LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040601

Issued 08/01/94
Expires 02/01/95
Revenue Code 18754

Establishment
SINTEK SERVICE
T11N R5E SEC 20

FEES: $50.00

TOTAL $50.00

Permittee
SINTEK SERVICE
12205 W BLUFF RD
LINCOLN NE 68524

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. 1595-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-28

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 11N ; Range 5E ; Section 20 NW 1/4 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

'79 original permit Backman

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

4. Description of proposed alteration, extension or repair: Add 100 ft lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒, Sinkt Service, Wagner Const.
Contractor's Name
6710 N. 74th Rt 5
Lincoln, NE 68531

6. Estimated cost of project:

a. Materials	$ 500	00
b. Labor	$ 700	00
c. Other	$	
TOTAL	$ 1200	00

Signature of Applicant (owner or lessee)

12205 W. Bluff Rd
Address

(Do not write below this line)

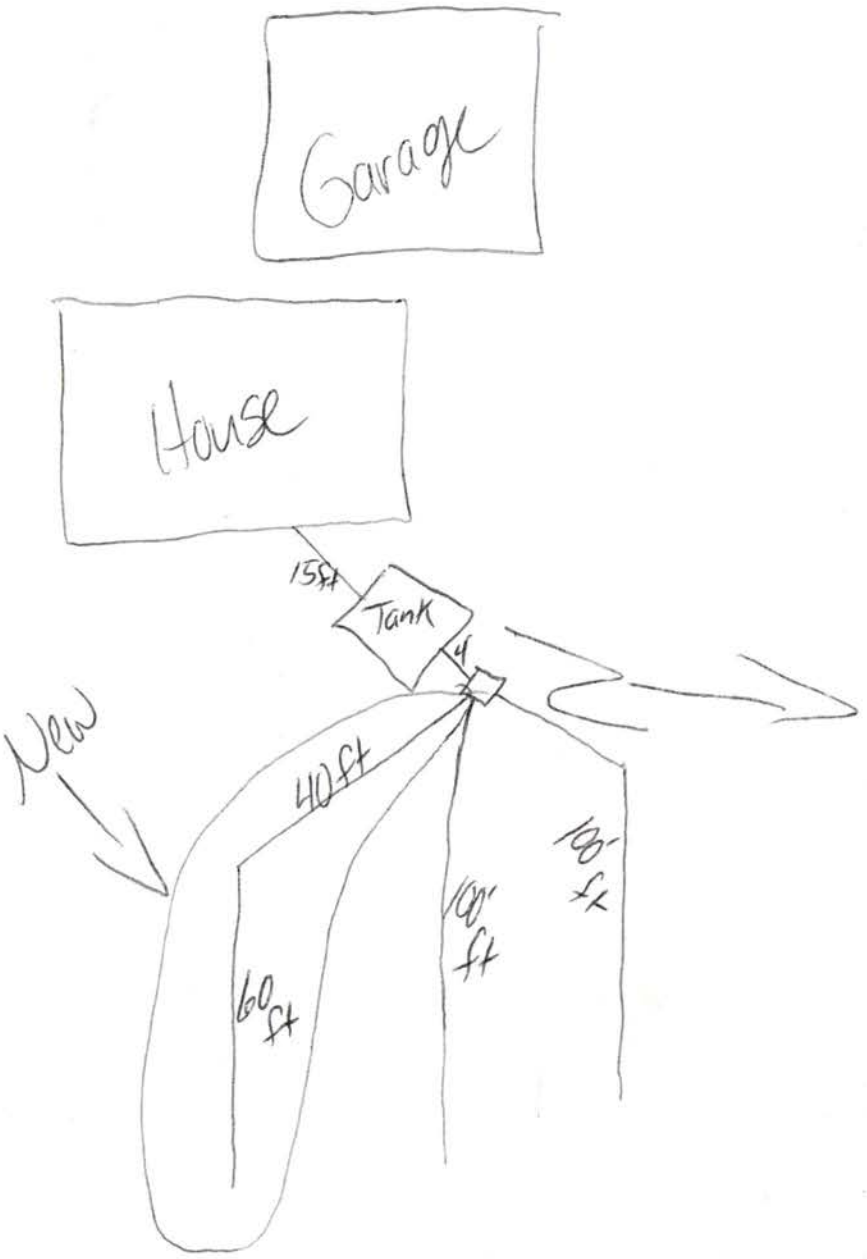
REVIEWING ACTION

1. Date Rec'd: 7-28-94
Filing Fee: $ _____

2. Site Visits:
Date: 7-28-94 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Ron Mayhew

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-29-94 by: Ron Mayhew


Garage
House
15ft
Tank
4
New
40ft
60 ft
100' ft
100' ft

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1595-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 7, 1980 — THIS PERMIT EXPIRES

Bill Beckman — ISSUED TO

Suite 309, Lincoln Benefit Life Bldg., Lincoln, NE — ADDRESS

T11N; R5E; Section 20; N½ of E½, NW¼ — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

K. Palmer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60 00

