LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185301

Issued 09/28/98
Expires 03/28/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

CHARLES CROOKS
T11N R7E SEC 11 QTR SW
FINIGANS-1ST ADDN BLK 2 LOT 2
8901 EDWIN LN

Permittee

CHARLES CROOKS
1711 DONALD CIR
LINCOLN NE 68505

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008153

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: 98801853

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 8901 Edwin Ln (no rural route) City Lincoln NE, Zip

Legal Description SW (1/4) SW (1/4) 11 (Section) 11N (Township) 7E (Range) Finigans (Subdivision) 1st (Addition) [redacted] (Block) 2 (Lot)

Geographical Location (if known): Longitude Latitude

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Charles Crooks Signature

Address 1711 Donald Cr City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 467-6461 Work Phone

C. Contractor

Name Mark Masek Company Name Masek Construction

Address 2815 Starr City/State/Zip Lincoln NE 68503

☐ Check if contractor designed system Work Phone 402-560-4751

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone 430-7606

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 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 9-23-98 Date frwd	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9-24-98 Date frwd 9-24-98	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 9-24-98 Date frwd 9-24-98	**ACTION** ☒ Approved ☐ Disapproved Signature	

12-07-98 rm Sewerline + tank
12-04-98 pm

Installation Final Written Approval

By

Date 12-7-98

Business Office Use Only

Date Rec'd 09/24/98
Amt Paid 150 cc
Rec'd By Cash/Check No. 6303

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector (2)

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8901 Edwin Ln (no rural route) City Lincoln NE, Zip

Owner Charles Crooks Addresss 1711 Donald Cr. 68505

Soil Type (SCS): 5HC Percolation Rate: 42 min./inch

Date of Tests 8-31 to 9-1-98 Weather: Precipitation 0 Temperature 80s

Lot 2 Blk 2

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	8/31	10:00	9/1	8:00	9/1	11:30	10¼	9/1	12:00	30	.75	40
2			A		A		A	9½		NOON		.75	40
3								10⅜				.625	48
4								9¾				.625	48
5								8¾				.75	40
6								8				.875	34

Sum of Percolation Rates: 250
Average of Rates: 42
Rate Used for Calculation: 42

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 17201 So 72
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official John E Mann Date 9-23-98

FORM 23-101 10-96

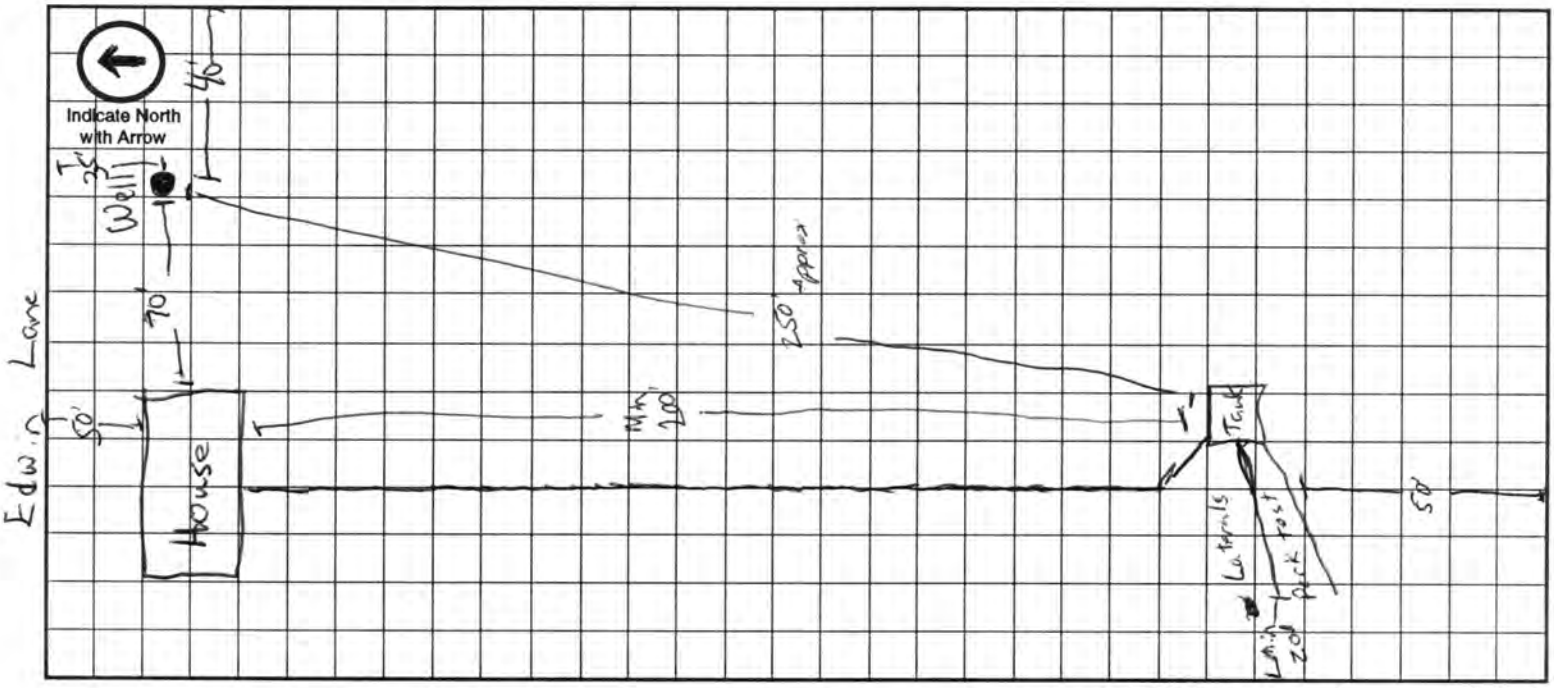
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 8901 Edwin Lane City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 42 (min. per inch) Soil Type: SHC Land Slope: 4 %

