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 # 01390068801

Issued 01/19/01
Expires 07/19/01
Revenue Code 3157

FEES: $100.00

Establishment

THOMAS MERRY
T11N R5E SEC 11 QTR SW
LOT 10IT
12500 NW 84 ST

Permitee

THOMAS MERRY
12500 NW 84 ST
MALCOLM NE 68402

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014260

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:** LOT 10 SW 11-11-5
   Township 11N Range 5E Section 11 1/4 Section _____
   Block _____ Lot 10 Ex. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 12,500 N.W. 84TH ST.

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** New D-Box
   New 100' Laterial

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

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 Thomas O'Merry Address 12500 NW 84th. Phone W- 471-7550
Applicant Signature (owner or lessee) _____ H-796-2528

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

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HEALTH DEPARTMENT USE ONLY

Date received 1/19/01 REVIEW: ☒ Approved ☐ Disapproved By: Jerold C. Hood

Site visits
Date 1/19/01 By PD
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 1/19/01 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: 01/19/01 Amount 100.00 Check No. 3910 Initials LO

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

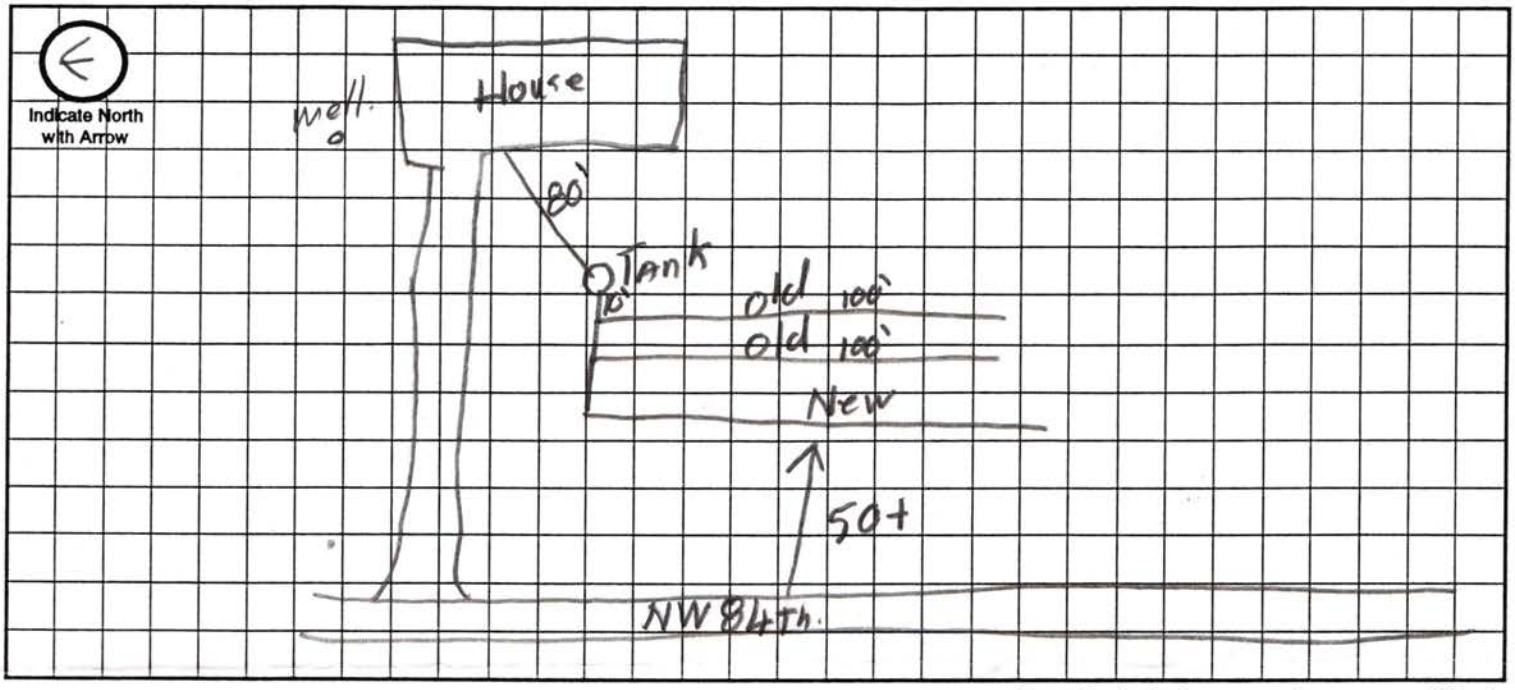
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 12500 NW 84 City Malcolm NE, Zip 68402

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: Equalizer

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals _____ ft. Number of Trenches 1 Trench Width 4'

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 Lloyd Jobst Raymond Contracting Date 1/19/01
890-6009

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 1/19/01

System Location (Indicate correct number and street)

Address 2500 NW 84 (no rural route) City Malcolm NE, Zip 68402.

