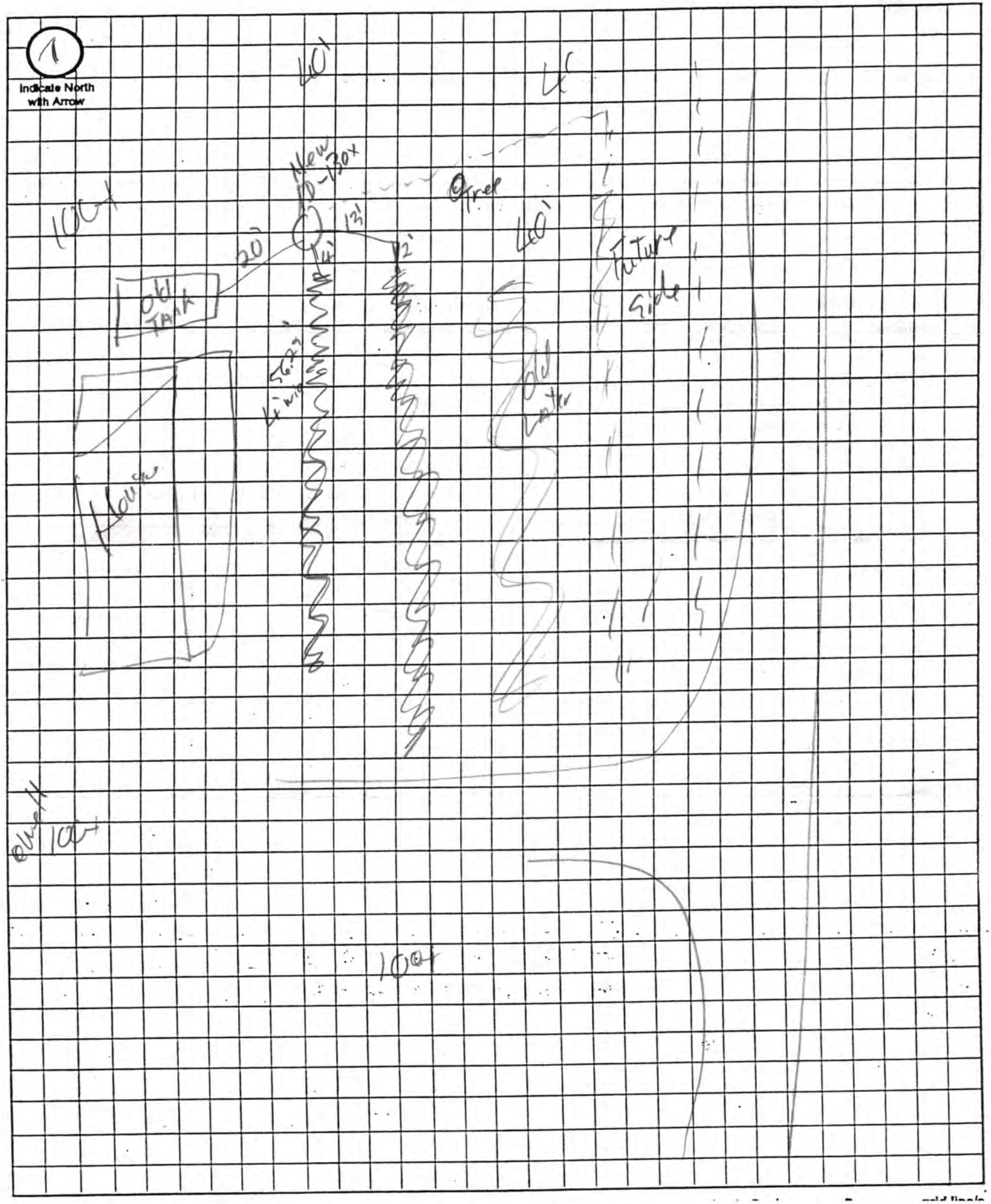
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



FILE #2647

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION TYPE OF LICENSE OR PERMIT	SEPTEMBER 29, 1988 THIS LICENSE OR PERMIT EXPIRES
PHIL ADMIRE ROUTE #6, BOX 107 LICENSEE OR PERMITTEE	LINCOLN, NE 68502 ADDRESS
T10N; R5E; Sec SE¼, SW¼ 22; Lot 53 I.T. NAME OF ESTABLISHMENT, IF ANY	ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	108754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2647

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 3-28-88

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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: Twp. 10N ; Range 5E ; Section 22, SE¼,SW¼;
Block _____; Lot 53 Pt ; Addition _____
Street Address _____

2. Property Use: Residential _____ [✓]; Commercial _____ [ ]
No. Bedrooms 3 Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Added 55 ft. of wide seepage bed. Experimental system.

