FILE NO. 1717

CITY OF LINCOLN-NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 10, 1981 — THIS LICENSE OR PERMIT EXPIRES

ELDEN O. RETTIG — LICENSEE OR PERMITTEE

ROUTE 5, LINCOLN NE 68508 — ADDRESS

T11N, R6E, Section 35, Lot 11, Addition Cumberland Heights (Extend) — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
559335	4/10/81	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1717

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 11N ; Range 6E ; Section 35 ;
Block _____; Lot 11 ; Addition CUMBERLAND HEIGHTS
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: ADD 208' OF HALF MOON LATERAL IN 4 FOOT WIDE TRENCH

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Elden O Rettig
Signature of Applicant (owner or lessee)

Route 5 Lincoln Neb 68508
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoag

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. 1717

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area: 4.85 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9-20-80 to 9-21-80. Weather: Precip. 0 Temp. 72°.

OWNER: Elden Rettig

Address: Rt 5 Lincoln, Neb 68508

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"	9/20/80	3:30	9/21/80	12:15	9/21/80	12:30	6"	1:00 PM	7½	30 min	1½	
2	"		"		"					6¾		¾	
3	"		"		"					6½		½	
4	"		"		"					6½		½	
5	"		"		"					6¾		¾	
6	"		"		"					6½		½	
7	"		"		"					7¾		1¼	

Elden Rettig
Signature of Person Conducting Test

Address Rt 5, Lincoln Phone 475-3811

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 16, 1980

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

No. 98380176301

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 05/26/98
Expires 11/26/98
Revenue Code 3157

Establishment

ELDEN O RETTIG
T11N R6E SEC 35
CUMBERLAND HGTS LOT 11
300 PENNSYLVANIA AV

PAID

FEES: $150.00

TOTAL $150.00

Permittee

ELDEN O RETTIG
300 PENNSYLVANIA AVE
LINCOLN NE 68521-8940

Issued By Health Director
Lincoln-Lancaster County Health Department

007401

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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.

☒ 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 300 PENNSYLVANIA AVE (no rural route) City LINCOLN NE, Zip 68521

Legal Description Sec 35, T11N, R6E (1/4, 1/4, Section, Township, Range) Subdivision CUMBERLAND HEIGHTS Addition 11 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name ELDEN O. RETTIG Signature Elden O Rettig

Address 300 PENNSYLVANIA AV City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone 476-3811 Work Phone _____

C. Contractor

Name ELDEN RETTIG Company Name RETTIG CONST.

Address 300 PENNSYLVANIA AV City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 476-3811

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

Designer Name SELF Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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** Date rec'd 5-22-98 Date frwd 5/26/98 ACTION ☒ Approved ☐ Disapproved Signature John E Mumm
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-26-98 Date frwd 5-26-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-26-98 Date frwd 5-26-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date 6-8-98

Business Office Use Only

Date Rec'd 5-26-98

Amt Paid $150.00

Rec'd By CW Cash/Check No. 6408

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

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. 1717

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section 35.
Property Dimensions: _____ ft. x _____ ft. Area: 4.85 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9-20-80 to 9-21-80. Weather: Precip. 0 Temp. 72°.

OWNER: Elden Retting

Address: R 5 Lincoln, Neb 68508

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
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2	"		"		"					6¾		¾	40
3	"		"		"					6½		½	60
4	"		"		"					6½		½	60
5	"		"		"					6¾		¾	40
6	"		"		"					6½		½	60
7	"		"		"					7¾		1¼	24

Elden Retting
Signature of Person Conducting Test

Address RR 5, Lincoln Phone 475-3811

Sum of Percolation Rates: 303.99
Average of Rates: 43.43
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Spread of more than 30 min/in.
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 16, 1980

Approved Percolation Rate (a)
A. 37 43 5/22/81 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

