LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

ermit

SEWAGE INSTALLATION
OTHER

No. 98380174201

Issued 04/17/98
Expires 10/17/98
Revenue Code 3157

Establishment

LTR TOWING
T11N R7E SEC 34
S 1/2 LOT 40IT
8000 FLETCHER AVE

FEES: $150.00

PAID

TOTAL $150.00

Permittee

LTR TOWING
8000 FLETCHER AVE
LINCOLN NE 68507-3117

Issued By Health Director
Lincoln-Lancaster County Health Department

007211

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

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

A

Permit Number:

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 8000 FLETCHER AVE City LINCOLN NE, Zip 68507
(no rural route)

Legal Description S½ 34 11N 7E 40 I.T.
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 LTR TOWING Signature _____

Address 8000 FLETCHER AVE City/State/Zip LINCOLN NE. 68507

☐ Check if owner designed system Home Phone _____ Work Phone 466-6544

C. Contractor

Name JOEL CACEK Company Name GREEN FURNACE & PLUMBING Co.

Address 2747 N 48th St City/State/Zip LINCOLN, NE.

☑ Check if contractor designed system Work Phone 467-4444 430-6411

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

Designer Name DAN SCHINSTOCK Firm FRED THOMPSON & ASSOC. Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☑ Commercial Establishment/Other Facility Specify 12 EMPLOYEES

Design flow in gallons per day 100 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 4/17/98
   Date frwd 4/17/98
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Wood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 4/17/98
   Date frwd 4/17/98
   ACTION ☒ Approved ☒ Disapproved
   Signature _____ Submit plans on tank
   FLOOD PLAIN PERMIT REQ.

3. **City or County Engineer**
   Date rec'd 4-17-98
   Date frwd 4-17-98
   ACTION ☒ Approved ☐ Disapproved
   Signature Dennis Bartels

4-98, two tanks + risers installed on my
4-27-98 About 12" covered over top of tanks,
6-4-98 rm Replaced with 3 shorter tanks.

Installation Final Written Approval HOLDING TANKS

By Ron Mangum

Date 6-3-98

Business Office Use Only

Date Rec'd 4/17/98
Amt Paid #150 cc
Rec'd By _____ Cash/Check No. 018860

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

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.

Indicate North with Arrow

SEE ATTACHED DRAWINGS.

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~~ STORAGE TANKS

Tank Material: ☑ Concrete ☐ Plastic ☐ Other 1850 GALLONS / EACH

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 Joel Card Date 4/16/98

Installer GREENS FURNACE & PLUMBING Co Date 4/16/98

FORM 23-102 10-96

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 4/16/98

System Location (Indicate correct number and street)

Address 8000 FLETCHER AVE. (no rural route) City LINCOLN NE, Zip 68507

A. Building Sewer

1. Material: PVC DWV SCH. 40 PLASTIC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 16 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 310 ft.
   stream _____ ft.
   pressure line 300 ft.
   property line 45 ft.

B. Septic Tank

STORAGE

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 3700 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 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

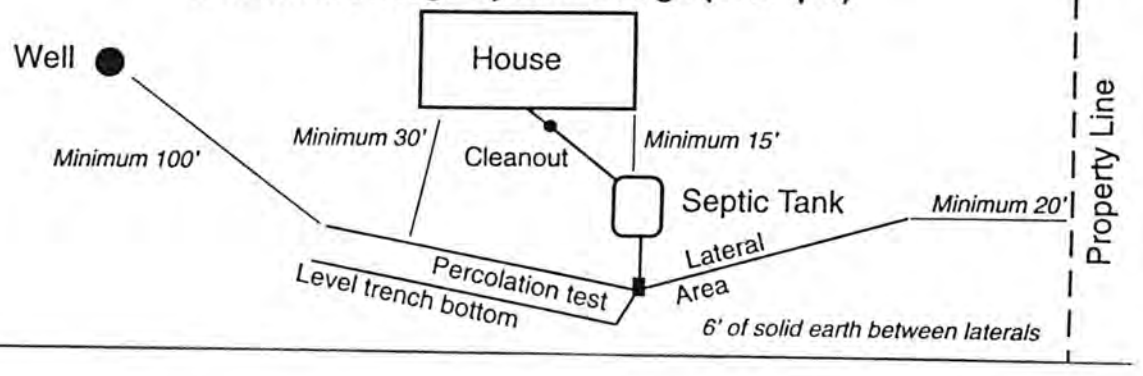
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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)



