Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ROGER DILLON
T11N R8E SEC 33 QTR SE
DILLON ACRES
6201 N 148 ST

Permittee

ROGER DILLON
6201 N 148 ST
LINCOLN NE 68527

Permit # 01380231001

Issued 05/02/01
Expires 11/02/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted]
Acting
Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015607

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

A

Permit Number: 013802310

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6201 N 148 (no rural route) City Lincoln NE, Zip 68527

Legal Description SE 1/4 Sec 33 T 11 N R 8 E Dillon Acres co. Admin Subd.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mrs. Roger Dillon Signature _____

Address 6201 N 148 City/State/Zip Lincoln NE 68527

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing & Well

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone 786-5620 Cel 560 2923

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name Claude Ole Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process

☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 5-2-01 Date frwd 5-2-01 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Meyer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

7-12-01, min. weld drawing

Installation Final Written Approval Repair

By Ron Meyer

Date 10-8-01

Business Office Use Only
Date Rec'd 5/2/01
Amt Paid 200.00
Rec'd By BW Cash/Check No. 19927

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

NOV 3 2000

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 _____ City L. NE, Zip _____

(no rural route)

Owner Rosen Dillion Addresss _____

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

Date of Tests 7/18 to 7/19 Weather: Precipitation ½" Temperature 90°

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	38	7/18	4:00	7/19	4:00	7/19	7:30	38½	7/19	8:00	30	7/16	69
2	40	7/18	4:00	7/19	4:00	7/19	7:30	37¼	7/19	8:00	30	5/16	96
3	36	7/18	4:00	7/19	4:00	7/19	7:30	38⅛	7/19	8:00	30	3/8	80
4	39	7/18	4:00	7/19	4:00	7/19	7:30	36⅜	7/19	8:00	30	¼	120
5	36	7/18	4:00	7/19	4:00	7/19	7:30	38⅛	7/19	8:00	30	5/16	96
6	37	7/18	4:00	7/19	4:00	7/19	7:30	35¾	7/19	8:00	30	3/8	80
													Okg 9/12/00

REGISTERED PROFESSIONAL ENGINEER CLAUDE R. ICE E-3939 STATE OF NEBRASKA

Sum of Percolation Rates: 541

Average of Rates: 90

Rate Used for Calculation: 82.5 holes 1 & 2

Person Conducting Percolation Tests

Name: Claude Ice

Phone: 402-423-0614

Address 5910 So 52st. Ct.

Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

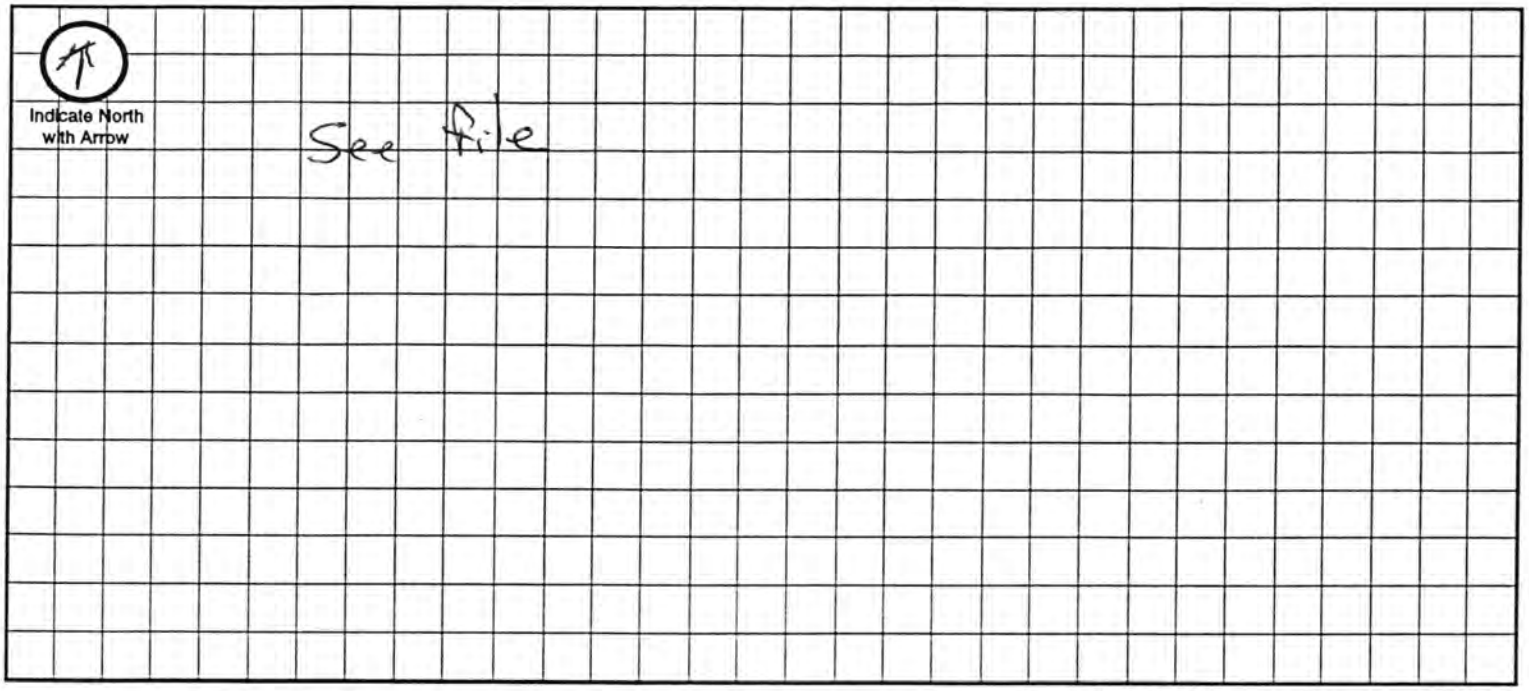
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01380 2310

