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 # 01390069501

Issued 05/10/01
Expires 11/10/01
Revenue Code 3157

FEES: $100.00

Establishment
M LAIMONS IESALNIEKS
T11N R6E SEC 35
6630 N 7 ST

TOTAL: $100.00

Permittee
M LAIMONS IESALNIEKS
6630 N 7 ST
LINCOLN NE 68521

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015668

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 11N Range 6E Section 35 1/4 Section _____
   Block 2 Lot N½, 3 Addition Garden Valley
   Parcel ID 12-35-400-002-000 (i.e. 99-99-999-999-999) ✓
   Street Address 6630 N. 7 Lincoln Ne 68521

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** addition of 100' of Infiltrator lateral to System

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer + Drain

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.

Print Name Laimons Iesalnieks Address 6630 N. 7th Phone 435-7895
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 5/10/01 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 5/10/01 By PD
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 5/15/01 By Paul Dwyer

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: 5/10/01 Amount 100.00 Check No. 4278 Initials CW

White - Division Copy Pink - Business Office Revised 9/00

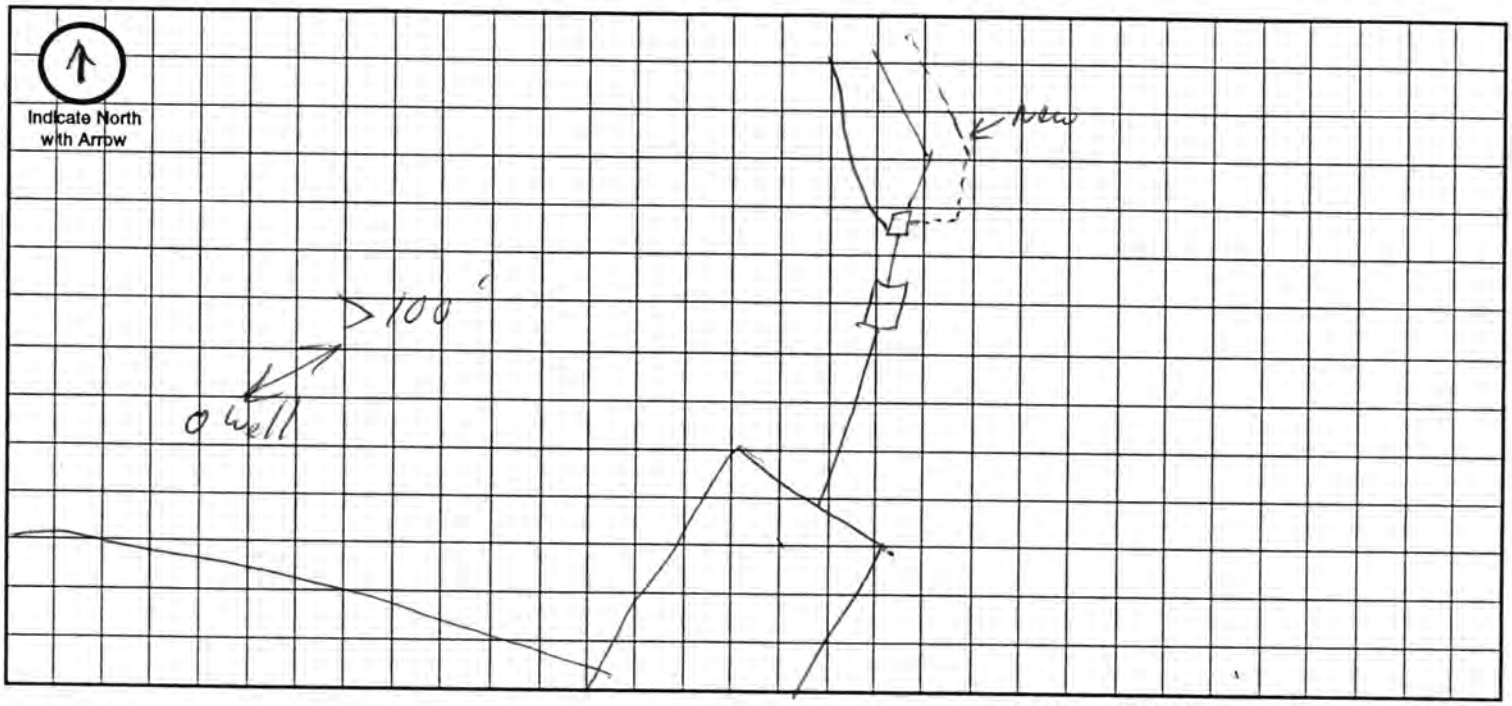
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6630 N. 7 City Lincoln NE, Zip 68521

B. Proposed Septic Tank/s

Addition 100' Infiltrator

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: _____ 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 _____ ft. Number of Trenches _____ Trench Width _____

