Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009923

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERALS 170'

Permit # 07390086901

Issued 04/16/07
Expires 04/16/08
Revenue Code 3157

Establishment

DEWAYNE &KAREN CARLSON
T11N R5E SEC 32 QTR SE
LOT 31
6301 NW 112 ST

FEES: $160.00

Permittee

DEWAYNE &KAREN CARLSON
6301 NW 112 ST
LINCOLN NE 68524

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0739008690 1
rlf

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. LCR 5956.

1. **Legal description of property:**
   Township 11 Range 5 Section 32 1/4 Section SE
   Block _____ Lot 31 Addition _____
   Parcel ID 05 - 32 - 400 - 0016 - 6000 (i.e. 99-99-999-999-999)
   Street Address 6301 NW 112th St Lincoln, NE 68524

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** extend laterals 170'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Contracting, Inc.

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 Dewayne & Karen Carlson Address 6301 NW 112th St Lincoln, NE 68524 Phone 402-796-2077
Applicant Signature (owner or lessee) Karen S. Carlson

Please include the permit fee ($~~100~~ $160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 4/16/07 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date 4/17/07 By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 4/17/07 By _____

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: 4/16/07 Amount 160 00 Check No. 6406 Initials _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4/17/07

System Location (Indicate correct number and street)

Address 6301 NW 112 (no rural route) City ~~NB~~ Lincoln NE, Zip 68524

A. Building Sewer old

1. Material: PVC
   Diameter: 4 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: old
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade middle AT Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box old

1. Material: concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field Tied into old Lateral

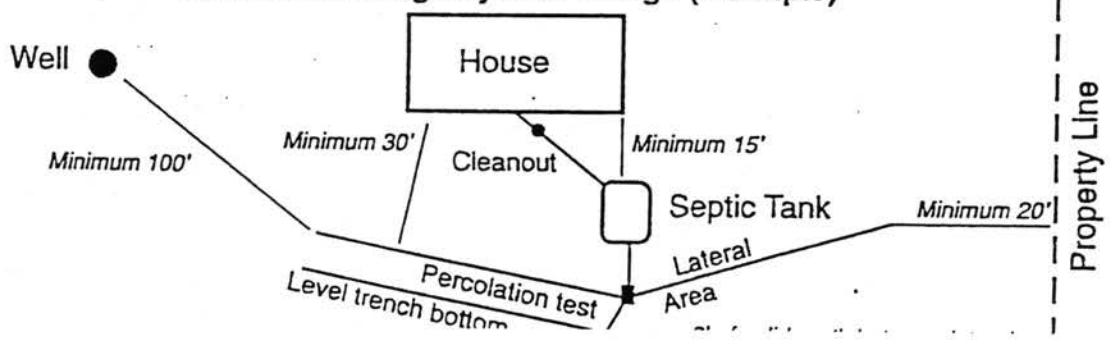
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: New - 12" Tall x 34" Wide
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: old 100' ft. old 70' ft.
   New 98' ft. New 85' ft., _____ ft.
3. Trench dimensions: Width 48" ft.
   Slope Flat in/100 ft.
   Average depth 28" in
4. Filter material: Gravel old Dirt - New.
   Depth of material 28" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

