Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR
SEPTIC/SEWAGE REPAIR

Establishment

TRACY CROOKS
T11N R7E SEC 11
LOT 5IT
13100 N 84 ST

Permittee

TRACY CROOKS
13160 N 84 ST
LINCOLN NE 68517-9611

Permit # 01390070301

Issued 07/26/01
Expires 01/26/02
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016136

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.

Repair

☒ 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 13100 N 84th (no rural route) City Lincoln NE, Zip

Legal Description 1/4 11 1/4 Section 11N Township 7E Range Subdivision Addition Block Lot 5 I.T.

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Tracy Crooks Signature

Address 13100 N 84th City/State/Zip Lincoln

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Mike Dietz Company Name Waverly Plumbing & Well

Address PO Box 116 Waverly NE 68462 City/State/Zip PO Box 116 Waverly NE 68462

☐ Check if contractor designed system Work Phone 402-786-5620

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

Designer Name Firm Work Phone

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** — Repair
   Date rec'd 7/26/01 Date frwd 7/27/01
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood
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 Jerrold C. Hood R.E.H.S.

Date OCTOBER 4, 2001

Business Office Use Only

Date Rec'd 7/26/01
Amt Paid 100.00
Rec'd By CW Cash/Check No. 20096

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

Tracy Creek

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 _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

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

Date of Tests 6-5-01 to 6-6-01 Weather: Precipitation dry Temperature 70°

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	6-5	1:00	6-6	1:30	6-6	1:30	6	6-6	2:00	30	1	30MIN/IN
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1¼	24MIN/IN
3												1	30MIN/IN
4												1	30MIN/IN
5												1¼	24MIN/IN
6												1⅛	27MIN/IN

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____
Average of Rates: 27.5
Rate Used for Calculation: 28

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 26, 2001

FORM 23-101 10-96

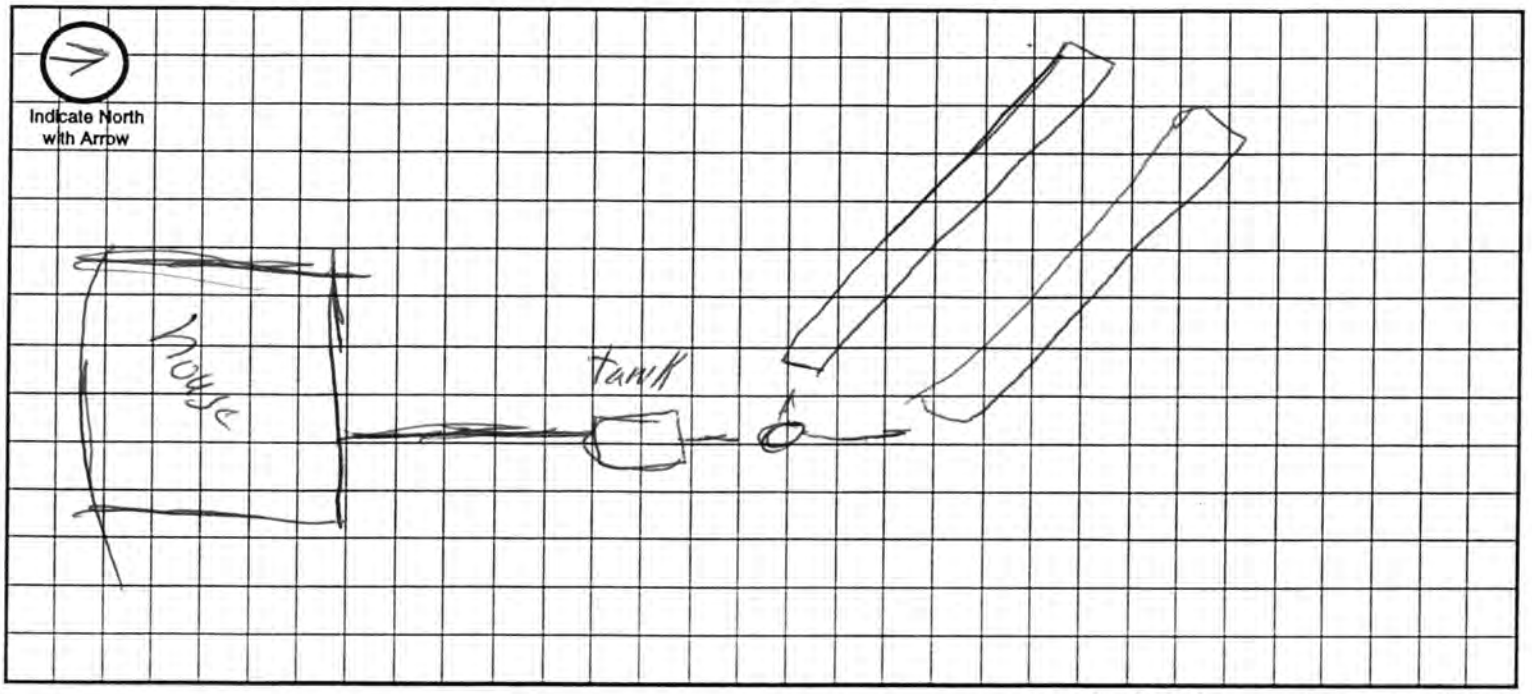
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 13100 N 84 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 750 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 188 ft. Number of Trenches 2 Trench Width 4 feet

