Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERAL

Permit # 99390062101

Issued 05/27/99
Expires 11/27/99
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Establishment

VICKIE GRAHAM
T11N R8E SEC 33 QTR SE
LOT 14
14700 FLETCHER AVE

Permitee

VICKIE GRAHAM
14700 FLETCHER AVE
LINCOLN NE 68527

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010362

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐Municipal Code 24.38 ☐County Resolution Number 2832

Date: 5/26/99	File No.:

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:** Lot 14, Range 8, Township 11, Section 33, SE 1/4
   Township 11 Range 8 Section 33 1/4 Section SE
   Block _____ Lot 14 Addition _____

   Street Address _____

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:** Replace Dist Box and add 100 LF x 4' WIDE LATERIAL

5. **Work to be done by:** ☐ owner ☑ contractor's name DIRTWORKS PLUS INC

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name VICKIE GRAHAM Address 14700 FLETCHER Phone 786 0224
Applicant Signature (owner or lessee) [signature]

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd _____ REVIEW: ☐ approved ☐ disapproved By: _____

Site visits:
Date 5-26-99 By [signature]
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 5-27-99 By [signature]

5/27/99 paid #50.00

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

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

[Sharpsburg Soil]

Date 5/26/99

System Location (Indicate correct number and street)

Address 14700 Fletcher (no rural route) City Waverly 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 (EXISTING)

1. Material: concrete
   Number of compartments: 2
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 26" in.
8. Distances to: Well or suction line 100' ft.
   Stream 100' ft.
   Pressure line 60' ft.
   Property line 100' ft.

C. Distribution Box

1. Material: concrete (Round)
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14' ft.

D. Absorption Field

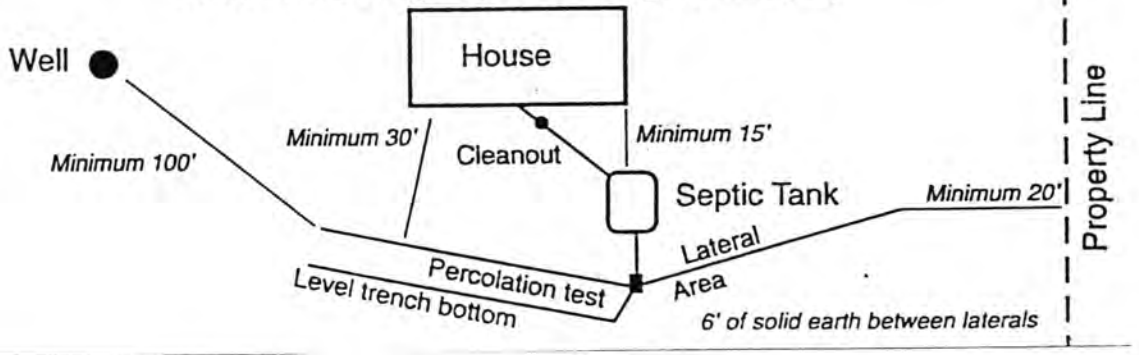
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer
   ~~or perforated~~ pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 102 New ft. 100 old ft.
   100 old ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope FLAT in/100 ft.
   Average depth 28" in
4. Filter material: Gravel
   Depth of material 22" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 20 ft.