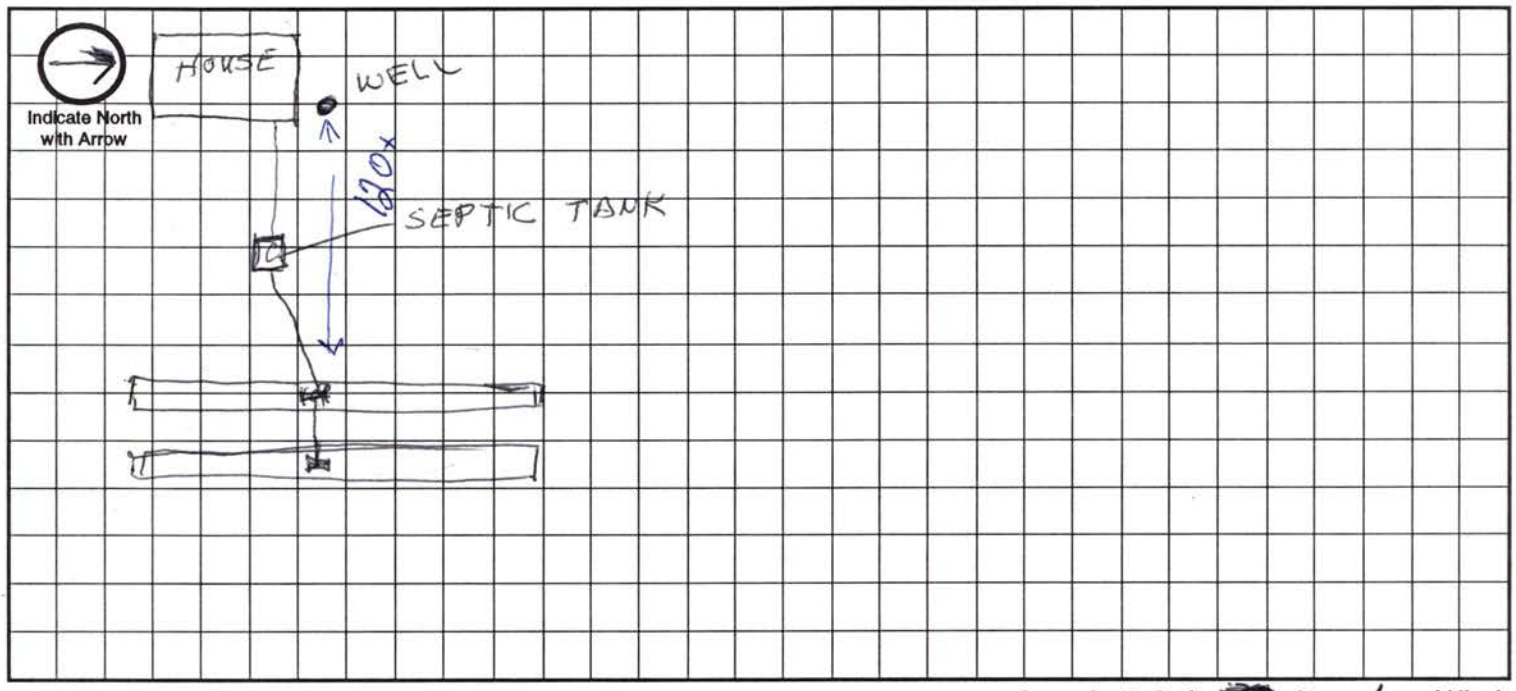
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: ~~30~~ 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 300 PENNSYLVANIA AVE City LINCOLN NE, Zip 68521

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate ~~45~~ 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1 PER BED

Total Length of Laterals 330 ft. Number of Trenches ~~2~~ 4 Trench Width 48"

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 Elden O Petting Date 5-21-98

Installer Elden O Petting Date 5-21-98

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: 9838017630 1

Sewage Disposal System

As Built Plans & Specifications

Date 5-21-98

System Location (Indicate correct number and street)

Address 300 PENNSYLVANIA AVE (no rural route) City LINCOLN, NE, Zip 68521

A. Building Sewer

1. Material: SCH 40 PLASTIC
   Diameter: ~~4~~ 4" in.
2. Distance above basement floor: 25 in.
   or distance below basement floor: — in.
3. Distance between dwelling and septic tank: 56 ft.
4. Number of clean-outs: 1 ONE
5. Distances to: well or suction line 63 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: ____
2. Capacity: 1500 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 63 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: ~~(INFILTRATOR)~~ CONCRETE PLASTIC
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 66 ft.

D. Absorption Field

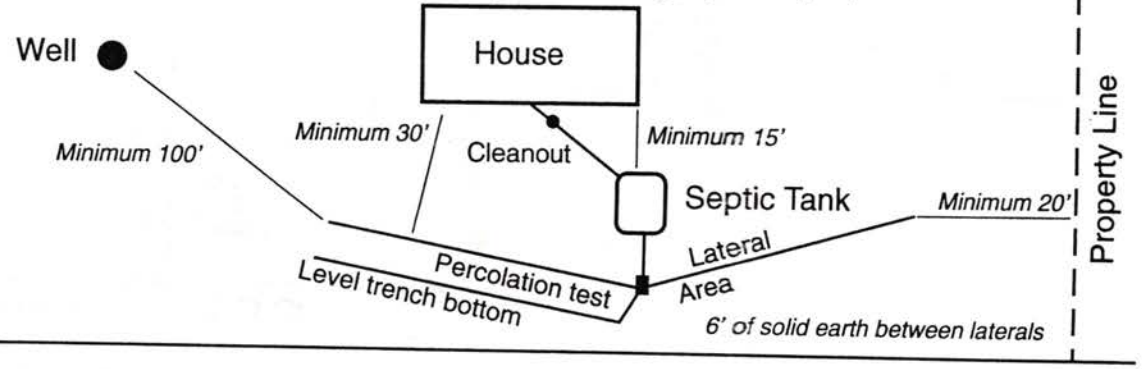
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" X 12" X 8'3"
   or perforated pipe: INFILTRATOR
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 95 ft.
   95 ft. 45 ft., ____ ft.
3. Trench dimensions: Width 48" ft.
   Slope 3-4" in/100 ft.
   Average depth 30" in
4. Filter material: GRAVEL
   Depth of material 13 in.
5. Distances to: Well or suction line 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