Well/Sewage System Inspection Form

Lincoln-Lancaster County Health Department
3140 "N" Street • Lincoln, NE 68510
402-441-8022

Legal Description T11N R7E Sec 34 Lot 40 IT **Location** 8000 FLETCHER

Owner/Requestor LTR TOWING GEORGE + JAN BROCKLEY

Type of Inspection:

- ☐ New System - Initial
- ☐ New System - Follow-up
- ☐ Existing System - Repair
- ☐ Existing System - Follow-up
- ☐ Loan Approval
- ☐ Consultation
- ☒ Other (Specify) PLAN REVIEW

Remarks THIS SYSTEM AS DESIGNED DOES NOT MEET LOCAL REQUIREMENTS. HOWEVER, MR GOANS, HAD ADDITIONAL ENGINEERING DATA AND THE FLOW IS MINIMAL (100 GAL/DAY). HE FEELS THE SYSTEM MEETS STATE REQUIREMENTS. SINCE THIS IS A COMMERCIAL SYSTEM NO LOCAL PERMIT TRADITIONALLY HAS BEEN REQUIRED.

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown."

Water System

1. Approved Permit (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System: ☒ Septic ☐ Lagoon

1. Approved Permit (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line, Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspection by: John E Means **Received by:** N/A - FILE

Date: 4-10-98

Inspfrm Revised 5/95

STATE OF NEBRASKA

MAR 27 1998

DEPARTMENT OF ENVIRONMENTAL QUALITY
Randolph Wood
Director
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186

E. Benjamin Nelson
Governor

Construction Permit # 98S015

George and Jan Brockley
LTR Towing
8000 Fletcher
Lincoln, NE 68507

RE: Onsite Wastewater Treatment System
Lot 40 I.T.
Sec 34, T11N, R7E,
Lincoln, NE, Lancaster County

Dear Mr. and Mrs. Brockley:

Documents describing the above-referenced project have been approved and stamped accordingly. Pursuant to Neb. Rev. Stat. Sec. §81-1506(2)(Reissue 1987), a permit for construction is hereby granted. This permit shall also serve as the operating permit for the facility once construction is complete.

Compliance with minimum sanitary engineering design criteria was the only consideration in the review of this project and items such as quality of material, structural soundness, electrical and mechanical design features were not considered unless specifically noted in the review comments. However, this approval does not in any way release the owner from the responsibility of providing an operable facility.

Construction shall be as described in the approved documents. If, for any reason, major changes are necessary, written approval must be obtained from this Department before proceeding.

One set of documents is being made a part of this Department's records, and the remaining documents are being returned to you.

Please complete and return the enclosed card as soon as the information is available. If you have any questions please contact Steven M. Goans, P.E. at (402) 471-2580.

Pursuant to a Delegation Memorandum dated January 30, 1995, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed the 23rd day of March, 1998.

Sincerely,

Patrick W. Rice

Patrick W. Rice
Assistant Director

PWR/smg

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner LTR TOWING (NAME) Phone 465-4567

Address: 8000 FLETCHER

Location:

Township 11N Range 7E Sec. S½ 34 1/4 Sec. ____ 1/4 Sec. ____ LOT 40 I.T.

County Name LANCASTER Area: 3 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test 12-19 to 12-20 Weather: Precipitation GROUND WAS SATURATED Temp 35°

RAINED & SNOWED PREVIOUS DAYS

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation 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 Rate (Min./Inch)
1	36	12-19	12:00	12-19	4:00	12-20	3:30	6"	4:00	5¾	30	1/4	120
2	"	"	"	"	"	"	"	"	"	"	"	1/4	120
3	"	"	"	"	"	"	"	"	"	"	"	1/4	120
4	"	"	"	"	"	"	"	"	"	"	"	1/2	60
5	"	"	"	"	"	"	"	"	"	"	"	1/2	60
6	"	"	"	"	"	"	"	"	"	"	"	5/8	48

