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 # 99390062701

Issued 08/10/99
Expires 02/10/00
Revenue Code 3157

FEES: $50.00

Establishment

RENEE PAULEY
T11N R5E SEC 30 QTR NW
13005 W MCKELVIE RD

TOTAL: $50.00

Permitee

RENEE PAULEY
13005 W MCKELVIE RD
LINCOLN NE 68524

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010847

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 8-9-99	File No.: 993900627

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 Range 5 Section 30 1/4 Section NW
   Block _____ Lot _____ Addition _____
   Street Address 13005 W. McKelvie Rd.

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:** enlarge lagoon and remove vegetation, regrade berm

5. **Work to be done by:** ☐ owner ☒ contractor's name DeWayne Friesen

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 Renee Pauley Address 13005 W. McKelvie Phone _____
Applicant Signature (owner or lessee) DeWayne Friesen

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

(Please do not write below this line)

Date rec'd 8-9-99 REVIEW: ☒ approved ☐ disapproved By: Paul Dratzmann

Site visits:
Date 8-12-99 By PD
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 8-13-99 By Paul Dratzmann

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

Rec'd 8/10/99 ck
16772 $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

B

Permit Number: 9939006270 1

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13005 W. McKelvie Rd (no rural route) City Lincoln NE, Zip 68524

Owner R. Pauley Addresss

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests to Weather: Precipitation Temperature

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)

Sealed with Bentonite

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name:

Phone:

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Paul Date 8-9-99

FORM 23-101 10-96

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

D

Permit Number: 99390062701

Sewage Disposal System

As Built Plans & Specifications

Date 8-9-99

System Location (Indicate correct number and street)

Address 13005 W. McKelvie Rd (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer

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: _____
   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

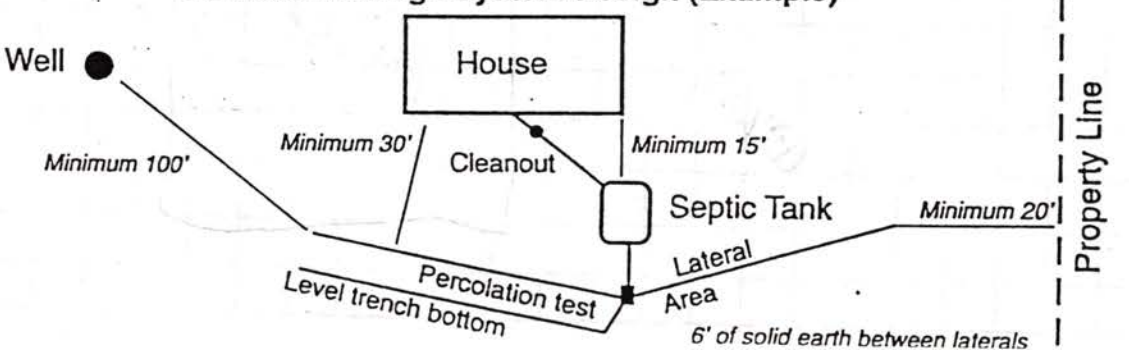
(Provide as-built drawings on back of this form)