5. Work to be done by: Owner [✓]; or Contractor [ ], _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	367 00
b. Labor	$	
c. Other Equip	$	265 00
TOTAL	$	632 00

Phil Admire
Signature of Applicant (owner or lessee)

RR #6 Box 107
Address

(Do not write below this line)

REVIEWING ACTION

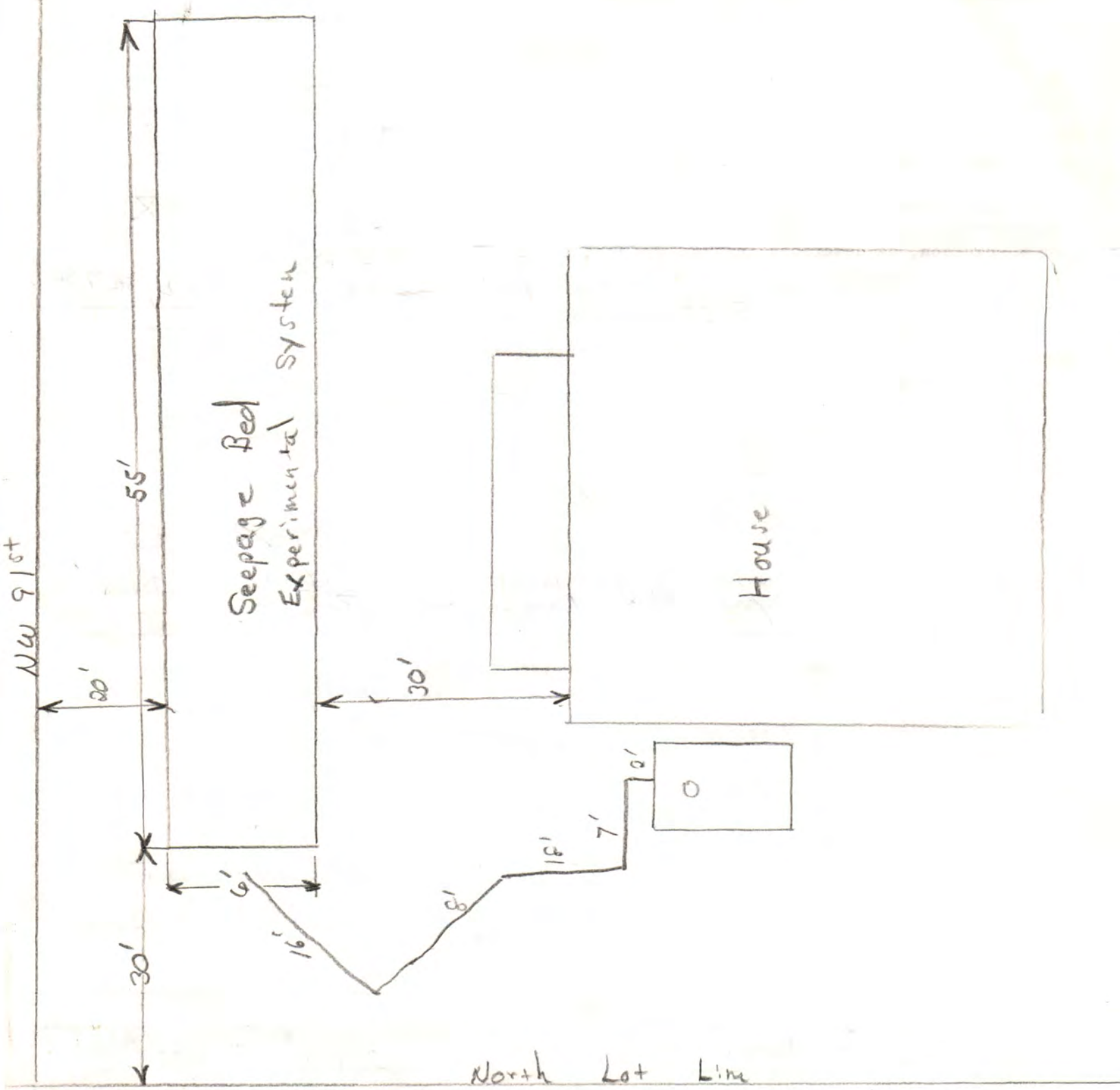
1. Date Rec'd: 3-28-88
Filing Fee: $ 30.00

2. Site Visits:
Date: 3-28-88 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerold C. Hood

4. PROVISIONAL
INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 3-28-88 by: Ron Maynard

FINAL DRAWING



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO 696-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — March 17, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Phillip Admire — 445 Northwest 19th