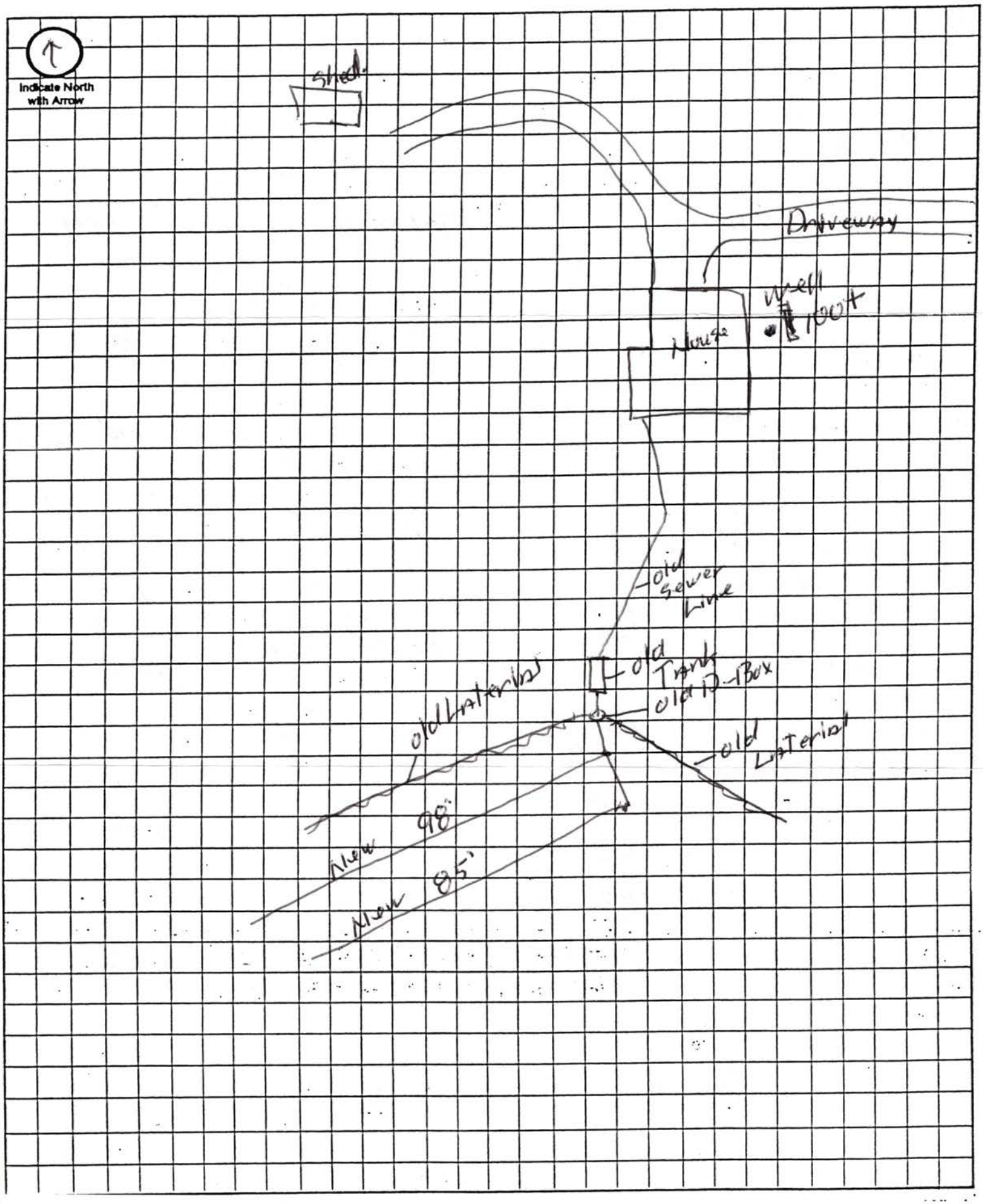
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380062301

Issued 07/26/90
Expires 01/26/91

ESTABLISHMENT

LAWRENCE HANUS
T11N R6E SEC 32 QTR SE
SE 1/4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

LAWRENCE HANUS
5427 W HUGHES ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9038006 23

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: 7/15/90

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 5E ; Section 32 ; N½-SE¼-SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 6301 NW. 112th

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.

Lawrence E. Hamik
Signature of Applicant (Owner or Lessee)

5427 W. HUGHES 68524
Address
WK. 473-8954
HM. 470-2391

(Do not write below this double line)

1. Health Department: Date Rec'd. 7-24-90. Date Frwd. 8/8/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-8-90. Date Frwd. 8-8-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blaugh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-31-90 by: rm
Date: 9-19-91 by: rm
Date: _____ by: _____

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

Experimental provisions

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 9-19-91 By: Ken Maynard

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: N. ½ - SE¼ - SE¼

Location: Township 11 ; Range 5 ; Section & ¼ Section 32 .
Property Dimensions: _____ ft. x _____ ft. Area: 20.55 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/10 to 7/11 . Weather: Precip. — Temp. 90° .

