Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006209

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390081601

Issued 02/10/05
Expires 08/10/05
Revenue Code 3157

Establishment:
RICHARD WESTLING
T11N R7E SEC 17
5321 WAVERLY RD

FEES: $100.00

Permittee:
RICHARD WESTLING
5321 WAVERLY RD
LINCOLN NE 68514

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0539 00816

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

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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 11N Range 7E Section 17 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 5321 Waverly Rd. Lincoln, Ne 68514

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** Replace Septic Tank + add 100' of Infiltrator Lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Richard Westling Address 5321 Waverly Rd. Phone _____
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 2/10/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerald C. Hood

Site visits
Date 2/10/05 By rm
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 3/21/05 By _____

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

Business Office Use Only
Received: Date: 2/10/05 ✓ Amount $100.00 ✓ Check No. 1074 ✓ Initials _____

White - Division Copy Pink - Business Office Revised 9/00

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 2-10-05 17-11-7

System Location (Indicate correct number and street)

Address 5321 Waverly Rd. (no rural route) City LINCOLN NE, Zip 68527

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic (Snyder)
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line >50 ft.
   Stream NA ft.
   Pressure line >50 ft.
   Property line >50 ft.

C. Distribution Box

1. Material: PVC w/ Drop Box
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

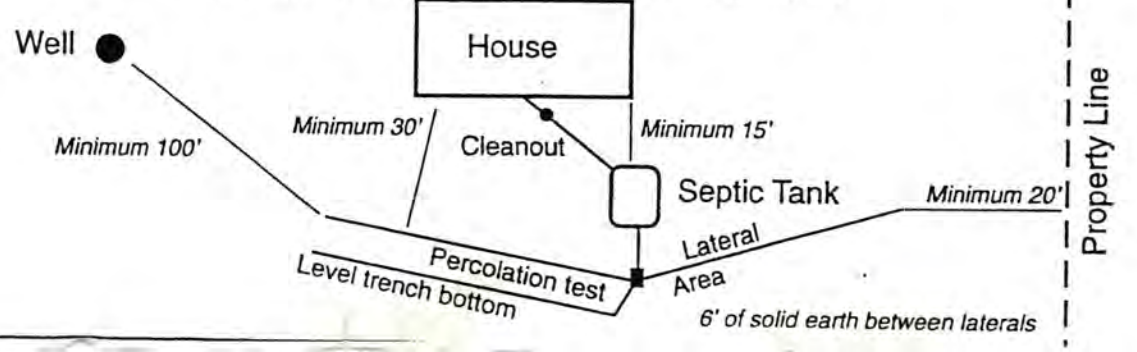
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel / Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