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 _____

Installer Mike Dvorak Date 7-26-01

FORM 23-102 10-96

CROOKS

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 10-4-01

System Location (Indicate correct number and street)

Address 13100 N 84 (no rural route) City _____ NE, Zip _____

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: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 33' ft.

D. Absorption Field

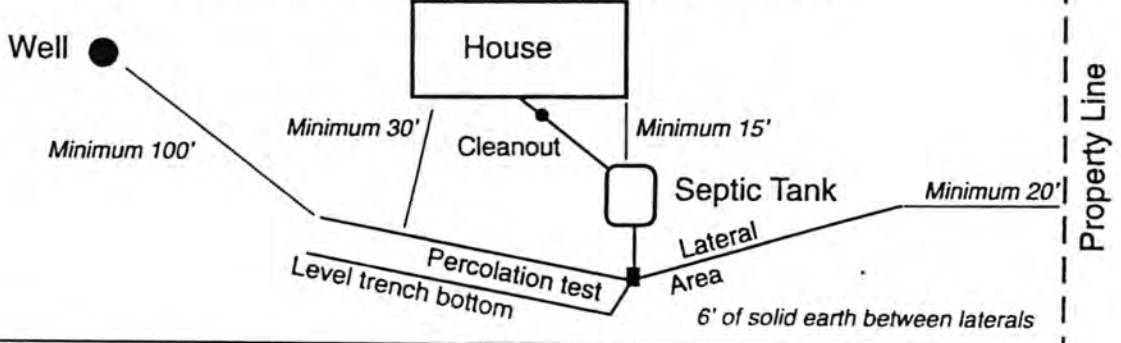
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltak
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100 plus ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line ~~25~~ ft.
   25

Indicate North with Arrow

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

Individual Sewage System Design (Example)