OWNER: Larry Hanus
Address: 5427 W. Hughes

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	24	7/10	10:00	7/11	10:00	7/11	12:00	6	12:30	5	30	1	1.0
2	30	"	"	"	"	"	"	"	"	4		2	2.0
3	30	"	"	"	"	"	"	"	"	4½		1½	1.5
4	36	"	"	"	"	"	"	"	"	5¼		¾	.75
5	24	"	"	"	"	"	"	"	"	4¼		1¾	1.75
													8.00
													1.33

John Stuhmyer
Signature of Person Conducting Test
Address 4235 N.W. 54th Phone 470-2262

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): MrD2 Morrill Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

665 ft²

Ron Moyer
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.

REVIEWING ACTION

Remarks: _____

_____

Date: 8-1-90

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 ~~665~~ sq.ft.

Ron Mongeur

Signature of Reviewing Official

Larry Hanus N.W 112th

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: _____

FILE NO. _____

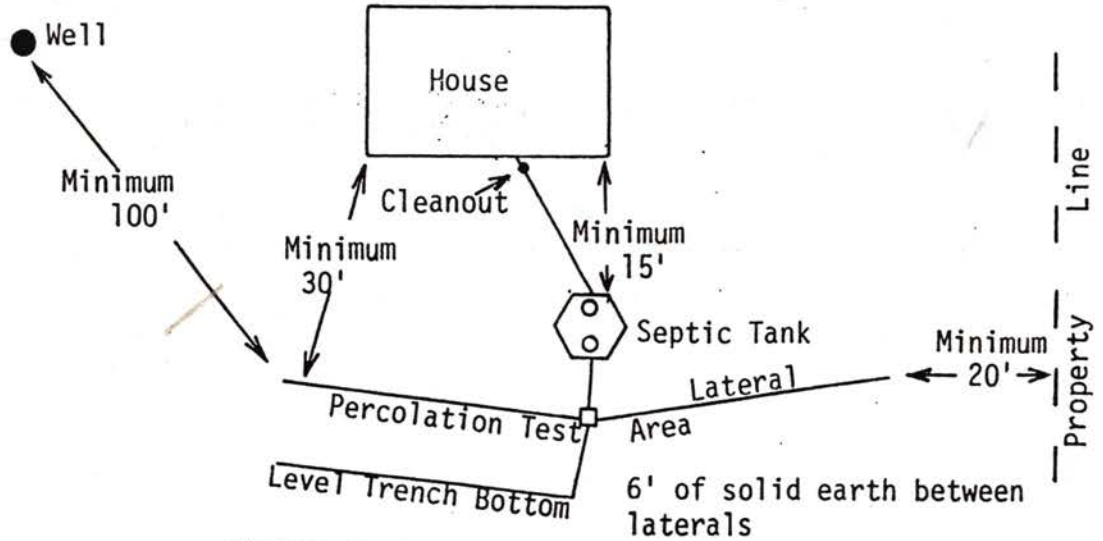
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC (2 to 1); Diameter 4" in.
2. Distance above basement floor ~~30~~ in., or below basement floor 30 in.
3. Distance between dwelling and septic tank 150 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100' + ft.; Stream / ft.; Pressure Line / ft.; Property Line / ft.