FILE NO. 1595-C

DATE: 9-7-79

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 26 ;
   Block _____ : Lot _____ : Addition _____
   Street Address N½ of E½ NW¼

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

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

4. Distance to public sewer: 1½ ft.

Bill Beckman
Signature of Applicant (Owner or Lessee)

Suit 309 Lincoln Benefit Life Bldg.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/7/79. Date Frwd. 9/7/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/7/79. Date Frwd. 9/7/79. ACTION: Approved ☐ Disapproved ☐ Signature: Vaudy Adams

3. City or County Engineer: Date Rec'd. 9-7-79. Date Frwd. 9-7-79. ACTION: ~~Approved~~ ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/6/79 by: L.C.H.
Date: 9/7/79 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/7/79 By: Jerrold C. Hood

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

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. 1595-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 5 ; Section & ¼ Section 20 .
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 10-78 to _____. Weather: Precip. NO Temp. _____.

OWNER: Bill Beckman
Address: Suit 309 Lincoln Benefit Life Bldg

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.)
												6 Holes	
												38 min-1 in	

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

Soil Tests Service Co.
Signature of Person Conducting Test

Address 6710 NO 7 Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: _____

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

_____
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 ☐

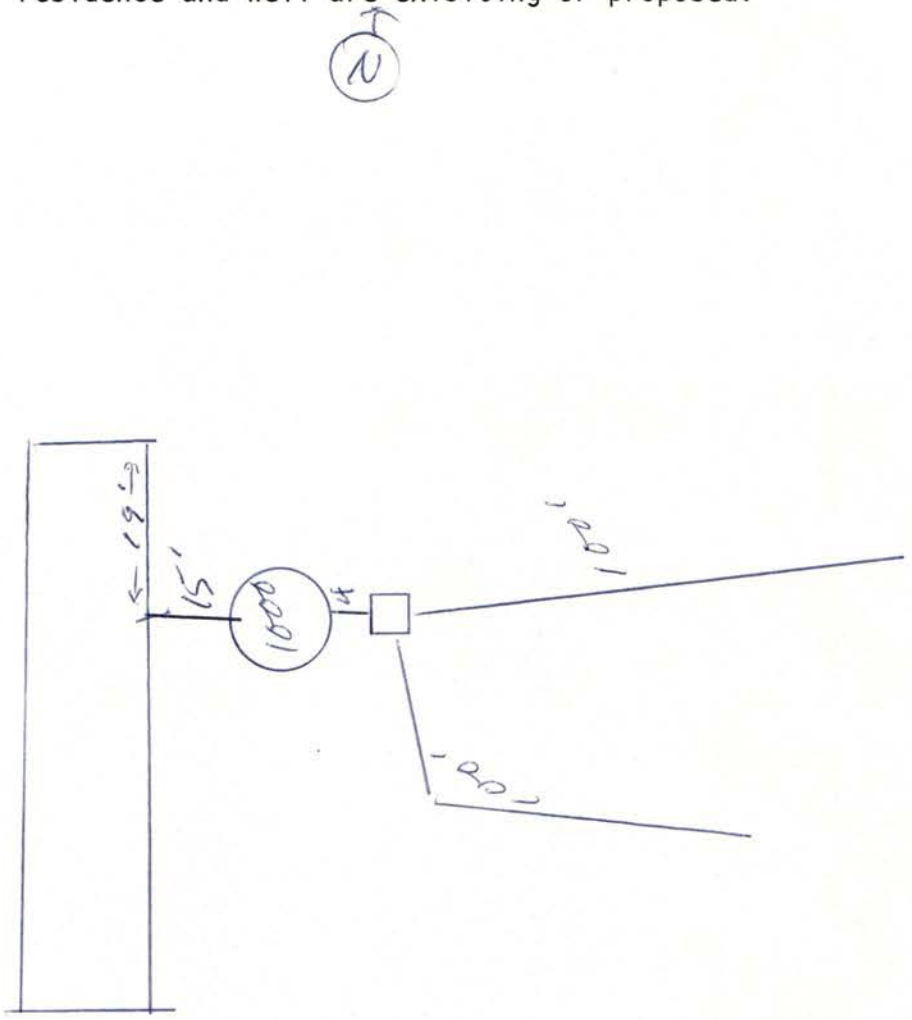
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1595-C

