Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390071401

Issued 02/13/02
Expires 08/13/02
Revenue Code 3157

Establishment
COMMERCIAL CONSTRUCTION INC
T10N R6E SEC 34 QTR SE
GARFIE LOT 211
555 W SOUTH ST

FEES: $100.00

TOTAL: $100.00

Permittee
COMMERCIAL CONSTRUCTION INC
555 W SOUTH ST
LINCOLN NE 68522

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000589

#0239007/4

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 10N Range 6E Section 24 1/4 Section _____
   Block _____ Lot _____ Addition Parcel 1
   Parcel ID 10-34-400-045-000 (i.e. 99-99-999-999-999)

   Street Address 555 W South Street

2. **Property use:** ☐ residential ☒ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** add 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.

Commercial Construction, Inc.
Print Name Joe Engler Address 555 W. South St. Phone 434-5090
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

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HEALTH DEPARTMENT USE ONLY

Date received 2/13/02 REVIEW: ☒ Approved ☐ Disapproved By: Doug Mrsny

Site visits
Date 2/13/02 By DS.
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 4/15/02 By Doug Mrsny

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: 02/13/02 Amount 100.00 Check No. 1448 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 3-19-02

CCC Inc.

System Location (Indicate correct number and street)

Address 555 W. South st. (no rural route) City Lincoln NE, Zip 68512

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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

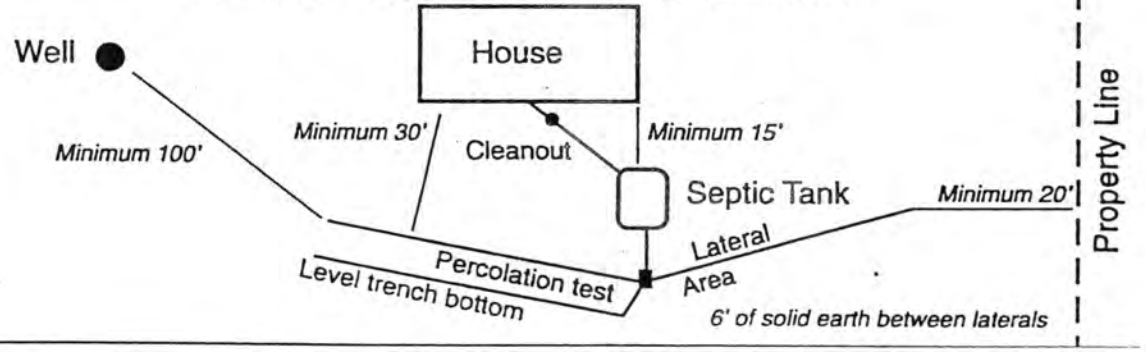
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

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

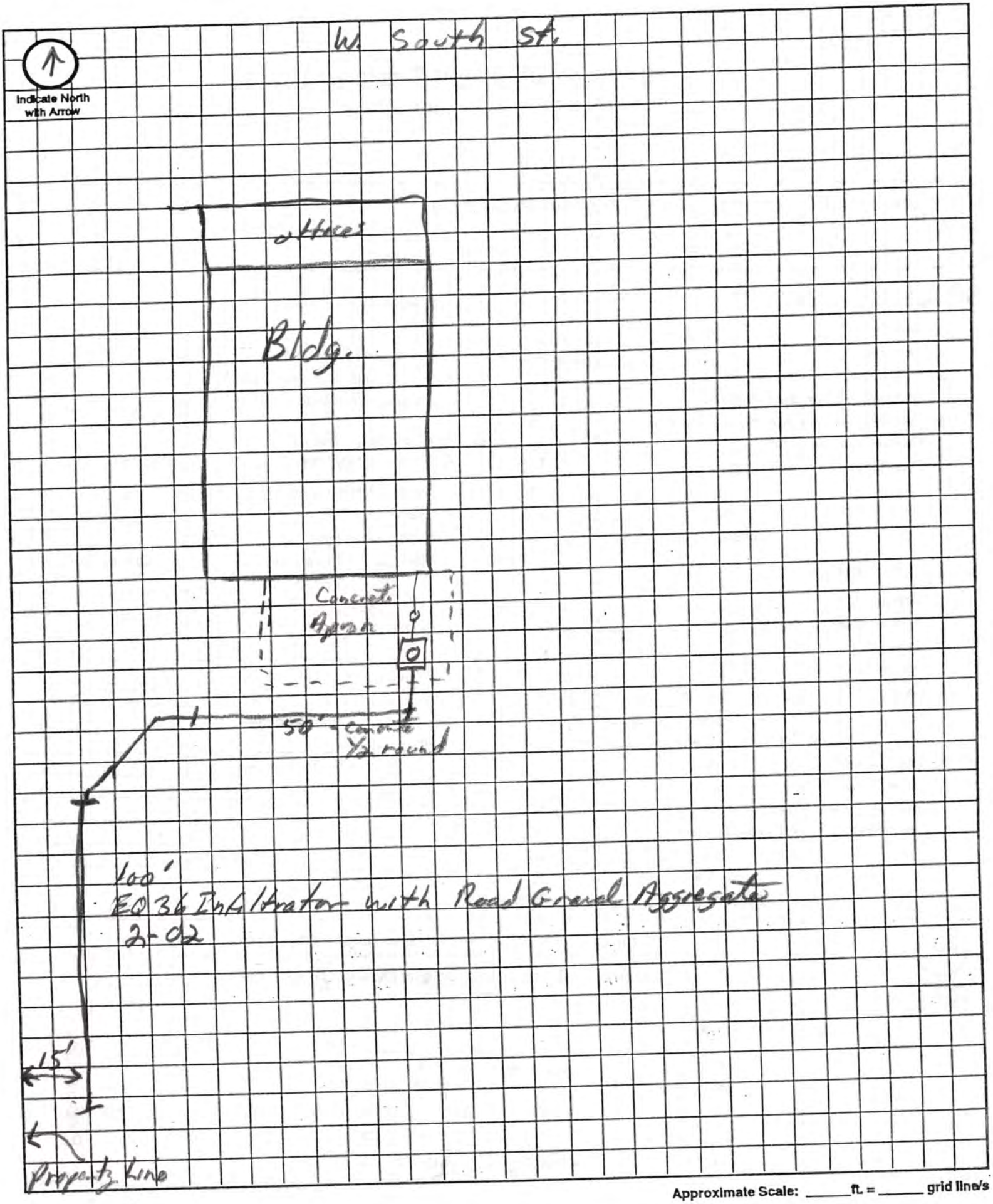
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

