Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007974

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380305501

Issued 07/07/05
Expires 07/07/06
Revenue Code 3157

Establishment:
NEIL J SMILEY
T10N R6E SEC 31 QTR NE
HIGH RIDGE ACRES BLK 5 LOT 8
1901 W PEACH CIR

FEES: $200.00

Permittee:
NEIL J SMILEY
1901 W PEACH CIR
LINCOLN NE 68522

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

JUL 06 2005

Permit Number: 053803055

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 1901 W Peach Cir (no rural route) City Lincoln NE, Zip 68522

Legal Description NE 31 10N 6E High Ridge Acres 5 8
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 Neil Smiley Signature _____

Address 1901 W Peach Cir City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 402-477-2623 Work Phone 402-416-6954

C. Contractor

Name Existing Home Company Name ⊘

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakubek Firm Raymond Construction, Inc Work Phone 402-890-6089

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 7/7/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Inwe
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Inwe

Date 6/30/05

Business Office Use Only
Date Rec'd 07/07/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5822

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

B

Permit Number: 053803055

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1901 W Perch Cir (no rural route) City Lincoln NE, Zip 68522

Owner Neil Smiley Addresss 1901 W Perch Cir Lincoln NE 68522

Soil Type (SCS): Wymore Percolation Rate: 60 min./inch

Date of Tests 6-20-05 to 6-21-05 Weather: Precipitation less than 1/4" overnight Temperature 93°

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	30	6/20	10:10a	6/20	2:00p	6/21	9:00a	6	6/21	1:00p	30	1/2	30/0.50=60
2	31	"	"	"	"	"	"	"	"	"	"	9/16	30/0.56=54
3	29	"	"	"	"	"	"	"	"	"	"	1 1/8	30/1.13=27
4	29	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63=48
5	30	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50=60
6	32	"	"	"	"	"	"	"	"	"	"	9/16	30/0.56=54

Person Conducting Percolation Tests

Name: Terri Jaskowiak, Raymond Contractors, Inc

Phone: 402-783-2663 or 402-890-3890

Address 13800 NW 70th St
Raymond, NE 68428

Sum of Percolation Rates: 303

Average of Rates: 51

Rate Used for Calculation: 60 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

D

Permit Number: 053803055

Sewage Disposal System

As Built Plans & Specifications

Date 6-30-05

Neil Smiley
Existing Home

System Location (Indicate correct number and street)

Address 1901 W Peach Cir (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

→ Hooked to Existing pipe (cast iron) coming out of house - 28' *

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12" ? in.
3. Distance between dwelling and septic tank: 148 ft. (120 new)
4. Number of clean-outs: 2
5. Distances to: well or suction line 160 + ft.
   stream 100 + ft.
   pressure line 100 + ft.
   property line 100 + 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 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48" in.
8. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

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

D. Absorption Field

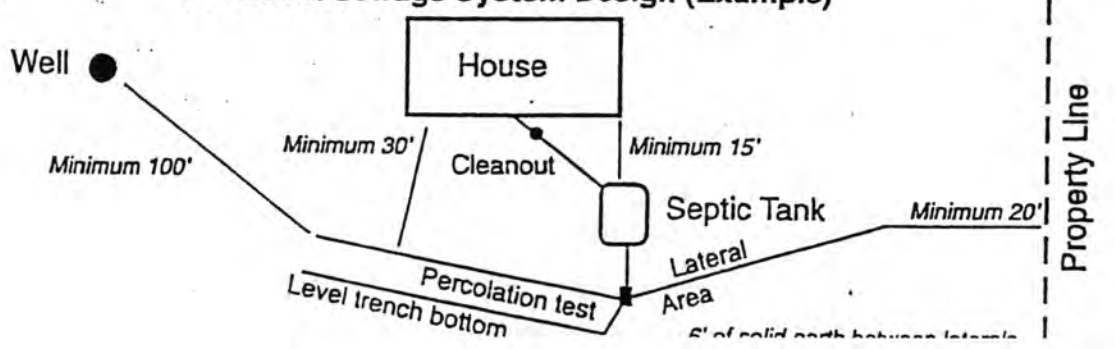
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" tall
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 113.50 ft. 115.50 ft.
   123.75 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 24 to 30 in
4. Filter material: bint
   Depth of material 24 to 30 in.
5. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