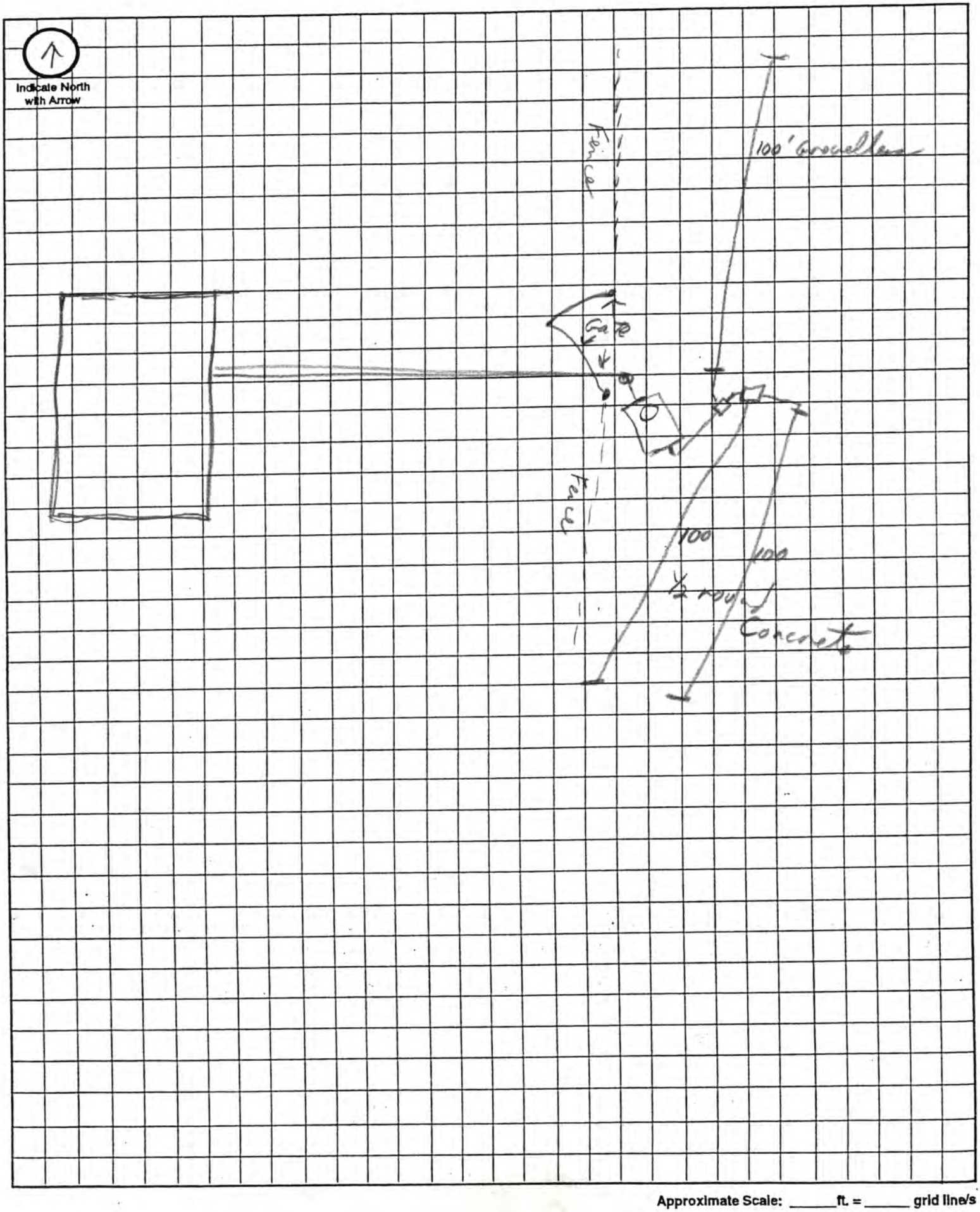
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 441-C

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

DATE: 5-9-74

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

1. Legal description of property: Twp. 11N ; Range 7E; Section 17
Block _____; Lot 17 N.E.; Addition _____
Street Address _____

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

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

4. Distance to public sewer: NONE ft.

Dennis Emery Clare
Signature of Applicant (Owner or Lessee)

3825 APPLE St. LINCOLN NEBR. 68503
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/9/74 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5/10/74 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer : Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. 5-10-74 . Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

OR

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 441-C

DATE: 5-9-74

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11 N ; Range 7 E ; Section 17 ; Block ; Lot 17 N.E. ; Addition .
   Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Dennis Emery Clare
Signature of Applicant (owner or lessee)

3825 Apple St. Lincoln Nebr 68503
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 7/18/74 by: J.C.H.
   Date: by:
   Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 5/9/74
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 7/18/74 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 441-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Dennis E Clare
Address 3825 apple

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Dates of Tests: April 8-74 to April 9-74. Weather: Precip. 0 Temp. 70 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	36"	4/8	6 PM	4/8	6 PM	4/9	6 PM	12"	7:30 AM	12"	30M	0	
2	"	"	"	"	"	"	"	"	"	9	"	1/2	
3	"	"	"	"	"	"	"	"	"	9	"	3/4	
4	"	"	"	"	"	"	"	"	"	9	"	1/2	
5	"	"	"	"	"	"	"	"	"	8	"	1	
6	"	"	"	"	"	"	"	"	"	6½	"	1½	

Robert D Johnson
Signature of Person Conducting Test

Address 436 NW 13th
Phone: 432 3595

Sum of Percolation Rates _____
Average of Rates: .708
Mean of Rates: _____

(Do not write below this line)

