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 # 00390065901

Issued 03/23/00
Expires 09/23/00
Revenue Code 3157

FEES: $50.00

Establishment

NANCY HULS
T10N R7E SEC 26 QTR NE
HILLHI BLK 4 LOT 2
425 ANTHONY LN

Permitee

NANCY HULS
425 ANTHONY LN
LINCOLN NE 68520

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011964

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 7-23-99	File No.: 003900659 ldf

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.

LCR 727

1. **Legal description of property:**
   Township 10N Range 7E Section 26 1/4 Section _____
   Block 4 Lot 2 Addition HILLCREST HEIGHTS
   Street Address 425 Anthony Lane

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair:** add 1 infiltrator
   lateral + replace D-box + pipe to new lateral
   pump tank

5. **Work to be done by:** ☐ owner ☐ contractor's name Larry Schwenk

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 Nancy Hulse Address 425 Anthony Ln. Phone 488-0553
Applicant Signature (owner or lessee) _____ 68520

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 7/23/99 REVIEW: ☒ approved ☐ disapproved By: Gerald C. Hood

Site visits:
Date 7/23 By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 7/23 By _____

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

ck 3384
$50.00
7/23/99

White - EH Pink - Business Office Revised 1/98

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1306

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 2, 1978 — THIS LICENSE OR PERMIT EXPIRES

David Huls — LICENSEE OR PERMITTEE

5625 Lenox Lincoln, NE — ADDRESS

T10N, R7E, Section 26, Bl 4, Lot 2, Addition Hillcrest Heights — 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
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH

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

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1306

DATE: MAY 1, 1978

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. 10 North; Range 7 E; Section 26; Block 4: Lot 2: Addition Hillcrest Heights
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

David J Hulse (OWNER)
Signature of Applicant (Owner or Lessee)

5625 LENOX LINCOLN NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/78. Date Frwd. 5/2/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/2/78. Date Frwd. 5/2/78. ACTION: Approved ☒ Disapproved ☐ Signature: Harry M Sherwood

3. City ~~or County~~ Engineer: Date Rec'd. 5-2-78. Date Frwd. 5-2-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-1-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-1-78 By: James Weverka

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. 1306

PROPERTY WHERE SOIL TESTED:

Location: Township 10 North ; Range 7 ; Section & ¼ Section NW ¼ of 26
Property Dimensions: 230 ft. x 190 ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4/29 to 4/30 . Weather: Precip. ½" Temp. 55° .

OWNER: DAVID J HULS

Address:

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	36	4/29	1 PM	4/30	3:15	4/30	6.55	6¼	7.25	5½	30	¾	
2	36	4/29	1 PM	4/30	3.15	4/30	7.00	6¾	7.30	5¾	30	1	
3	36	4/29	1 PM	4/30	3.15	4/30	7.05	6	7.35	5½	30	½	
4	36	4/29	1 PM	4/30	3.15	4/30	7.10	6	7.40	4½	30	1½	
5	36	4/29	1 PM	4/30	3.15	4/30	7.15	6½	7.45	4¾	30	1¾	
6	36	4/29	1 PM	4/30	3.15	4/30	1.20	6½	7.50	5	30	1½	

Sum of Percolation Rates: 7
Average of Rates: 1.167
Mean of Rates:

David J Huls
Signature of Person Conducting Test

Address 5625 Lenox Phone 488-0553

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: 5-2-78

Approved Percolation Rate (a)
A. 27 min./inch
B. min./inch
C. min./inch

James Neverka
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: 474-1541

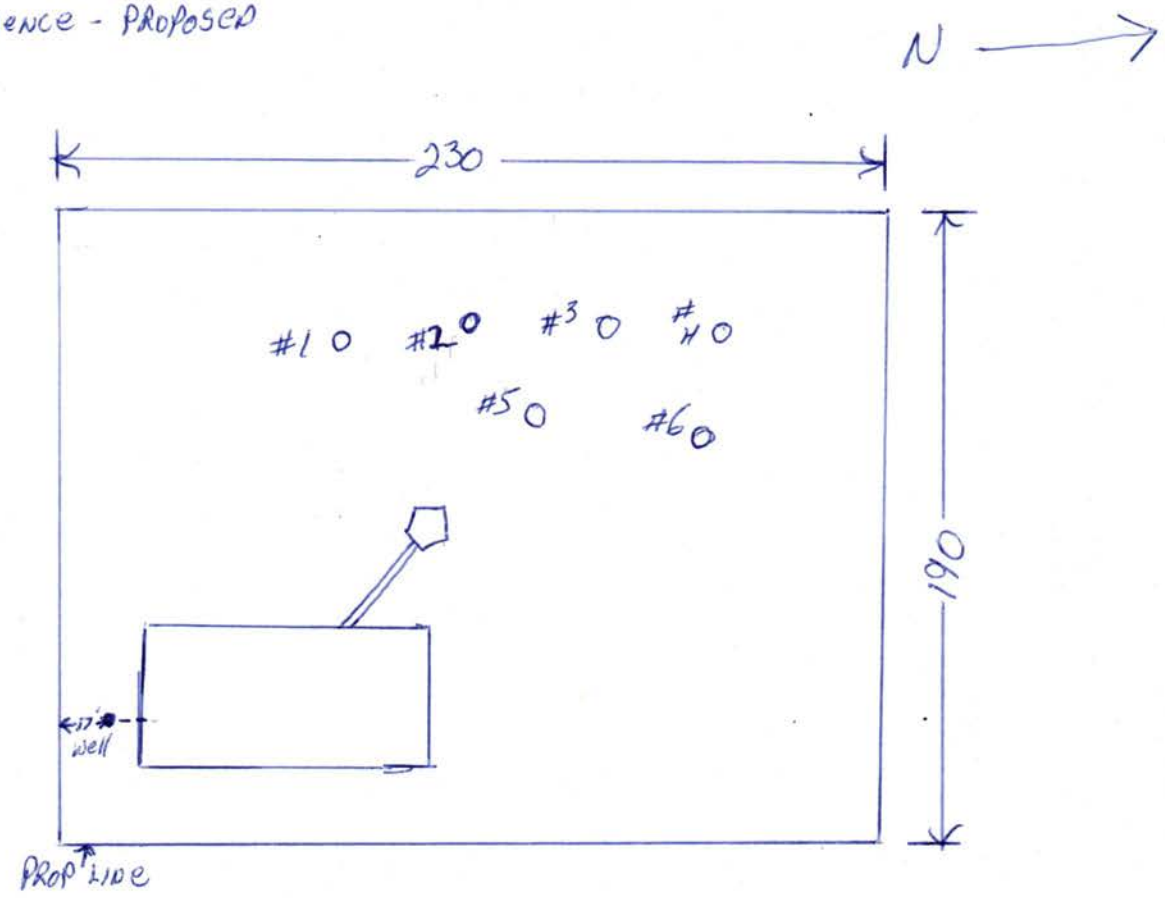
C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1306

Indicate on sketch if residence and well are exisiting or proposed.

WELL - EXISTING
RESIDENCE - PROPOSED



REVIEWING ACTION

Remarks: _____

Date: 5-2-78

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 178 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 713 sq.ft.

James Waverka
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: 474-1541

D

DATE: _____

FILE NO. _____

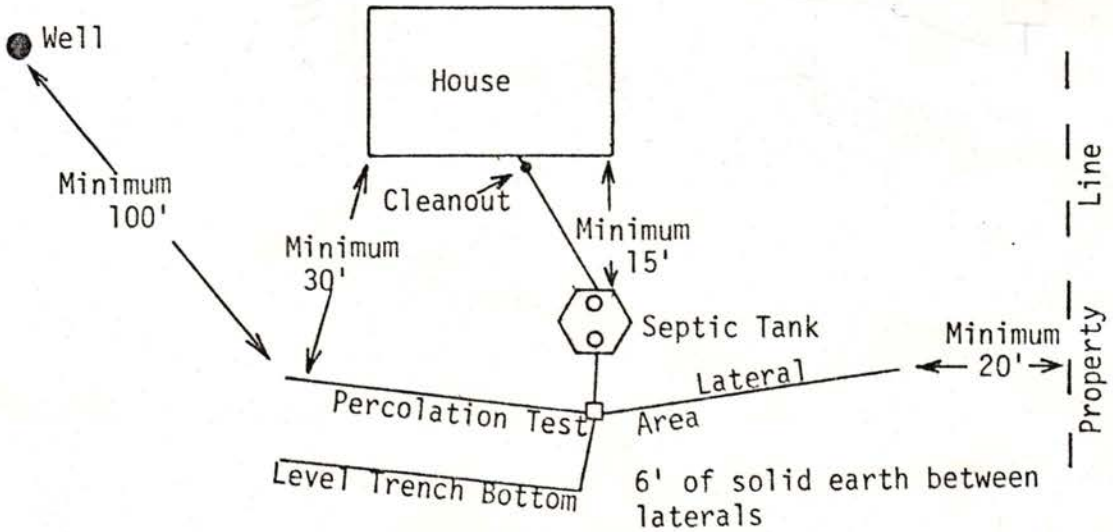
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor 60 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 22' 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 Con ; No. of compartments 1.
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 ____ 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 _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Con ; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 35' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 88, 92, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope N/A in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 11-1-78 INSTALLER Capital City Trenching