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) 6201 N 148 City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other 1000 gal concrete tank Exsiting

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: Shamsburg Silty Clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1800 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: IN filter

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Bed Trench Width 20 ft

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 _____ Date _____

Installer Michael D [illegible] Date 5-2-01

FORM 23-102 10-96

Roger Dillow

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 148th (no rural route) City Lincln NE, Zip _____

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: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

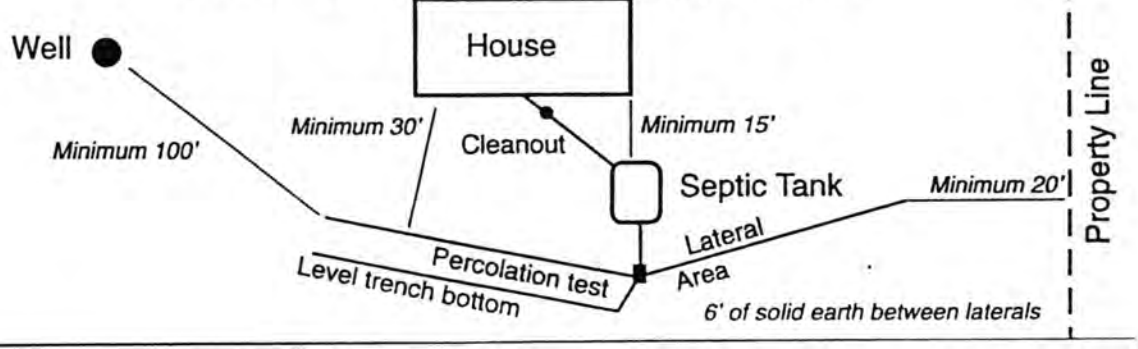
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 1N filture
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 40 ft. 40 ft.
   40 ft. 40 ft., _____ ft.
3. Trench dimensions: Width 30' ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100' Plus ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

