# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE SYSTEM REPAIR

Permit # 00390066901

Issued 06/19/00
Expires 12/19/00
Revenue Code 3157

Establishment

MARTIN ERICKSON
T10N R6E SEC 17 QTR SW
LOT 27IT
3900 W HOLDREGE ST

FEES: $50.00

Permitee

MARTIN ERICKSON
3900 W HOLDREGE ST
LINCOLN NE 68528

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013359

# Individual Sewage Disposal System
# Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

| Date: 6-15-2000 | File No.: 0039000669 |
|---|---|

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~~ 10N Range 6E Section SW 17 1/4 Section _____
   Block _____ Lot 27 I.T. Addition _____
   Street Address 3900 WEST Holdrege

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:** extend Laterial to S/EAST of Septic 100'

5. **Work to be done by:** ❒ owner ❒ contractor's name _____

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 MARTIN ERICKSON Address 3900 W. Holdrege Phone 470-3170
Applicant Signature (owner or lessee) Mark Erickson

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

(Please do not write below this line)

Date rec'd 6-16-00 REVIEW: ☒approved ❒ disapproved By: Ron Maynard

**Site visits:**
Date 6-16-00 By RM
Date _____ By _____
Date _____ By _____

**Installation final written approval**

Date 6-16-00 By Ron Maynard

6/16/00
$ 50.00 ck 7144 aw

***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: 003900669

# Sewage Disposal System

## As Built Plans & Specifications

Date 6-16-00

**System Location (Indicate correct number and street)**

Address 3900 West Holdrege (no rural route) City Lincoln NE, Zip 68

## 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

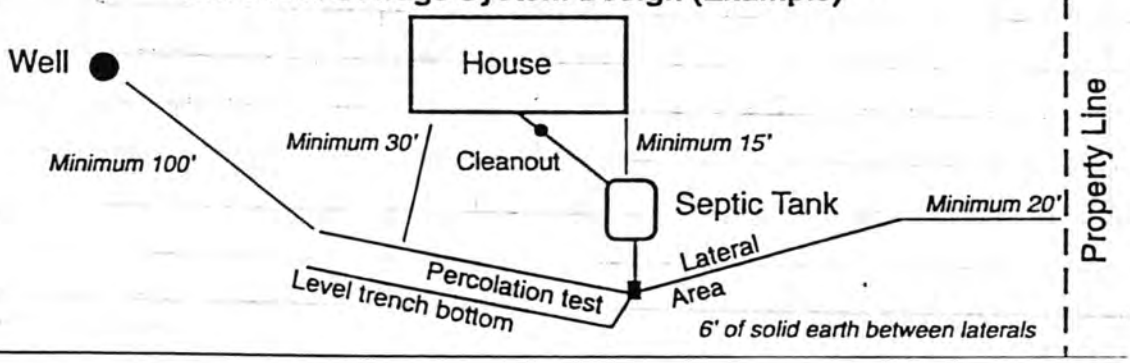
*(Provide as-built drawings on back of this form)*

