Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007744

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD DRAIN FIELD

Permit # 05390082601

Issued 05/24/05
Expires 05/24/06
Revenue Code 3157

Establishment
MICHAEL DIETZE
T11N R7E SEC 6 QTR NW
LOT 16&17
14000 N 27 ST

FEES: $100.00

Permittee
MICHAEL DIETZE
14150 LANCASHIRE
P O BOX 116
WAVERLY NE 68462

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

MAY 2 4 2005

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 05-23-2005	File No.: 05390082601

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 6 1/4 Section NW
   Block _____ Lot 16+17 Addition _____
   Street Address 14000 N 27th Lincoln

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:** Add drain field

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

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Mike Dietze Address 14150 Lancashire PO Box 116 Waverly NE 68462 Phone 786 5620
Applicant Signature (owner or lessee) Mike Dietze

$100.00

Please include the permit fee (~~$50.00~~) with this application

(Please do not write below this line)

Date rec'd 5/24/05 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 6/27/05 By Jerrold Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date JUNE 27, 2005 By Jerrold Hood

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

White - EH Pink - Business Office Revised 1/98

Rec'd 5/24/05 #22993 $100.00

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

B

Permit Number: 053900826

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14000 N 27th St. (no rural route) City Lincoln NE, Zip _____

Owner Robert Martin Addresss Same

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

Date of Tests 5/6 to 5/7 Weather: Precipitation none Temperature 75+

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	5/6	3:00	5/7	12:00	5/7	3:30	32 1/8	5/7	4:00	30	1 1/2	20
2	36	5/6	3:00	5/7	12:00	5/7	3:30	30 5/8	5/7	4:00	30	1 3/4	17
3	38	5/6	3:00	5/7	12:00	5/7	3:30	32 3/4	5/7	4:00	30	1 13/16	16.5
4	39	5/6	3:00	5/7	12:00	5/7	3:30	35	5/7	4:00	30	1 15/16	16
5	36	5/6	3:00	5/7	12:00	5/7	3:30	31 1/4	5/7	4:00	30	1 3/4	17
6	37	5/6	3:00	5/7	12:00	5/7	3:30	30 1/8	5/7	4:00	30	2	15

Sum of Percolation Rates: 101.5

Average of Rates: 17

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939

Phone: 402-423-0614 402-479-4535

Address 5910 So 58th St. Ct.
Lincoln NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