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 Existing Date _____

Installer Brad Southard Date 5-10-01

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: 0139006950 1

Sewage Disposal System

As Built Plans & Specifications

Date 5-14-01

System Location (Indicate correct number and street)

Address 6601 N. 7 (no rural route) City LINCOLN NE, Zip 68521

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: New plastic put into concrete DBox
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

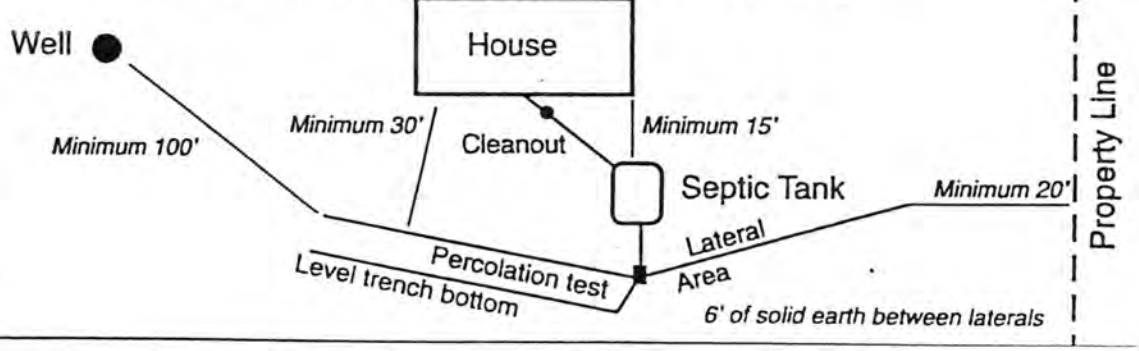
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: New 91 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   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.

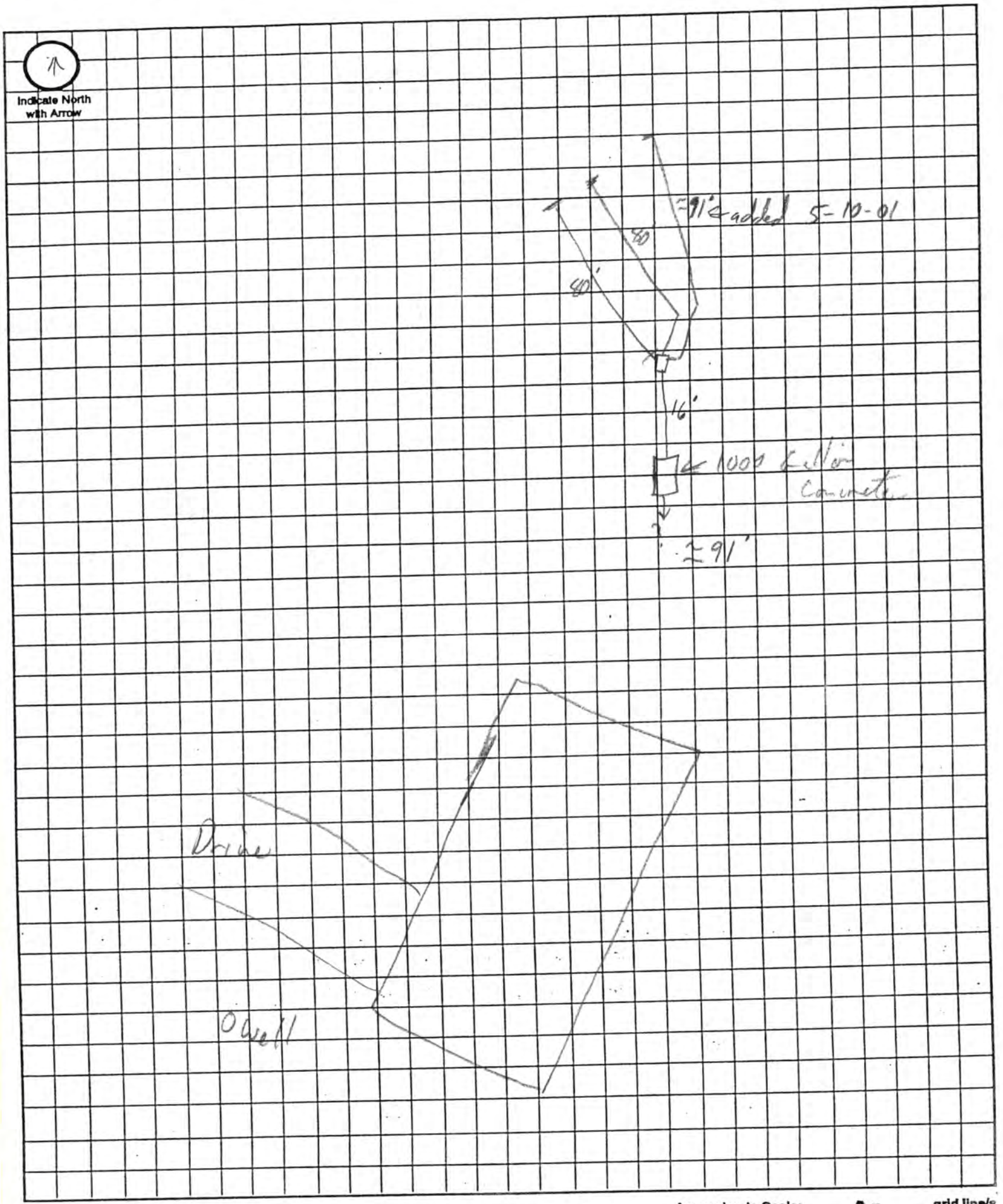
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