Indicate North with Arrow

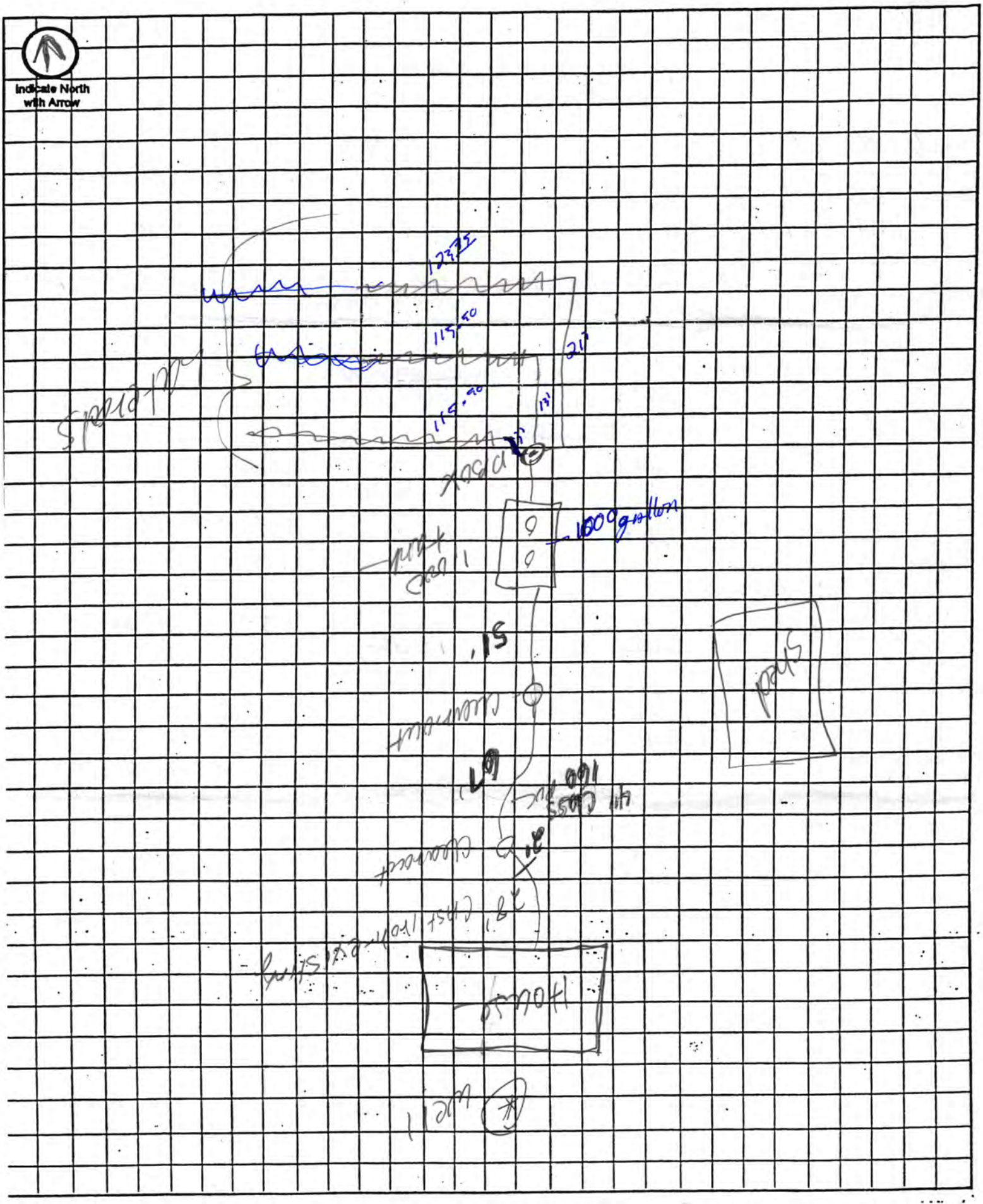
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



FILE NO. 96

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 4, 1969
THIS LICENSE OR PERMIT EXPIRES

Robert Gillian by Keith Biggerstaff
LICENSEE OR PERMITTEE

Route 6
ADDRESS

T 10N; R 6E; Sec. 31; Blk. 5; Lot 8; High Ridge Acres
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
143 110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
15181	APR 4 69	3000 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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. 96

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 5; Lot 8; Addition Highridge acres
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: _____ft.