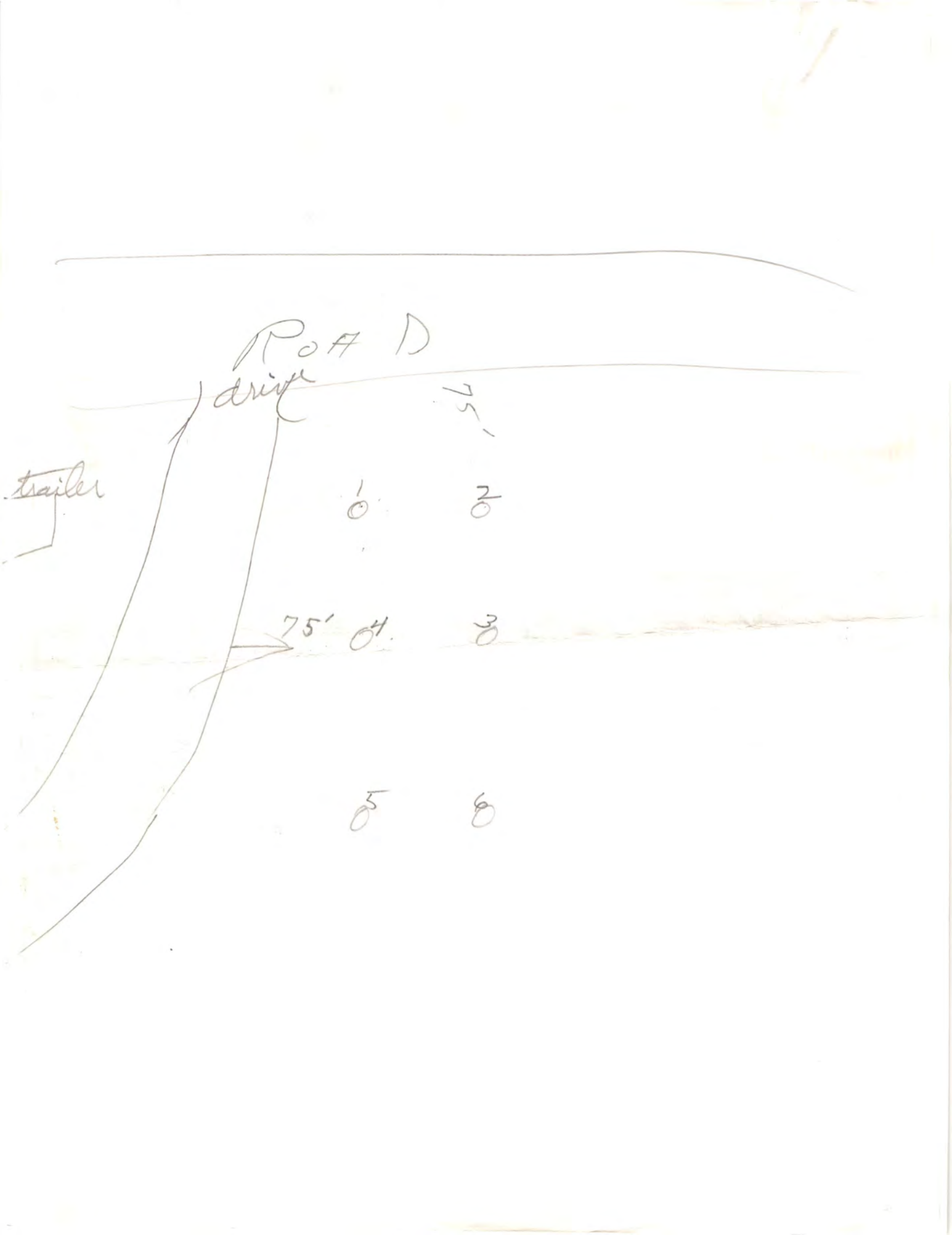
REVIEWING ACTION

REMARKS: _____

DATE: _____

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

James Wevelsa
Signature of Reviewing Official


Road
drive
75'
trailer
1
2
75'
4
3
5
6

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. 441-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: 8.69 acres. (Attach sketch of property showing hole location).