ISSUED TO — ADDRESS

T10N; R5E; Sec 22-SE¼, SW¼; Lot 53 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-$535	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 696-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Sept. 2, 75

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

1. Legal description of property: Twp. 10N; Range 5E; Section SE¼, SW¼ 22
   Block ____; Lot 5 3IT; Addition ____
   Street Address 321, 91 St

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

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

4. Distance to public sewer: ¾ mile ft.

Existing residence
new system
New Emerald

Phillip Ledwine
Signature of Applicant (Owner or Lessee)

445 N West 19 St
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/12/75. Date Frwd. 9/16/75.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/17/75. Date Frwd. 9/17/75.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Chas Neal

3. City or County Engineer: Date Rec'd. 9/17/75. Date Frwd. 9/17/75.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Mark Hunzeker

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 696-C

DATE: Sept 9 75

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 5E ; Section 22 ; Block ; Lot 53 I.T. ; Addition .
Street Address 301, N.W. 91 .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Phillip Romine
Signature of Applicant (owner or lessee)

2145 N West 19 St
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 9/16/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

FORM HD- 43(73) 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 475-6221)

FILE NO. 698-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 ; Range 5
Section & ¼ Sect. SE¼ SW¼-22
Property Dimensions: E&W ft. x 122 ft. Lot 53
Area: .4615 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Phillip Osmire
Address 345 N.W. 19th

Dates of Tests: Sept 4 to Sept 6. Weather: Precip. ____ Temp. 70F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	9/4 75	12	9/4 75	7 PM	9/6/75	2	12"	30	14	30	2	15 1"
2	36	"	"	9/4 75	7 PM		9	12		14	30	2	15 1"
1		9/5 75	2PM	9/5 75	9 PM		9:30	14		16	30M	2	15 1"
2		9/5 75	9PM	9/5 75	9 PM		9:30	14		16	30M	2	15 1"
1							300	14		17½	300	1½	15 1 3/4
2							300	16		18½	300	2½	15 1 1/4
1							600	17½		23½			
2							600	18½		23½			

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

Phillip Osmire
Signature of Person Conducting Test

Address 445 NW 19th
Phone: 477-8188

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 696-C1

SPECIFICATIONS

DATE: _____

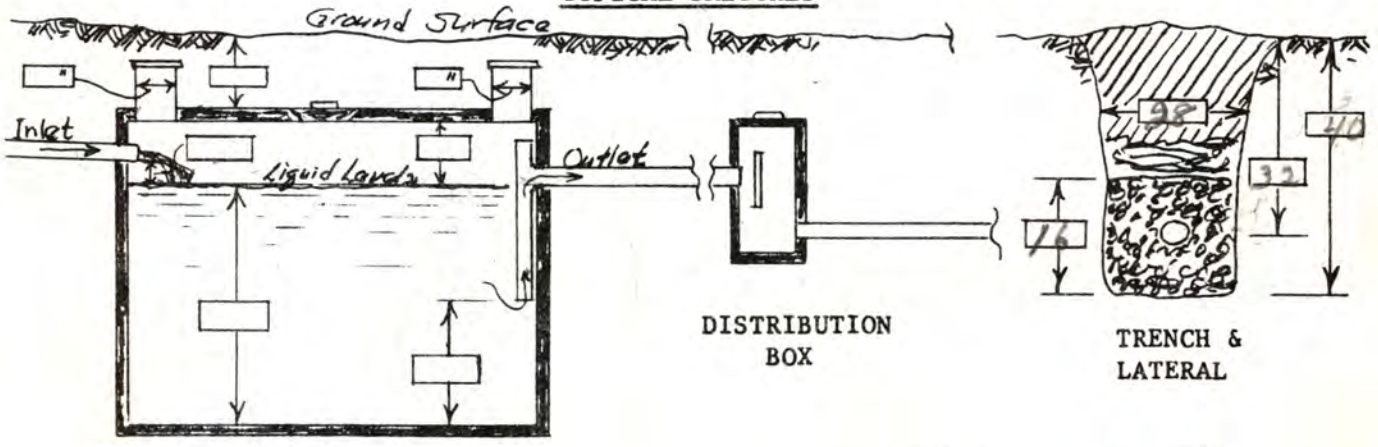
A. BUILDING SEWER:
1. Material RE CONC; Diameter ____ in.
2. Distance above basement floor ____ in.; or below basement floor 10 in.
3. Distance between dwelling and septic tank 7 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 45 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 18 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONC; No. of compartments 2.
2. Capacity 1200 gals.; Liquid depth 44 in.
3. Factory Built: Yes ☐ (Company _____)
No ☒
4. Manholes: Over Inlet; diam. 24X30 in.
Over Outlet; diam. 24" in.
Below Grade 40" in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 12 in.
7. Depth of top of tank below finished grade 40 in.
8. Distances To:
Well or Suction Line 48 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 18 ft.