FILE #2267

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 24, 1986 — THIS LICENSE OR PERMIT EXPIRES

E.O. PETERS, INC., MECHANICAL WESTERN, P.O. BOX 8111, LINCOLN, NE 68501 — LICENSEE OR PERMITTEE / ADDRESS

T10N, R6E, Sec 34; So. ½, Lot 211; 555 West South Street — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

REC'D OCT 22 1985

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2267

DATE: Oct, 17, 85

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. 10 N ; Range 6 E ; Section 34 So 1/2;
   Block ____ : Lot 21 : Addition IRREGULAR TRACT
   Street Address 555 WEST South STREET

2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
   No. of Bedrooms ____. Describe SHOP/OFFICE
   3 EMPLOYEES

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

4. Distance to public sewer: 1 MILE ft.

E.O. PETERS INC
BROCK PETERS
Signature of Applicant (Owner or Lessee)
MECHANICAL WESTERN
BOX 8111, LINCOLN
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/23/85. Date Frwd. 10/24/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/24/85. Date Frwd. 10/24/85. ACTION: Approved ☐ Disapproved ☐ Signature: Joseph Berchenko

3. City or County Engineer: Date Rec'd. 10-24-85. Date Frwd. 10-24-85. ACTION: Approved ☒ Disapproved ☐ Signature: Robert D. Mahon

REMARKS OR REASONS FOR DISAPPROVAL SYSTEM MUST BE PLACED ABOVE FLOOD LEVEL. LIGHT LOAD BUT BECAUSE OF SOIL PERCOLATION RESULTS WILL BE CONSIDERED EXPERIMENTAL.

Site Visits:
Date: 11/4/85 by: J.C.H. need drawing
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/13/85 By: Jerrold C. Hood

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

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: 471-7800

B

FILE NO. 2267

PROPERTY WHERE SOIL TESTED:

Location: Township 10N; Range 6E; Section & ¼ Section 34 So. ½
Property Dimensions: 535 ft. x 300 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 10/14/85 to _____. Weather: Precip. -0- Temp. 50°F.

OWNER: E.O. PETERS INC

Address: Box 82093, Lincoln,

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	36	10/15	10:30	10/16	8:30	10/16	8:30	30	9:00	30¼	30	¼	120
2	36	"	"	"	"	"	"	30	"	30⅛	"	⅛	240
3	36	"	"	"	"	"	"	30	"	30⅜	"	⅜	80
4	36	"	"	"	"	"	"	30	"	30½	"	½	60
5	36	"	"	"	"	"	"	30	"	30⅜	"	⅜	80
6	36	"	"	"	"	"	"	30	"	30⅜	"	⅜	80

Sum of Percolation Rates: 660
Average of Rates: 110
Mean of Rates: _____

Signature of Person Conducting Test
Address MECHANICAL WESTERN Box 81111, Lincoln Phone 474-7761

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional system
Soil Type (SCS): Kennebec Silt Loam
Date: OCTOBER 23, 1985
SYSTEM WILL CONSIDERED EXPERIMENTAL

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoop
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: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2267

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

SEE Attached Site Plan Dated 9/26/85

Building Fixture Load - 3-WC
3-Lav
1-Bar Sink
3-Floor Drains

REVIEWING ACTION

Remarks: SYSTEM WILL BE CONSIDERED EXPERIMENTAL BECAUSE OF SOIL TEST.

