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 # 99390063601

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

FEES: $50.00

Establishment

TIMOTHY JINDRA
T11N R6E SEC 16
2525 W WAVERLY ROAD

Permitee

TIMOTHY JINDRA
2525 W WAVERLY RD
LINCOLN NE 68428

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011002

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 9-24-99	File No.: 99390063G

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 11 N Range 6E Section 16 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Street Address 2525 W. Waverly Rd. Raymond, NE 68428

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:** Run From existing to new house & add 60 Ft. lateral

5. **Work to be done by:** ☒ owner ❒ contractor's name _____

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 Tim Tindra Address 2525 W. Waverly Rd. Phone 560-1300
Applicant Signature (owner or lessee) Tim Tindra

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: _____

Site visits:
Date 9.27.99 By _____ Sewer line and trench
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 9-29-99 By _____

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

Rec'd 9/24/99 cc
#2384 $50 cc

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-27-99 16-11-6

System Location (Indicate correct number and street)

Address 2525 W. Waverly Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: Sch. 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: ~~36~~ 40 in.
3. Distance between dwelling and septic tank: 400 ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line 900 ft.
   Pond ~~stream~~ 40 ft.
   House Water ~~pressure line~~ 30 ft.
   property line 100 ft.

B. Septic Tank

1. Material: Existing System
   Number of compartments: 2
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: Existing
   Number available outlets: 9
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

Existing

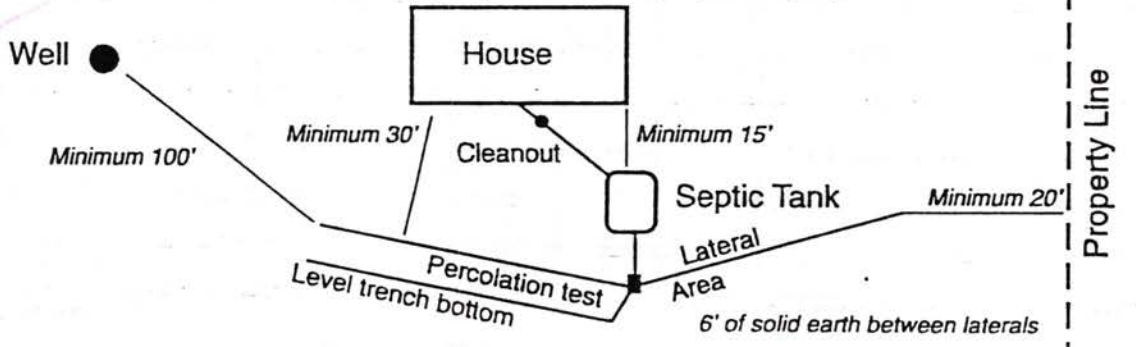
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe Adding
   Diameter of half round: _____
   or perforated pipe: 4 in.
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 60 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in. in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 1300 ft.
   Pond ~~Stream~~ 100 ft.
   ~~Pressure~~ line 400 ft.
   House Water Property line 60 ft.

