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 # 00390067401

Issued 08/14/00
Expires 02/14/01
Revenue Code 3157

Establishment

DANNY HALSTEAD
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 4
901 N 92 STREET

FEES: $50.00

Permitee

DANNY HALSTEAD
901 N 92 ST
LINCOLN NE 68505

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013630

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 8-14-00	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 10N Range 7E Section 23 1/4 Section
   Block 2 Lot 4 Addition SUNRISE ESTATES
   Street Address 901 Nth 92nd

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:** RELEVEL SEPTIC TANK AND SEWER. (thin pipe from tank to distribution box replaced also, it had collapsed)

5. **Work to be done by:** ☐ owner ☒ contractor's name Davis 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 Daves plumbing Address 1635 Lavender Ln Rd Phone 432-2865
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 8/14/00 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 8-14-00 By
Date By
Date By

Installation final written approval

Date 8-15-00 By

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

Rec'd 8/14/00 $50 cc #4905

White - EH Pink - Business Office Revised 1/98

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380108501

Issued 10/29/93
Expires 04/29/94
Revenue Code 18754

Establishment
DANNY HALSTEAD
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 4
901 N 92 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DANNY HALSTEAD
8504 SUNBEAM LN
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

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

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: $150.00

FILE NO. _____

DATE: 10-22-93

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. ~~LINCOLN~~ 10N; Range 7E; Section ~~23~~ 23;
   Block 2 : Lot 4 : Addition SUNRISE ESTATES
   Street Address 901 NO. 92ND. ST.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms ~~4~~ 3. Describe _____

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

4. Distance to public sewer: 1/4 MILE ~~ft~~.

Danny L. Hatch
Signature of Applicant (Owner or Lessee)

8504 SUNBEAM LN.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/22/93. Date Frwd. 10/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/25/93. Date Frwd. 10/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain

3. City or County Engineer: Date Rec'd. 10-29-93. Date Frwd. 10-29-93. ACTION: Approved ☐ Disapproved ☐ Signature: Lenora Bowles

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 5-5-94 by: rm sewer line, tank + dist box
Date: 5-10-94 by: rm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-10-94 By: Ron Maynard

FORM 23-43

Mobile # 473-9130

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: 6-26-90 to 6-27-90. Weather: Precip. NO Temp. 77.

OWNER: Dan Halstead

Address: 8504 Ann Beaumont 68505

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	18"	6-26	8AM	6-26	2PM	6-27	11AM	6"	12PM	5	60min	1"	
		↓	↓	↓	↓						↓		
2	12					"				5		1"	
3	"	↓	↓	↓	↓	"				5		1"	
							↓						
4	12					"		↓	↓	4⅜	↓	1⅛"	
5	12					"				4⅞		1⅛"	
6	"					"				4⅞		1⅛"	

Smith Bros Co
Signature of Person Conducting Test

Address 6716 N07 Phone 435-8868

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: October 29, 1993

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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: 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 DRAWING