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

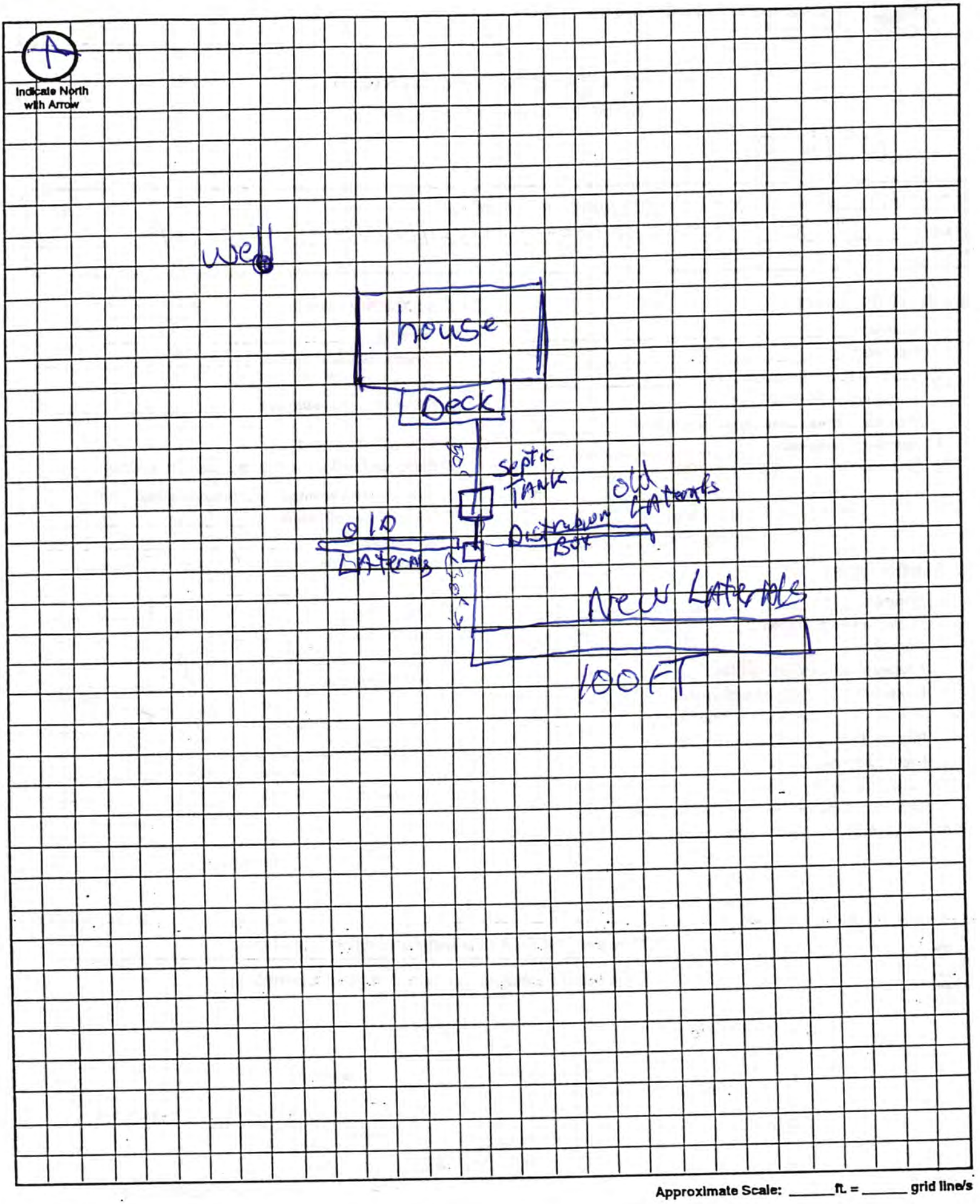
Indicate North with Arrow

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

**Individual Sewage System Design (Example)**



# As Built Drawing




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

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1366

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — January 10, 1970

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Larry Frost — 5124 West Wilkin, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T10N, R6E, Section 17 West 346' of SW¼

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

| PERMIT | INSPECTION FEE | OCCUPATION TAX | LICENSE | TOTAL |
|---|---|---|---|---|
| $ 30.00 | $ | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE | |
| 110.15 | 110.16 | 148.14 | 6-2 | |
| SERIAL NO. 624-1535 | DATE | AMOUNT | | |

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1366

DATE: _____

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

1. Legal description of property: Twp. 10 N ; Range 6E ; Section 17 ;
   Block _____ : Lot _____ : Addition West 376' of SW 1/4
   Street Address _____

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

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

4. Distance to public sewer: None ft.

Larry Frost
Signature of Applicant (Owner or Lessee)

5124 W Wilbur
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/78. Date Frwd. 7/18/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hook

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/18/78. Date Frwd. 7/18/78. ACTION: Approved ☐ Disapproved ☐ Signature: Ernest H. Pimmel

3. City ~~or County~~ Engineer : Date Rec'd. 7-18-78. Date Frwd. 7-18-78. ACTION: Approved ☒ Disapproved ☐ Signature: M Long

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-16-79 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-19-79 By: James Neverdon

