Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERAL

Permit # 99390063401

Issued 09/24/99
Expires 03/24/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Establishment

JIM NUTTLEMAN
T11N R6E SEC 35
CUMBERLAND HEIGHTS LOT 21
421 PENNSYLVANIA AVE

Permitee

JIM NUTTLEMAN
421 PENNSYLVANIA AVE
LINCOLN NE 68521

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011008

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 9-23-99	File No.:

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 _____ Lot _____ Addition Cumberland Heights
   Street Address 421 Pennsylvania Ave

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:** Extend Lateral 100' in trench

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 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 Jim Nuttleman Address 421 Penn. Ave Phone _____
Applicant Signature (owner or lessee) _____

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

(Please do not write below this line)

Date rec'd 9-24-99 REVIEW: ☒ approved ☐ disapproved By: John E Manner

Site visits:
Date 9-24-99 By _____
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 9-27-99 By _____

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

Rec'd 9/24/99
ck #3661 $50.00

White - EH Pink - Business Office Revised 1/98

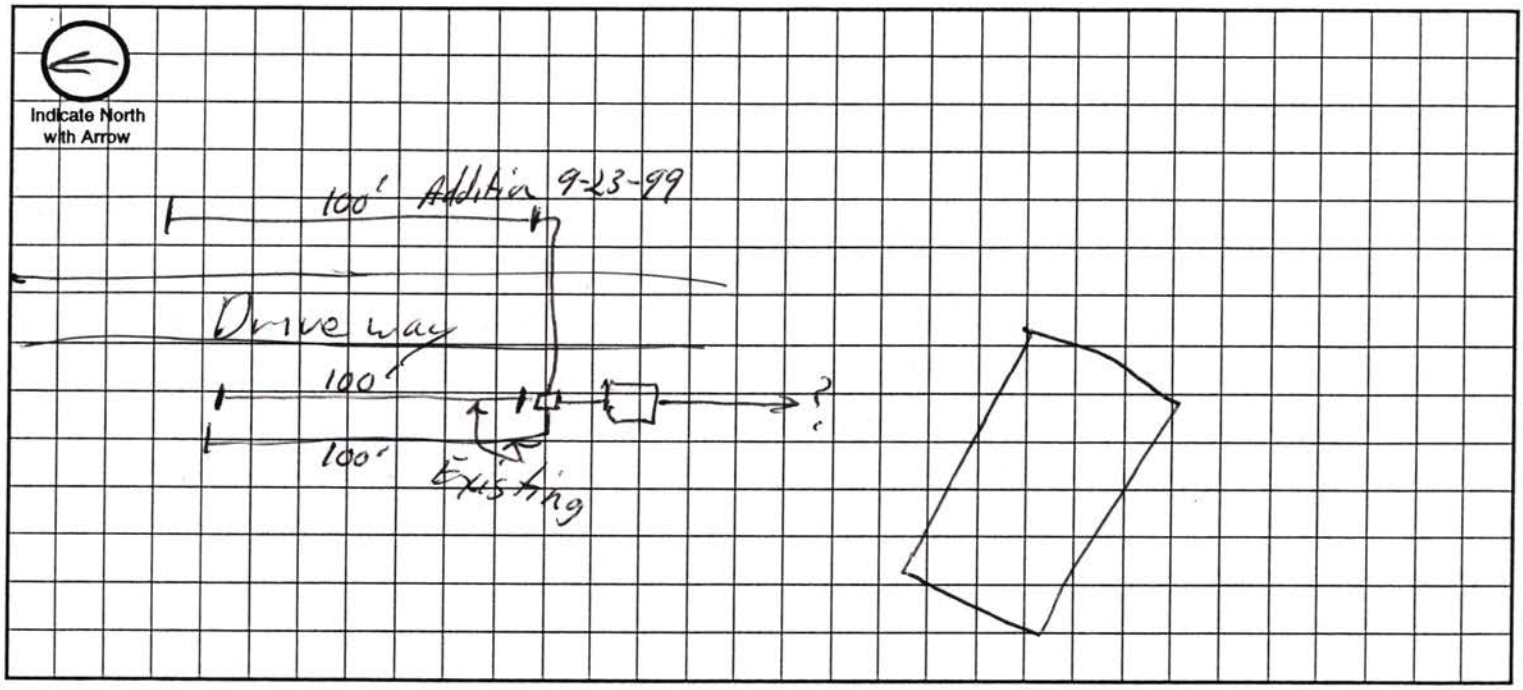
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 421 Penn. Ave City Lincoln NE, Zip 68523

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: _____ 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 _____ Date _____

Installer Brad Smith Date 9-23-99

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:

Sewage Disposal System

As Built Plans & Specifications

Date 9-23-99

System Location (Indicate correct number and street)

Address 421 Pennsylvania Ave (no rural route) City Lincoln NE, Zip 68523

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: 3½ ft.

D. Absorption Field

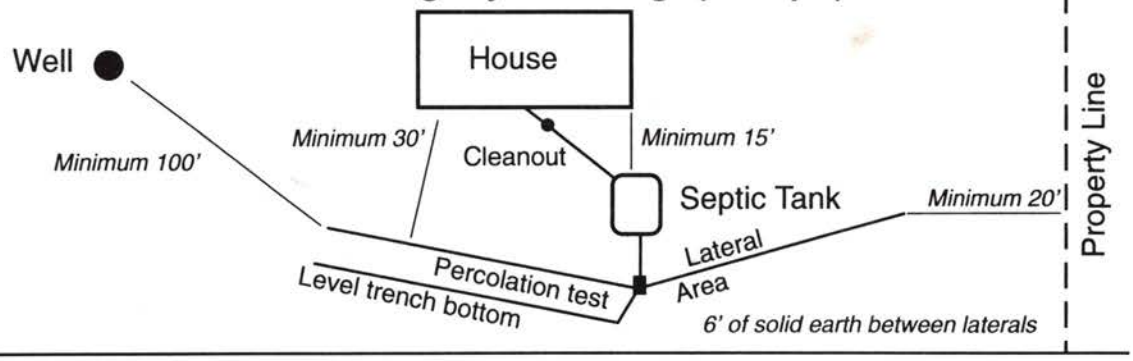
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☒ concrete (2)
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope ≈ 5 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 100 ft.