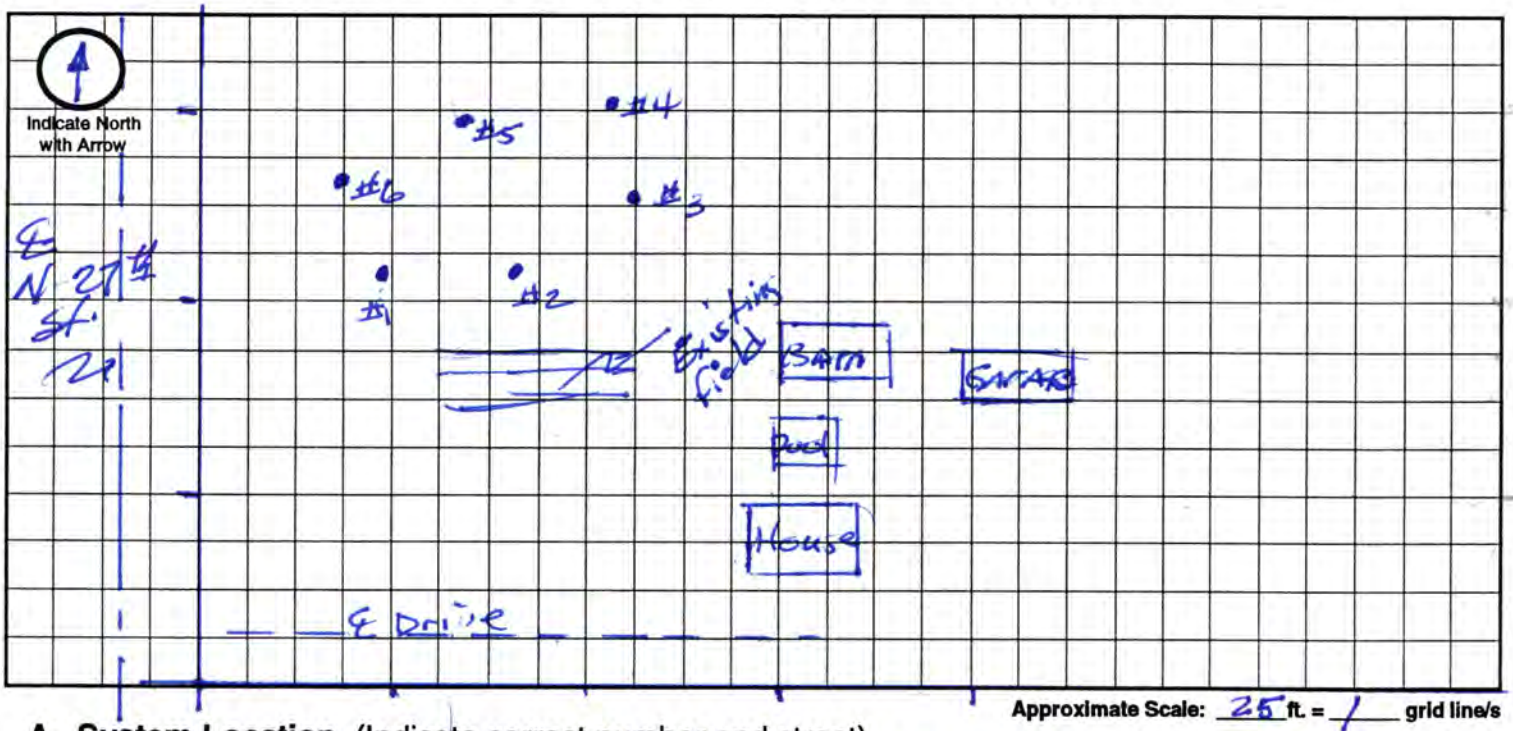
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053900826

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14000 N 27th st. 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 17 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 630 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 158 ft. Number of Trenches _____ Trench Width 4 3 feet HiCAP w gravel

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

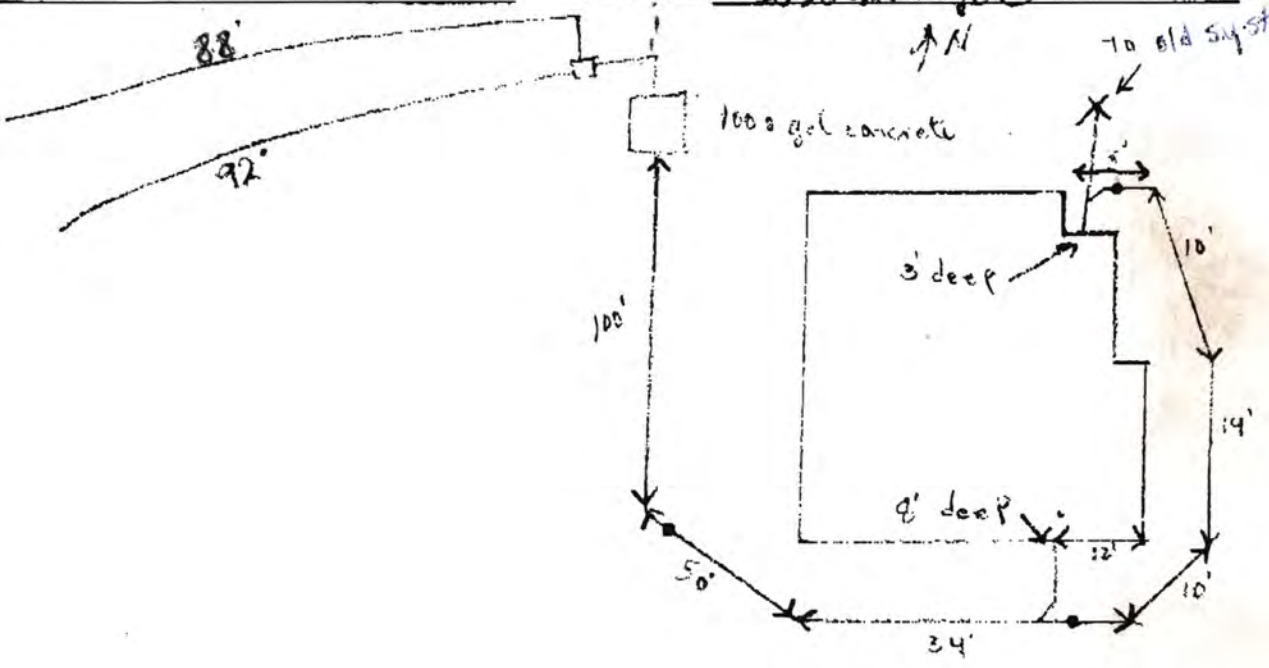
Home Building Contractor Michael V Dietz P 1078 Date 5-23-05