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

Total Square Feet of Field Required: 879 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 293 ft. Number of Trenches 3 Trench Width 3ft (220 lin ft @ 4ft)

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 9-23-98

Installer Brad Southard Date 9-23-98

Exact lateral length not known.
There is enough ground available!

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 12-4-98

Finnigan Estates Blk 2 Lot 2

System Location (Indicate correct number and street)

Address 8901 Edwin Dr. (no rural route) City Lincoln NE, Zip 6851?

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 10x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 3 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 52' ft.

D. Absorption Field

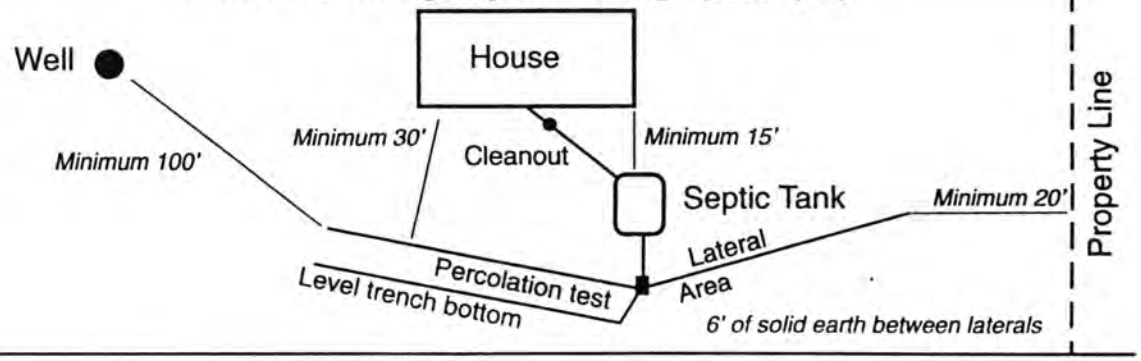
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 75 ft. 75 ft.
   75 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3.6 in/100 ft.
   Average depth 33 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

