LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380155001

Issued 03/20/97
Expires 09/20/97
Revenue Code 18754

Establishment

BOB HOBACK
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 2
1300 N LINWOOD LANE

FEES: $150.00

TOTAL $150.00

Permittee

BOB HOBACK
1101 N LINWOOD ST
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

3414

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 1300 (1340) NO. LINWOOD LN. City ~~68505~~ LINCOLN NE, Zip 68505
(no rural route)

Legal Description 23 10N 7E SUNRISE EST. 1st 2 2
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 BOB HOBACK Signature Bob Hoback

Address 1101 NO. LINWOOD LN. City/State/Zip LINCOLN, NE.

☐ Check if owner designed system Home Phone 488-3871 Work Phone 432-5871

C. Contractor

Name JOHN STRONMEYER Company Name EXCAVTING INC.

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 430-6023

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

Designer Name STEVE NICKEL Firm NICKEL ENG 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 3/20/97 Date frwd 3/20/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/20/97 Date frwd 3/20/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gary Spin
3. **City or County Engineer** Date rec'd 3-20-97 Date frwd 3-20-97 **ACTION** ☒ Approved ☐ Disapproved Signature RD Mahan

9-22-97 sm

Installation Final Written Approval

By Ron Maynard

Date 9-23-97

Business Office Use Only 3012

Date Rec'd 03/19/97

Amt Paid 150 cc

Rec'd By LS Cash/Check No. 14916

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1300 No. Linwood Ln (no rural route) City Lincoln, Nebr. NE, Zip

Owner Bob Hobert Addresss 1101 No. Linwood Ln.

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 29 min./inch

Date of Tests 10/12/96 to 10/13/96 Weather: Precipitation 0 Temperature 76°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	10/12	10:00	10/13	1:00	10/13	1:30	6	10:13	2:00	30	1"	30MIN/IN
2	30	10/12	10:00	10/13	1:05	10/13	1:35	6	10:13	2:05	30	1⅛	27MIN/IN
3	30	10/12	10:00	10/13	1:10	10/13	1:40	6	10:13	2:10	30	¾	40MIN/IN
4	28	10/12	10:00	10/13	1:15	10/13	1:45	6	10:13	2:15	30	1⅛	27MIN/IN
5	29	10/12	10:00	10/13	1:20	10/13	1:50	6	10:13	2:20	30	1"	30MIN/IN
6	26	10/12	10:00	10/13	1:25	10/13	2:00	6	10:13	2:25	30	1½	20MIN/IN

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 9811 N.W. 40th

Sum of Percolation Rates:
Average of Rates: 29
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 20, 1997

FORM 23-101 10-96

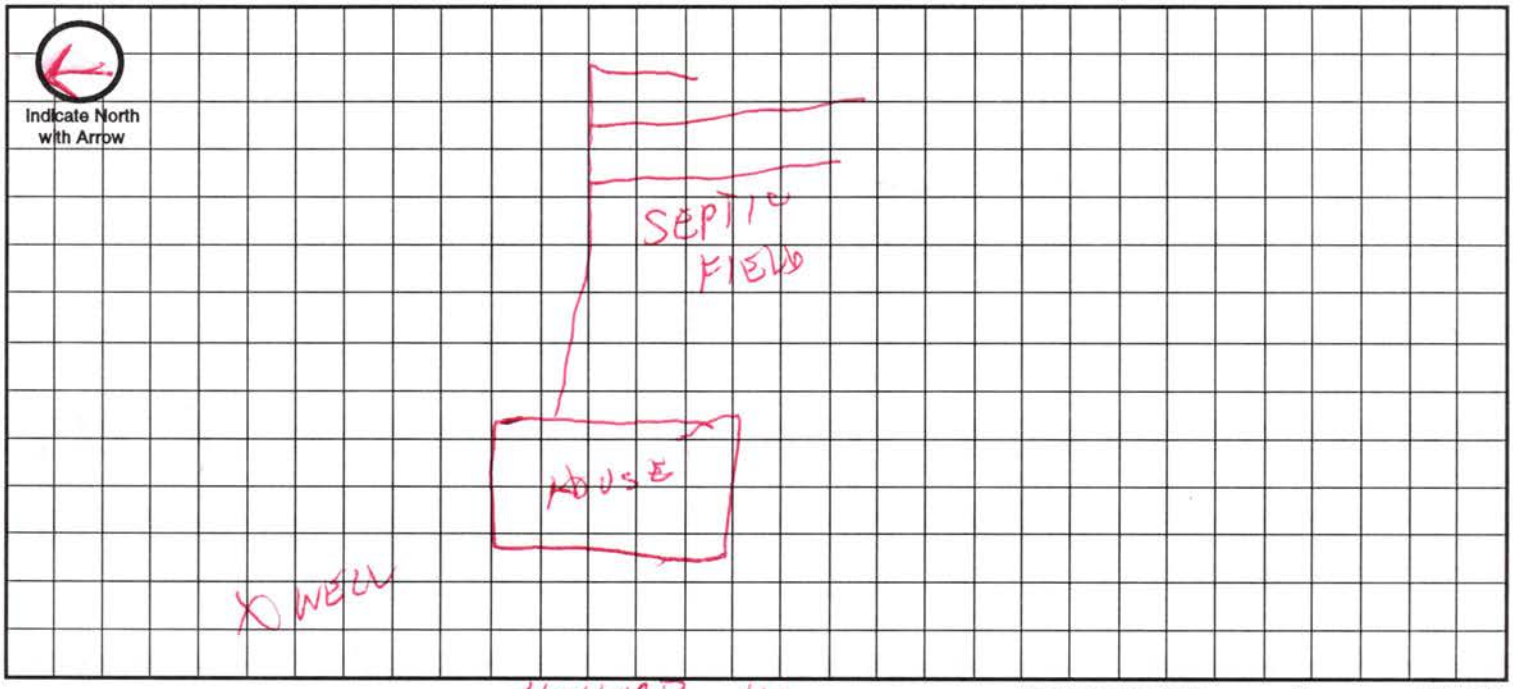
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 1300 No. Linwood Ln. City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 29 min/in (min. per inch) Soil Type: Sharpsburg silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 984 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 246 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 EXCAVATING INC / Stan Kluese Date 3/19/97