Robert Silliam
Signature of Applicant (owner or lessee)

Route 6
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/3/69. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 4/4/69. Signature: Jerrold C. Hoad

2. Supt. Bldg. Insp.: Date Rec'd. 4-4-69. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 4-4-69. Signature: Chas Seale By Bob Shinn

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☑
Date Frwd. 4-4-69. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
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. 96

DATE: April 4, 1969

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 5; Lot 8; Addition Highridge acres
Street Address Route 6.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Robert Williams by (Bud Biggerstaff)
Signature of Applicant (owner or lessee)

Route 6
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $____

2. Date Site Clearance ____

3. Site Visits:
Date: ____ by: ____
Date: 5/28/69 by: J.C.H.
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 4/4/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/28/69 by: Jerrold C. Hood

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

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

FILE NO. 96

SPECIFICATIONS

DATE: _____

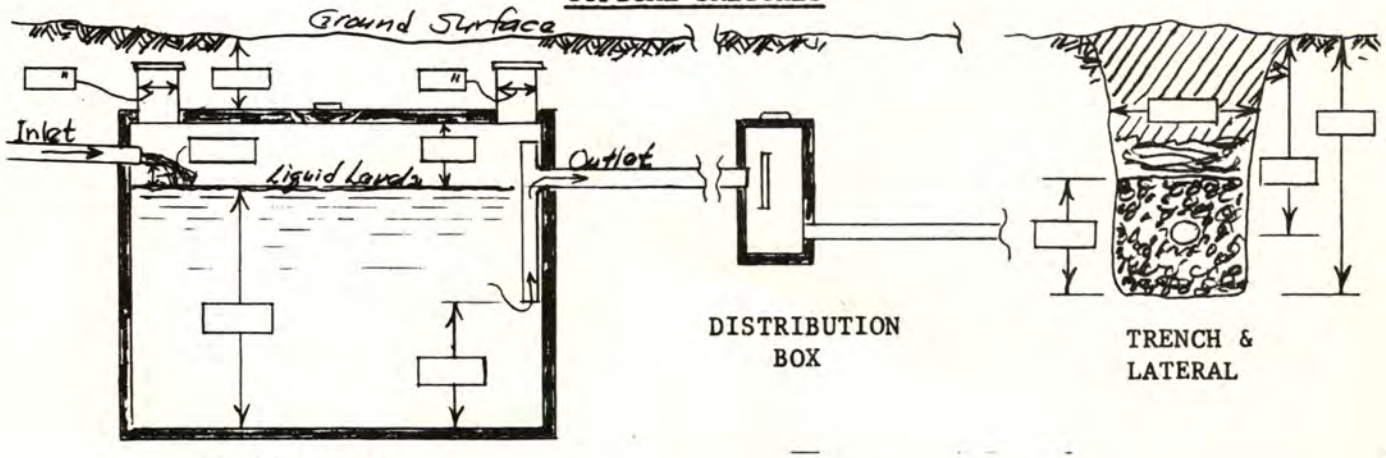
A. BUILDING SEWER:
1. Material C.I.; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 38½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company Tanner) 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 ___in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