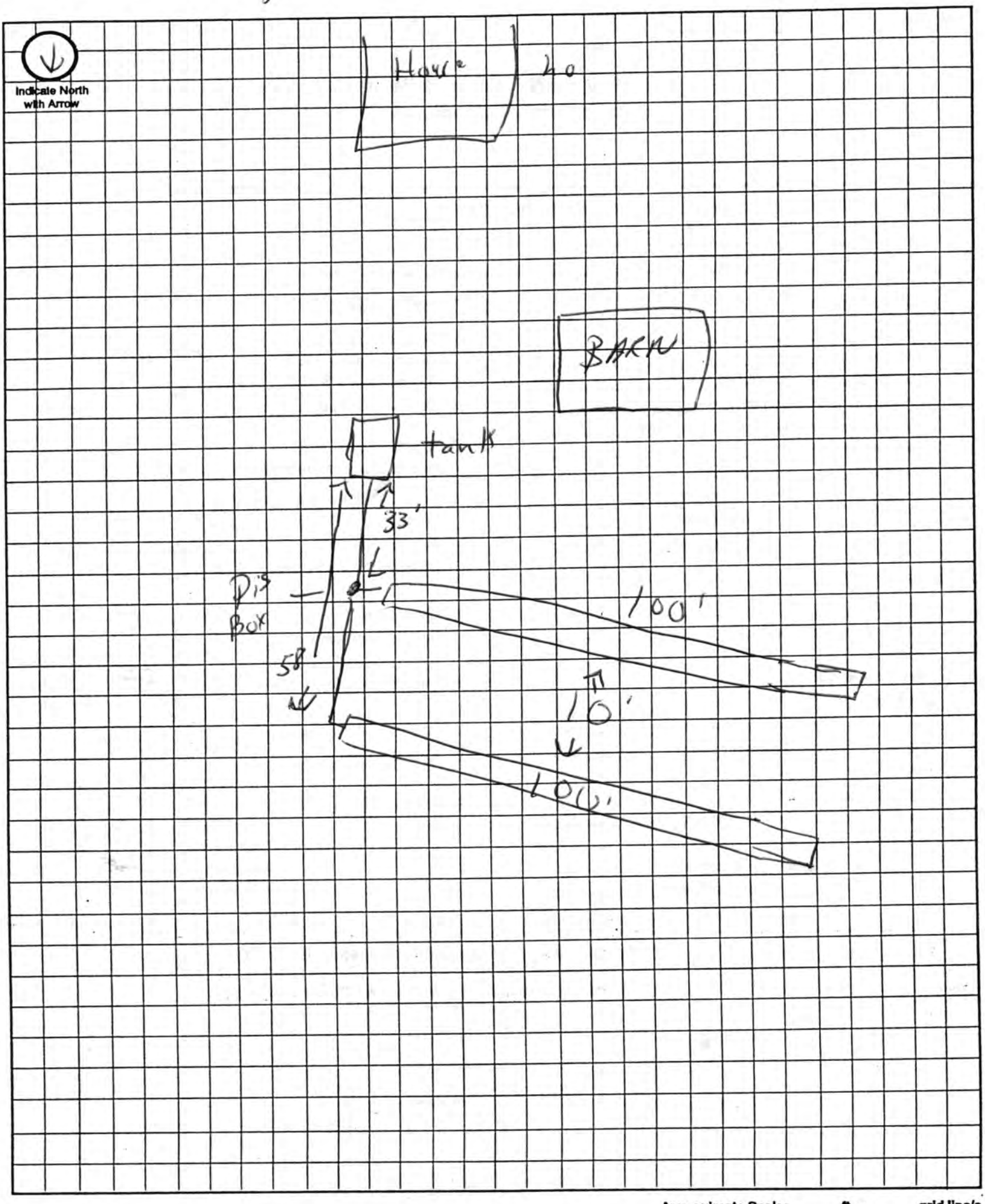


FORM 23-103 10-96

188' - 4' wide

As Built Drawing

well



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

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

805038

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 13100 No. 84TH LINCOLN 68517

Twp 11 Range ___ Section 11 1/4 NW 1/4 ___ Block ___ Lot 5 Addition ___

Directions to Property HIGHWAY 77 NORTH TO WAVERLY ROAD - 2 MILES EAST TO NORTH 84TH (GRAVEL) 3/4 MILE NORTH - EAST SIDE OF No. 84TH