GREEN FURNACE & PLUMBING CO.
Signature of Person Conducting Test

Address: 2747 N. 48th St
LINCOLN, NE. 68504
Phone: 402-467-4444

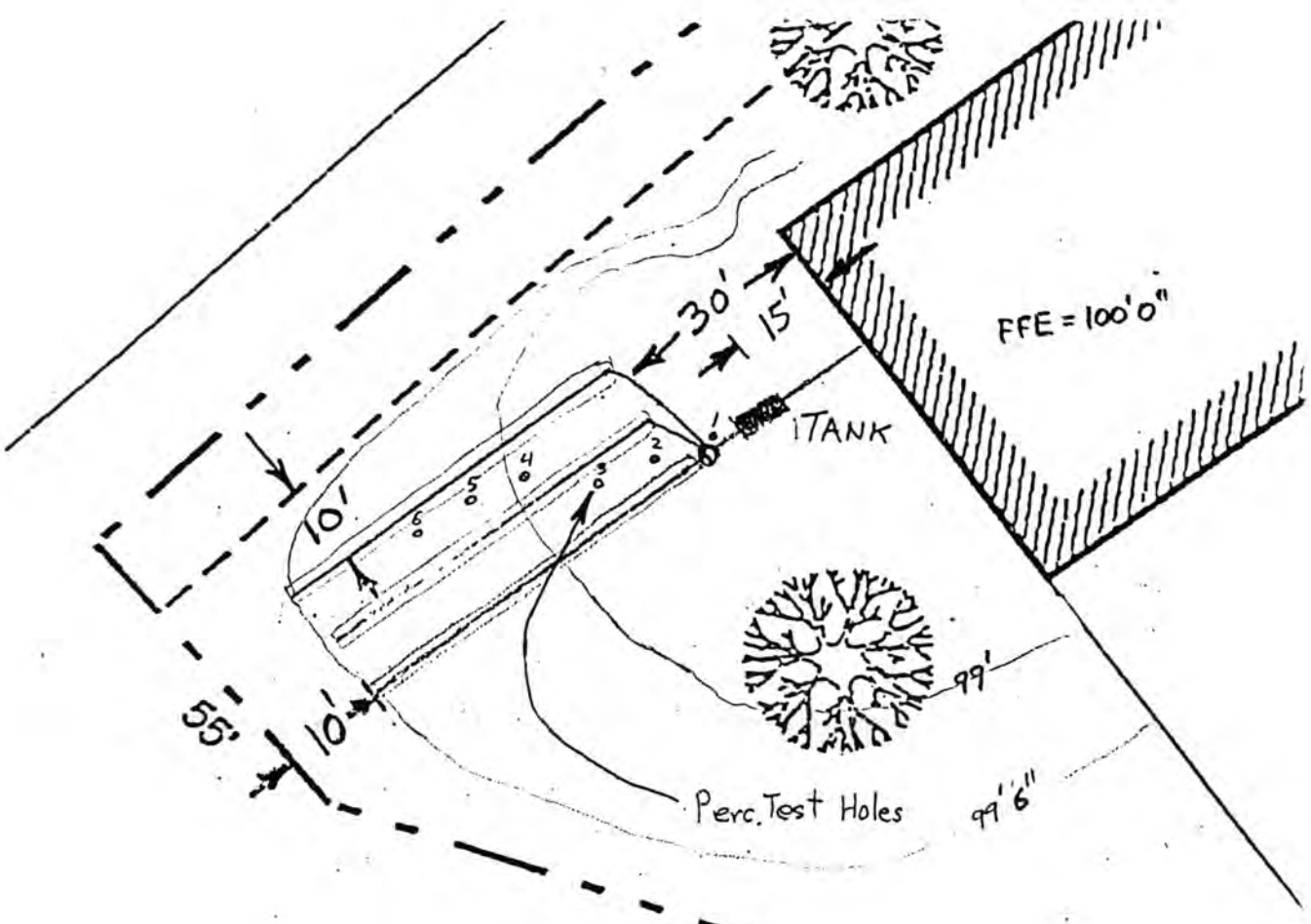
Sum of Percolation Rates = 528

*Average of Rates in Minutes per Inch = 120

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes

Send completed Attachment C and Operating/Construction Permit to:

Septic Tank Permits, Nebraska Department of Environmental Quality, P.O. Box 98922, Lincoln, NE 68509-8922



New 1000 Gallon Septic Tank. 3-60' Laterals of 4" ABS corrugated perforated pipe in 2' wide trench at 10' O.C.