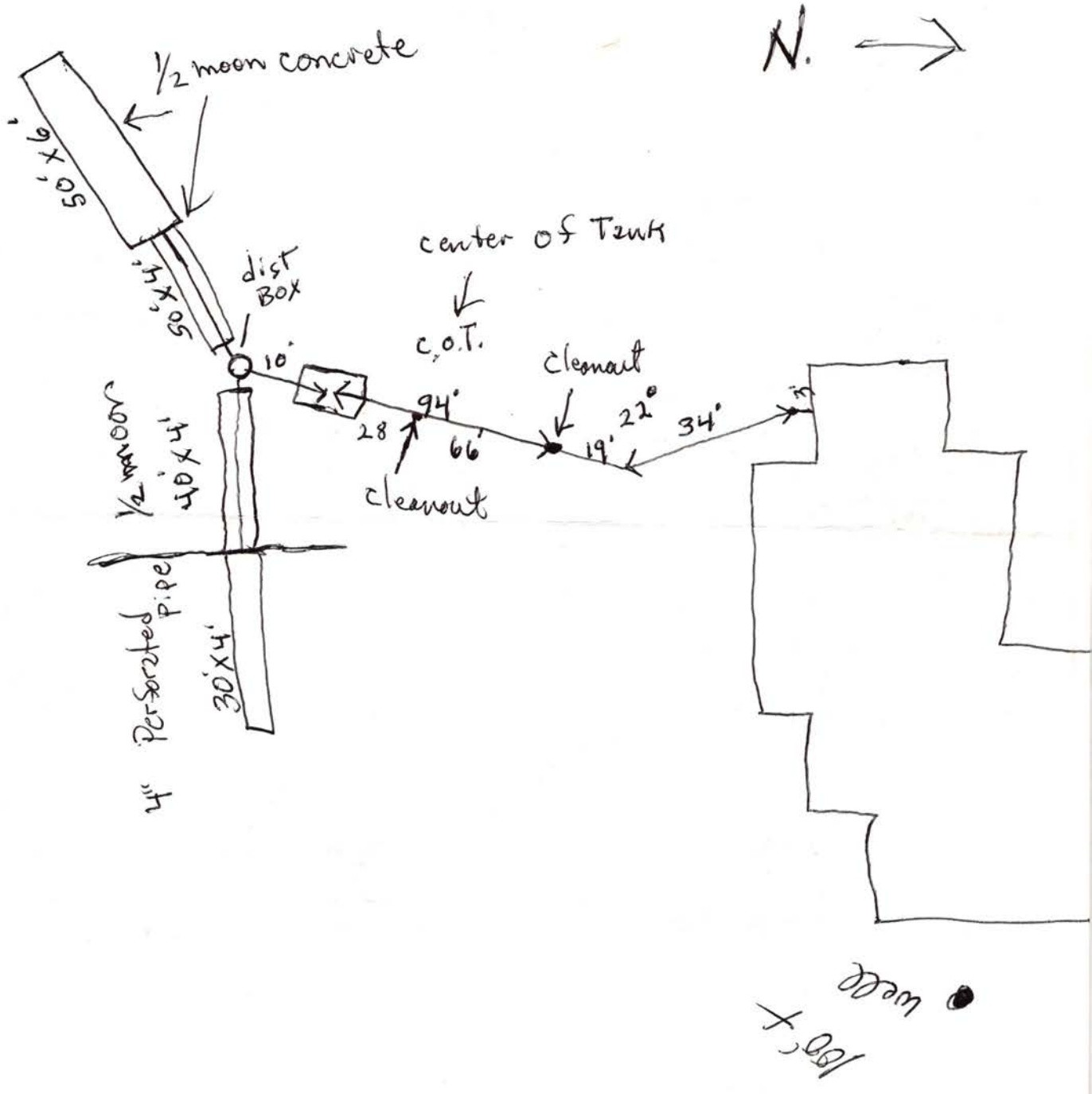
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade 6 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 6 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 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
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 Combo.
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 2; Length of each line 100', 70', _____, _____, _____ ft.;
Total length of laterals 170' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4-6 ft.;
Slope 2" in/100 ft.; Average Depth 24" in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream / ft.; Pressure Line / ft.; Property Line / ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N.
1/2 moon concrete
50' x 6'
50' x 4'
dist Box
center of Tank
C.O.T.
cleanout
10'
94'
28'
66'
19'
22°
34'
cleanout
1/2 moon
40' x 4'
4" Perforated Pipe
30' x 4'
well
100' x