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

Indicate North with Arrow

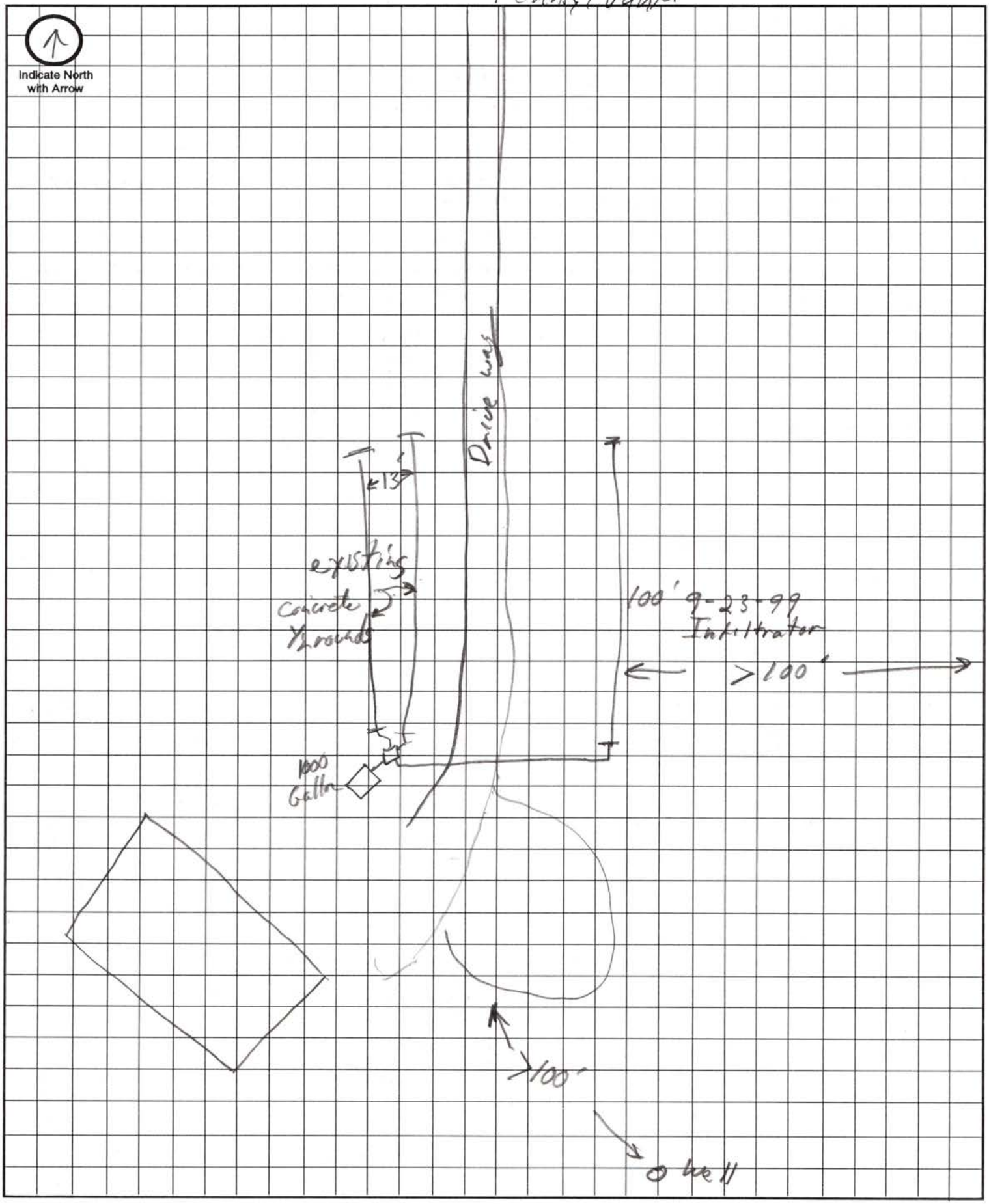
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

421 Pennsylvania



Approximate Scale: _____ft. = _____ grid line/s

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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: 6/29/93

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

Legal Description of Property: TWP. 11N; RANGE 6E; SECTION 35; BLOCK ____

LOT L21; ADDITION CUMBERLAND HTS; Street Address 421 PENNSYLVANIA

Directions to Property N OF HI 34 ON FLETCHER TO 1ST ST, PAST FLETCHER 1 BLOCK TO PENNSYLVANIA

Location of Well BEHIND HOUSE Tap Location: Inside ☒ Outside ☐

Location of Sewage System FRONT OF HOUSE Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	MIKE SLOCUM	421 PENNSYLVANIA	476-8153
Tenant/Buyer:	JIM NUTTLEMAN	445 W. BEAL	477-0456
Return to:	PROVIDENT FED Attn: Lori D.	440 S. 13th Lincoln NE	474-5559

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

Signature of Applicant Jim Nuttleman Address 445 W. Beal Lincoln, NE 68521

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 30, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-2-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7-2-93 by rm
Bacteria	☒ 0	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 0.1	☐	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 Mayhew RS DATE 7-20-93

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

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