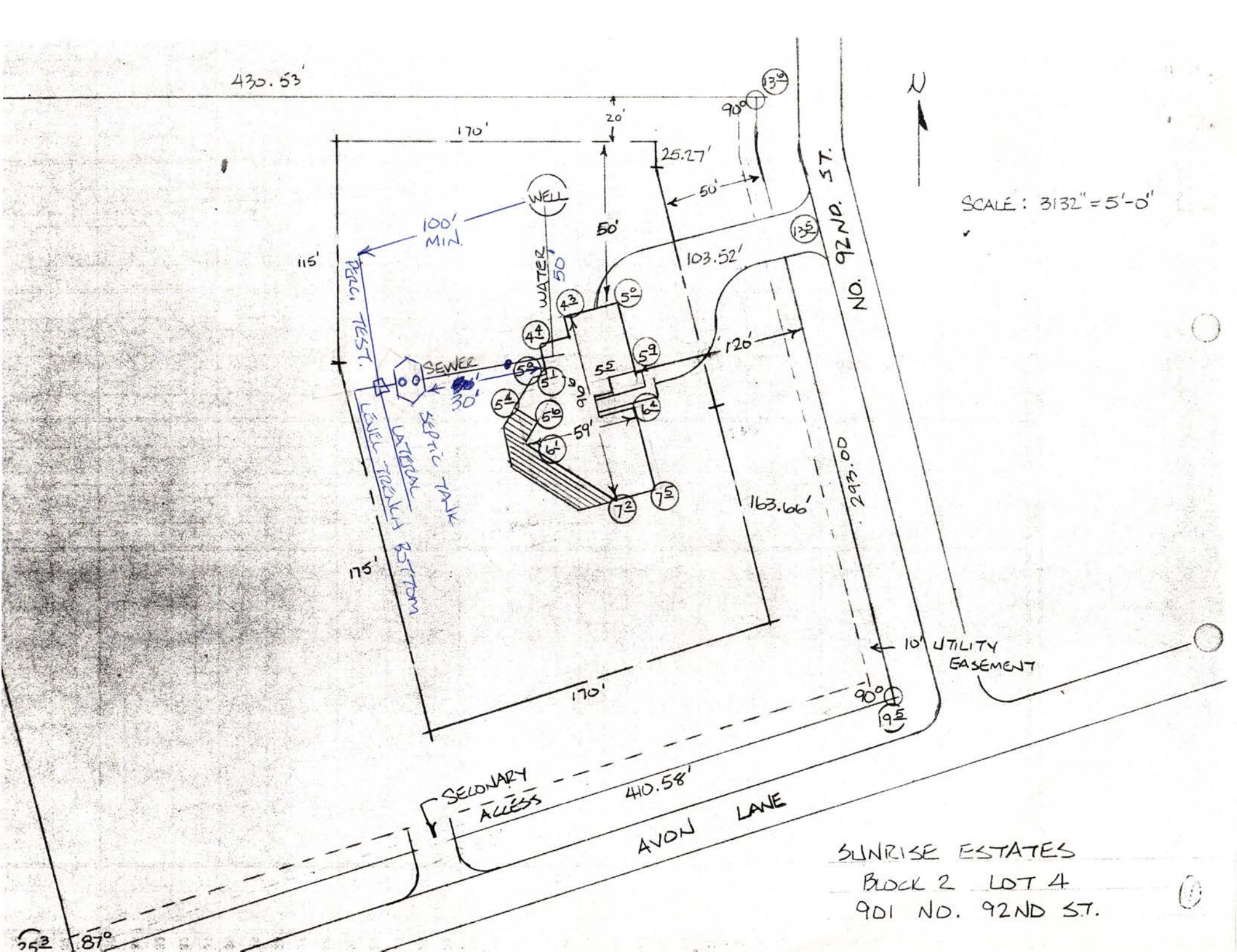
REVIEWING ACTION

Remarks: _____

Date: OCTOBER 29, 1993

Minimum Design Requirement 1000
1. Capacity of Septic Tank ~~1250~~ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~971~~ 953 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official


430.53'
170'
20'
25.27'
50'
103.52'
120'
163.66'
293.00'
170'
175'
115'
50'
59'
90°
90°
90°
WELL
100' MIN.
PERC. TEST
WATER 50
SEWER
30'
SEPTIC TANK
LATERAL LEVEL TRENCH BOTTOM
NO. 92ND ST.
10' UTILITY EASEMENT
SECONARY ACCESS
410.58'
AVON LANE
87°
N
SCALE: 3/32" = 5'-0"
SUNRISE ESTATES
BLOCK 2 LOT 4
901 NO. 92ND ST.