Installer _____ Date _____

FORM 23-102 10-96

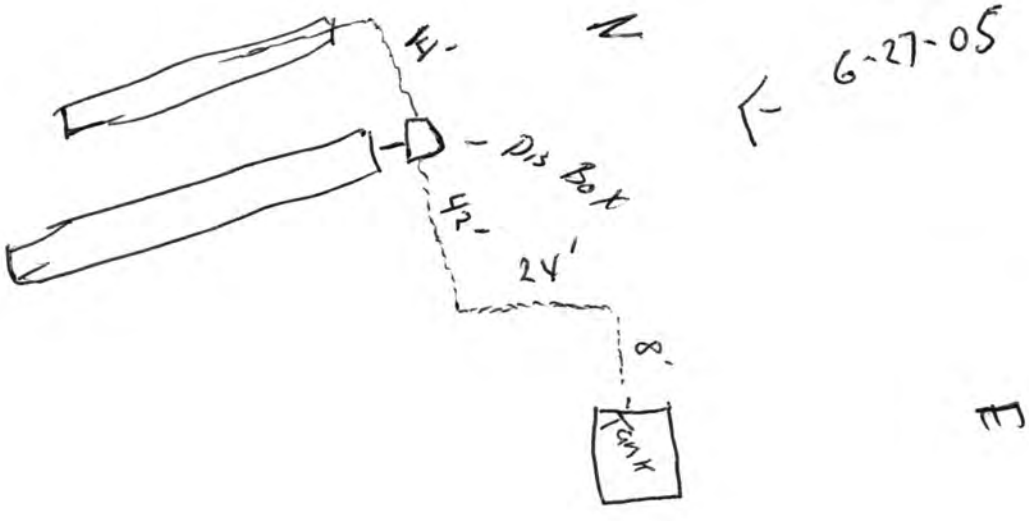
AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Strahinger



All Sewerlines sch. 40 plastic

All TANK and lateral materials concrete



Installed
Waverly
Plumbing
& well

Lot 16 & 17 NW 1/4 S-6 T-11 R-7

Bob Martin 14000 N 27th

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1873-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 6, 1982 — THIS PERMIT EXPIRES

BOB MARTIN — ISSUED TO

DAVEY NEBRASKA — ADDRESS

T11N, R7E, SECTION 6 SW¼ of NW¼ — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
EB	5/6/82	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1873-C

DATE: _____

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

1. Legal description of property: Twp. 11 N ; Range 7 E ; Section 6 ; S.W. ¼ of NW ¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Bob Mutin
Signature of Applicant (Owner or Lessee)

Davey Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/82. Date Frwd. 5/6/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/6/82. Date Frwd. 5/6/82. ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris

3. City or County Engineer: Date Rec'd. 5/6/82. Date Frwd. 5/10/82. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-18-82 by: JMN
Date: 6-22-82 by: JMN
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/8/82 By: John Nelson

FORM 20105-0477
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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: S.W. ¼ of NW ¼

Location: Township 11 N ; Range 7 E ; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 7.50 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4/5/82 to 4/6/82 . Weather: Precip. _____ Temp. _____.