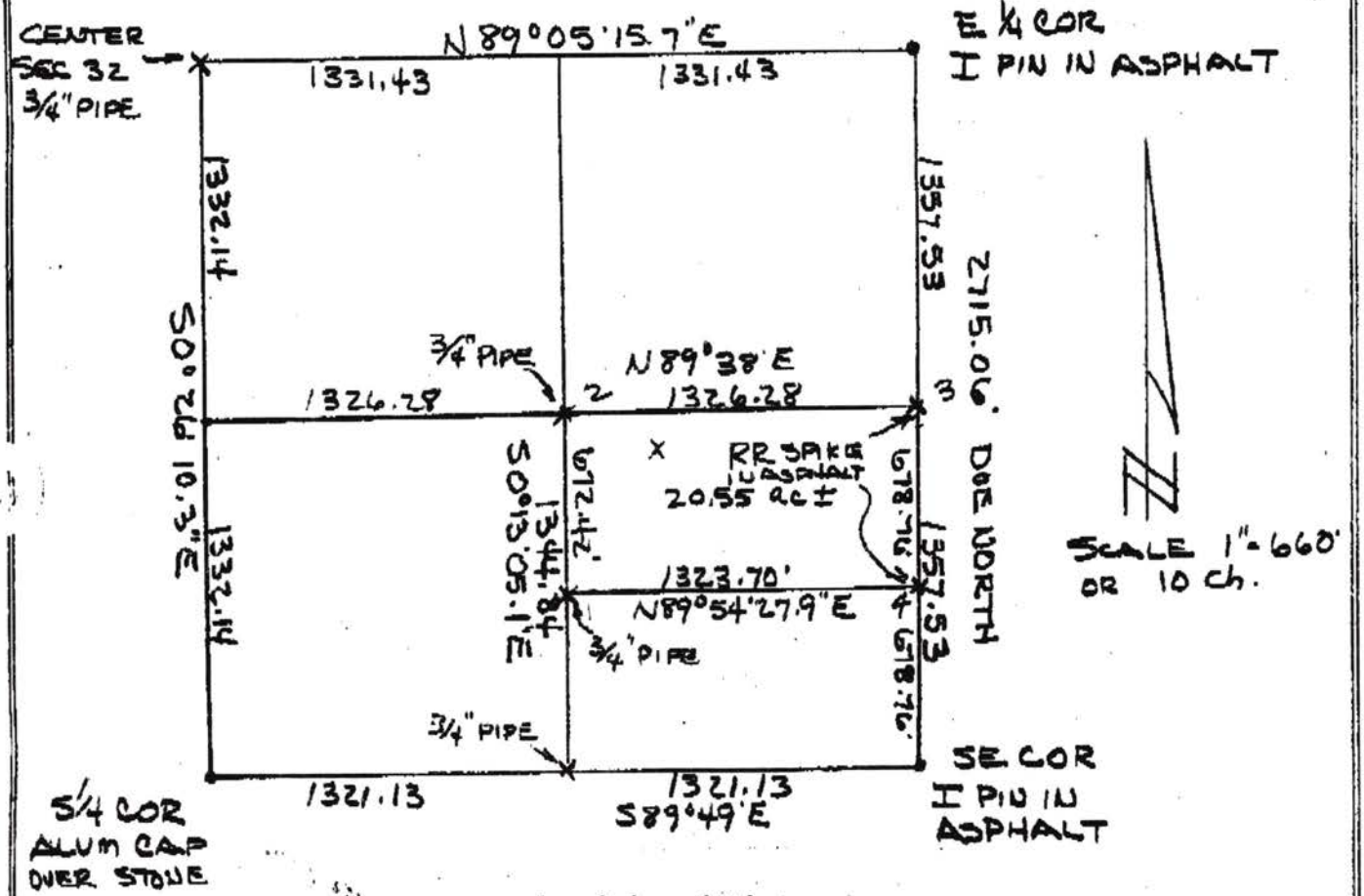
99
32
1/5
8

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: N ½ SE¼ SE¼

Section 32 T 11 N, R 5 E of 6th P.M.