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: 471-7800

D

DATE: 10-22-93

FILE NO. _____

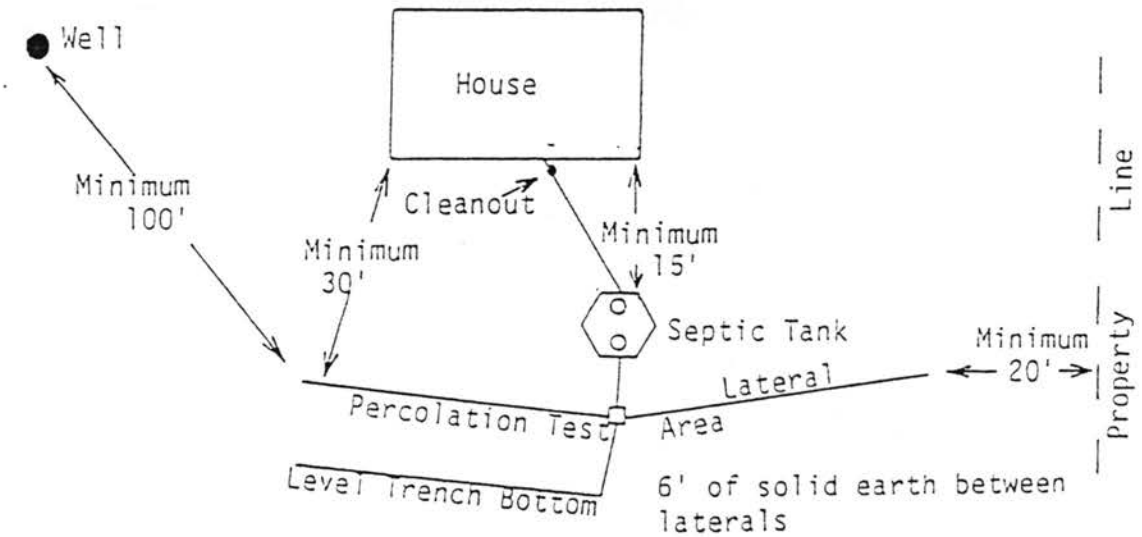
SPECIFICATIONS AS BUILT 901 N 92nd

A. BUILDING SEWER: SCH40
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 0.
5. Distances to: Well or Suction Line 75 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

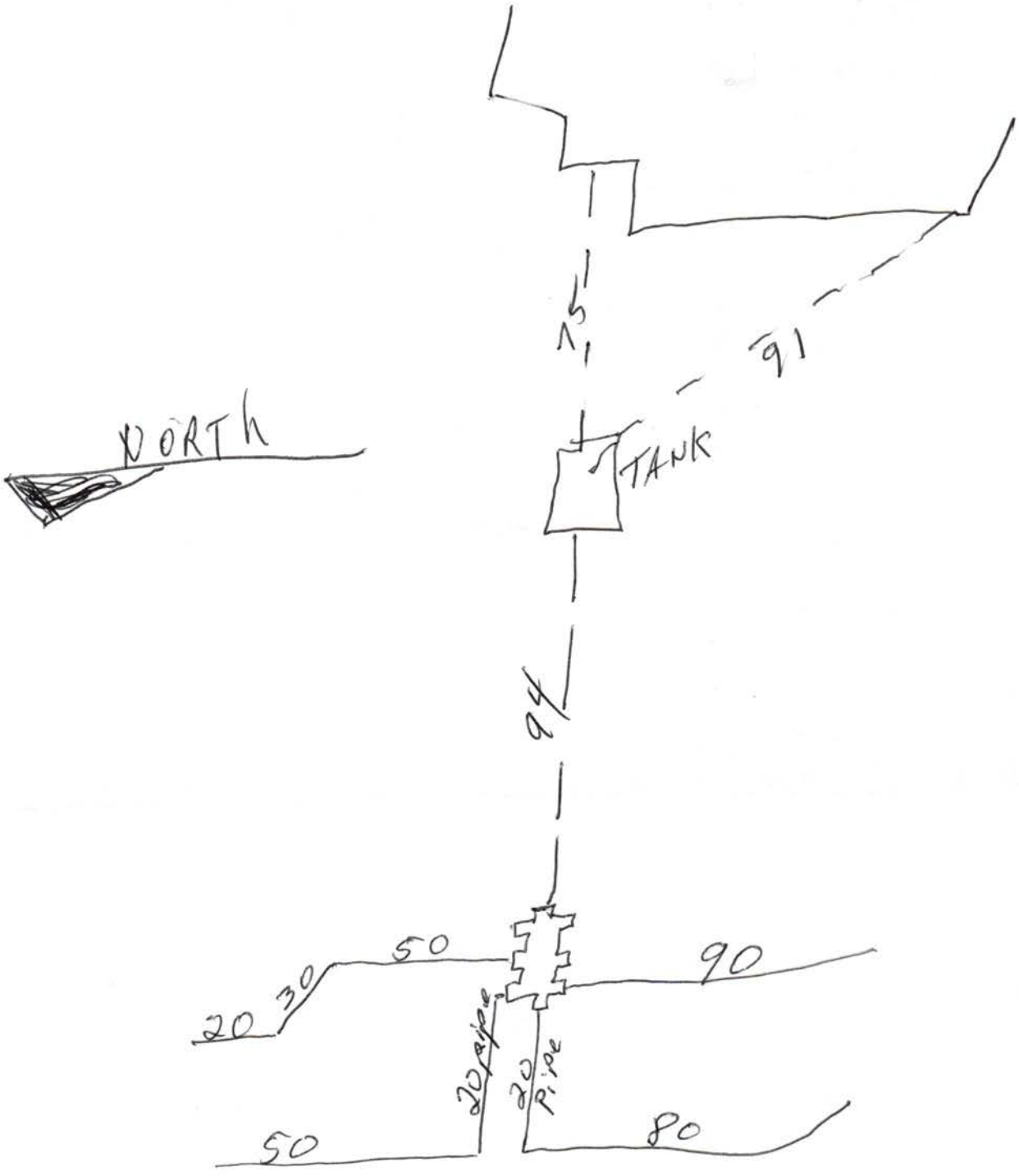
B. SEPTIC TANK:
1. Material CONCRET; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company PRECAST STEP)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☒ Grade 4 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 50 in.
8. Distances to: Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