Indicate North with Arrow

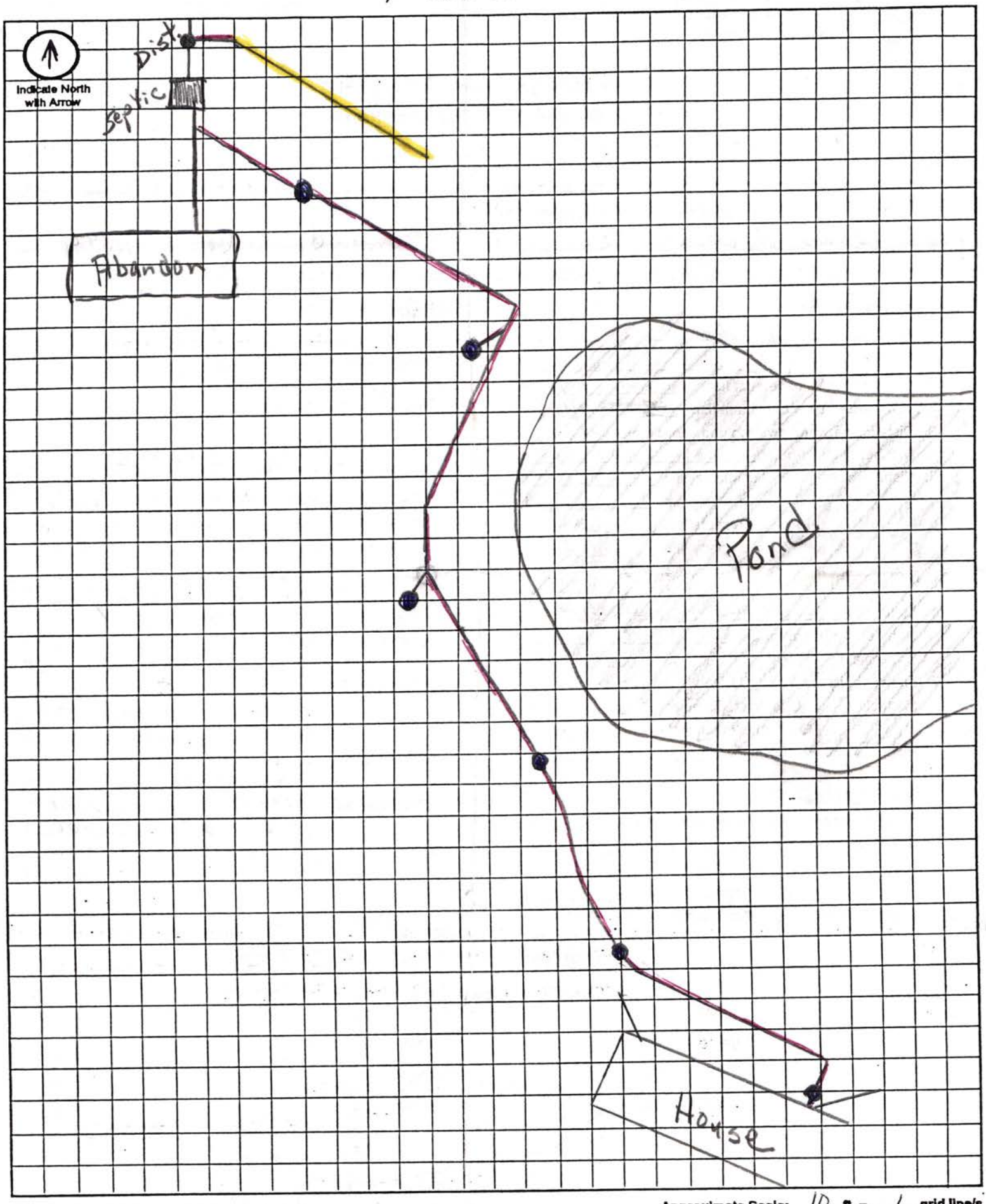
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

4" Schd. 160 –
4" Perf. Latteral –
4" Clean-out –



Approximate Scale: 10 ft. = 1 grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380120001

Issued 07/18/94
Expires 01/18/95
Revenue Code 18754

Establishment
TIMOTHY JINDRA
T11N R6E SEC 16
2525 W WAVERLY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
TIMOTHY JINDRA
2900 BEACON HILL CI
LINCOLN NE 68521

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

FILE NO. _____

DATE: 7-14-94

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. 11N ; Range 6E ; Section 16 ;
   Block — : Lot — : Addition NW¼ of NW¼
   Street Address 2525 W. Waverly Rd
2. Property Use: Residential ☒ Mobile Home ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: — ft.

× Timothy A. Andrus
Signature of Applicant (Owner or Lessee)

2900 Beacon Hill Circle
Address HM Ph. 475-6303
W/C Ph. 467-1300

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/18/94. Date Frwd. 7/18/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold Crook
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/18/94. Date Frwd. 7/18/94. ACTION: Approved ☒ Disapproved ☐ Signature: Harry Spain
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blough

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-8-94 by: Jim Covered w/o inspection
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10-21-94 By: Ron Magnuson
Covered w/o inspection

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

FORM 23-43

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: 7-11-94 to 7-12-94. Weather: Precip. — Temp. 80°.

X OWNER: Tim Jirka
Address: Hm. Phone 475-6303
Wk: 467-1300

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	7-11	~~7:00~~ PM	7-12	8:55	~~7-12~~	9:55	15½	10:55	17½	60	2	
2								16⅛		17⅛		1	
3								14		15¼		1¼	
4								18¼		20		1¾	
5								15¼		16¼		1¼	
6								16		16¾		¾	
7								21½		23		1½	

Larry Schwarck trucking
Signature of Person Conducting Test
Address 8200 old Cheney Rd Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Several fails in this area
Date: July 18, 1994