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

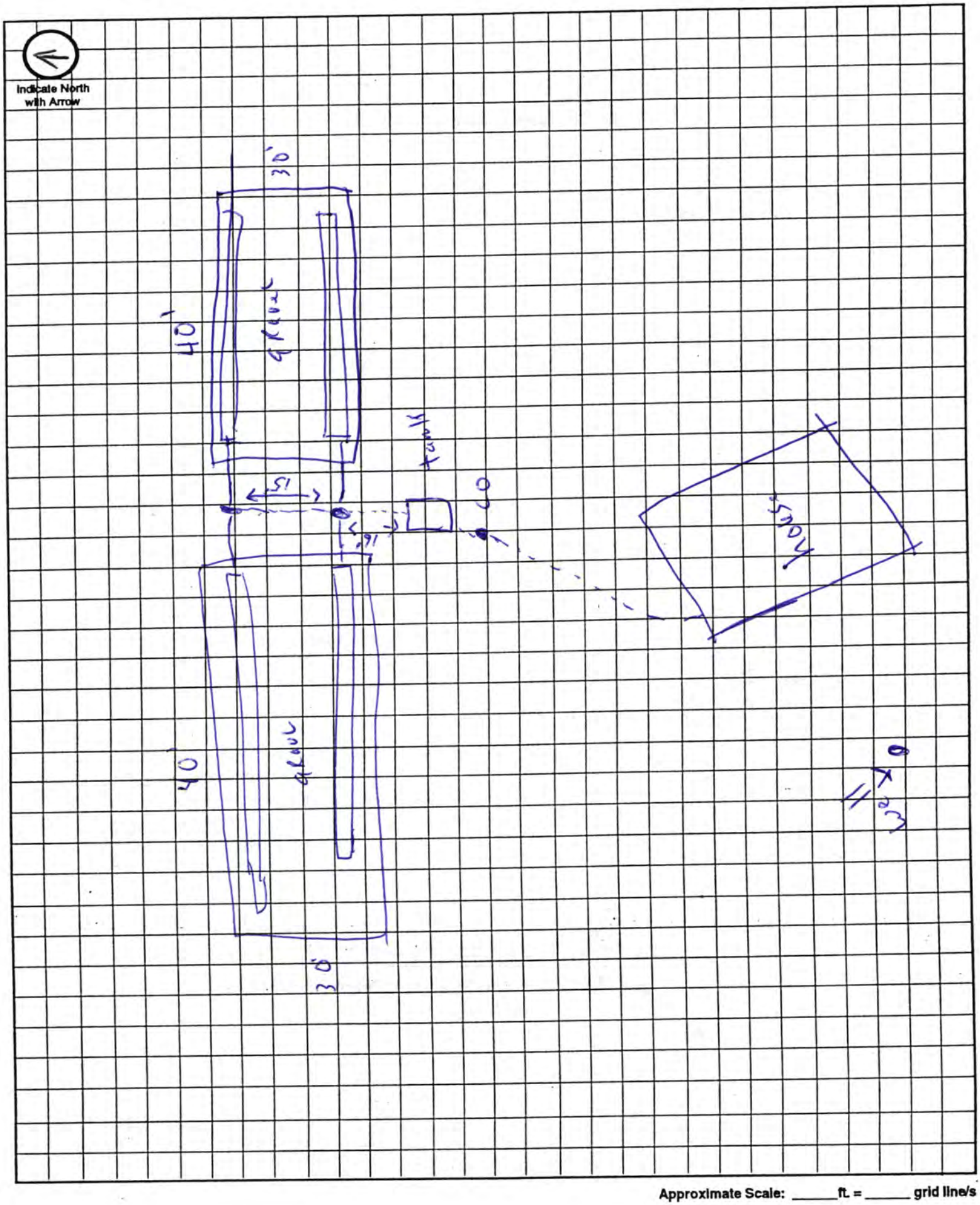
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

FOR NDEQ USE ONLY
PERMIT NUMBER: _____
APPROVED BY: _____
DATE APPROVED: _____

NOV 3 2000

DEPARTMENT OF ENVIRONMENTAL QUALITY
SEP 19 2000
RECEIVED

FORM B

APPLICATION FOR CONSTRUCTION / OPERATING PERMIT FOR A SEPTIC SYSTEM

(PLEASE PRINT OR TYPE)

A. Owner Information: ☐ Check here if owner designed system

Owner: Roger Dillon (Name) — 6201 N 148 (Street, P.O. Box, or Route) — Lincoln (City)

Owner: Roger W. Dillon (Signature) — NE (State) — 68527 (Zip) — 467-8817 (Phone (Home)) — (Work)

B. Contractor Information: ☐ Check here if contractor designed system

Contractor: Michael Dietze (Name) — Waverly Plumbing & Well (Company Name)

PO Box 116 (Street, P.O. Box, or Route) — Waverly (City) — NE (State) — 68462 (Zip) — 402-786-5620 (Phone (Work))

C. Engineer Information: ☒ Check and complete if engineer designed system

Designer: CLAUde (Name) — Oie (First) — 423-0614 (Phone (Work))

D. System Location:

Legal Description: SE (1/4) of 1/4 — 33 (Section) — 11N (Township) — 8E (Range) — 6th PM (Subdivision) — (Block) — 11812 (Lot#)

County: Lancaster — Is a County Permit Required: ☒ Yes ☐ No

☐ Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: 6201 N 148 (Street, P.O. Box, or Route) — Lincoln (City) — NE (State) — 68527 (Zip)