Location of Well EAST & SOUTH OF OPEN CARPORT Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE & NORTH OF HORSE BARN Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	NANCY MYER	13100 No. 84TH	465-4290
Tenant/Buyer:	TRACY A. COOKS	3343 APPLE LINCOLN, NE 68503	
Return to:	DENNIS MEHRHOFF (WOODS BROS.)	7141 'A' St. LINCOLN, NE 68510	440-8585 434-3876

Signature of Applicant Tracy A Cooks Address 3343 Apple Lincoln Ne 68503 Date 07/29/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 08/25/98
Initials ks
Amount 150.00
Check No. 5007

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Maryanek **DATE:** 8/25/98

	Approved	Disapproved
WATER SYSTEM:		
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 5.9 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits

Date 8/26/98 by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Wetlands-type vegetation over subsurface disposal field indicates a possible near failing septic system. The top of the septic tank should be covered with soil to help prevent surface water infiltration. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐
Installation of this septic system predates regulations and no record of inspection can be found. Thus, a provisional approval is given at this time.

FINAL STATUS

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

Approved by Ron Maryanek Date 8/31/98

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: 10-95

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

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

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 13100 No. 84th

Twp 11N Range 7E Section 11 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/2 MILE NO. OF HWY 84 + WAVERLY RD

Location of Well SE OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	JIM + NAOMI ROSENBERRY	13100 No. 84 LINCOLN NE.	467-2069
Tenant/Buyer:	NANCY GREEN	711 W. CHARLESTON LINCOLN	476-8555
Return to:	ATG TITLE CO.	3883 NORMAL BLVD LINCOLN NE 68506	434-3216 fax 437-9594 434-3600

Signature of Applicant Sharon Davies Address WOODSBRO. 3201 PIONEER LINCOLN Date 5/11/94

HEALTH DEPARTMENT USE ONLY

Date Received 5/11/94 Received $150.00 Check ☒ Cash ☐

Ron Manquant

PRELIMINARY STATUS--By [redacted] **DATE:** 5/11/94 5-13-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐ well tagged not corrected	Approved ☐	Date 5/19/94 by RM
Bacteria	☐ ____/ml	☐ ____/ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☐ ____ppm	☐ ____ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Installation of septic system, predates regulations. There is no permit or record of inspection. Issue a provisional approval. Recommend checking to see if septic tank needs pumping. Owner should not [illegible] Contact for [illegible]

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Manquant, RS Date 6/9/94

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.

2. Direction of surface drainage: SW to NE
Direction of underground water flow: UNKNOWN to _____
Distance to groundwater table: 120 feet.

3. Well Site: Distance of well from house foundation 60 ft; sewer line 300; FT
nearest building foundation (excluding home) NA ft; septic tank NA;
disposal field _____; seepage pit _____; cesspool _____ ft;
barnyard 300 ft; other possible sources of pollution NO ft.

Are there any abandoned (old, unused) wells on the property? ___Yes X No

Distance from other abandoned water wells NA ft; other active wells NA ft; heat pump injection well NA ft.

4. Well Construction: Type of well: _____Driven ____Bored ___Dug
X Drilled
Well casing diameter 4 inches: Total well depth 160 ft.: Type of casing steel - plastic - concrete - other _____: Depth of casing 160 ft.: Casing watertight to depth of 110 ft.: Approximate yield UNK gallons per minute: Exterior space around casing sealed with cement - ____puddled clay - ____ordinary backfill - X gravel. NOT SURE

Does the well have a well platform: yes or no. If yes, what type of material? ___wood - ____cement - ____other
Length:____ft. - Width____ft. - Thickness_____inches

Is well in a well pit? yes or no
Is well equipped with a sanitary well seal? yes or no
Is well equipped with pitless adaptor or pitless unit? yes or no
Year well installed APPROX 1970

5. Does well have recent history of repair or insufficient supply? yes or no
If yes, please explain _____

6. List water quality sample results, if any, for previous years. UNKNOWN
Bacteria ____ (date)____ Nitrate _____ (date)_____
Other_____ (date)_____

