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.

1. **Legal description of property:**
   Township 10N Range 8E Section 21 1/4 Section SE
   Block _____ Lot S 37 & 45 I.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 14302 'O' St RR 2 Lincoln, NE 68520

2. **Property use:** ☒ residential ☐ commercial ☒ other use
   Number of bedrooms _____ Describe Preschool -
   #1 house main house (construction in 3 or 4 years) 4 bedrooms
   #2 house (rental) 1 bedroom

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

4. **Description of proposed alteration, extension or repair** construction of a new lagoon

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

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 Kitra Deger Address 14302 'O' St Lincoln (20) Phone 402-488-7599
Applicant Signature (owner or lessee) Kitra L Deger

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

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ 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: ____/____/____ Amount _____ Check No. _____ Initials _____

White - Division Copy Pink - Business Office Revised 9/00

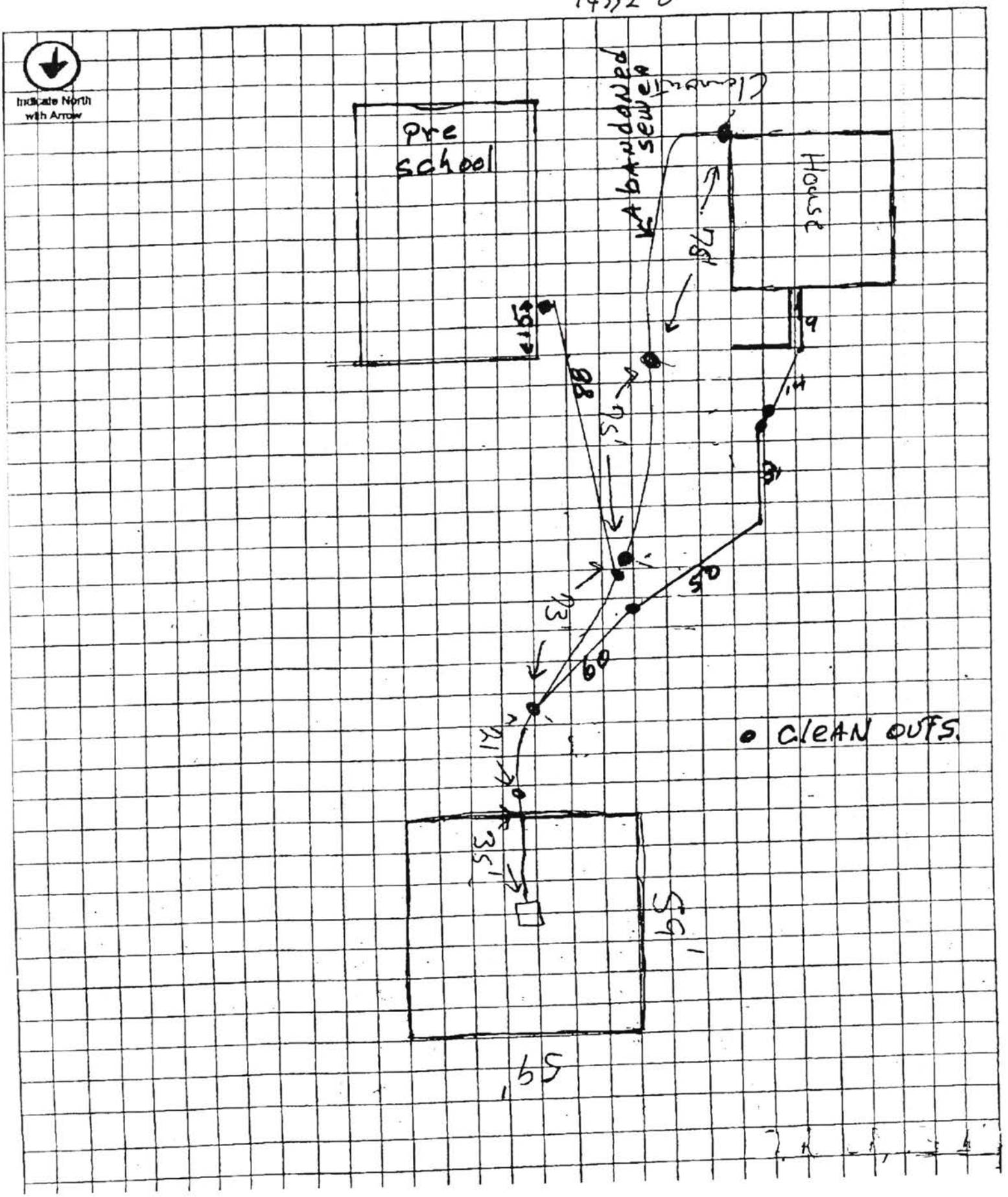
As Built Drawing

14302 "O" ST.

