Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005832

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390080601

Issued: 11/03/04
Expires: 05/03/05
Revenue Code: 3157

Establishment:
MARK A SMITH
T11N R6E SEC 14 QTR SE
11301 N 14 ST

FEES: $100.00

Permittee:
MARK A SMITH
11301 N 14 ST
LINCOLN NE 68531

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

11-6-14

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 T11N Range R6E Section 14 1/4 Section SE 1/4
   Block ____ Lot ____ Addition ____
   Parcel ID 99-39-006200-____-____ (i.e. 99-99-999-999-999)
   Street Address 11301 N. 14th Lincoln NE.

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe 3 Bedroom Ranch

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

4. **Description of proposed alteration, extension or repair** Add 200' S46 surface Lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Gordon Lukes

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 Mark A. Smith Address 11301 N. 14th Phone 402/477/2351
Applicant Signature (owner or lessee) Mark A. Smith

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/3/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 11/12/04 By D.C.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/12/04 By Doug Lee

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: 11/03/04 Amount 100.00 Check No. 2857 Initials ns

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

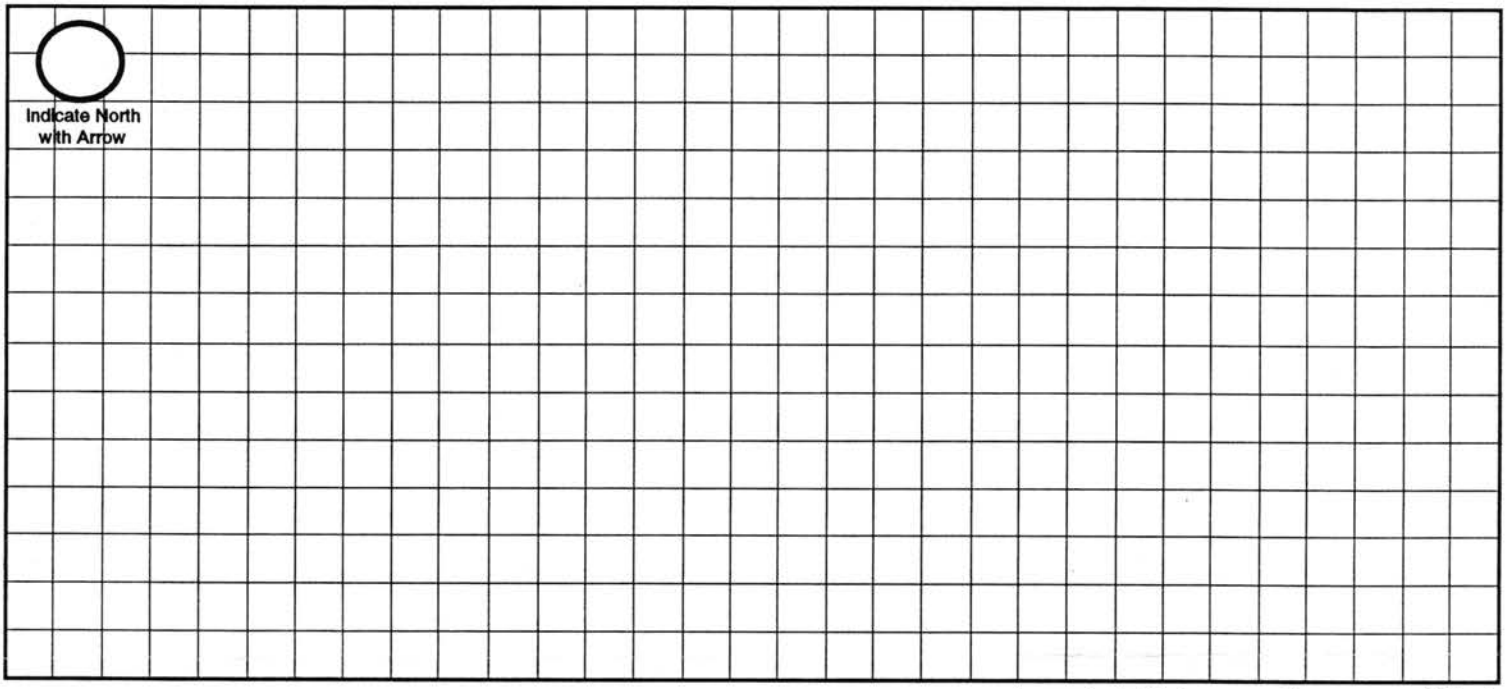
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