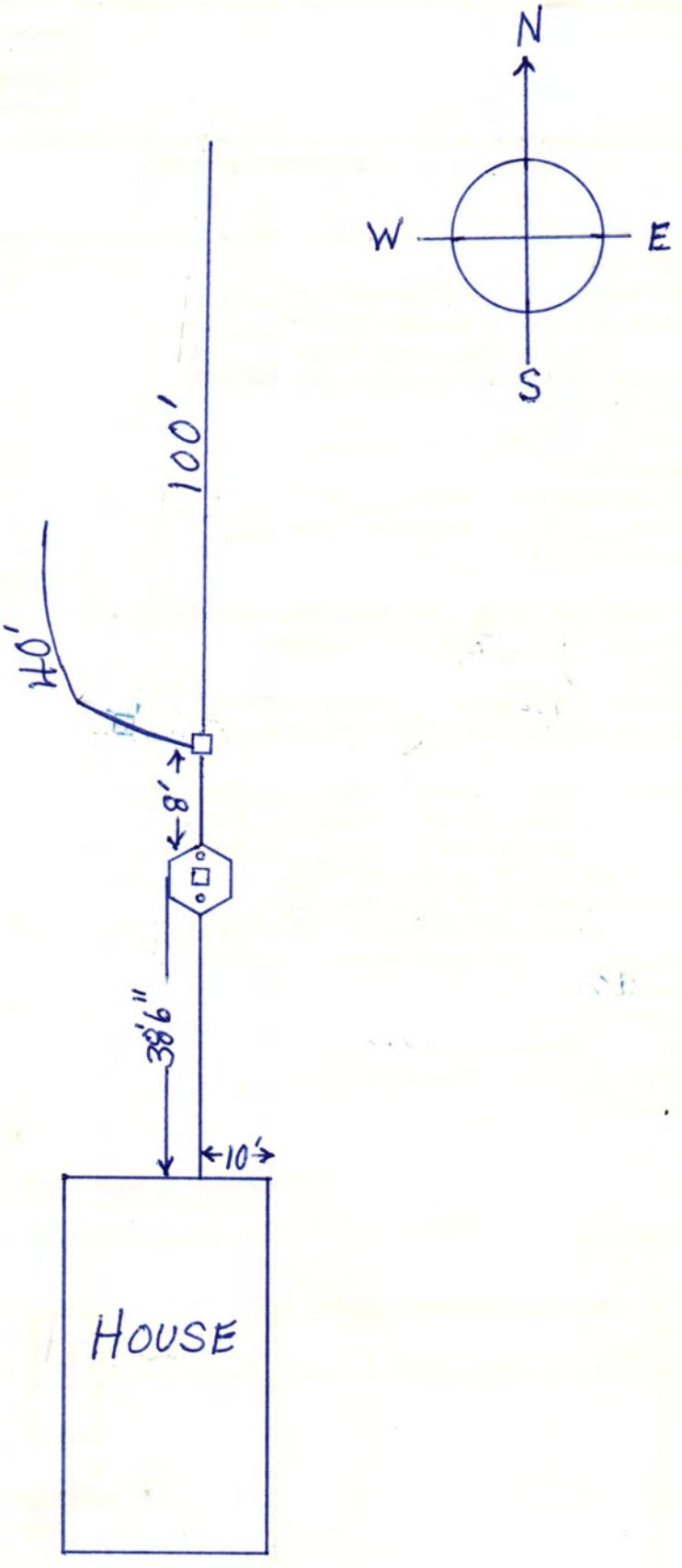
C. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Tanner) No ☐
3. Dimension: Length ~~22~~ in.; Width ~~2~~ in. Depth ___in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade 36 in. Number 2; Length of each line 100 ft Total length of Laterals 140 ft.; ~~170~~ Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape oval Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: gravel. Depth of material from trench bottom 10 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
100'
40'
8'
38'11"
10'
HOUSE

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 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: 8/29/90

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 31; BLOCK 5

LOT 8; ADDITION HIGH RIDGE ACRES; Street Address 1901 W. PEACH CIRCLE. LINCOLN

Directions to Property W. VAN DORN, NORTH ON S.W. 40TH TO W. PEACH ST. WEST TO W. PEACH CIR.

Location of Well S.E. CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 50' N. OF HOUSE UNDER WAGON WHEEL Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	NEIL SMILEY	1901 W. PEACH CIR	477-2623
Tenant/Buyer:	SAME		
Return to:	BOB CHANDLER, CORNHUSKER BANK	5555 SOUTH ST., LINCOLN, NE	

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

Signature of Applicant _____ Address 1901 W. PEACH CIR, LINCOLN

==========

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 29, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/30/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8/30/90 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE SEPTEMBER 4, 1990

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