Date: October 24, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 60 ft.
3. With a Trench Width of ____ in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

REC'D NOV 1 3 1985

TO Z

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: 471-7800 C
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

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

SEE Attached Site Plan Dated 9/26/85

Revised Plan Dated 11/9/85 Enclosed Showing As-Built System

REVIEWING ACTION

Remarks:_____

_____

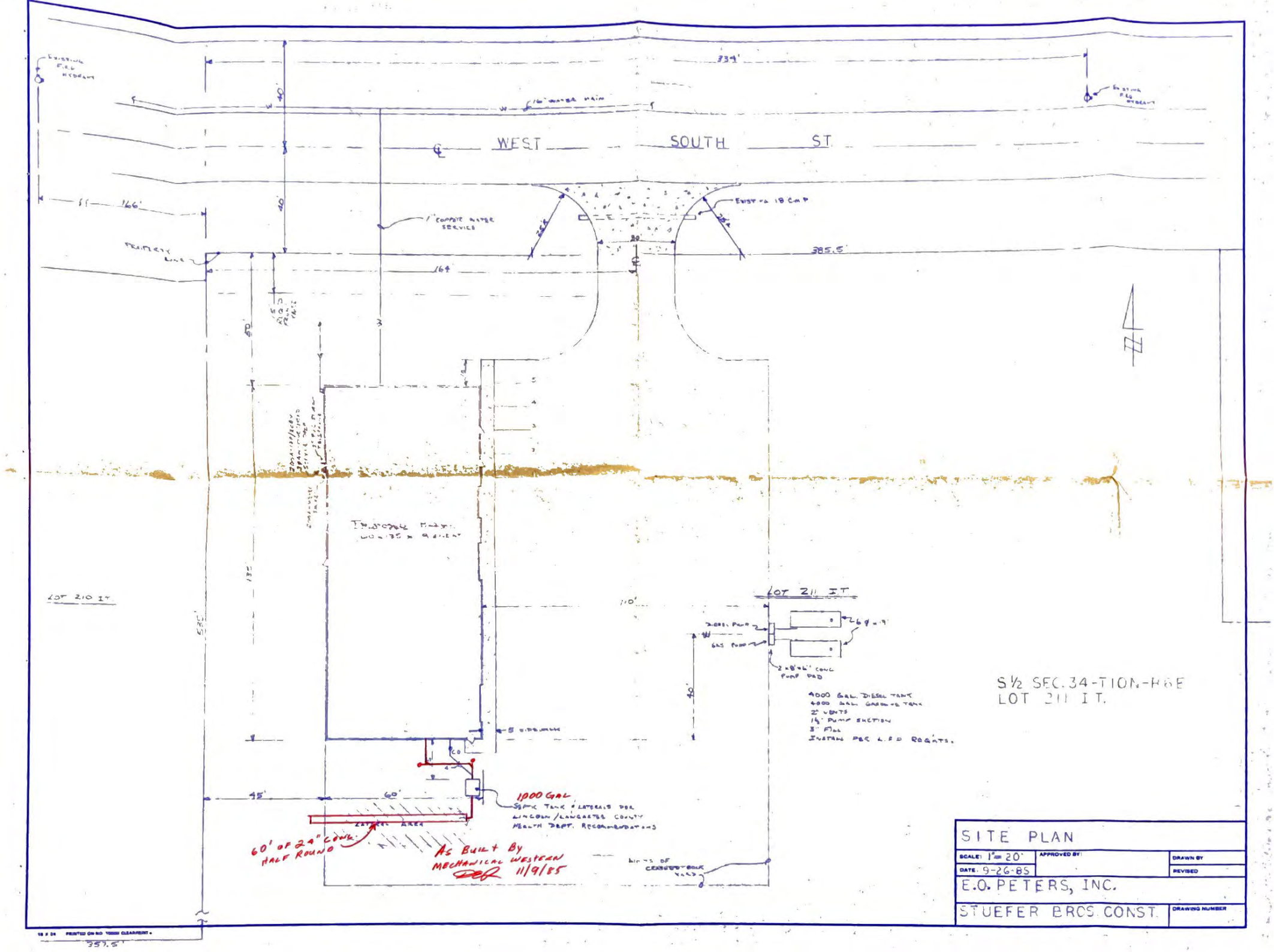
Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____

Signature of Reviewing Official


WEST SOUTH ST
LOT 210 I T
LOT 211 I T
S½ SEC. 34-TION-R6E
LOT 211 I T.
1000 GAL
60' OF 24" CONC. HALF ROUND
As Built By MECHANICAL WESTERN 11/9/85
4000 GAL. DIESEL TANK
4000 GAL. GASOLINE TANK
2" VENTS
1½" PUMP SUCTION
3" FILL
INSTALL PER L.F.D. REQMTS.
SITE PLAN
SCALE: 1" = 20'
APPROVED BY:
DRAWN BY
DATE: 9-26-85
REVISED
E.O. PETERS, INC.
STUEFER BROS. CONST.
DRAWING NUMBER