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 ☐	☐

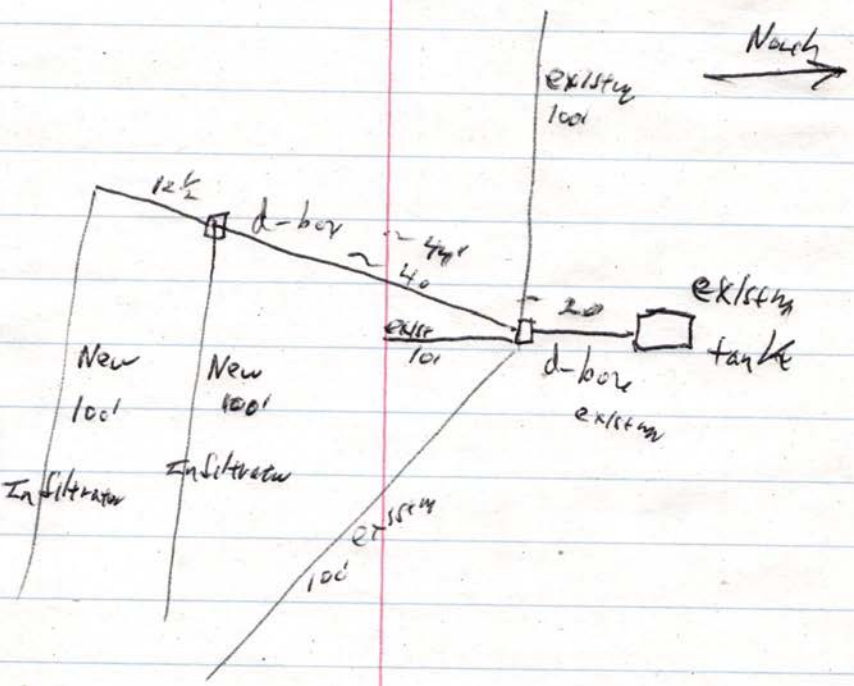
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Gordon Lukes G-A Backhoe Service Date 10-3-04

FORM 23-102 10-96

11/12/04


North
existing
100'
12½
d-box
~ 4%
40
20
existing
tank
existing
10'
d-box
existing
New
100'
Infiltrator
New
100'
Infiltrator
existing
100'

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
REPLACE OLD SYSTEM

Establishment

CAROLE ROWBAL
T11N R6E SEC 14 QTR SE
11301 N 14 ST

Permitee

CAROLE ROWBAL
5440 COLBY ST
LINCOLN NE 68504

Permit # 99390062001

Issued 05/26/99
Expires 11/26/99
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010352

TAX District 0080 - SW&SE - 14-11-6 A

CAROLE Rawl + merrill Cook

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

Permit Number: 9939 0620

SW 12-14-300-001-000
Parcel # SE 12-14-400-001-000

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 11301 North 14th (no rural route) (cedar home) City Lincoln NE, Zip 68531-8904

Legal Description SW 14-11-6 SE 14-11-6
1/4 1/4 Section Township Range Subdivision Addition 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 MS Carole Rawbal Signature Carole Rawbal

Address 5440 Colby City/State/Zip Lincoln, NE. 68504

☐ Check if owner designed system Home Phone 466-0950 ~~Work Phone~~

C. Contractor

Name Larry sinteck Company Name Sintek Service Co.