E. This System Will Serve A:

☒ Dwelling

Number of Bedrooms: 3

Is There a Whirlpool Bathtub: ☐ Yes ☒ No

☐ Establishment (name): _____

Design Flow in Gallons per day: _____

Type of Wastewater: ☒ Domestic ☐ Non-Domestic

F. Septic Tanks:

Number of Tanks in Series: 1 — Tank Size (gallons): 1000 (1st) — (2nd) — (3rd) — (4th) — (5th)

Tank Material: ☒ Concrete ☐ Plastic ☐ Other: _____

G. Absorption system: (See Attachment C for Percolation Information)

Percolation Rate: 90 (min. per inch) — Soil Type: Clay SLt — Land Slope: ____ %

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

Total Square Feet of Field Required: _____ (ft. sq.)

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Number of Trenches: 2 — Number of Absorption Beds: 2

Trench Width: 20' — Number of Distribution Laterals per Bed: 2

H. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied:

Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☑	10 ☒	10 ☒	15 ☐	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☑	4 ☒	25 ☒	10 ☒	30 ☒	40 ☒	☒

(OVER)

RECEIVED SEP 14 1989

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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

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

[X] Evaluation of the Individual Water System Date: 9-13-89

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $75.00

Legal Description of Property: TWP. 11N; RANGE 8E; SECTION 33; BLOCK ____

LOT 11I, ~~ADDITION~~ SE 33-11-8; Street Address 6201 North 148th Street

Directions to Property Contact Linda Martin at work (467-8817) to set up an appointment. PLEASE PUT A RUSH ON THIS ONE. THANKS!!

Location of Well Ask Linda Martin Tap Location: Inside [ ] Outside [ ]

Location of Sewage System Ask Linda Martin Year Installed Ask Linda ~~Martin~~

	NAME	ADDRESS	PHONE
Present Owner:	Roger W. & Linda S. Martin	6201 North 148th Street	786-2077 Home
Tenant/Buyer:	Refinance		
Return to:	Security Federal Savings,	1330 "N" Street, P. O. Box 80609, Lincoln, NE 68501	474-4444

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

Signature of Applicant Rhonda S. David Address P. O. Box 80609
Rhonda S. David, Loan Assistant Lincoln, NE 68501

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 14, 1989 Received $75.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 9/18/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	[X]	[ ]	Approved:	[ ]	Date 9/18/89	by J.C.H
Bacteria	[ ]	[ ]	Provisional:	[ ]	Date ____	by ____
Nitrate	[ ]	[ ]	Disapproved:	[X]	Date ____	by ____

Comments: SOME LEAKAGE FROM SEPTIC LATERAL

See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [ ]	Approved: [ ]	Provisional Approval: [ ]