OWNER: Bob Martin

Address: Davey Nebr.

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1											30	1½"	1.5
2												1"	1.0
3												1¼"	1.25
4												¾	.75
5												½	.5
6												1"	1.0
													1.0

John Stuhmyer
Signature of Person Conducting Test

Address 4401 No. 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 6, 1982

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

Jerrold C Hood
Signature of Reviewing Official

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1873-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 188 ft.
3. With a Trench Width of 4' in.
4. Total Area of Lateral needed 750 sq.ft.

Jerrold C. Hood

Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: _____

FILE NO. _____
Bob martin

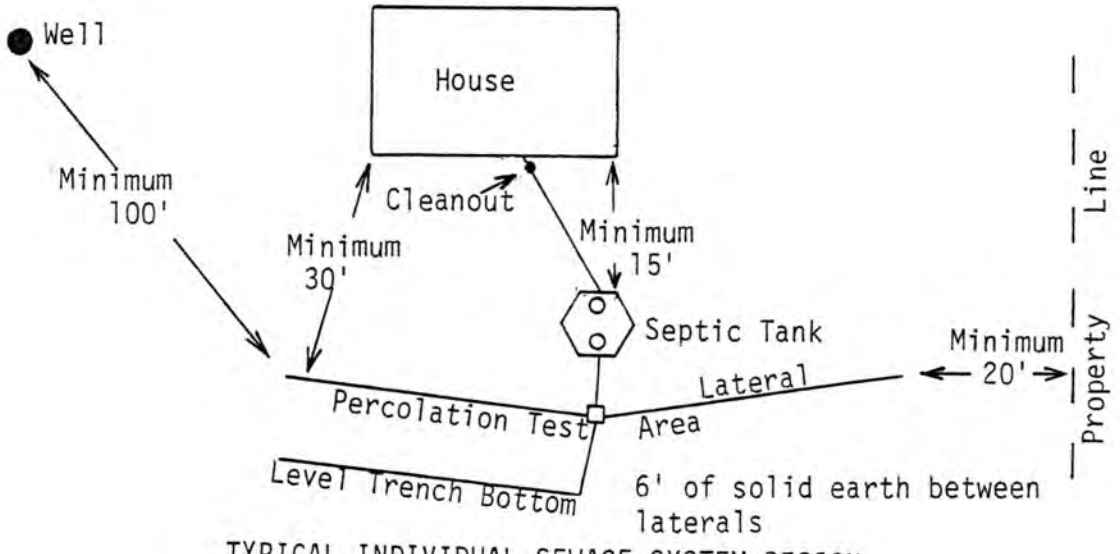
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or 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_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished 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 ☐
(Company_____)
3. Distance from Septic Tank_____ft.