FILE NO. 394

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 7, 1974 — THIS LICENSE OR PERMIT EXPIRES

Miervaldis Iesalnieks — LICENSEE OR PERMITTEE

338 So. 24th — ADDRESS

T11N; R6E; Sec. 35; Bl. 2; Lot N1/2 of 3; Garden Valley Add.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

NON-TRANSFERABLE

REMARKS:

NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

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-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 394

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

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 6 E ; Section 35
Block 2 ; Lot N½ 3 ; Addition Garden Valley
Street Address North 7th Str.

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: miles _____ ft.

Gerald L. Desalvos
Signature of Applicant (Owner or Lessee)

338 So. 24th
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/7/74 . Date Frwd. 3/7/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3/7/74 . Date Frwd. 3/7/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Chas Seale By Bob Simms

3. City or County Engineer : Date Rec'd. 3/7/74 . Date Frwd. — . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 394

DATE: _____

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11 N ; Range 6 E ; Section 35 ; Block 2 ; Lot N½ 3 ; Addition Garden Valley .
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. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Signature of Applicant (owner or lessee)

338 So. 24th
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: [redacted] by: [redacted]
Date: _____ by: _____
Date: 5-10-01 by: PD

3. Date: Approved ☒; Disapproved ☐ 3/7/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: [redacted] by: [redacted]
5-15-01

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: 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. 394

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: 4.7 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: M L IESALNIEKS
Address 325 So 24th St.

Dates of Tests: March 1, 1974 to March 2, 1974. Weather: Precip. clear Temp. 65°

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	48	3-1	4.00	3-2	4 00	3-2	4 PM	20	4:30	19	30	1	
2	48	3-1	4:00	3-2	4 00	3-2	4 PM	20	4 30	18½	30	1½	
3	48	3-1	4 00	3-2	4 00	3-2	4 PM	20	4 30	17	30	3	
4	50	3-1	4 00	3-2	4:00	3-2	4 PM	20	4 30	11	30	6	
5	50	3-1	4 00	3-2	4:00	3-2	4 PM	20	4 30	4	30	6	
6	48	3-1	4:00	3-2	4:00	3-2	4 PM	20	4 30	1-	30	4	

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

Signature of Person Conducting Test

Address M.L. Iesalnieks
Phone: 475-1115

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: March 6, 1974

Gerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

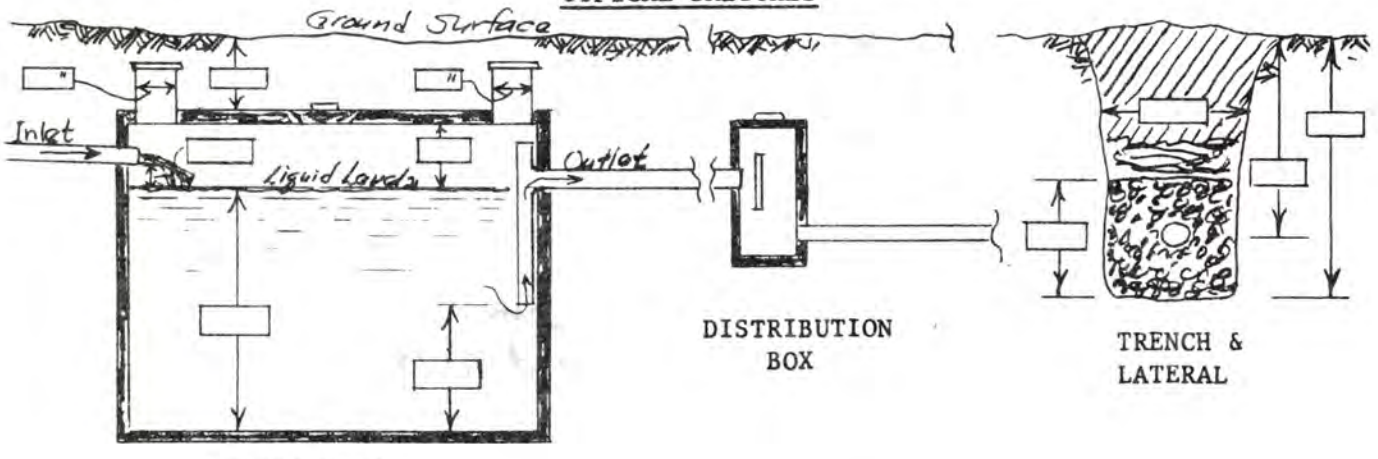
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 82 ft.
4. Number of clean-outs none.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade 12 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 12 in.
8. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line 50+ ft.;
Property Line 20+ ft.