Indicate North with Arrow

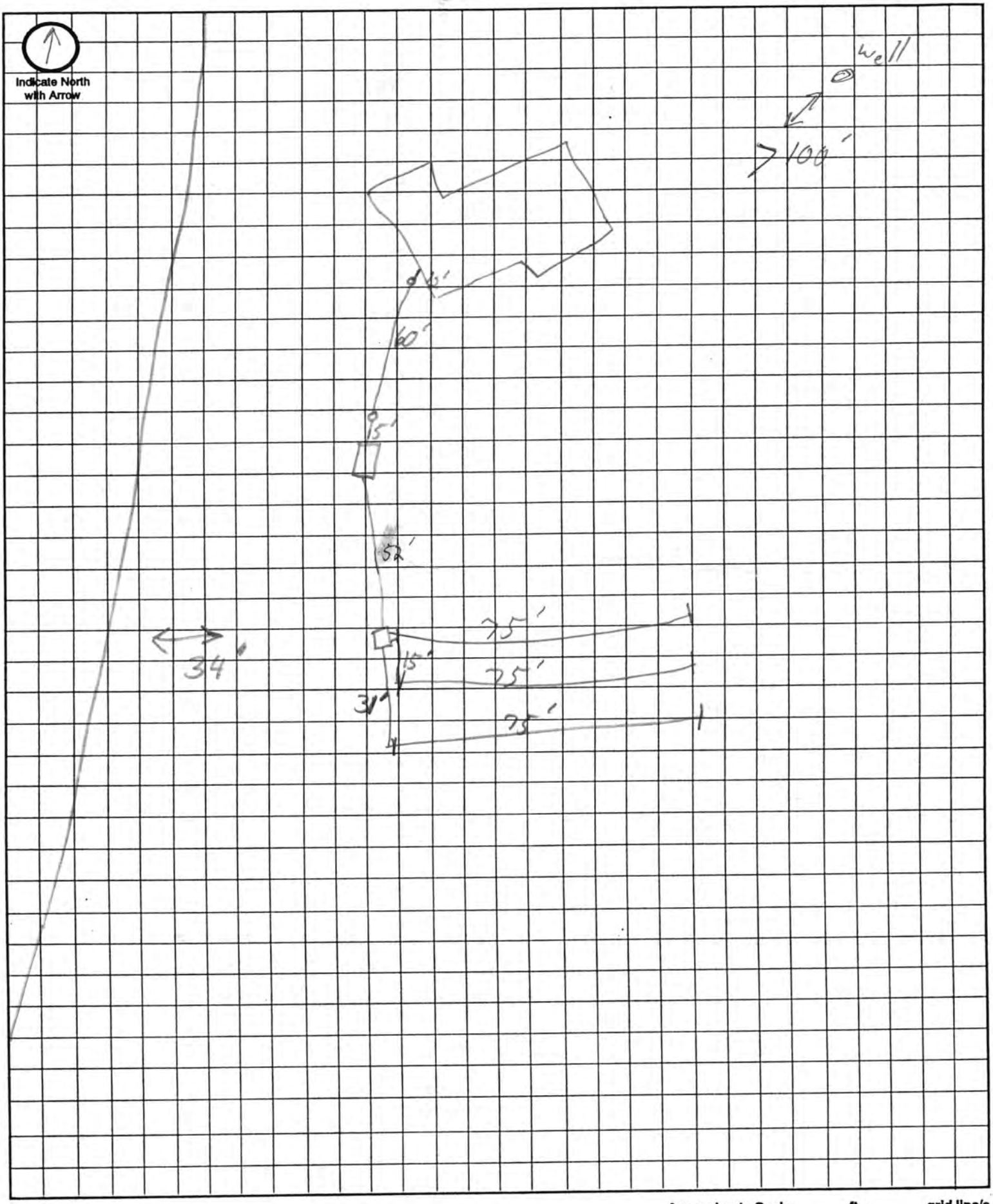
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

— SHEET NUMBER 15



N

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

01

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2901 Edwin Ln, Lincoln NE

Parcel ID 18 - 11 - 304 - 002 - 000 (i.e. 99-99-999-999-999)

Twp 11N Range 7E Section 11 1/4 ___ 1/4 ___ Block 2 Lot 2 Addition Finigan's 1st Addn. B2, L2

Directions to Property _____

Location of Well not sure Tap Location: Inside ☐ Outside ☒

Location of Sewage System not sure Year Installed _____

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	Charles Crooks	2901 Edwin Ln	
Tenant/Buyer:	Doug & Mary Hershberger	2456 NW 41st St.	928-208-5771
Return to:	Same as Buyer	Inf	489-5917
	PAM HANSEN, CENTURY 21,	SUITE 101-2200 SOUTH 70TH ST.	(Fax)

Signature of Applicant Mary Y. Hershberger Address 2456 NW 41st Date 11 / 10 / 05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11 / 14 / 05 Amount $200.00 Check No. 1722 Initials LS

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Ron Magnuson **DATE:** 11 / 14 / 05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Magnuson Date 11 / 16 / 05

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00