Owner: DENNIS E. CLARE
Address 3825 Apple St Lincoln

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Dates of Tests: 7-9-74 to 7-10-74. Weather: Precip. 0 Temp. 100°

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	36"	7/9	5 30 PM	7/10	5 30 PM	7/10	5 30 PM	12	7 PM	10	30"	2	
2	"	"	"	"	"	"	"	"	"	4	"	2 3/4	
3	"	"	"	"	"	"	"	"	"	9 3/4	"	1 3/4	
4	"	"	"	"	"	"	"	"	"	4	"	1 1/4	
5	"	"	"	"	"	"	"	"	"	9 3/4	"	1 3/4	
6	"	"	"	"	"	"	"	"	"	8	"	1 1/4	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 11, 1974

Jerrold C. Hood
Signature of Reviewing Official

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. 441-C

SPECIFICATIONS

DATE: 7-11-74

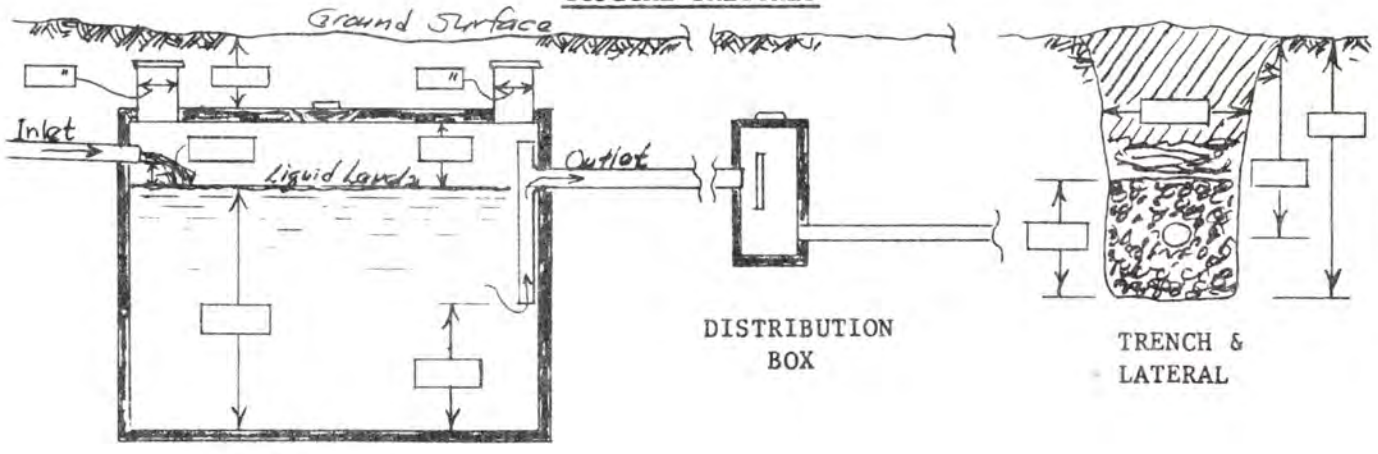
A. BUILDING SEWER:
1. Material CAST IRON + PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 14 62 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ ft.; Pressure Line ___ 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 Precast Step Co 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 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