10-8-21

Lot 37

14332 "O"



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006600

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380299201

Issued 04/06/05
Expires 04/06/06
Revenue Code 3157

Establishment:
KITRA L DEGER
T10N R8E SEC 21 QTR SE
W 1/2 OF SE 1/4 LOT 36
14302 O ST

FEES: $200.00

Permittee:
KITRA L DEGER
14302 O ST
LINCOLN NE 68520

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED
APR 06 2005

A

Permit Number: 05380299201

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 14302 'O' St City Lincoln NE, Zip 68520
(no rural route)

Legal Description Lot 36 SE¼ SE¼ 21 10N 8E 36 Exempt
1/4 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 Kitra Deger Signature Kitra L Deger

Address see above City/State/Zip _____

☐ Check if owner designed system Home Phone 402-488-7599 Work Phone 402 429-3817 (cell)

C. Contractor

Name Capital City Trenching Company Name Mike Casmont

Address 2141 W J Plum City/State/Zip Lincoln, NE 68522

☐ Check if contractor designed system Work Phone 432-2494

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

Designer Name see above Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify MAY ADD PRE-SCHOOL LATER

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 4/6/05 ACTION ☒ Approved ☐ Disapproved
   Date frwd 4/6/05 Signature Jerrold C. Hood
   5-19-05 mm Sewer line only. 5-20-05 mm lagoon
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd _____ ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer**
   Date rec'd 4/7/05 ACTION ☒ Approved ☐ Disapproved
   Date frwd 4/7/05 Signature _____

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 29, 2006

Business Office Use Only
Date Rec'd 4-6-05
Amt Paid 200.00
Rec'd By TW Cash/Check No. 6031

FORM 23-100 10-96 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

RECEIVED
APR 06 2005

B

Permit Number: 053802992

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Part of Lot 36 sec 21 T10N, R8E

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests 3/26 to 3/27 Weather: Precipitation alone Temperature 50 t

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)
1	36	3/26	12:00	3/27	8:00	3/27	11:30	28 1/2	3/27	18:00	30	1/8	240
2	38	3/26	12:00	3/27	8:00	3/27	11:30	30 1/8	3/27	12:00	30	1/16	480
3	36	3/26	12:00	3/27	8:00	3/27	11:30	29 3/4	3/27	12:00	30	1/16	480
4	39	3/26	12:00	3/27	8:00	3/27	11:30	31 1/2	3/27	12:00	30	3/8	80
5	36	3/26	12:00	3/27	8:00	3/27	11:30	31 1/4	3/27	12:00	30	1/8	240
6	37	3/26	12:00	3/27	8:00	3/27	11:00	32 1/8	3/27	12:00	30	3/16	160

Sum of Percolation Rates: 1680
Average of Rates: 280
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: CLAUDE-OIE E-3939
Phone: 402-423-0614 479-4532
Address 5510 So 52nd St Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