A. Building Sewer

1. Material: Plastic
   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 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

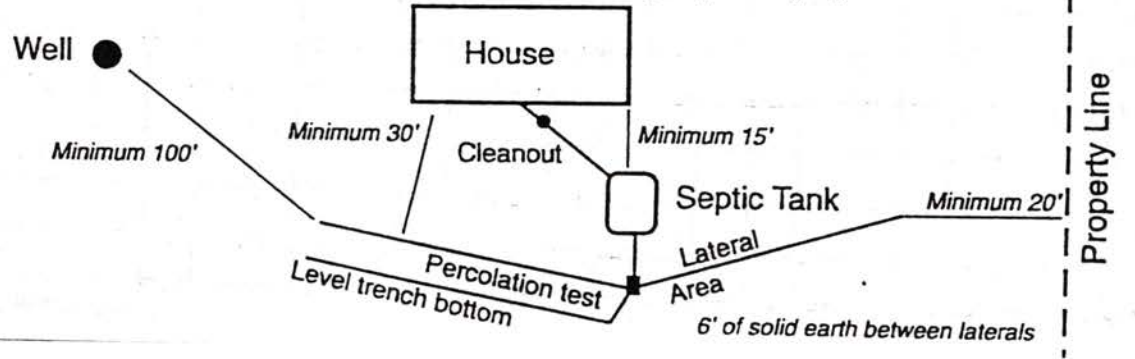
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other Equivalent
2. Lateral lines: Number 3
   Length of each line: 100 ft. 75 ft.
   75 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   Depth of material 16" 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

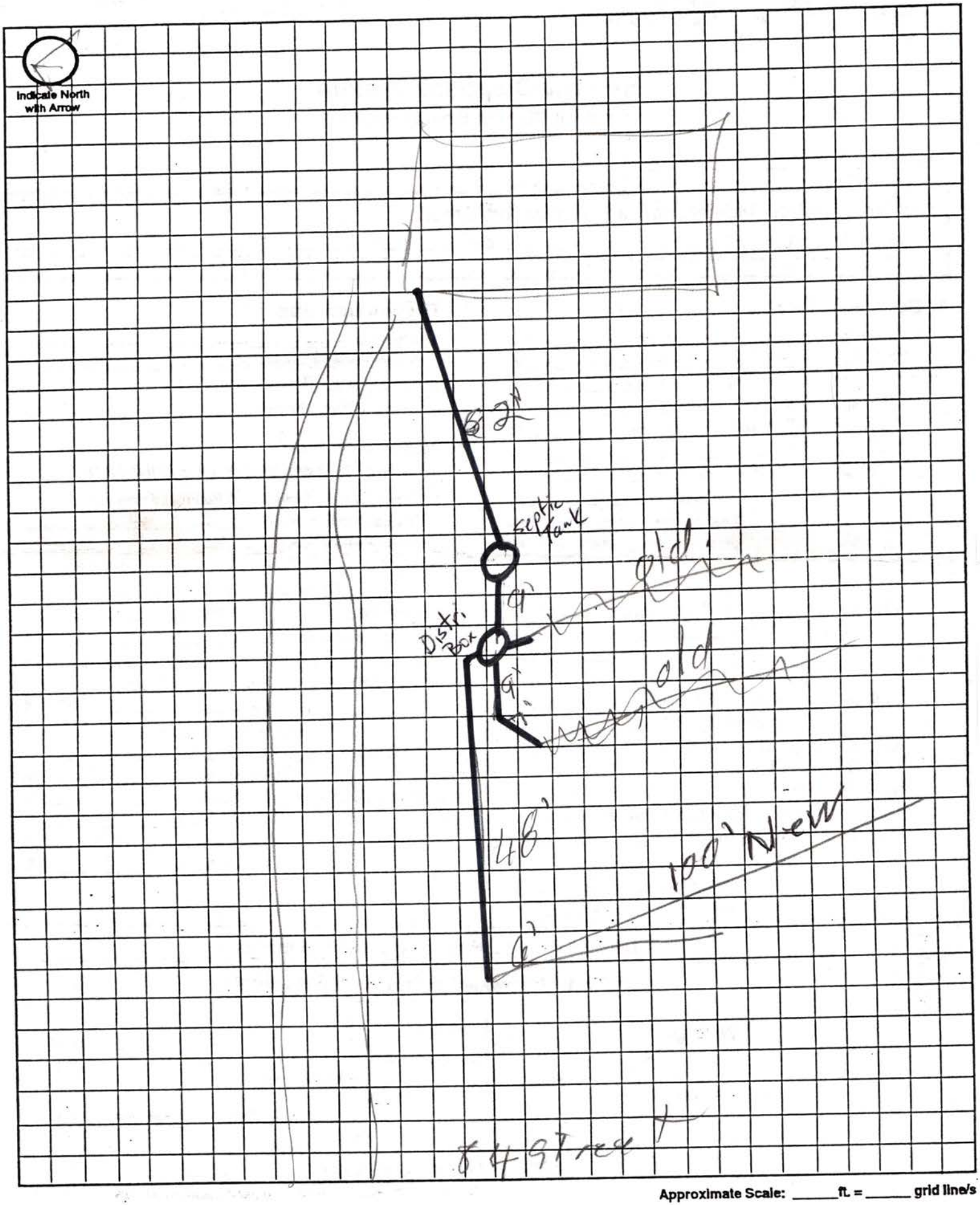
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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