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

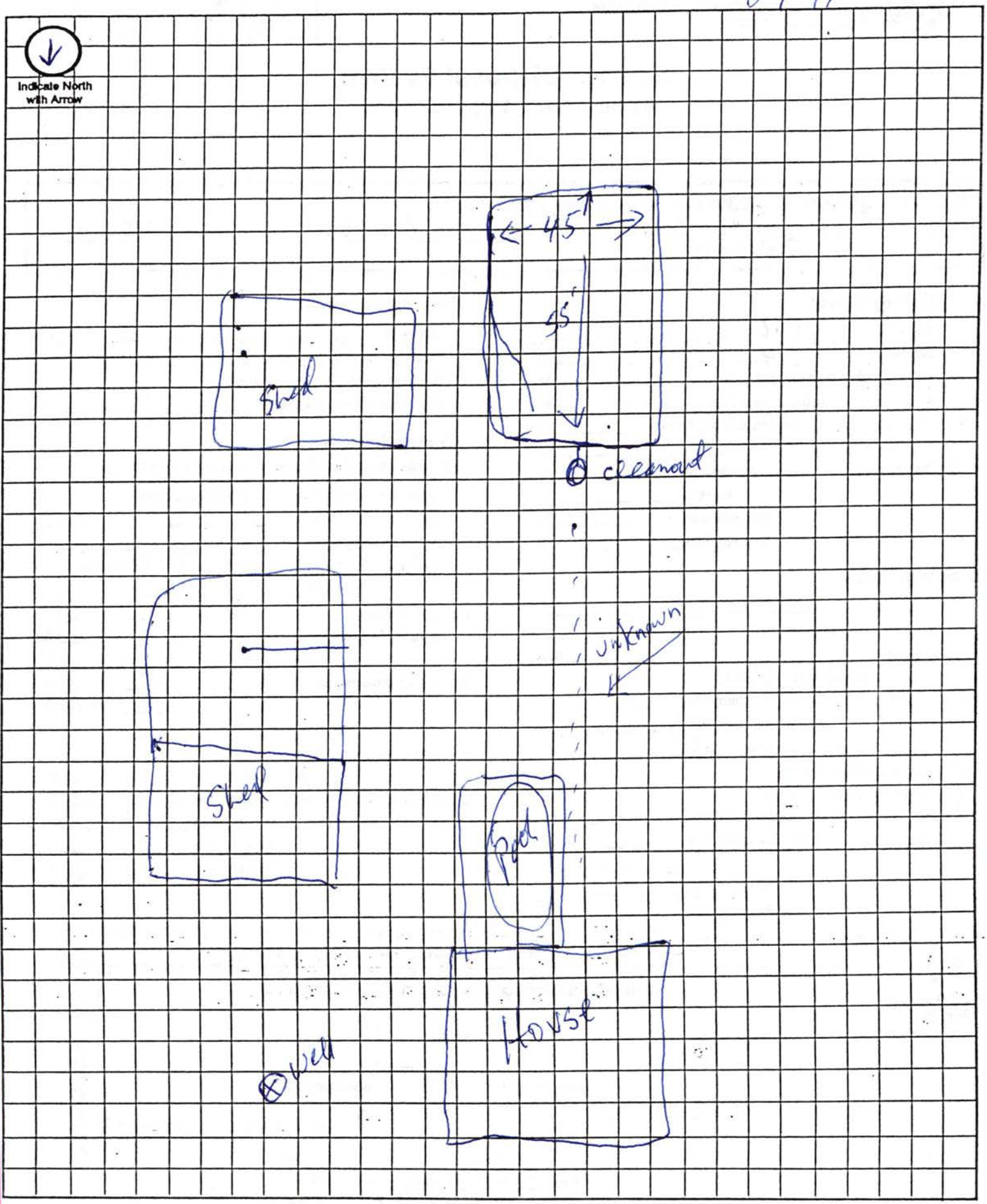
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

8-9-99



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 13005 W. McKELVIE RD.

Twp 11 Range 5 Section 30 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property TAKE HWY 34 TO SEWARD - GO WEST TOO 126TH ST. THEN NORTH ABOUT 1 MILE TO W. McKELVIE THEN WEST ABOUT ½ M. LE (BRICK PILLARS) ROAD SOUTH SIDE

Location of Well NORTH OF GARAGE IN DRIVE WAY Tap Location: Inside ☐ Outside ☒

Location of Sewage System LAGOON WEST OF BARN Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	RENEE PAULEY	?	?
Tenant/Buyer:	GLYN & KAREN LACY	DELAWARE, OHIO	
Return to:	HOME REAL ESTATE	7211 SO. 27TH ST. LINCOLN, NE 68512	440-6805

Signature of Applicant W. H. Williamson REALTOR Address ___ Date 7 / 22 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 07 / 22 / 99
Initials ___
Amount 150 ⁰⁰
Check No. 1637

DATA ENTRY

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

PRELIMINARY STATUS--By PAUL DOFFMAN **DATE** 7 / 23 / 99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___ /ml	☒ Pos. /ml
Nitrate	☒ 0.8 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits

Date 7 / 28 / 99 by PD
Date 8 / 9 / 99 by PD
Date 8 / 12 / 99 by PD

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Doffman Date 8 / 13 / 99

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

1st P8340-22 2nd P8525-94 3rd P8525-83 4th P8525-87