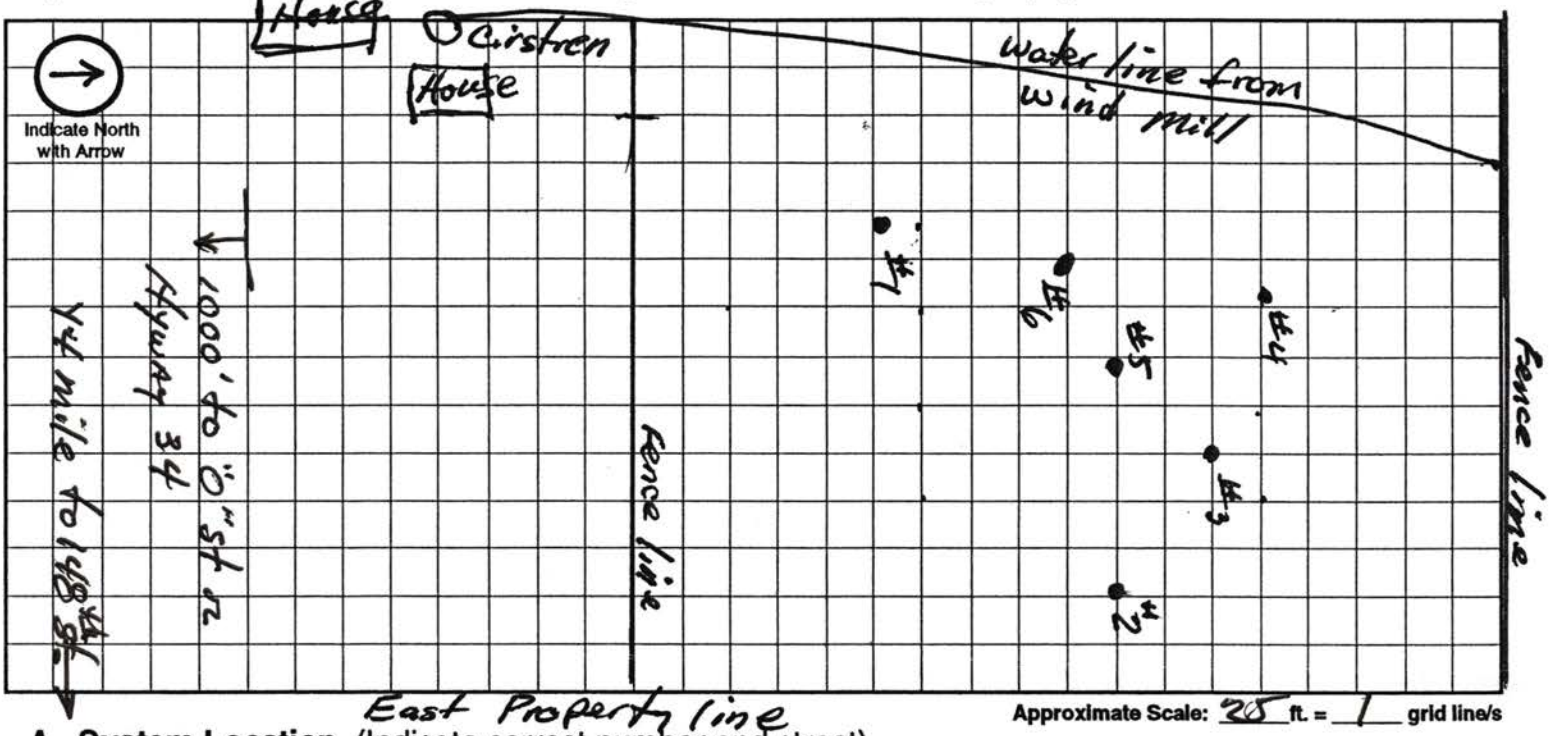
RECEIVED
APR 06 2005

C

Permit Number: 053802992

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: 25 ft. = 1 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 N/A (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 Mike Casement Capital City Trenching Date 4-5-05

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 _____

System Location (Indicate correct number and street)

Address 14302 East "O" (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Platic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
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

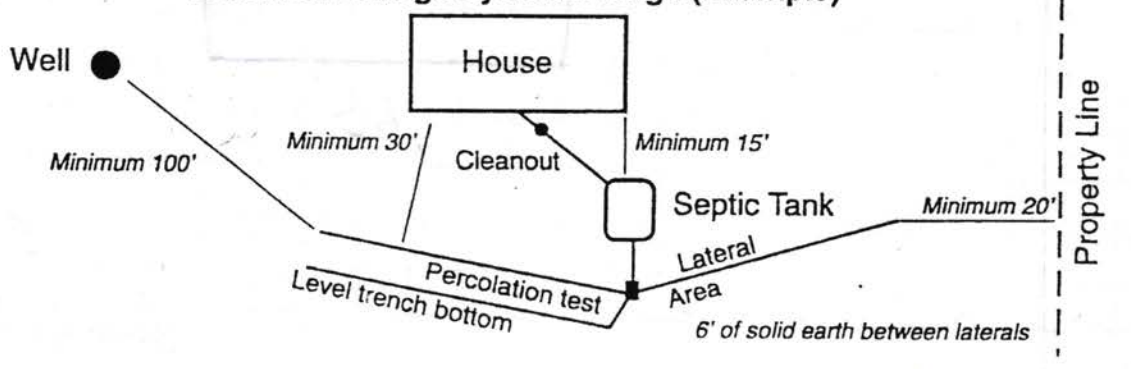
(Provide as-built drawings on back of this form)

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.