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. 1366

## SPECIFICATIONS

DATE: _____

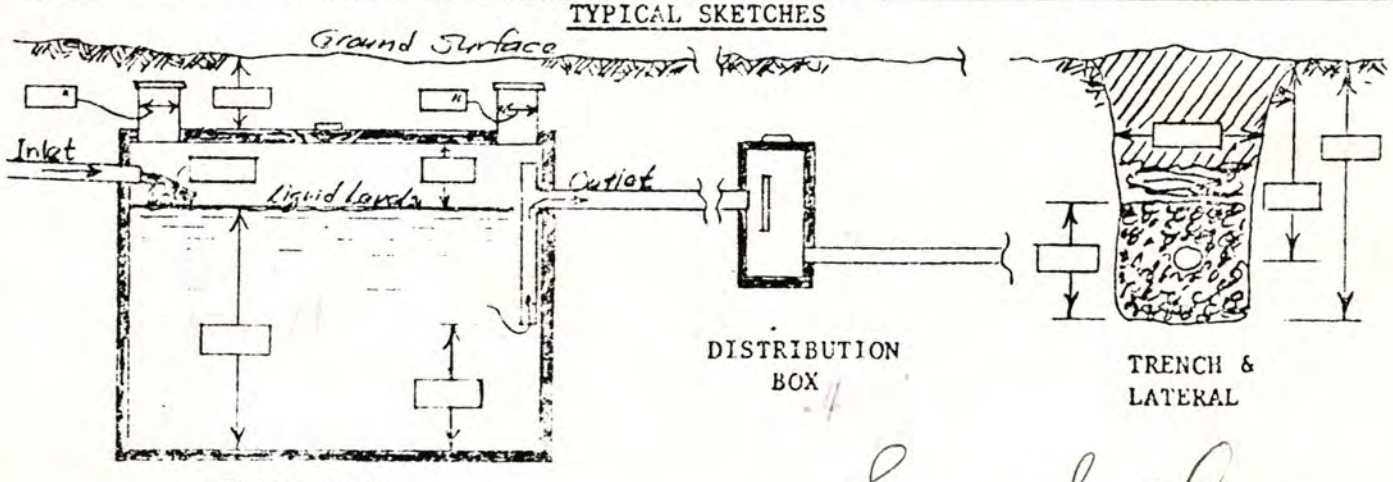
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pse Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pse Cast Step) 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: Half moon
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 225 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half-moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: load gravel. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES




Larry Frost
Signature of Applicant

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Larry Frost
Address _____

Dates of Tests: July 13 78 to July 14 78. Weather: Precip. I Temp. 80° F

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 | 32" | 7/13 | 5 30 PM | 7/14 | 4 PM | 7/14 | 4 PM | 12" | 4 PM | 8 | 30 M | 3/4 | |
| 2 | | | | | | | | | | 8 1/2 | | 1/2 | |
| 3 | | | | | | | | | | 8 3/4 | | 1 | |
| 4 | | | | | | | | | | 9 | | 1/2 | |
| 5 | | | | | | | | | | | | 0 | |
| 6 | | | | | | | | | | | | 0 | |
| | | | | Refilled Holes 1 to 3 at 5:30 | | | | Water in hole from pre Soak | | | | | |

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

(Do not write below this line)

REVIEWING ACTION

REMARKS: Burchard Clay Loam (L.C.D.)

DATE: July 17, 1978

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

50'
40'
100'
Road

ORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
nnex 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. _____

## SPECIFICATIONS

DATE: Apr. 17, 1979

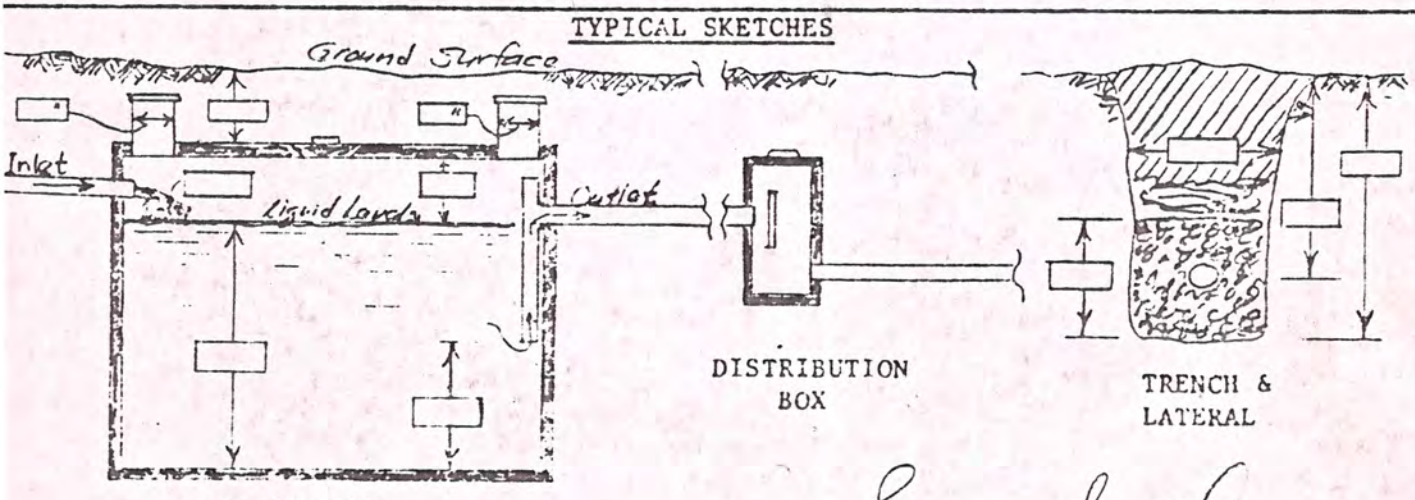
BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 24 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line 170 ft.;
   Stream 170 ft.; Pressure Line 170 ft.;
   Property Line 50 ft.

SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
   Over Outlet; diam. 6 in.
   Below Grade _____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
   Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
   Well or Suction Line 230 ft.;
   Stream 230 ft.; Pressure Line 230 ft.;
   Property Line 50 ft.

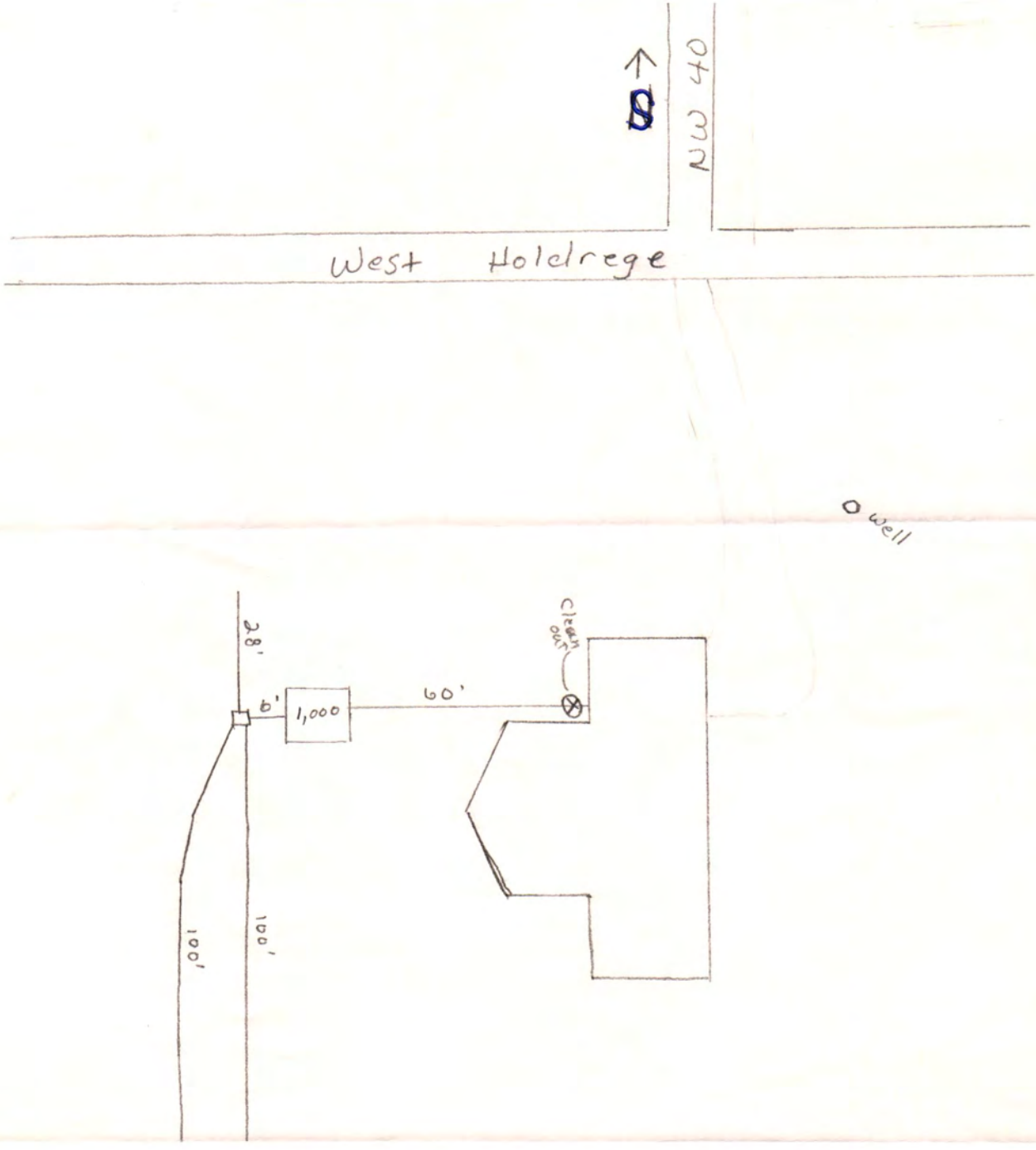
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth 18 in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___ in. Number ___; Length of each line ___ ft Total length of Laterals 238 ft.; Slope ___ in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ___ in.; Width 48 in.
4. Filter Material: road gravel. Depth of material from trench bottom 30 in.
5. Distances To:
   Well or Suction Line 237 ft.;
   Stream 237 ft.; Pressure Line 237 ft.
   Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES




Lawrence


S
NW 40
West Holdrege
well
28'
5'
1,000
60'
Clean out
100'
100'