7. Do surrounding neighbor's wells have high nitrate? yes - no - unknown

WASTEWATER TREATMENT SYSTEM - PART B

Information describes X existing wastewater system ___ proposed wastewater system ____ Community or municipal system

1. Are individual wastewater treatment systems customary in the neighborhood? yes or no

2. Is there a sewer line discharging to the surface? yes or no

3. Are all household wastewater and waste routed through the septic system? yes or no If no, explain_____

4. Primary treatment consists of: X septic tank ___cesspool ____other

Septic Tank Information: (A septic tank is a watertight tank other than inlet and outlet ports)

Distance from nearest foundation +100 ft. distance to highest level of ground water table 100 ft.

Material: X concrete ___fiberglass ___steel ___plastic ___other
Total liquid capacity _____ gallons MAYBE 500+
Capacity of inlet compartment __gallons Inside dimensions: length__ft. width___ft. depth____ft. UNKNOWN
Has the septic tank been properly maintained by pumping and cleaning periodically? yes - (no) - unknown Does septic require pumping to ground surface? yes or (no)

Cesspool Information (A cesspools in a non-watertight tank or excavation)
NA
Inside diameter ___ft. Depth ___ft. Lining material_____
Liquid capacity___gallons Number of cesspools ___ Does the cesspool require pumping to ground surface? yes or no

5. Secondary treatment consists of: ___perforated pipe disposal field X half-moon disposal field ___mound system ___leeching pits ___other

Total length of disposal field lines 120 ft. Number of lines 1 Length of each line 120 ft. Trench width 20-24 inches Depth to bottom of trench 24 inches.

Type of filter material is: X broken stone X gravel ___other
Depth of filter material in trench 6-10 inches
Slope of distribution line _____ inches per 100 feet UNKNOWN
Top of filter material covered with: ___untreated bldg. paper ___other material UNKNOWN

Is system located in non-traffic area? (yes) or no Years system installed 20 (1973)
Have there been any problems with the system? yes or (no) If yes, describe
_____

NA
Leeching Pits. Number of pits____ Outside diameter____ft. Depth____ft.
Lining material_____

PART C

1. Number of bedrooms in house 2 Does home have: NA garbage grinder (disposal) Yes clothes washer No heat pump which uses water No water conditioner or softner

2. Soil absorption rate: UNKNOWN one inch in ____ minutes Source: ____own determination ____Soil Conservation Services ____Other

3. Please complete illustration of the homesite on page 4 of this application. Show the distances between existing or proposed home, well and sewage disposal system, and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well with 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Give approximate slope of land. Please complete figure 1 Part C.