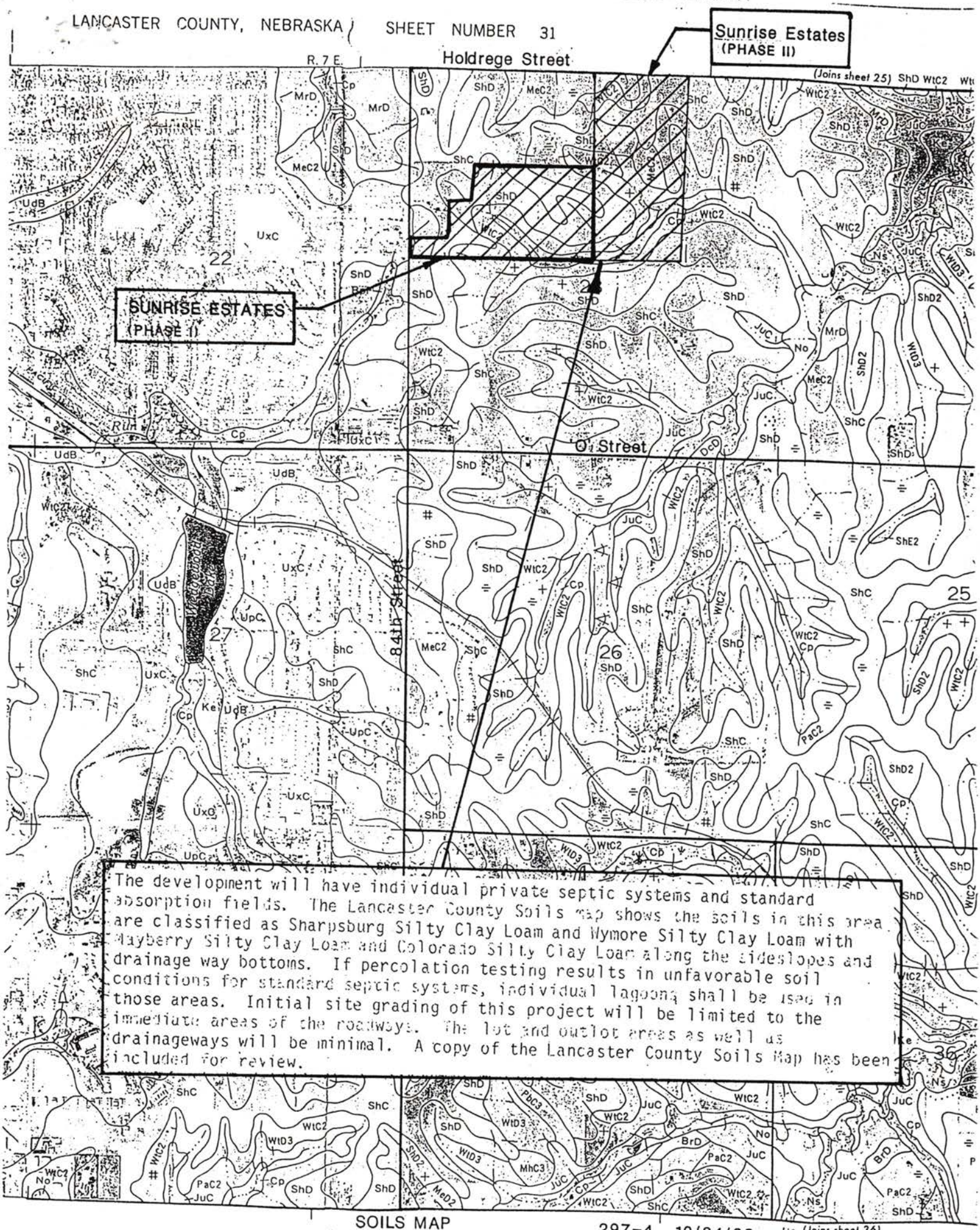
C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company ____)
3. Distance from Septic Tank 94 ft.

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 4" . Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines: Number 4 ; Length of each line 100, 90, 80, 50, ____ ft.; Total length of laterals 320 ft.; Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.; Slope 4 in/100 ft.; Average Depth 24 in.
4. Filter Material: GRAVEL Depth of Material 12 in.
5. Distances to: Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NORTH
TANK
15
91
94
50
30
20
90
20 Pipe
20 Pipe
50
80



SOILS MAP
Sunrise Estates

297-4 10/24/88