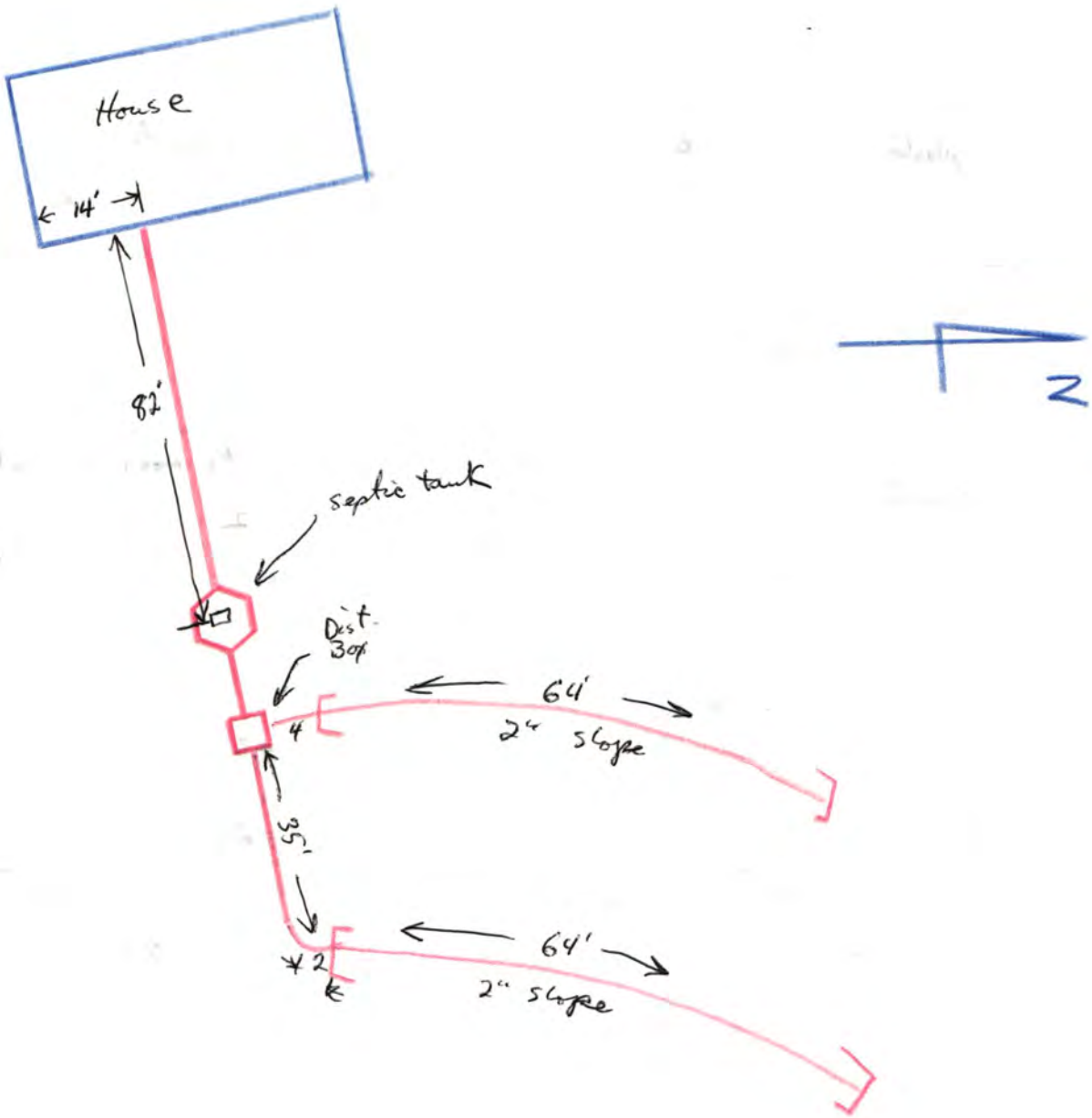
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets ____.
2. Factory Built: Yes ☒, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 12 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: 1/2 moon concrete
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 64 ft
Total length of Laterals 114 ft.; 64
Slope Level in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom 26 in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line ___ft.
Property Line 20+ ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



N

rm
Sept-9-75