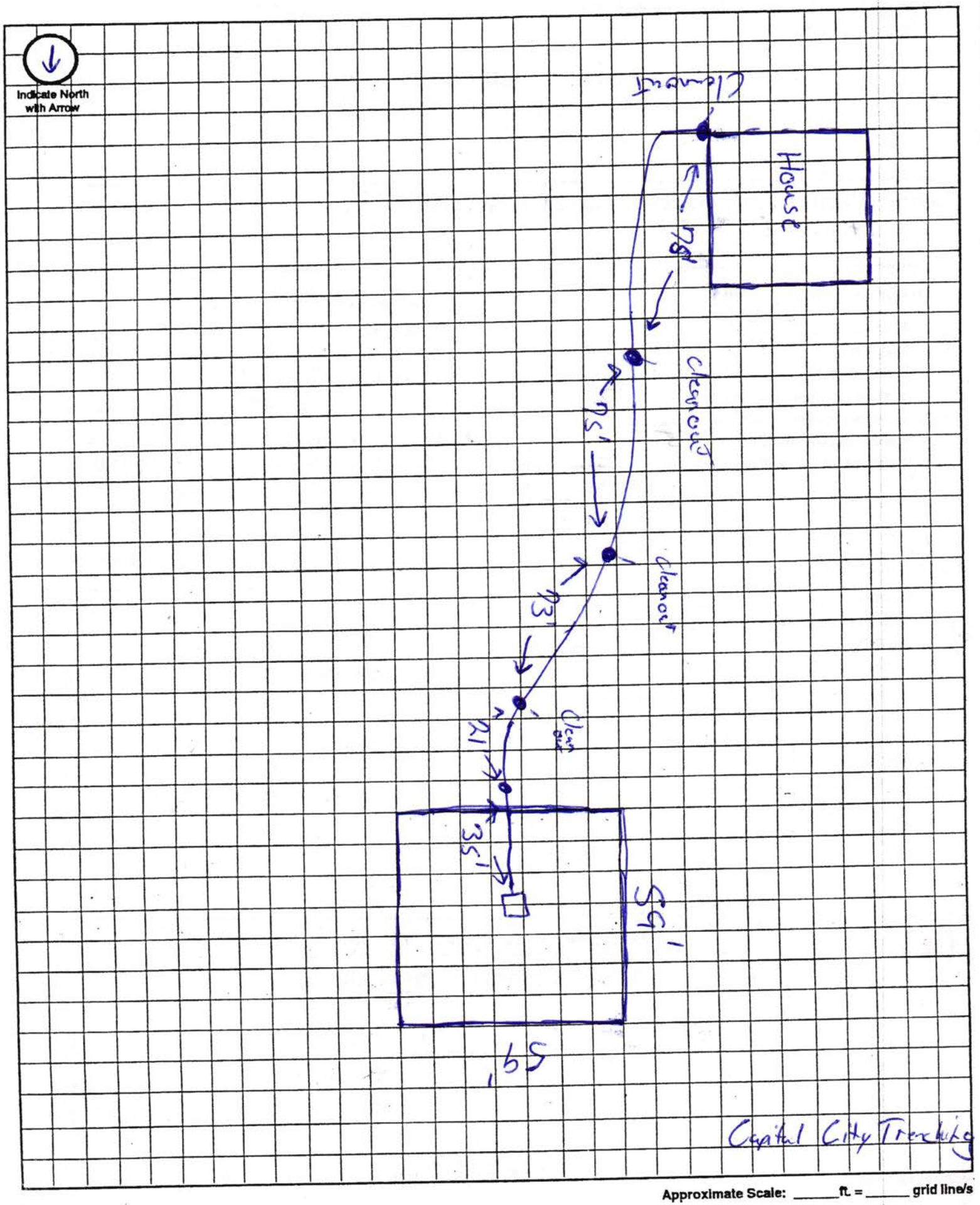
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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

14302 'O' St.
21-10-8