Address 6710 N 7th City/State/Zip Lincoln, NE. 68521

☐ Check if contractor designed system Work Phone 435-8868

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

Designer Name Replace old System Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 5/25/99 Date frwd 5/26/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

5-28-99, rm

Installation Final Written Approval

By Ron Mayfield

Date 02-20-01

Business Office Use Only 'REPAIR'

Date Rec'd 05/29/99

Amt Paid 50.00

Rec'd By _____ Cash/~~Check No.~~ $50

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

Nebraska Health & Human Services
Regulation & Licensure/Public Health Assurance

#99390620

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township SW 14-11-6 SE 14-11-6
Section & 1/4 Section _____
Property Dimensions: _____ ft. X _____ ft.
Area: _____ acres (Attach sketch of property showing hole location)

Owner: Ms. Carole Rowbal
Address: 5440 Colby
City/State/Zip: Lincoln Ne. 68504

Soil Type: Silty Clay _____; Silty Clay Loam X; Sandy Loam _____; Silty Loam _____; Clay Loam _____; Sandy Clay _____ Black dirt

Dates of Tests: 5/14/99 to 5/15/99 Weather: Precip. 1" rain Temp 50-70 F

PERCOLATION TEST DATA TABLE

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Per-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.)	Elasped Time (Min.)	Water Level Drop (in.)	Perco-latoin Rates (Min./inch)
1	36"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30	6	60	4½	13 MIN/IN
2	38"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30				
3	36"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30	6	60	4½	15 MIN/IN
4	36"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30				
5	36"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30	6	60	3½	18 MIN/IN
6	36"	5/14	3:30	5/15	1:00	5/15	4:30	6	5:30				
										6	60	2¾	22 MIN/IN
										6	60	2½	24 MIN/IN
										6	60	2½	24 MIN/IN

Sum of Percolation Rates _____
Average of Rates: 19 MIN/IN
Inches per minute: _____

M. R. Smith
Signature of Person Conducting Test

Address 4301 N. 14th Lincoln Ne. 68531
Phone 477-7016 / 440/4331

(Do not write below this line)