LTR TOWING

SITE PLAN

SCALE: 1" = 30' 0"

©opyrighted material: 2,4,98
Green Furnace & Plumbing Co., Inc.

FOR DEQ USE ONLY

PERMIT NUMBER: _____

APPROVED BY: SMG

DATE APPROVED: 3-11-98

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: LTR TOWING (Name) — 8000 FLETCHER (Street, P.O. Box, or Route) — LINCOLN (City)

Owner: George Jon Brockley (Signature) — NE (State) — 68507 (Zip) — 466-6544 (Phone (Home)) — _____ (Work)

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

Contractor: GREEN FURNACE & PLBG CO. (Name) — _____ (Company Name)

2747 N. 48th ST (Street, P.O. Box, or Route) — LINCOLN (City) — NE (State) — 68504 (Zip) — 402 467 4444 (Phone (Work))

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

Designer: JACK BEERS (Name) — JACK BEERS ARCHITECTS (Firm) — 402 423 8896 (Phone (Work))

D. System Location:

Legal Description: ____ (1/4) of ____ (1/4) — S½ 34 (Section) — 11N (Township) — 7E (Range) — _____ (Subdivision) — _____ (Block) — 40 I.T. (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: 8000 FLETCHER (Street, P.O. Box, or Route) — LINCOLN (City) — NE (State) — 68507 (Zip)

E. This System Will Serve A:

☐ Dwelling

Number of Bedrooms: _____

Is There a Whirlpool Bathtub: ☐ Yes ☐ No

☒ Establishment (name) LTR TOWING

Design Flow in Gallons per day: 100 DOMESTIC

Type of Wastewater: ☒ Domestic ☐ Non-Domestic

F. Septic Tanks:

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

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate: 120 (min. per inch) — Soil Type: _____ — Land Slope: 1 %

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

Total Square Feet of Field Required: 340 (ft. sq.)

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

Number of Trenches: 3 — Number of Absorption Beds: _____

Trench Width: 2 — Number of Distribution Laterals per Bed: _____

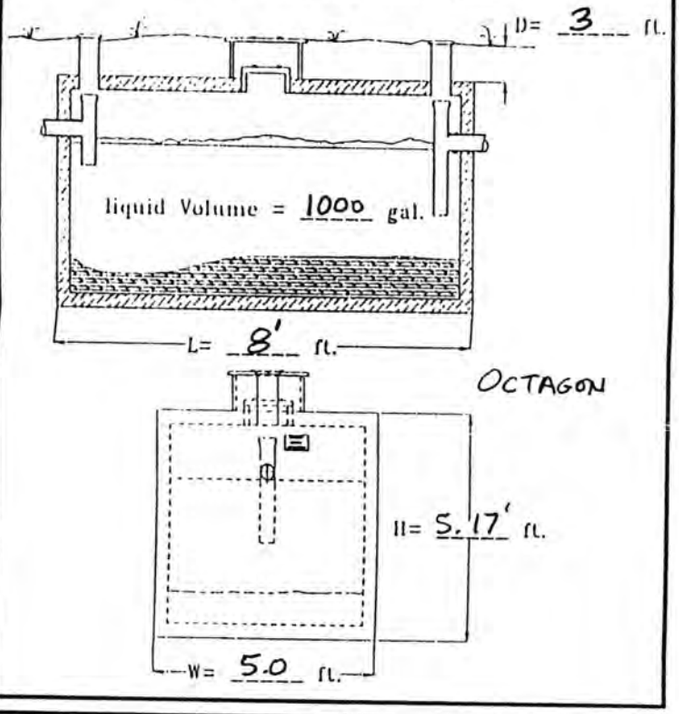
H. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied:

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)