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

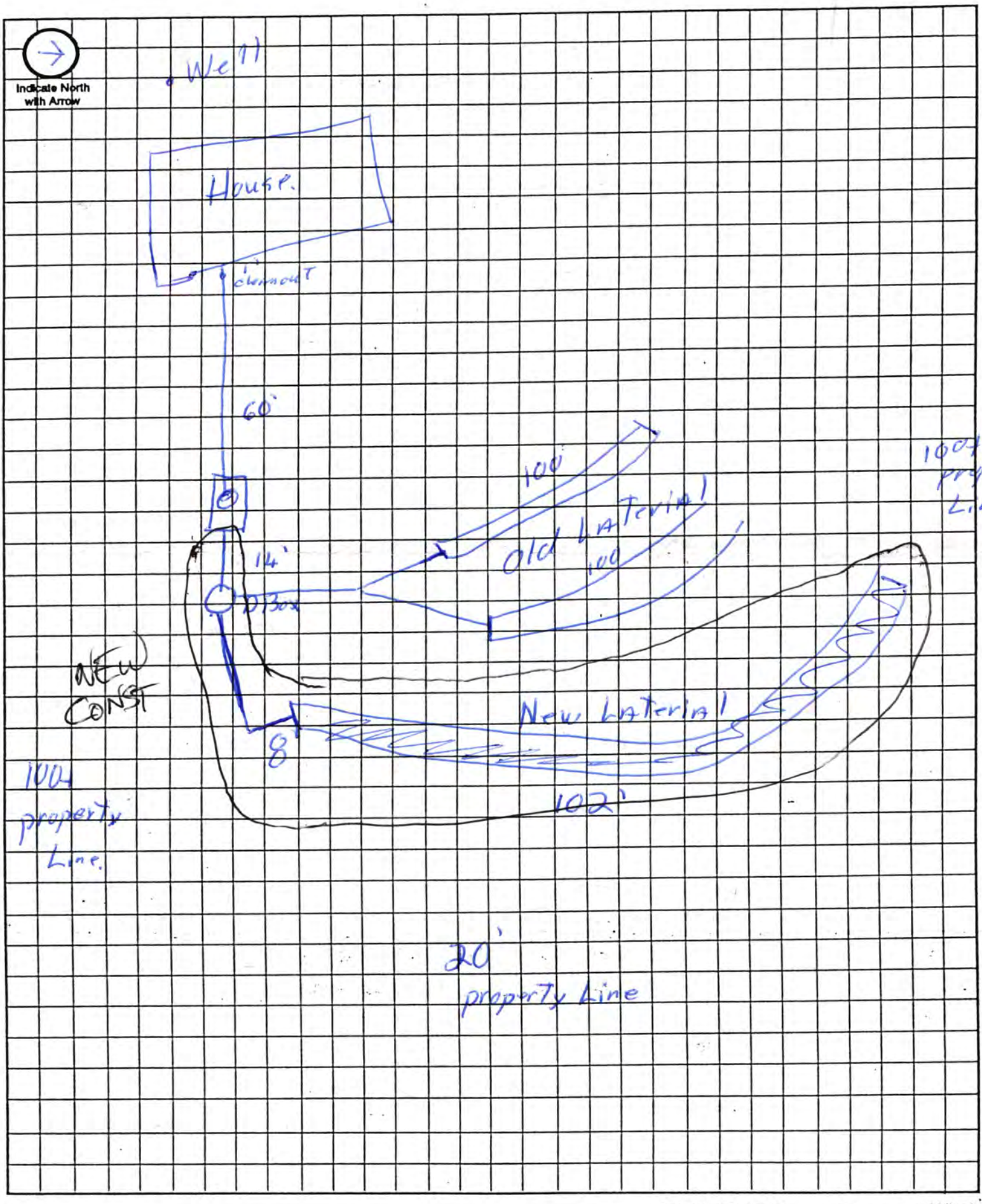
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

72 FEET FROM
HOUSE TO DISTR. BOX
TIE IN
25' BETWEEN
LATERALS
(DRAIN FIELD)
66'
66'
37'
18'
15-6"
65' FROM HOUSE
TO EAST END
OF SEPTIC
54'
56-6"
71'
ROAD

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 14700 Fletcher Av. Lincoln

Twp 11N Range 8E Section 33 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Cut East O St. to 148th St. turn North to 148th go 1/2 to Fletcher Ave. then turn West. First house on North side of road

Location of Well Front Yard Tap Location: Inside ☑ Outside ☑

Location of Sewage System Back Yard under Valley ball court Year Installed '78

	NAME	ADDRESS	PHONE
Present Owner:	Steve Folsom	14700 Fletcher Ave	786-3767
Tenant/Buyer:	Barry Graham		
Return to:	Crowder Closing	6940 O Street Suite 312 Lincoln Ne	464-1300

Signature of Applicant Barry A Graham Address ___ Date 5/2/94

HEALTH DEPARTMENT USE ONLY

Date Received 05/03/94 Received $150.00 Check ☑ #2181 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/4/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date 5/16/94 by [illegible]
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 1.3 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 Marquart Date 5/18/94

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.

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.

☒ Evaluation of the Individual Water System Date: 9-29-92

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

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

LOT 14; ADDITION ____; Street Address 14700 Fletcher Ave.

Directions to Property East on O st. to 148th st. then North on 148th St 4mi. to Fletcher Ave. then West on Fletcher Ave. First house on North side

Location of Well Front Yard Tap Location: Inside ☒ Outside ☒

Location of Sewage System back Yard 5' East of deck Year Installed '77

	NAME	ADDRESS	PHONE
Present Owner:	Steve & Pam Folsom	14700 Fletcher Ave	786-3767
Tenant/Buyer:			
Return to:	Same as above		

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

Signature of Applicant Steven R Folsom Address 14700 Fletcher Ave.

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HEALTH DEPARTMENT USE ONLY

Date Received 9-30-92 #31631 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 9-30-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9-30-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 1.1 ppm	☐	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 Morgan R.S. DATE 10-6-92

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