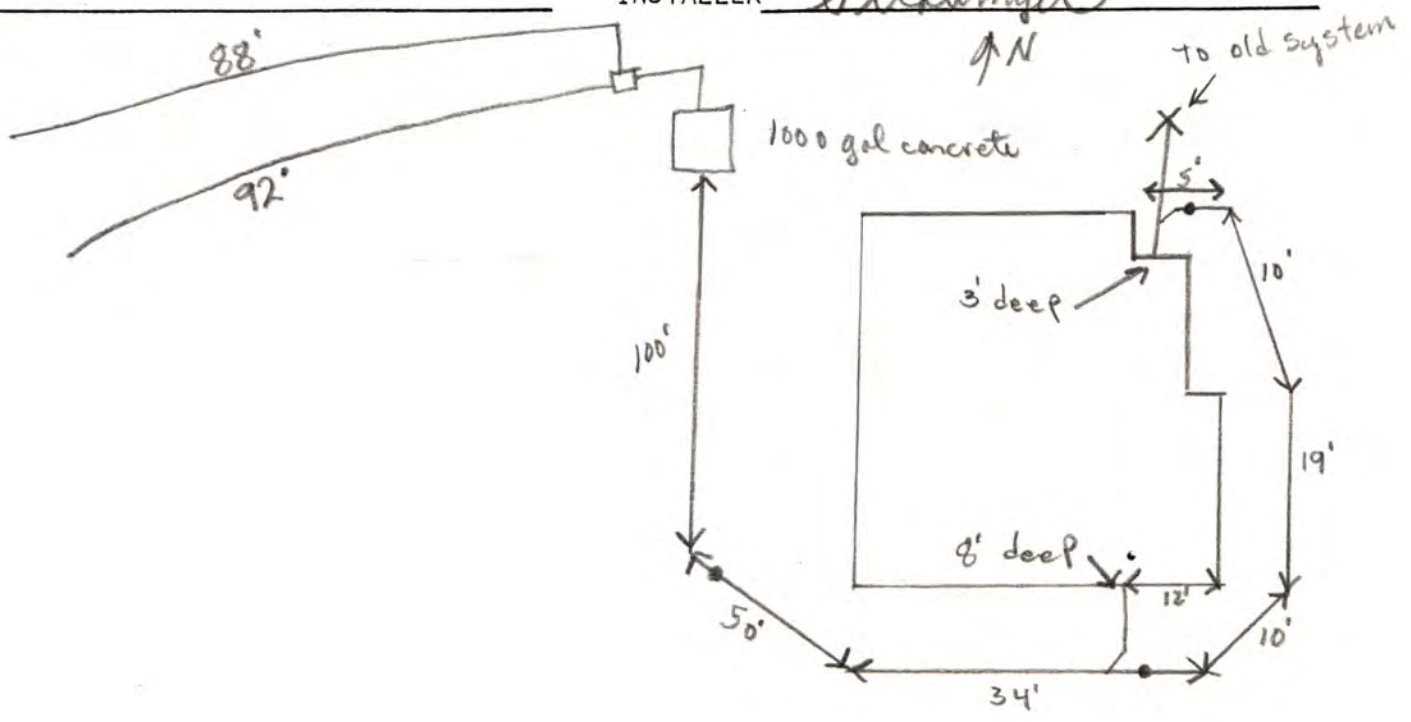
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or
Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____,
_____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Strahmyer



All sewer lines Schedual 40 plastic

All tank and lateral materials concrete

019

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: 8/25/92

☐ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 11 ; RANGE 7 ; SECTION 9 ; BLOCK ____

LOT 1 NW ; ADDITION ____ ; Street Address 14000 N 27 Davey, NE 68336

LOT 16/17 NW

Directions to Property N 27th Street — ½ mile from Raymond Rd.

Location of Well East of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System West/North of House Year Installed 81'

	NAME	ADDRESS	PHONE
Present Owner:	Robert A./Sheri Martin	14000 N 27 Davey, NE 68336	785-3225
Tenant/Buyer:			
Return to:	First Commerce Savings Attn: Barb Hill	11th & P	68508

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

Signature of Applicant Sheri A. Martin Address 14000 N 27 Davey, NE 68336

==========

HEALTH DEPARTMENT USE ONLY

Date Received 8-25-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-25-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☑	☐	Approved: ☒	Date 8-25-92 by [illegible]
Bacteria	☒	☐	Provisional: ☐	Date ____ by ____
Nitrate	☒ 0.1 ppm	☐	Disapproved: ☐	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum, RS DATE 8-31-92

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