NECESSARY SECTION K FOR SUBDIVISIONS

I. SEPTIC TANK DIMENSIONS

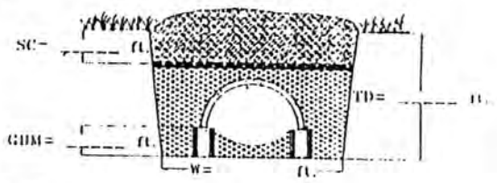


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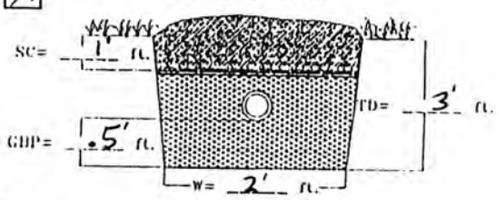
SC= SOIL COVER, TD= TRENCH DEPTH, W= WIDTH
GBM= GRAVEL BELOW HALF MOON, L= TANK DEPTH
GBP = GRAVEL BELOW PIPE, H= TANK HEIGHT,
D= DEPTH OF COVER

J. FIELD AND COMPLETE THE BLANKS

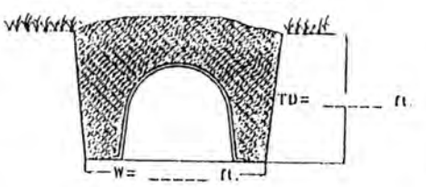
☐ HALF-MOON IN GRAVEL



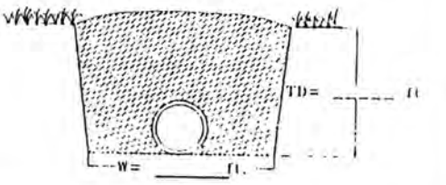
☒ PIPE IN GRAVEL



☐ GRAVELLESS HALF MOON



☐ GRAVELLESS PIPE

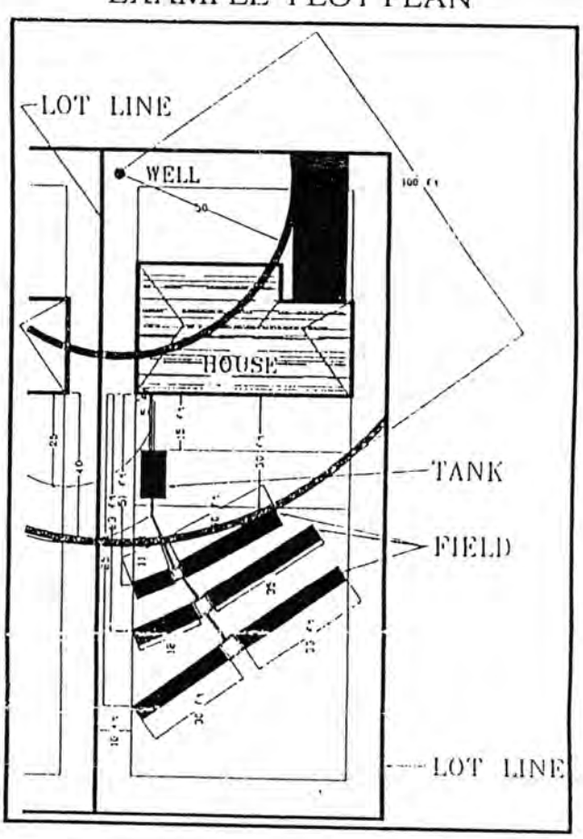


☐ OTHER: Include Drawing

K. Complete Adjacent Lot Worksheet for All Wells and Water Lines Within The Reporting Distance in Chapter 5

NORTHWEST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____	NORTH DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____	NORTHEAST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____
WEST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____
SOUTHWEST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____	SOUTH DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____	SOUTHEAST DISTANCE IN FEET FROM: TANK FIELD WELL: ____ ____ WATER LINES: ____ ____