Reviewing Action

Remarks: SHARPSBURG SILTY CLAY LOAM

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

Date: MAY 25, 1999

_____
Signature of Reviewing Official

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

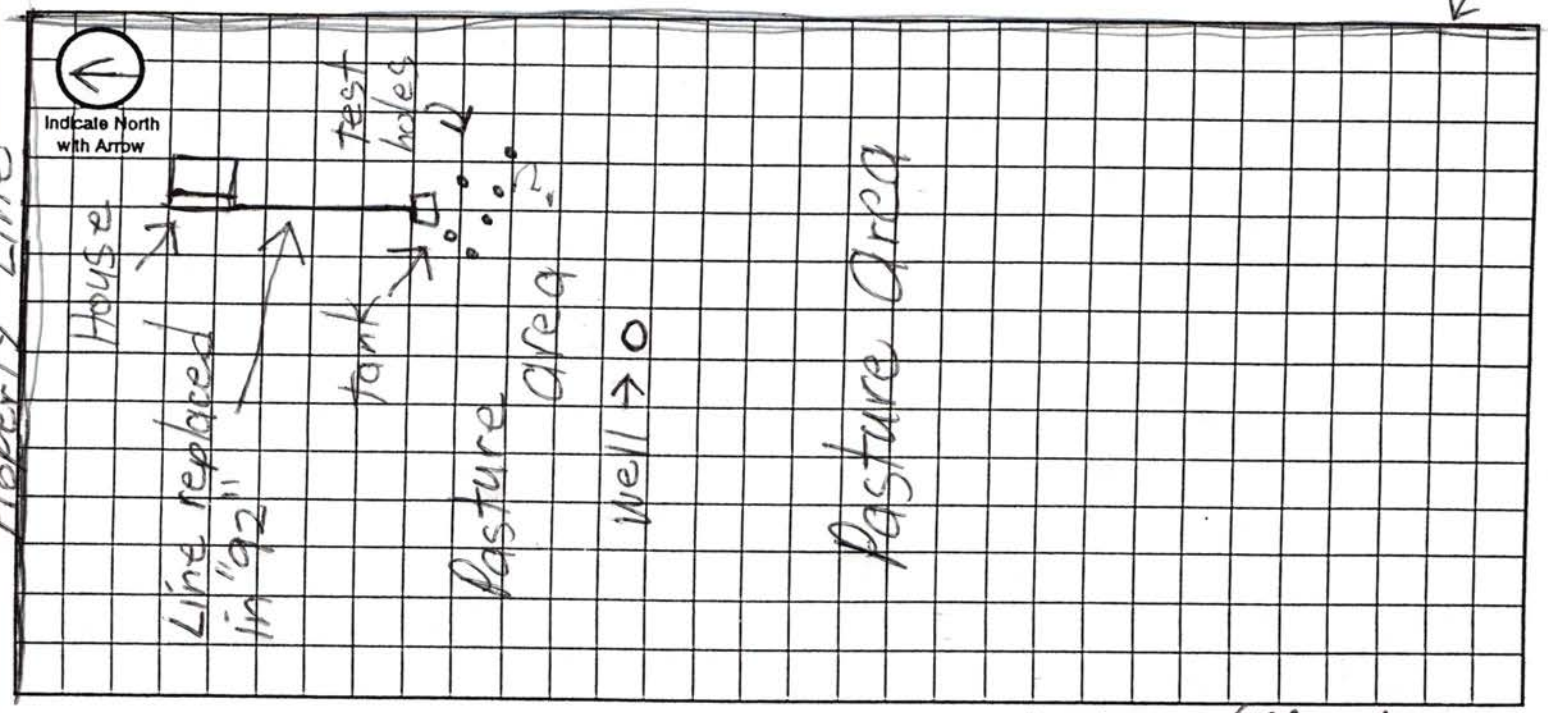
C

Permit Number: 99390062O

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: 40' ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1130/ N. 14th City Lincoln NE, Zip 68531

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: Black dirt SHARPSBURG SILTY CLAY LOAM Land Slope: 1 per foot to south %

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

Total Square Feet of Field Required: 360 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 1

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 36"

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 ☐	OK ☐
Field (ft)	100 ☐	500 ☑	50 ☐	4 ☐	30 ☐	20 ☐	30 ☑	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐ 1320	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Mike Smith Date 5/24/99

Installer Scott Sr. 22 Date 5-24-99

FORM 23-102 10-96

11-6-14
SW

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2/15/01 Carole Rowba (Mark Smith)

System Location (Indicate correct number and street)

Address 11301 N. 14th (no rural route) City Lincoln NE, Zip 68531

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

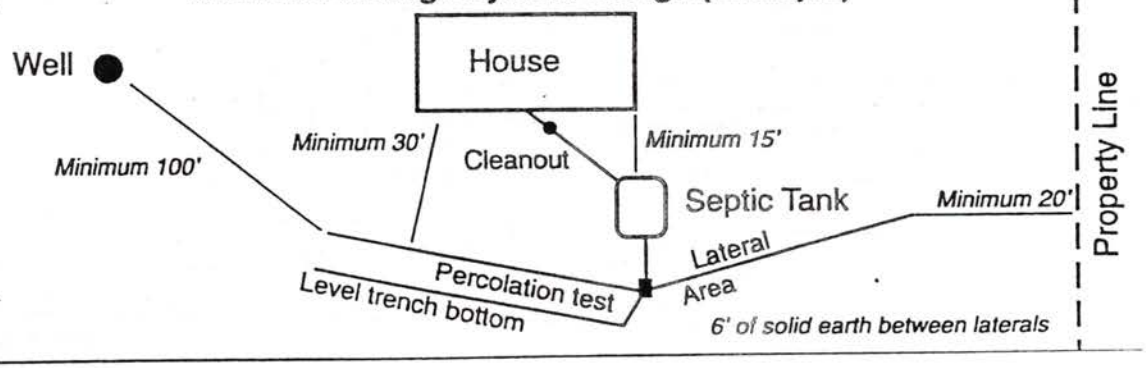
(Provide as-built drawings on back of this form)

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.