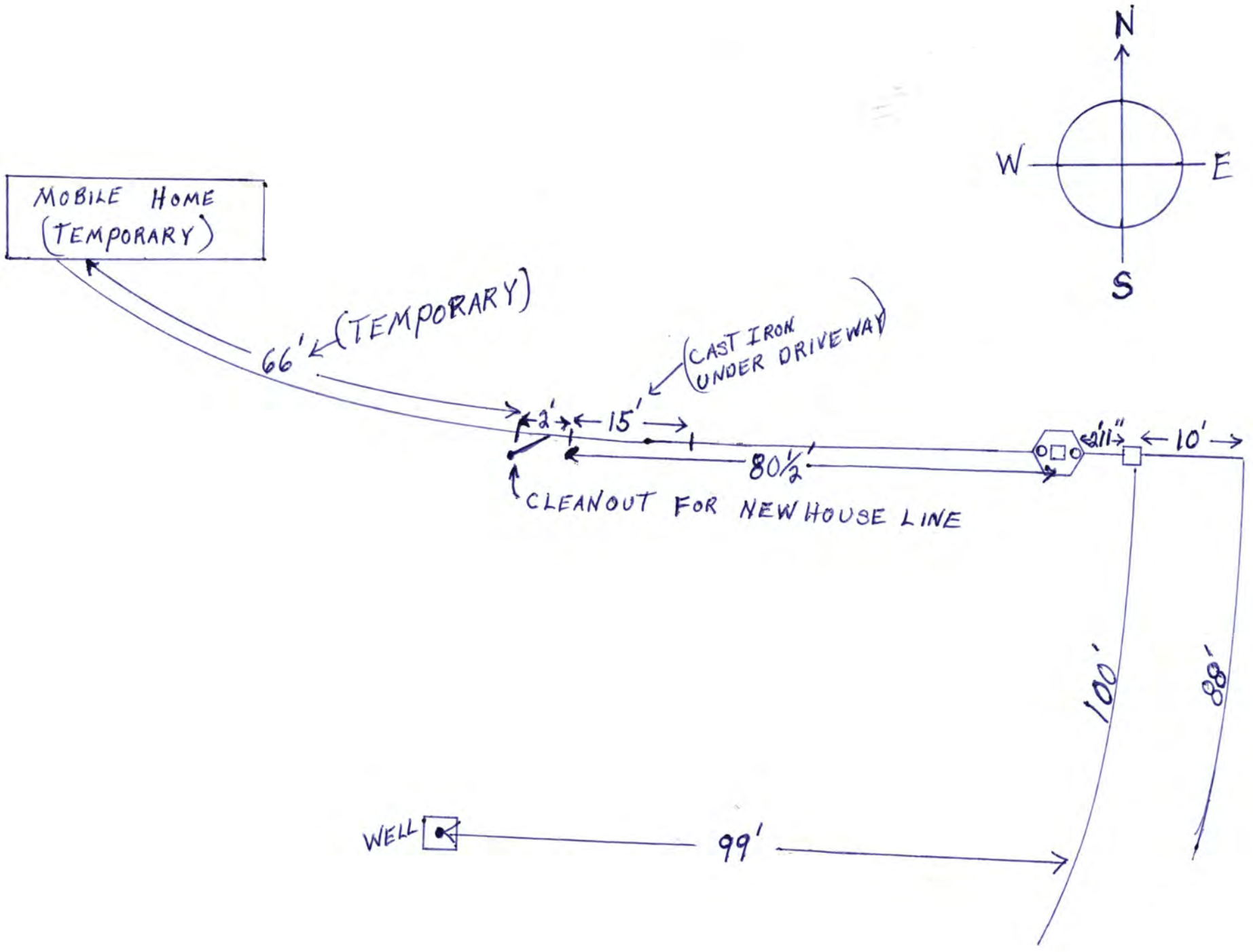
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Precast Step Co No ☐
3. Dimension: Length 24 in.; Width 18 in. Depth 18 in.
4. Distance from Septic Tank 2'11" ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___ in. Number 2; Length of each line 100 ft Total length of Laterals 188 ft.; 188 Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: road gravel. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 99 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
MOBILE HOME
(TEMPORARY)
66' (TEMPORARY)
CAST IRON
UNDER DRIVEWAY
2'
15'
80½'
CLEANOUT FOR NEW HOUSE LINE
11"
10'
100'
88'
WELL
99'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER

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
☐ Evaluation of the Sewage Disposal System

Date: 3-29-89

☐ Enclosed is ~~$45.00~~ 75.00

Legal description of property: TWP. 11N ; RANGE 7E ; SECTION 17
BLOCK _____ ; LOT 27 I.T. ; ADDITION LEGAL - Lot 27, NE 17-11-7, Lancaster County, NE
Street Address 5321 Waverly Road
Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐
Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Laurie Harriman & Roger Olson		
Tenant/Buyer:	Contact Velda Hedersten @ Hub Hall	483-2551 for information	on property
Return To:	Susan Greiger @ Occidental Nebraska	6801 O Street Lincoln	466- 489-9800

call Susan if you have any questions

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

Signature of Applicant _____ Address _____

HEALTH DEPARTMENT USE ONLY

Date Received APRIL 4, 1989 Received $45.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 4/5/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 4/5/89 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by _____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SYSTEM IS ALMOST 15 YEARS OLD.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☐

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☐

APPROVED BY Wendell C. Roob R.S. DATE APRIL 10, 1989

FN 26215-1079R
M 23-9