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



REVIEWING ACTION

Remarks: also as built

Date: September 7, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 187 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold 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: 474-1541

D

DATE: 9-7-78

FILE NO. 1595-C

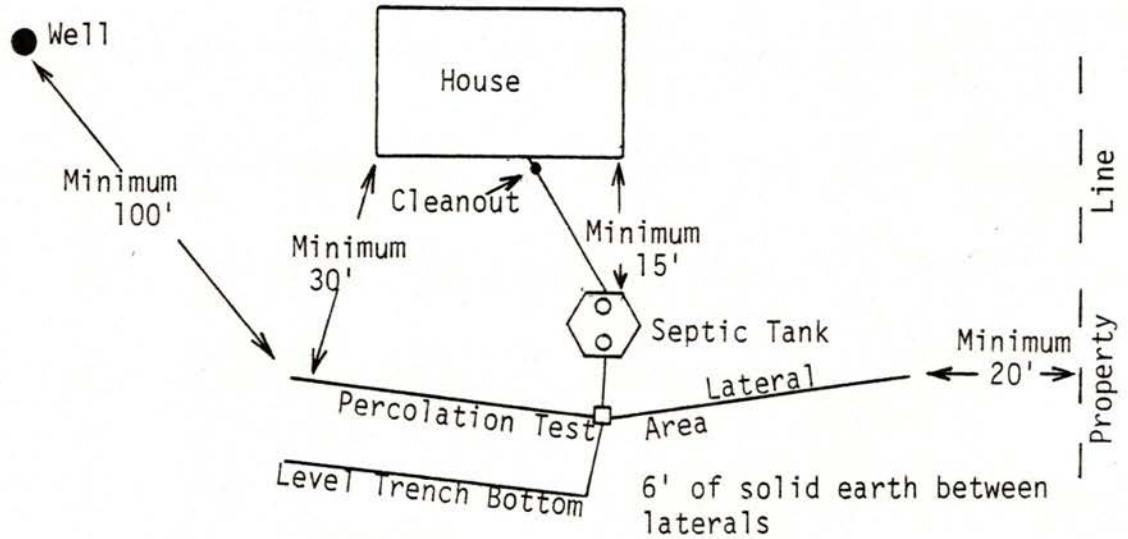
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor footing in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs ____.
5. Distances to:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 4 in.
8. Distances to:
Well or Suction Line 115 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Hand Con)
3. Distance from Septic Tank 4 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 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 36 ft.; Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 175 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN