Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM -MAJOR REPAIR

Permit # 00380224101

Issued 09/19/00
Expires 03/19/01
Revenue Code 3157

Establishment

LARRY CHILESE
T10N R8E SEC 21 QTR SE
E 1/2 OF SE 1/4
405 N 148 ST

FEES: $200.00

TOTAL: $200.00

Permitee

LARRY CHILESE
405 N 148 ST
LINCOLN NE 68527

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013740

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

Major Repair **A**

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 405 No. 148 St (no rural route) City Lincoln NE, Zip NE

Legal Description E½ SE¼ 21 10N 8E
1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Larry Chilese Signature _____

Address 405 N 148 City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Gary Daharsh Company Name Daharsh Exca.

Address 1703 NW 154 Rd City/State/Zip Garland Ne. 68360

☒ Check if contractor designed system Work Phone 440 3284

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9-8-00 Date frwd 9/12/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

9-11-00 rm

Installation Final Written Approval

By Ron Mayer

Date 9-12-02

Business Office Use Only

Date Rec'd 09/11/00

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 1275

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

Major Repair **A**

Permit Number: 00380224 1 1A

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 405 No. 148th (no rural route) City Lincoln NE, Zip NE 68527

LOR 4437

Legal Description E½ SE¼ 21 10N 8E
(1/4 Section Township Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Larry Chilese Signature _____

Address 405 N 148 City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Gary Daharsh Company Name Daharsh Exca.

Address 1703 NW 154 Rd City/State/Zip Garland Ne. 68360

☒ Check if contractor designed system Work Phone 440 3284

D. Engineer/Installer ☐ Check and complete if engineer designed system

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Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

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9-11-00 jm

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/11/00

Amt Paid 200.00

Rec'd By JS ~~Cash~~/Check No. 1275

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

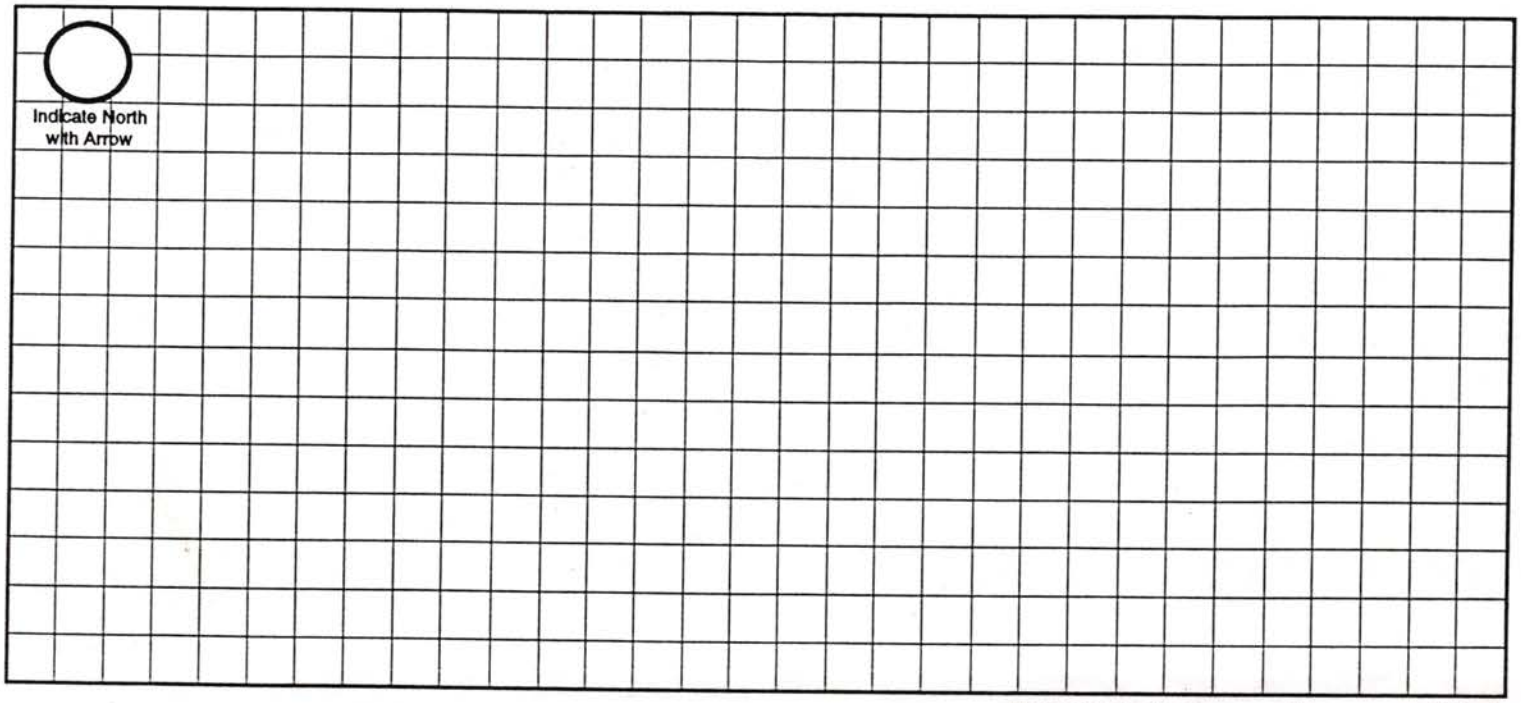
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Dahlgren Exca. Date 9-8-00

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 9-8-00

System Location (Indicate correct number and street)

Address 405 N 148 (no rural route) City Lincoln NE, Zip Ne

A. Building Sewer

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36" in.
3. Distance between dwelling and septic tank: 38' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line 100' ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8x12 in.
   Over outlet, diameter 8x12 in.
   Riser: ☐ above ☐ below grade 1' 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 100 ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

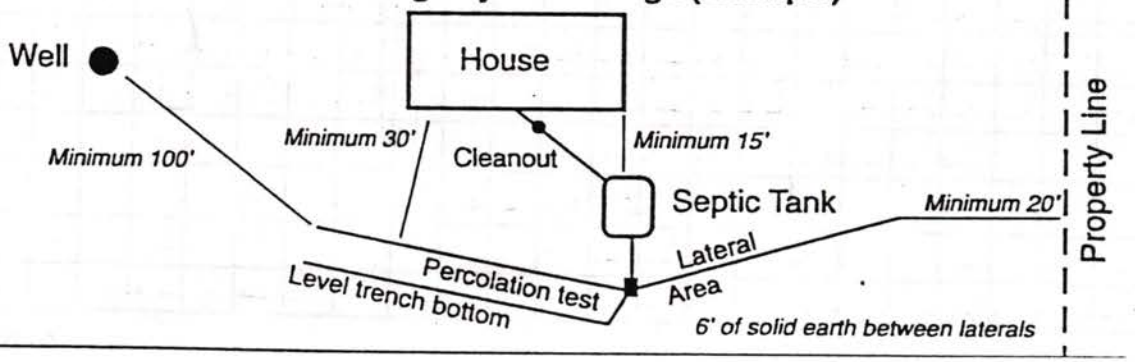
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope None in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line 100 ft.
   Property line _____ ft.

Indicate North with Arrow

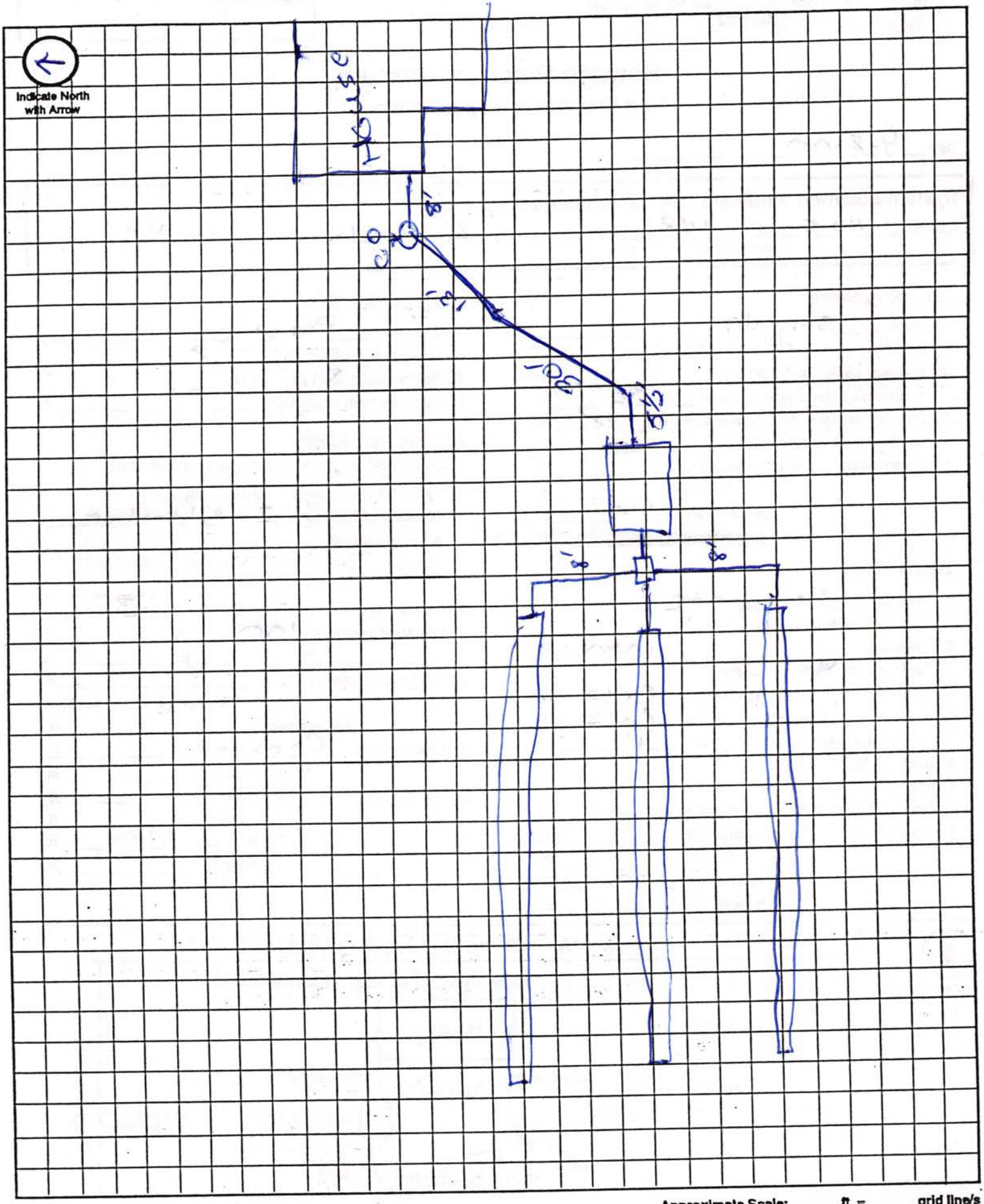
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 405 North 148th Street Lincoln 68527

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 8E Section 21 1/4 ___ 1/4 ___ Block ___ Lot 511 Addition ___

Directions to Property take O street to 148th st turn to Waverly, 3rd house on west side of street

Location of Well rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System septic Year Installed 8/01

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Larry + Becky Childs	405 N. 148th St. Lincoln Ne. 68527	488-9574
Tenant/Buyer:			
Return to:	Debbie + Tony Lawless	13621 Guilford St Waverly Ne 68462	786-3557 327-5540 (Fax)

Signature of Applicant Debbie Lawless Address same ↑ Date 7/12/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/15/02 Amount $200.00 Check No. 4836 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Magnuson **DATE:** 7/17/02

WATER SYSTEM: RWD water supply

	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: A new mound wastewater system was installed in Sept-00. Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Public Water Supply Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Magnuson RS Date 7/18/02

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: 9-00