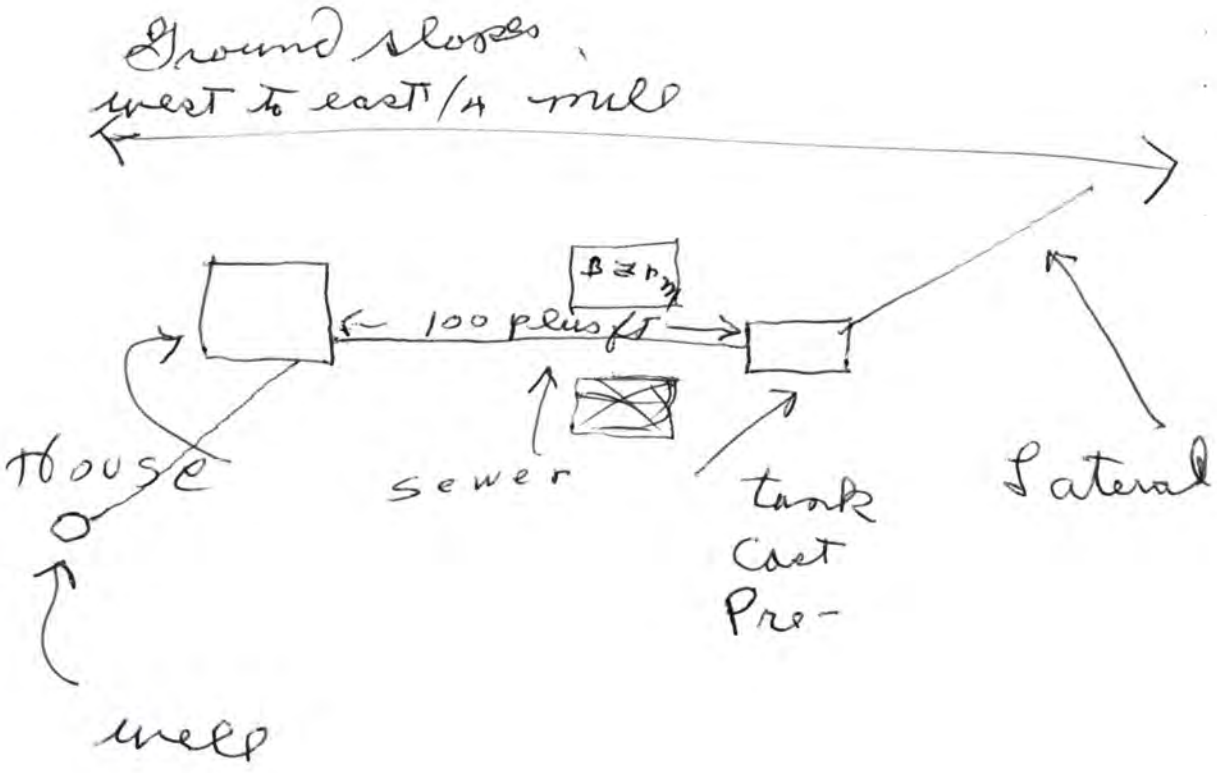
If this is a proposed new well and/or sewage treatment system, refer to the attached San 1800 and San 1700 forms for pertinent information. Plans for the new systems must be approved prior to installation.

*For new sewage disposal systems only
**Include Soils Interpretive Information as provided by Soil Conversation Service.

PART C *(cont.)*

Figure 1 Overall Illustration of Homesite. This sketch must be completed prior to review by Sanitarian.

13100 N 84th



I hereby request the Division of Drinking Water and Environmental Sanitation, Nebraska Department of Health, to perform an on-site evaluation of the water supply and sewage treatment system on the above property. The best of my knowledge, the above statements are correct.

5-10-94
Date

Signature of person preparing this application

PLEASE RETURN FORM AND $100 EVALUATION FEE TO:

NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF DRINKING WATER &
ENVIRONMENTAL SANITATION
301 CENTENNIAL MALL SO.
PO BOX 95007
LINCOLN, NE 68509

NOTE: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION!
ON-SITE EVALUATION WILL BE INITIATED 2 TO 3 WEEKS AFTER RECEIPT OF PROPERLY COMPLETED FORM.

Would you like a Nebraska State Health Department Sanitarian to assist in planning and approved new well? yes or no (No fee is required for this assistance)

Would you like a State Health Department Sanitarian to assist in planning an approved new wastewater treatment systems? yes or no (No fee is required for this assistance)

FOR USE BY HEALTH DEPARTMENT REVIEWING THIS APPLICATION

Based on the information reported hereon and other available information, it is the opinion of this Department that this individual water supply, upon completion of final bacteriological and chemical testing and on-site evaluation.

__ Should be a sanitary safe domestic water supply

__ Has high nitrate levels which render water supply unsafe. See attached letter

__ Requires some modification to become a sanitary safe domestic water supply. See attached letter.

Based on the information reported hereon and other available information including an on-site evaluation, it is the opinion of this Health Department that this wastewater treatment system.

__ Should function satisfactorily and is not likely to create an insanitary condition if properly maintained.
__ Was working properly at the time of evaluation, but may require future improvements. See attached letter.
__ Requires some modification to function satisfactorily and/or to not create an insanitary condition. see attached letter.

Date | Name of Sanitarian | Position