LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97390056701

SEWAGE SYSTEM REPAIR

Issued 10/06/97
Expires 04/06/98
Revenue Code 18754

Establishment

HERB LINVILLE, SR.
T10N R5E SEC 35
LOT 34

FEES: $50.00

Permittee

HERB LINVILLE, SR.
7501 W A ST
LINCOLN NE 68532

TOTAL $50.00

Issued By M. Jane Ford
Health Director

5288

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

10-2-97 CK # 29999

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

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10-1-97

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or 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: Twp. 10 NORTH; Range 5 EAST Section NE ¼ of 35;
Block _____; Lot 34; 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 ☑; Other ☐

4. Description of proposed alteration, extension or repair: Broken Lateral
ALL NEW LATERAL

5. Work to be done by: Owner ☐; or Contractor ☑, WELLMAN PLUMBING
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 400.00

Robert L. Linville Sr.
Signature of Applicant (owner or lessee)

7501 West A St Linc Ne.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10/02/97 cc
Filing Fee: $ 50.00 # 2999

2. Site Visits:
Date: 12/18/97 by: J. C. Hood
Date: 12/18/97 by: J. C. Hood
Date: 6/29/98 by: J.C. Hood - PARTIAL
7/7/98 by J.C. Hood
7/9/98 by J.C. Hood Need drawing

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood *
* HOLD IT BAD PERC

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/24/98 by: J.C. Hood

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

Dick Schott

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: 7-19-97 to 7-20-97. Weather: Precip. 0 Temp. 95.

OWNER: _____

Address: 7501 W. A St.

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	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5½	30min	½	
2	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5½	30min	½	
3	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5½	30min	½	
4	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5	30min	1	
5	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5½	30min	½	
6	36"	7-19	600P	7-20	900A	7-20	900A	6"	930A	5½	30min	½	

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

Brian Shafer
Signature of Person Conducting Test

Address 2700 Dan Ave., Lincoln, NE Phone 402-464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Steinauer Silt Loam
Date: OCTOBER 6, 1997

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Carroll C. Wood
Signature of Reviewing Official

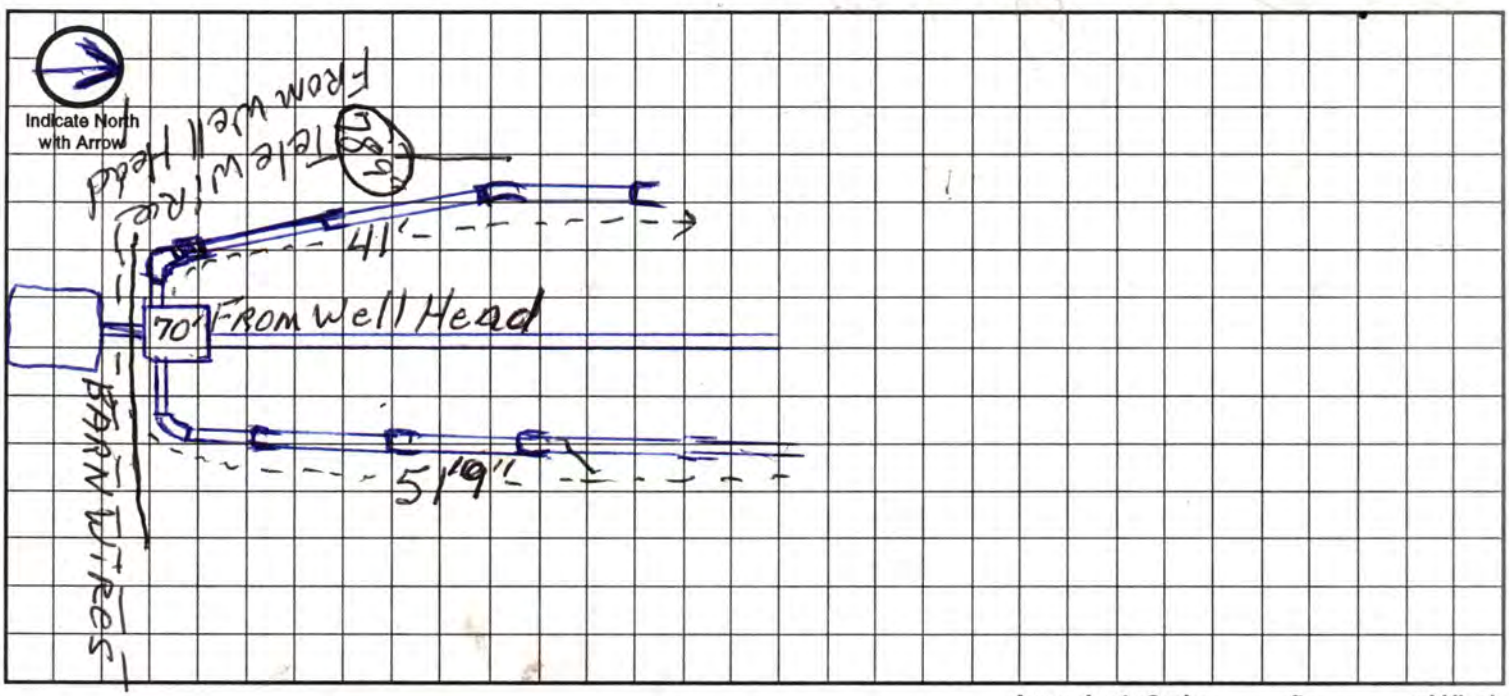
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