EXAMPLE PLOT PLAN

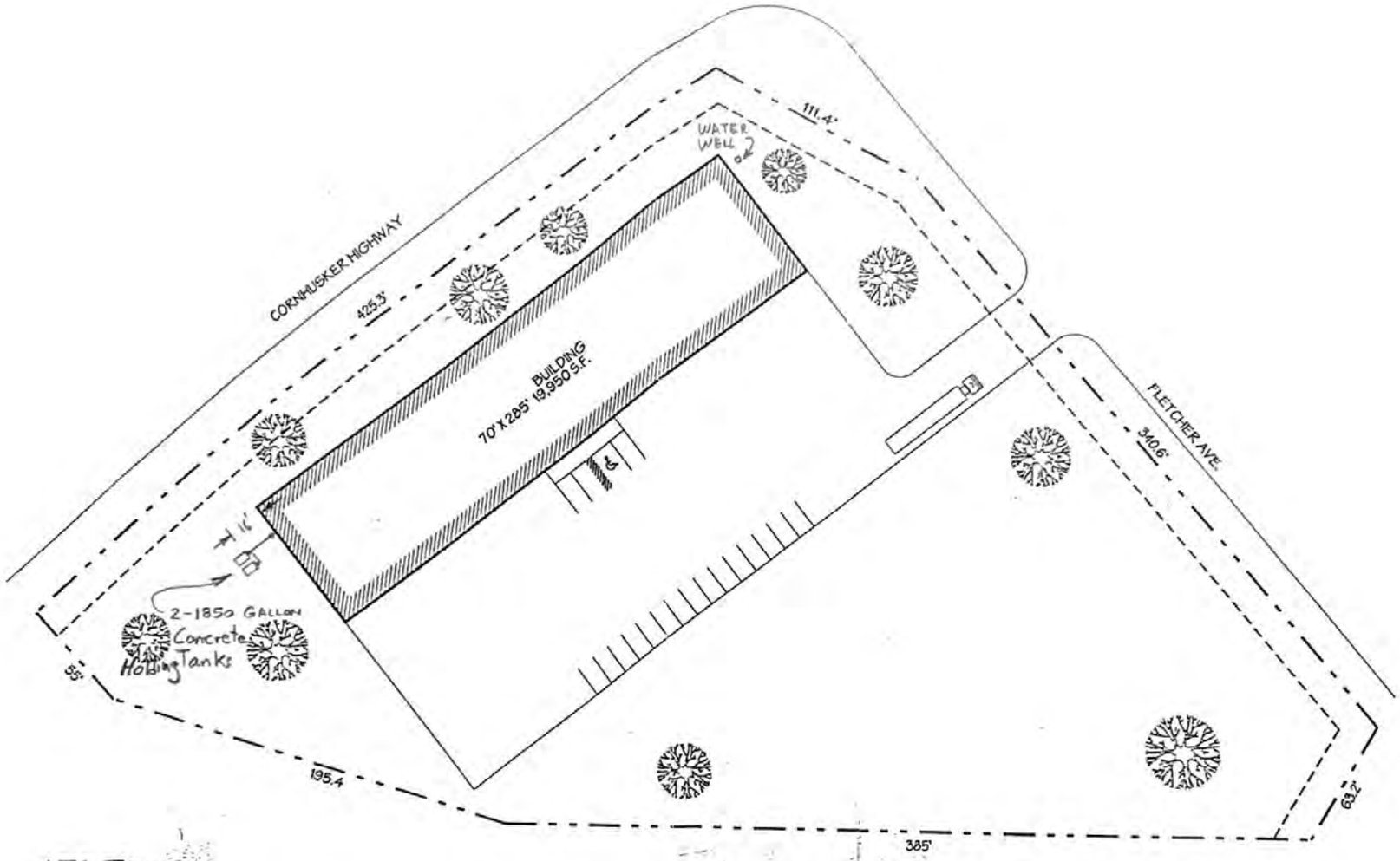


Documents Required:

- Completed Form B application
- Directions to the lot with site map
- Dimensioned plot plan (See Example)
- Completed percolation test data (see attachment C)
- Dimensioned drawing showing profile view of septic system and slope of terrain
- All information must be submitted to the Department of Environmental Quality. Show applicant's name, address and phone number on each submitted page

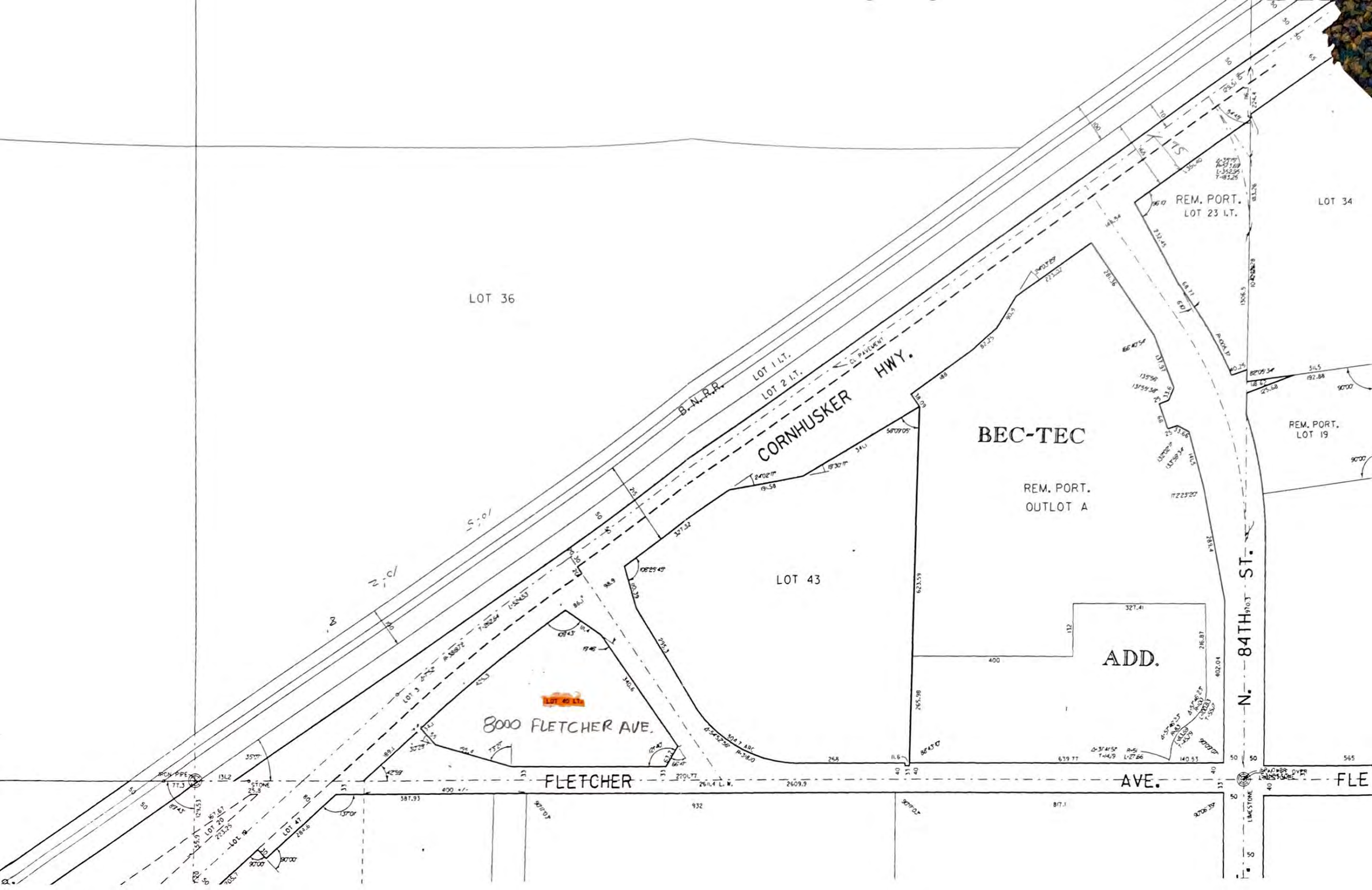
Send Documents to:

Department of Environmental Quality
Ground Water Section
1200 N Street, Suite 400
P.O. Box 98922
Lincoln, Nebraska 68509-8922



LTR TOWING
SITE PLAN 8000 FLETCHER AVE.
SCALE: 1"=60' 0"

Note:
Tanks will have sealed joints and will be coated on inside and outside with Teneme Tar Hi build polyamide.

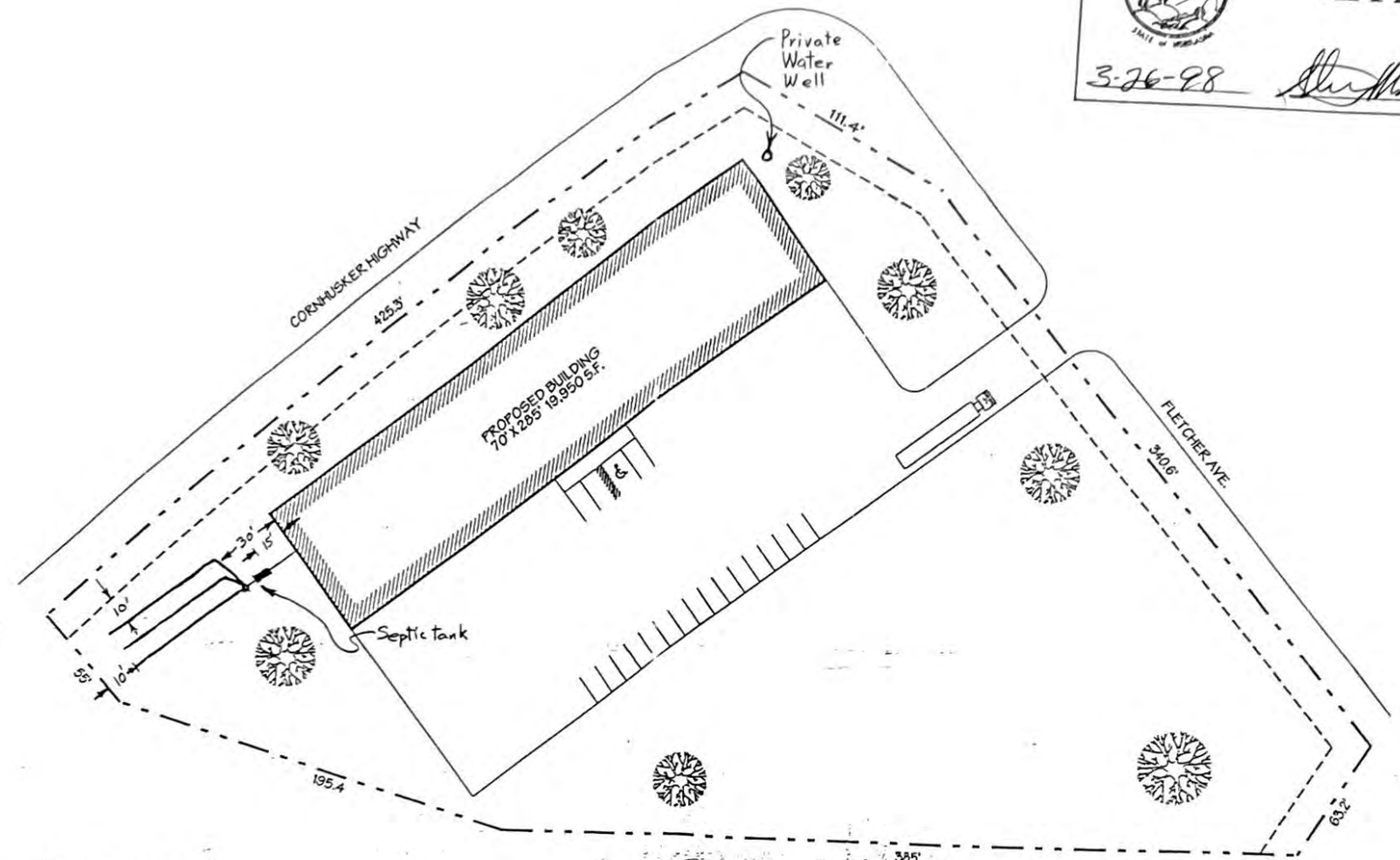

LOT 36
B.N.R.R.
LOT 1 I.T.
LOT 2 I.T.
CL PAVEMENT
CORNHUSKER HWY.
BEC-TEC
REM. PORT.
OUTLOT A
LOT 43
ADD.
REM. PORT.
LOT 23 I.T.
LOT 34
REM. PORT.
LOT 19
LOT 45 I.T.
8000 FLETCHER AVE.
FLETCHER AVE.
N. 84TH ST.
LOT 47
LOT 70
LOT 3

MAR 2 7 1998

Pollution Control Project

APPROVED

3-26-98



LTR TOWING
SITE PLAN
SCALE:1"=60'0"

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