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

Gerald C. Hood
Signature of Reviewing Official

44/inch 3' 298

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

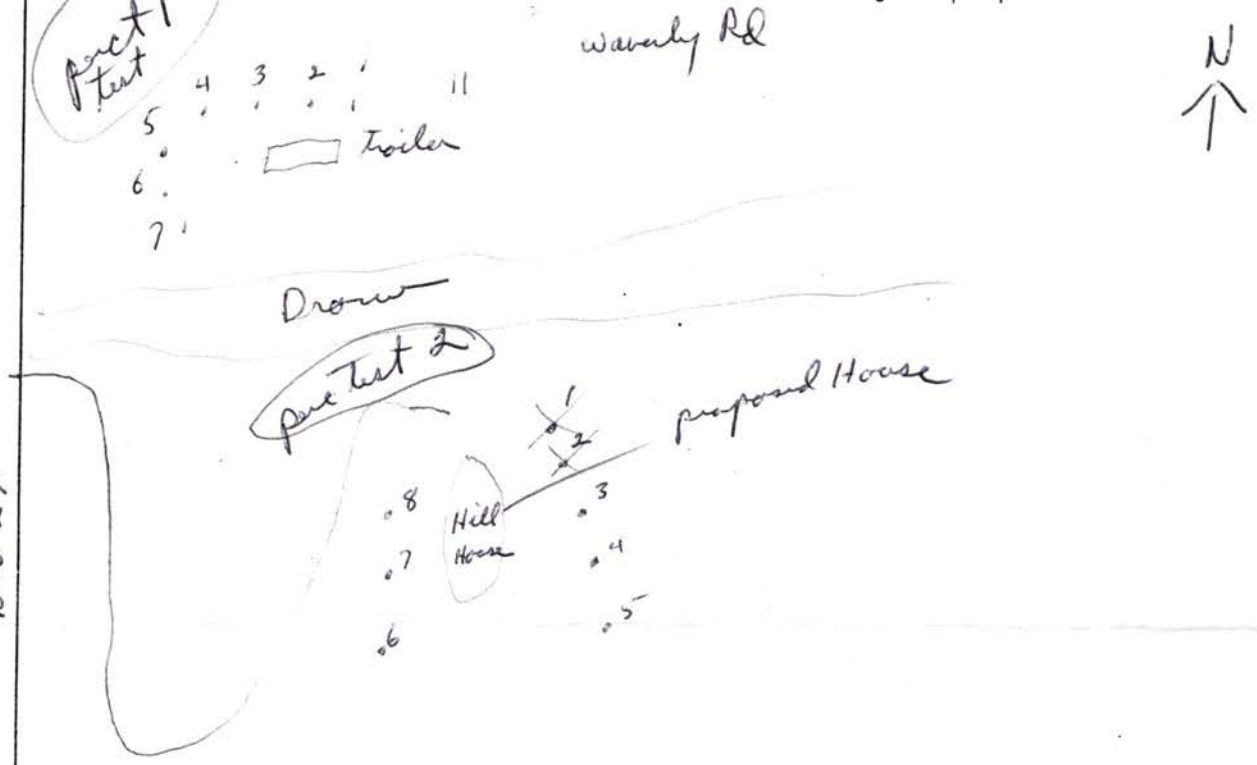
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

Date: July 18, 1994

150 gal well

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 596 sq.ft.

Gerald C. Hood
Signature of Reviewing Official

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: 9/23/94

FILE NO. _____

Tim Jindra NW. 27th & Waverly Rd.

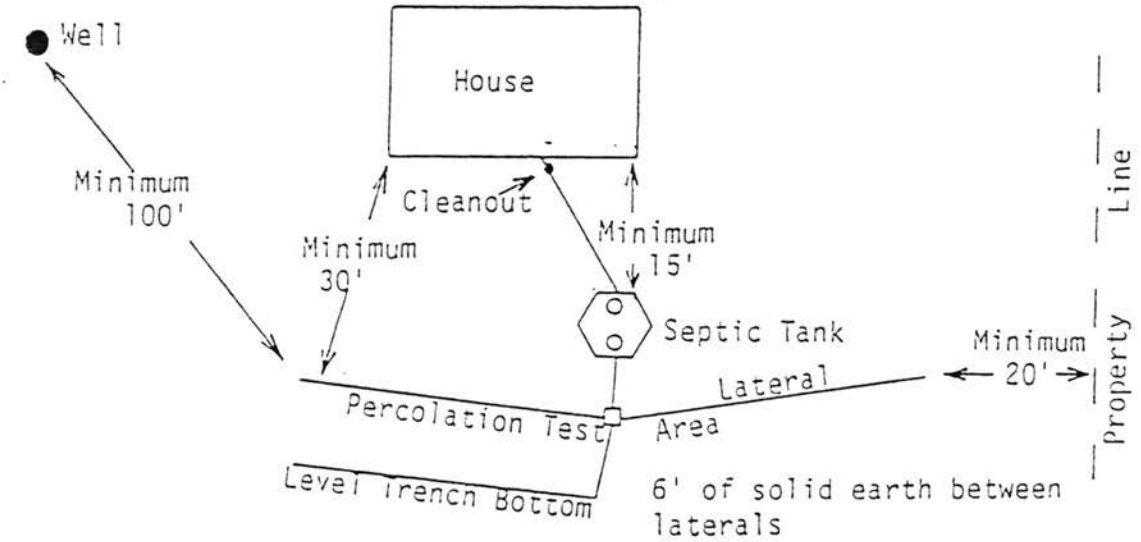
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor 12 in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