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

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 _____ Date _____

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 7-14-98

System Location (Indicate correct number and street)

Address 7501 West A St (no rural route) City Lincoln NE, Zip 68532

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

D. Absorption Field

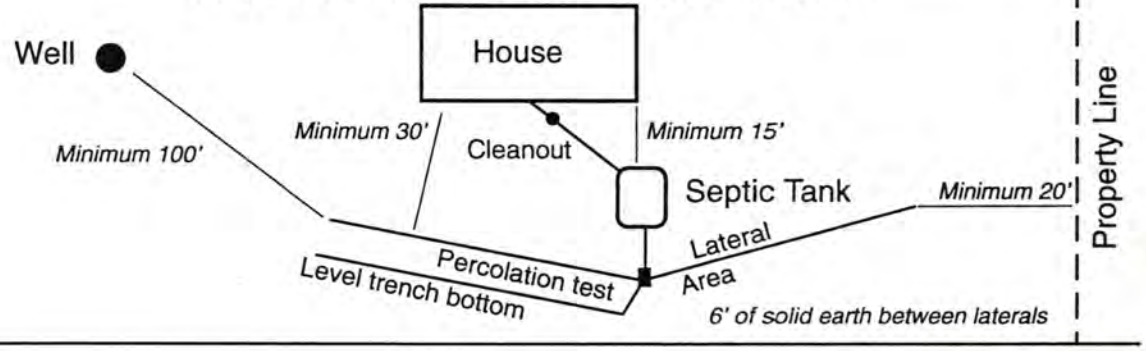
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 120' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 24" ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