Legal description

The north ½ of the southeast ¼ of the southeast ¼ of section 32, T11N R5E of the 6th P.M., Lancaster County, Nebr., more particularly described as follows;

Referring to the southeast corner of sec. 32, thence north along the east line of the southeast ¼, a dist. of 678.76' to the point of beginning, thence continuing along last described line, a dist. of 678.76' to the east ¼ cor. of the southeast ¼, thence S89°38'W along the latitudinal centerline of the southeast ¼, a dist. of 1326.28' to the center of the southeast ¼, thence S00°13'05.1"E along the longitudinal centerline of the southeast ¼, a dist. of 672.42', Thence N89°54'27.9"E along the latitudinal centerline of the southeast ¼ of the southeast ¼, a dist. of 1323.70' to the point of beginning, containing 20.55 acres more or less subject to 0.51 acres of county road right of way.

PID # 05-324000-006-000

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6301 NW 112th street, Lincoln, NE 68524

Twp 11N Range 5E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 31 Addition ___

Directions to Property infront of house, about ½ mile North of Hwy 34 and 112th st intersection

Location of Well infront of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System back of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Ernest & Mary Wagner	6301 NW 112th, Lincoln	402-796-9592
Tenant/Buyer:	Gerges & Nancy Khawand	411 W. Godfrey cr. Lincoln, NE 68521	465-6566 477-2028
Return to:	Buyer		

Signature of Applicant Gerges Khawand Address 411 W. Godfrey cr Lincoln, NE 68521 Date 8 / 9 / 00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 08 / 11 / 00
Initials ___
Amount 150.00
Check No. 1917

DATA ENTRY

Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 8 / 11 / 00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

Comments: Septic tank pumped on 8-2-00 by Tom Aire Inc. Distiller not in operation Bacteriological and Nitrate samples collected. Sewage system is "experimental" hence provisional approval See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 8 / 16 / 00

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

PID # 05-32-400-006-000

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6301 Northwest 112th Street, Lincoln

Twp 11 Range 5 Section 32 1/4 SE 1/4 Block ___ Lot 31 Addition Lot 31, Irregular

Directions to Property

Tract in the SE 1/4 of 32-11-5, LCN - near Pawnee Lake

Location of Well ___ Tap Location: Inside ☑ Outside ☑

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mark + Alison Trajrowicz		
Tenant/Buyer:	Everest III + Mary Wagner		402 645-6823 or 362-8232
Return to:	Residential Mortgage	5635 O Street Lincoln NE 68510	483-7997

Signature of Applicant Residential Mortgage Address 5635 O Street Lincoln NE 68510 Date 2/21/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 02/22/96
Initials LO
Amount 150 ⁰⁰
Check No. 1153

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/22/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ .02 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. This is an experimental sewage system. This a provisional approval.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 2/29/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS :– LINCOLN, NEBRASKA PHONE 432–3724

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8021

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

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

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6301 NW 112 st
Twp 11N Range 5E Section 32 1/4 1/4 Block Lot Addition
Directions to Property

Location of Well EAST SIDE Tap Location: Inside ☐ Outside ☐
Location of Sewage System SOUTH OF HOUSE Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	LAWRENCE HANUS	6301 NW 112 st	796-2639 HOME 473-8595 WORK
Tenant/Buyer:			
Return to:			

Signature of Applicant Lawrence E. Hanus Address 6301 NW 112 st Date 8/26/93

HEALTH DEPARTMENT USE ONLY

Date Received 8/27/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS–By R Marquart DATE: 8/30/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.3 ppm	☐ ppm

SEWAGE SYSTEM
Approved
Provisional ☒
Disapproved ☐

Additional Site Visits
Date / / by
Date / / by
Date / / by

Comments: Recommend checking to see if septic tank needs pumping. This is an experimental sewage system. Thus, a provisional approval
See Attached Letter ☐

FINAL STATUS
WATER SYSTEM: Approved: ☒ SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Ron Marquart, RS Date 9/3/93

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.