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 9/22/97

System Location (Indicate correct number and street)

Address LINDWOOD (no rural route) City LINCOLN NE, Zip

A. Building Sewer

1. Material: CLASS 160
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 60 ft.
   stream 100+ ft.
   pressure line 30+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 3 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 60+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15' CLOSE TO RIVER ft.

D. Absorption Field

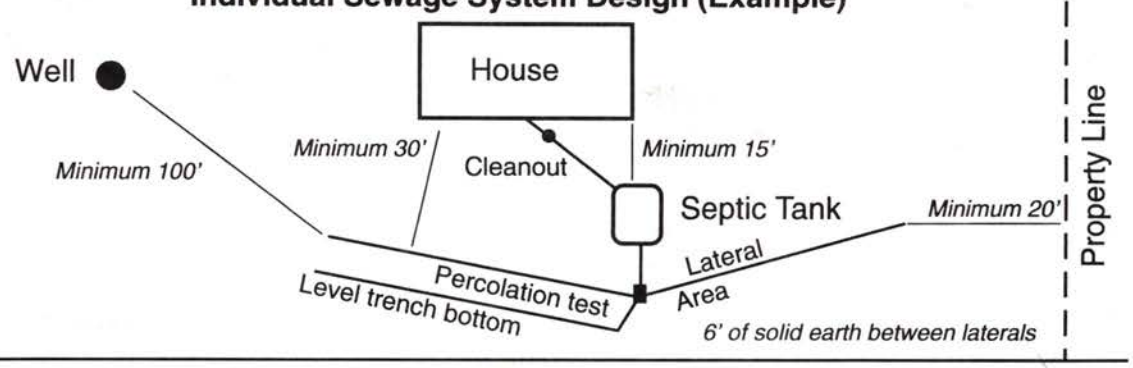
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   50 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 2 in/100 ft.
   Average depth 23 in
4. Filter material: GRAVEL
   Depth of material 18" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 33 ft.
   Property line 100+ ft.