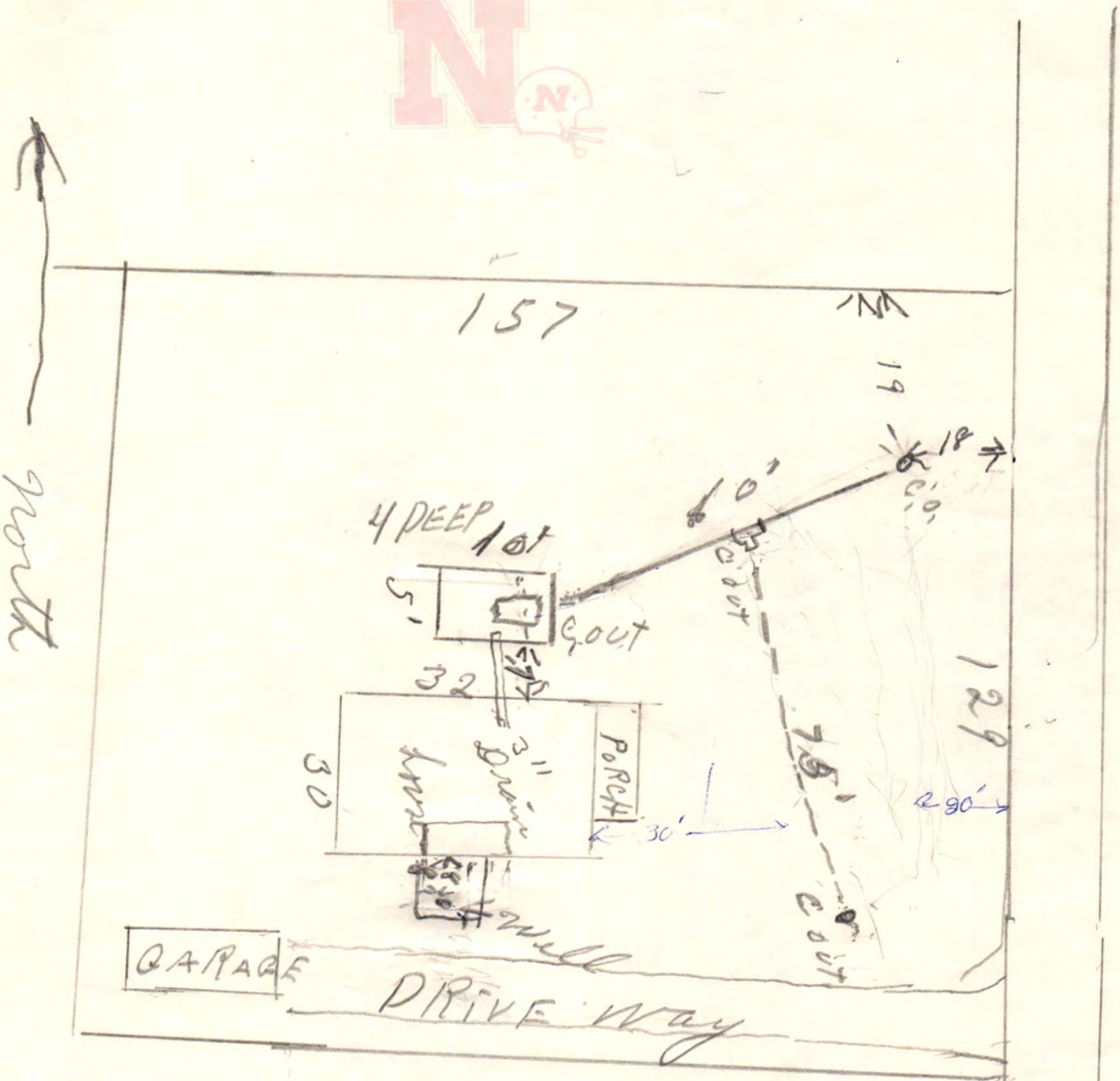
C. DISTRIBUTION BOX
1. Material ____; No. available outlets ____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____ in.; Width ____ in. Depth ____ in.
4. Distance from Septic Tank ____ ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 34 in. Number 2; Length of each line 60 ft Total length of Laterals 173 ft.; Slope 6" in/100 ft. Diameter of pipe 4 in.; Shape HALF ROUND Material: concrete ☒; fiber asbestos ☐; clay ☐; other PLASTIC WRAPPED WITH SCREEN Distance between lateral lines ____ ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in. GRAVEL & CRUSHED BRICK
4. Filter Material: [redacted] Depth of material from trench bottom 6 in.
5. Distances To:
Well or Suction Line 60 ft.;
Stream 480 ft.; Pressure Line ____ ft.
Property Line 18 ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES

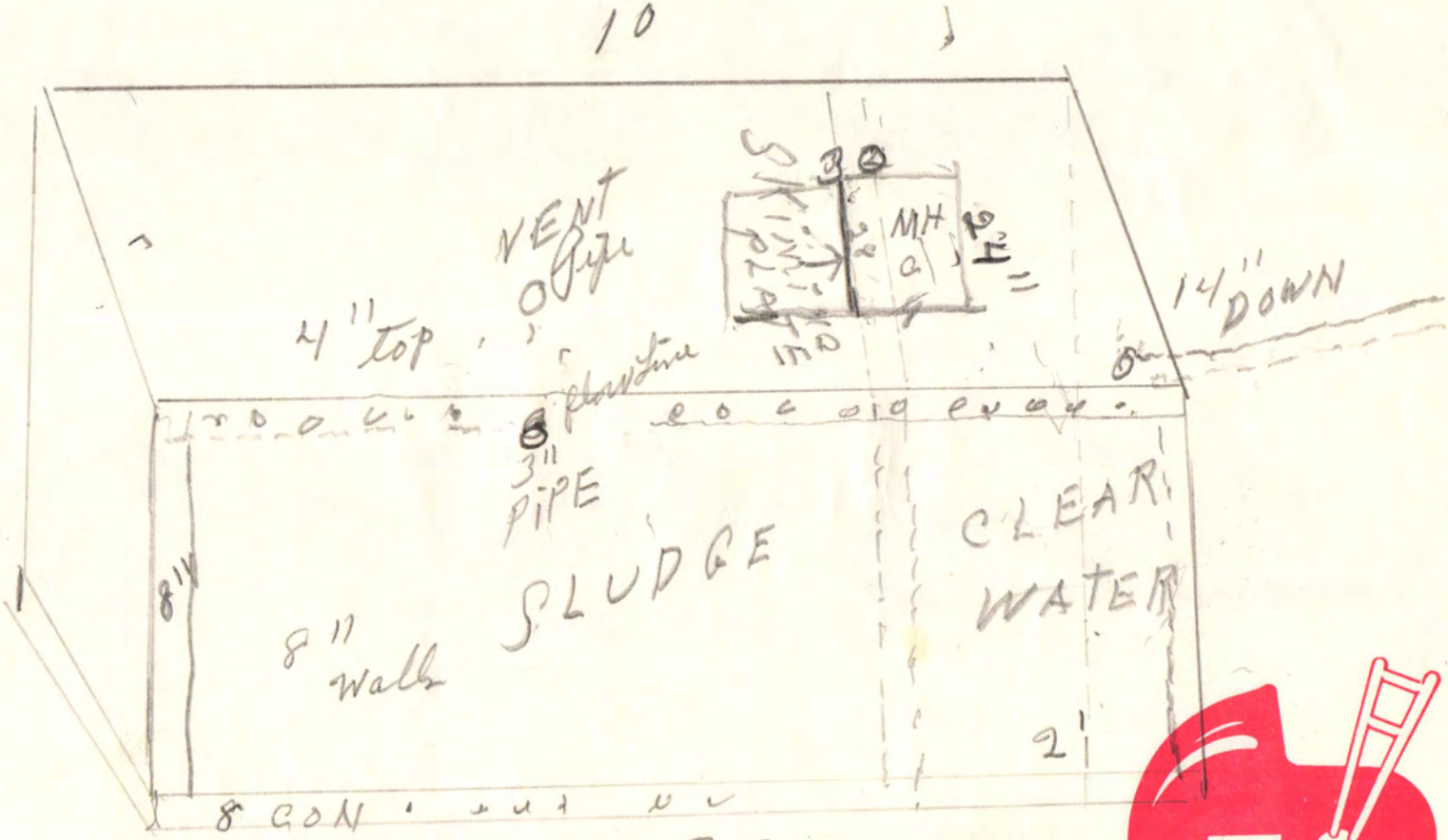


Signature of Applicant



THERE IS NO PLACE LIKE NEBRASKA...WE SUPPORT BIG RED

10 Long inside
5 W 11
4 HIGH



8 in wall RF Conc.
8" floor Rf con
4" top RF Conc

THERE IS NO PLACE LIKE NEBRASKA...WE SUPPORT BIG RED