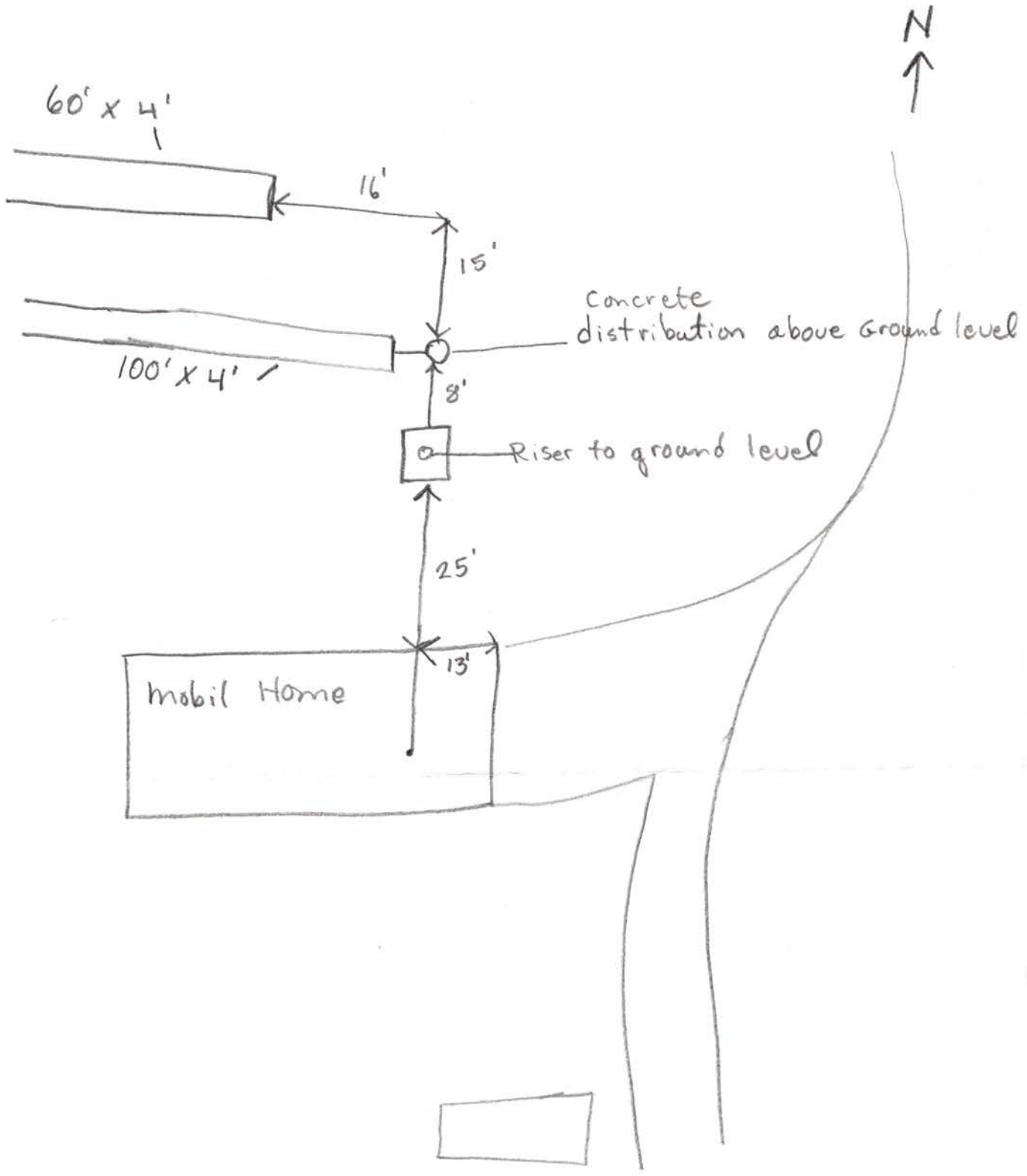
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 10 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☑
Diameter of Half Round 15 or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☑, concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 60, _____, _____, _____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
60' x 4'
16'
15'
Concrete
distribution above ground level
100' x 4'
8'
Riser to ground level
25'
13'
Mobil Home