Indicate North with Arrow

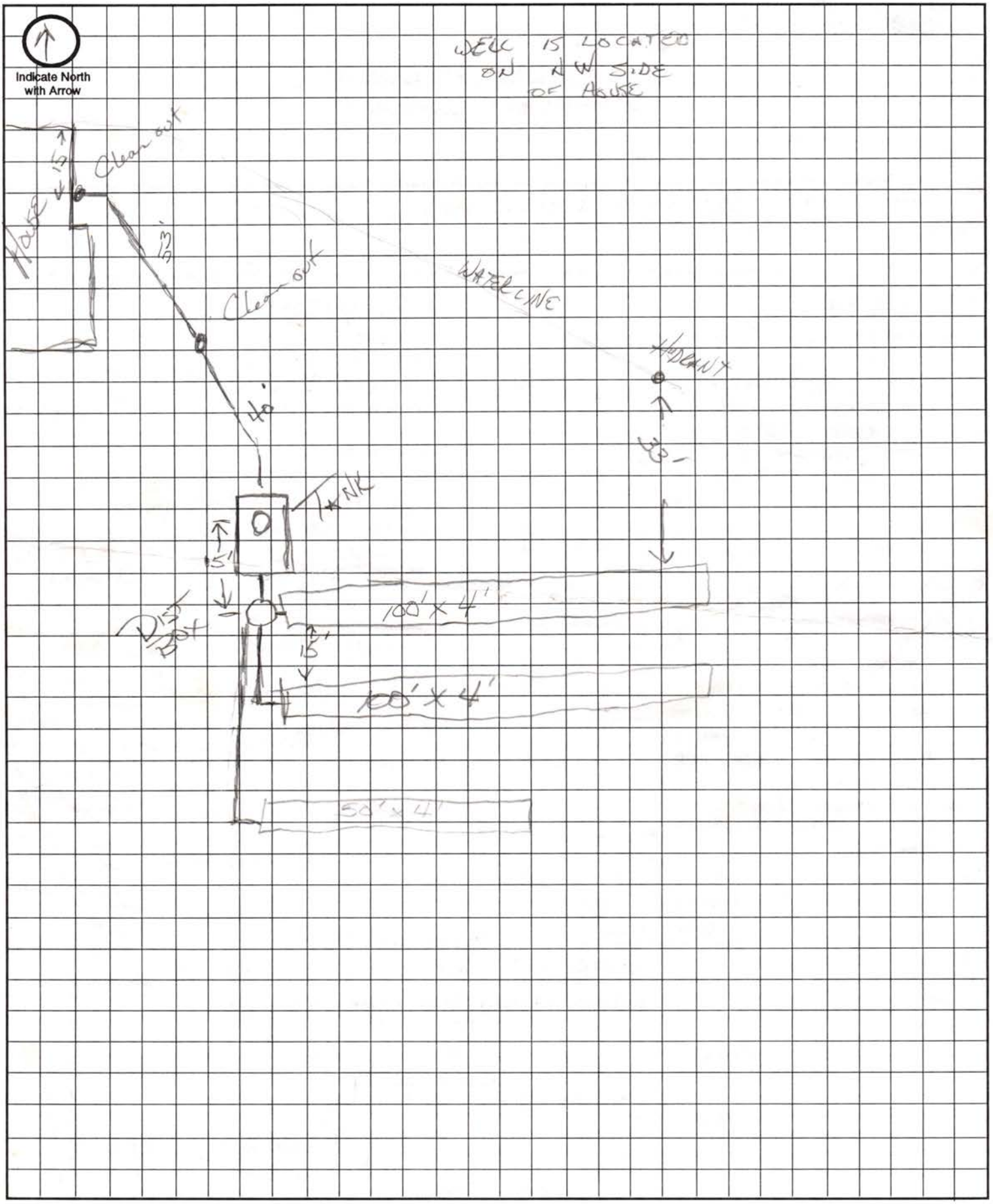
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

Lincoln-Lancaster County Health Department

DEC 2 2002

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

COPY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1340 LINWOOD LANE

Parcel ID 17-23-202-002-000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 23 1/4 1/4 Block 2 Lot 2 Addition SUNRISE EST. 1ST ADD, BLK 2, LOT 2

Directions to Property Holdrege east of 84th to Linwood, then South.

Location of Well N SIDE OF House Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST OF HOUSE Year Installed 1997

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	Doug & Barb McCallum	1340 Linwood Ln Lincoln, NE 68505	489-7222
Tenant/Buyer:	Ketan Patel	5600 Cornhusker Hwy Lincoln, NE 68507	464-5985
Return to:	Dan Mlnarik (Listing Agent)	7211 So 27th ST Lincoln, NE 68512	450-1004 436-3299 (Fax)

Signature of Applicant Ketan A Patel Address 5600 Cornhusker Hwy Date 11/25/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/3/02 Amount $200.00 ✓ Check No. 1322 ✓ Initials LO

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/3/02

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 2.0 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend to continue pumping septic tank every 2-3 yrs.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Marquart Date 12/5/02

Approval or disapproval is based on State and local 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 operations.

12-3-02 called BCL

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

P21886-8