APPROVED BY ____ DATE ____

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

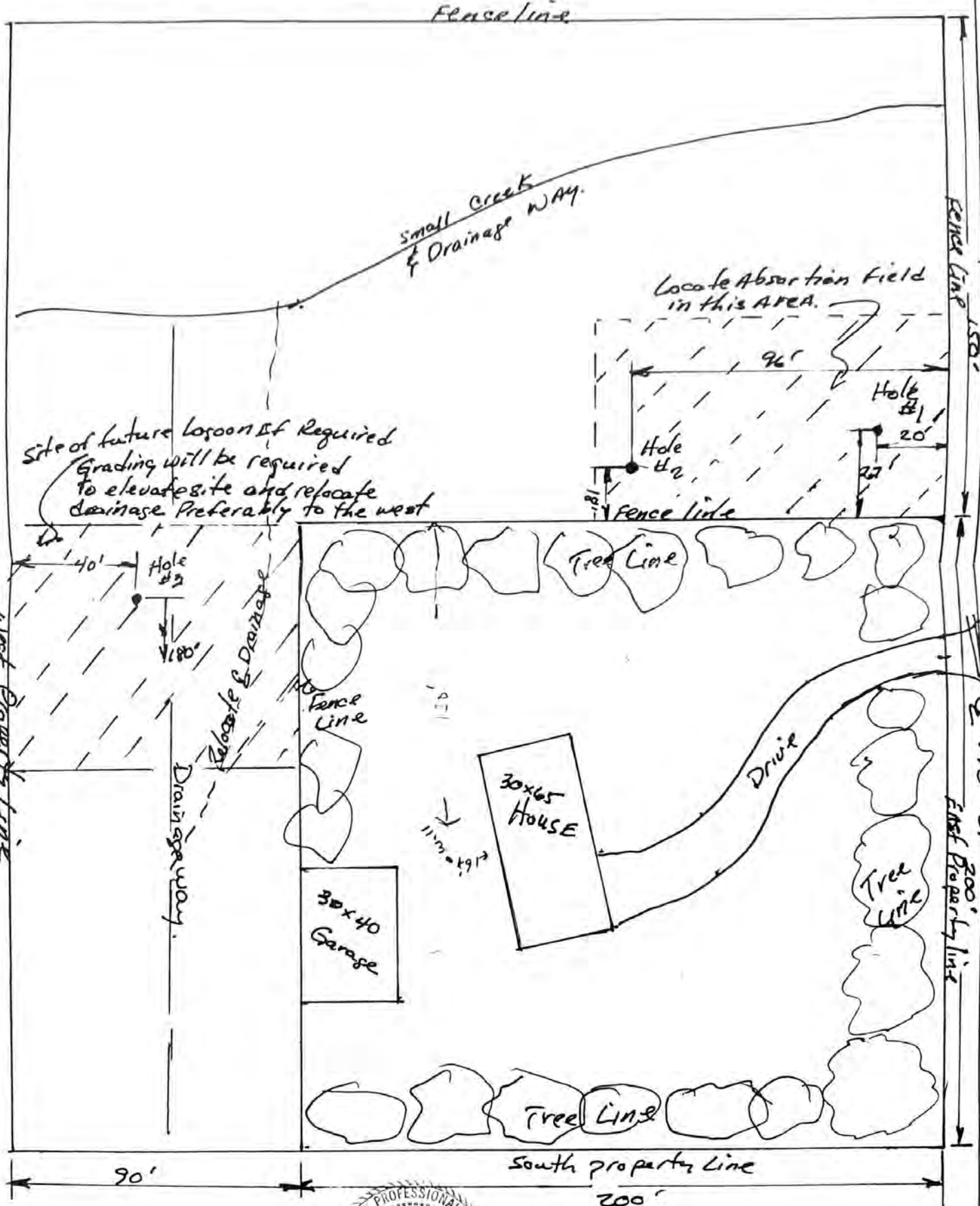
FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

Pollution Control Project

APPROVED

OCT 1 2 2000

N



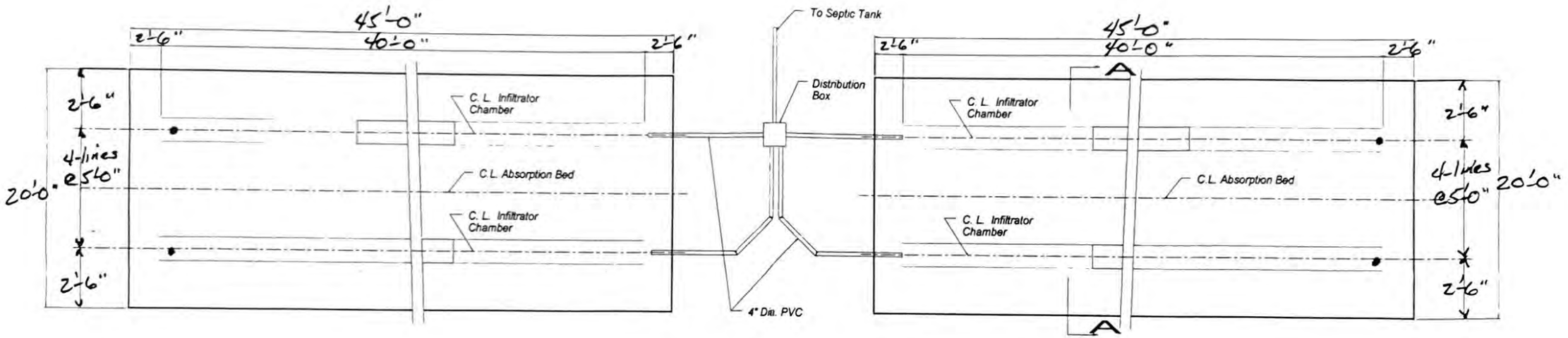
REGISTERED PROFESSIONAL ENGINEER
CLAUDE R. DIE
E-3939
STATE OF NEBRASKA

DEPARTMENT OF ENVIRONMENTAL QUALITY

OCT 18 2000

RECEIVED

Die 10/12/00



REGISTERED PROFESSIONAL ENGINEER
CLAUDE R. CIE
E-3939
STATE OF NEBRASKA

C.C.E.
4/12/00