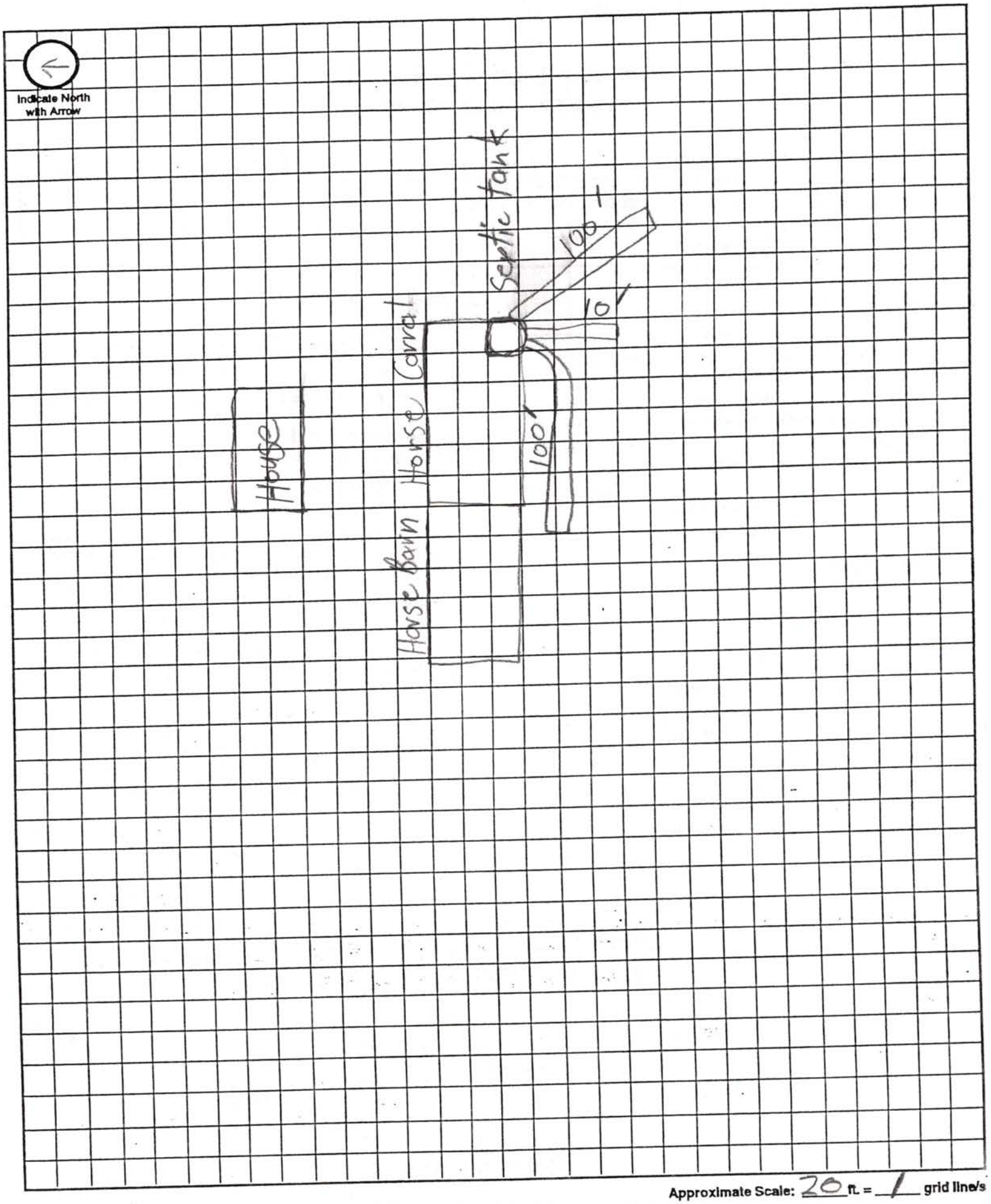
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s

9939000620 LANCASTER COUNTY