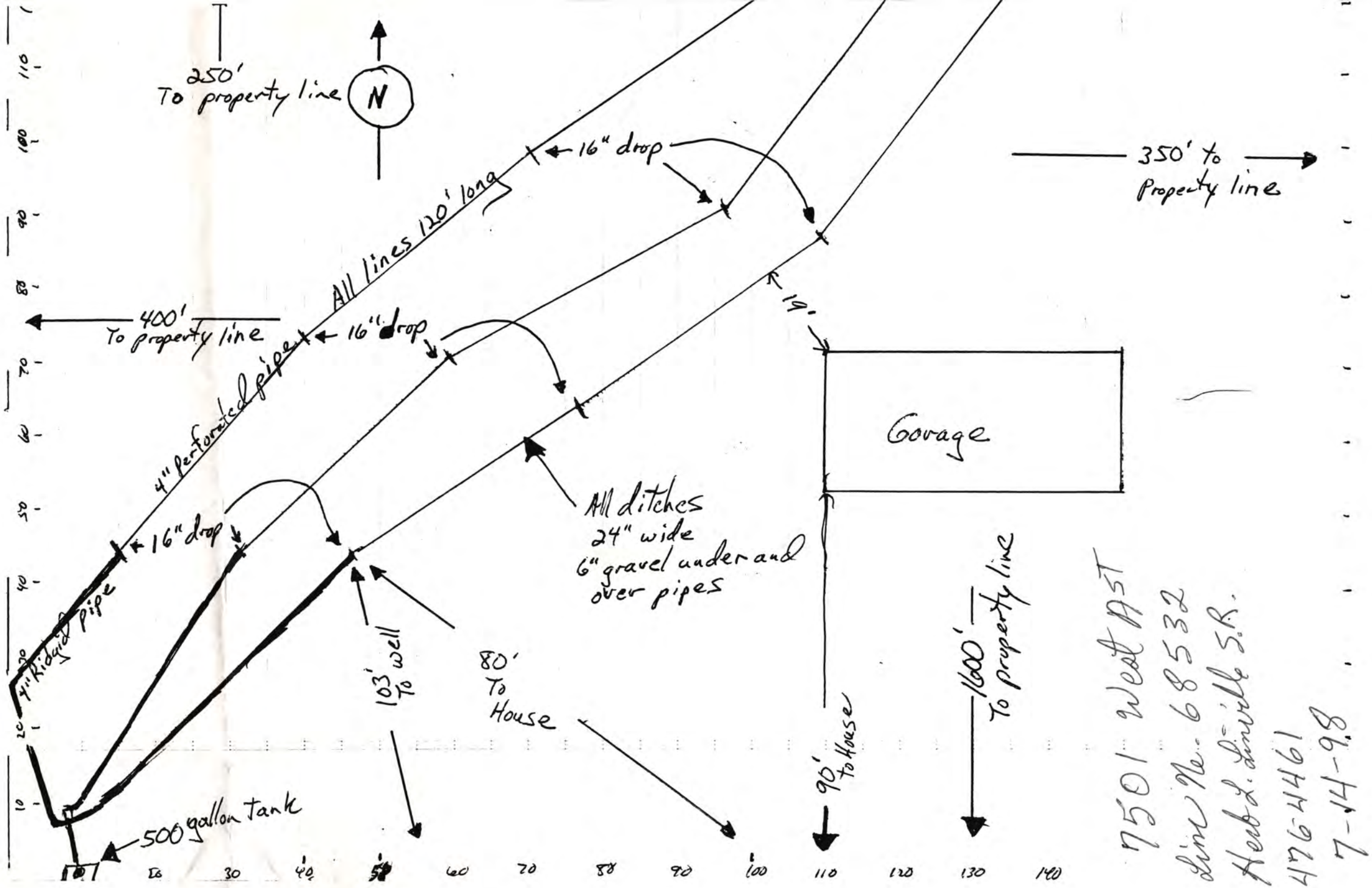
Indicate North with Arrow

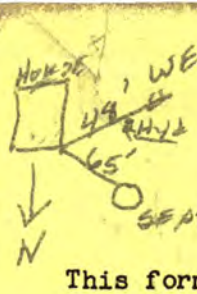
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96


250' To property line
N
16" drop
All lines 120' long
350' to Property line
400' To property line
4" perforated pipe
16" drop
19'
Garage
16" drop
All ditches 24" wide 6" gravel under and over pipes
4" Rigid pipe
103' well To
80' To House
90' To House
1600' To property line
500 gallon tank
10
20
30
40
50
60
70
80
90
100
110
120
130
140
7501 West AST
Line No. 68532
Heath, Newark S.R.
476-4461
7-14-98



July 8-15 (dsg)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 441-8000 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: 6-24-97

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 35; BLOCK ____

LOT 341; ADDITION _____; Street Address 7501 WEST A STREET

Directions to Property go WEST ON WEST A TO SW 75th - So. Side OF Road - Woods Bros Sold Signs By drive Way

Location of Well (48FT) From NW CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 65FT NW From NW CORNER OF House Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	WALTER KARNS	7501 W- A STR LCN	438-5170
Tenant/Buyer:			
Return to:	Dick Schott / Woods Bros	3737 So 27Th	430-6293

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

Signature of Applicant Richard S Schott Address 3737 So 27Th

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HEALTH DEPARTMENT USE ONLY

Date Received 6/24/97 Received $150.00 Check ☑ Cash ☐

ALL NEW LATERAL #1008

PRELIMINARY STATUS--DATE JUNE 25, 1997

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☒	Approved: ☐	Date _____ by ____
Bacteria	☐	☐	Provisional: ☐	Date _____ by ____
Nitrate 20.1	☒	☐	Disapproved: ☒	Date _____ by ____

WELL MAY PLUMBING

Comments: WELL HAS BROKEN ELECTRICAL CONDUIT, NEEDS JUST A LITTLE DIRT FILLED AROUND IT ALSO. LATERAL FIELD HAS BROKEN THROUGH AND LEAKING, IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY John T Munn REHS DATE 9-30-98

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