Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008112

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
EXTEND LATERALS TO BASEMENT SEPTIC SYSTEM~200' H-10 INFILTRATION

Permit # 05390083501

Issued 08/15/05
Expires 08/15/06
Revenue Code 3157

Establishment

JAMES KAYLOR
T11N R5E SEC 4 QTR SW
NW QTR OF SW QTR
14200 NW 112 ST-MALCOLM

FEES: $100.00

Permittee

JAMES KAYLOR
14200 NW 112 ST
MALCOLM NE 68402

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 11N Range R5E Section 4 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 14200 NW 112 Malcolm, Ne 68402

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** add 200' H-10 In 4 Trenches Lateral TO Basement Septic System

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

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 James Kahler Address 14200 NW 112 Phone 796-9572
Applicant Signature (owner or lessee) _____

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 8/15/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hoof

Site visits
Date 8/16/05 By jm
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 8/17/05 By Ron Mayard

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: 8/15/05 Amount 100.00 Check No. 1097 Initials CW

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-16-05 2- Seperate Systems

System Location (Indicate correct number and street)

Address 14200 NW 112th (no rural route) City Waverly, NE NE, Zip

A. Building Sewer

1. Material: _____
   Diameter: _____ 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

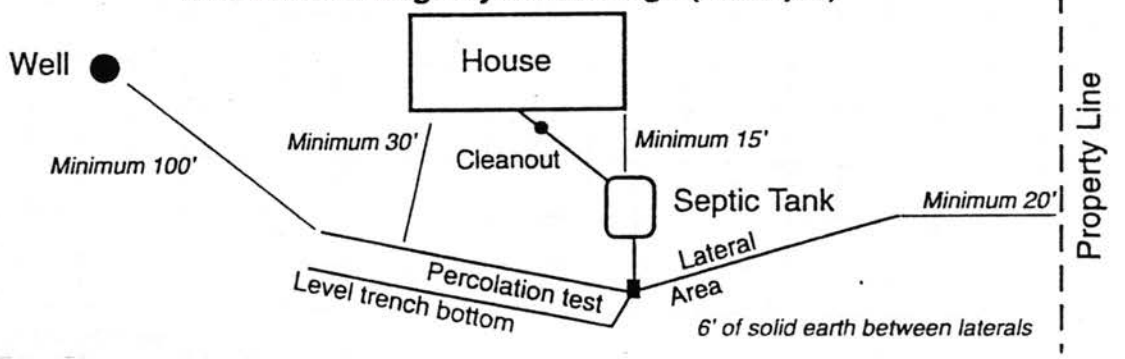
(Provide as-built drawings on back of this form)

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.

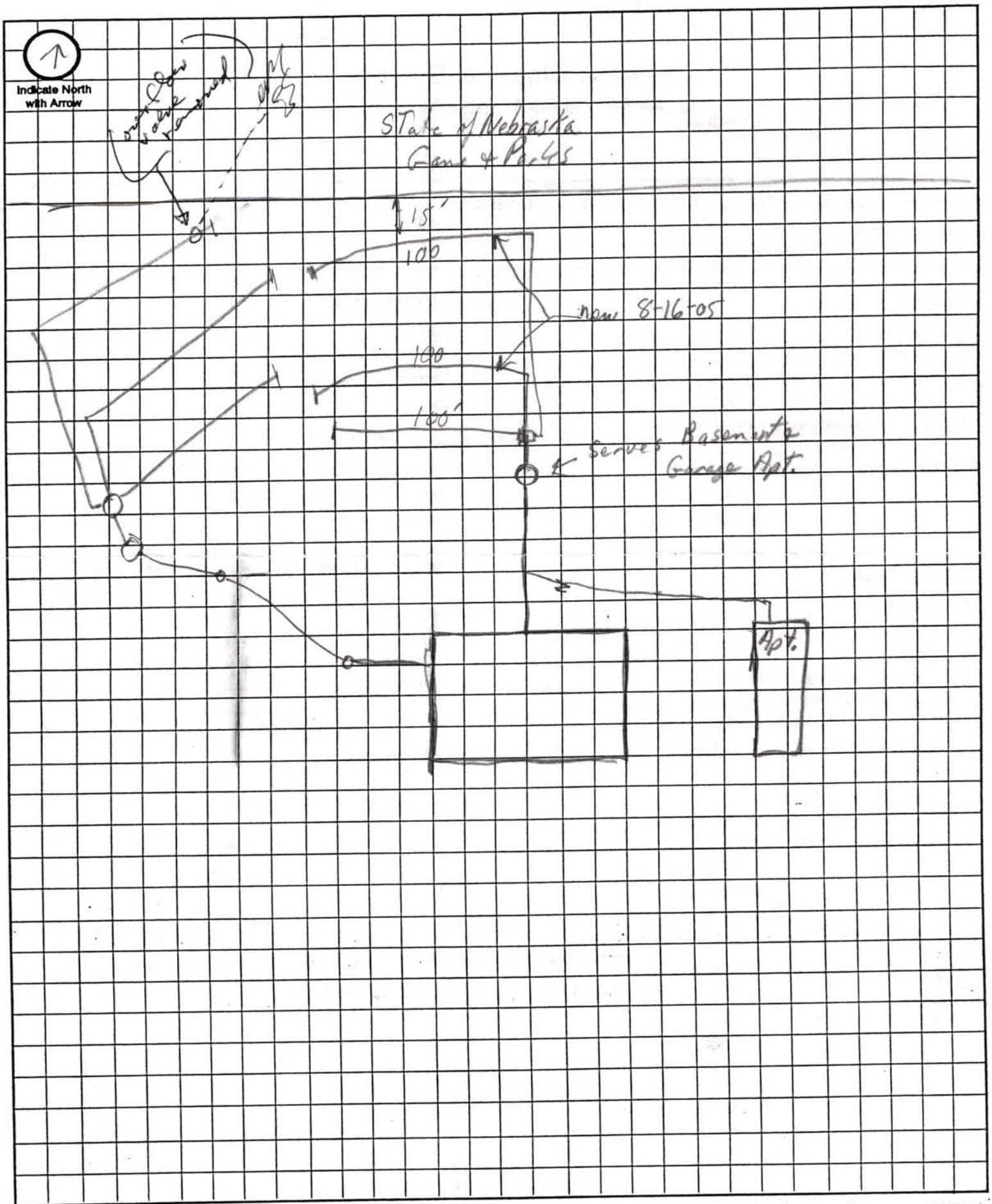
Indicate North with Arrow

Individual Sewage System Design (Example)

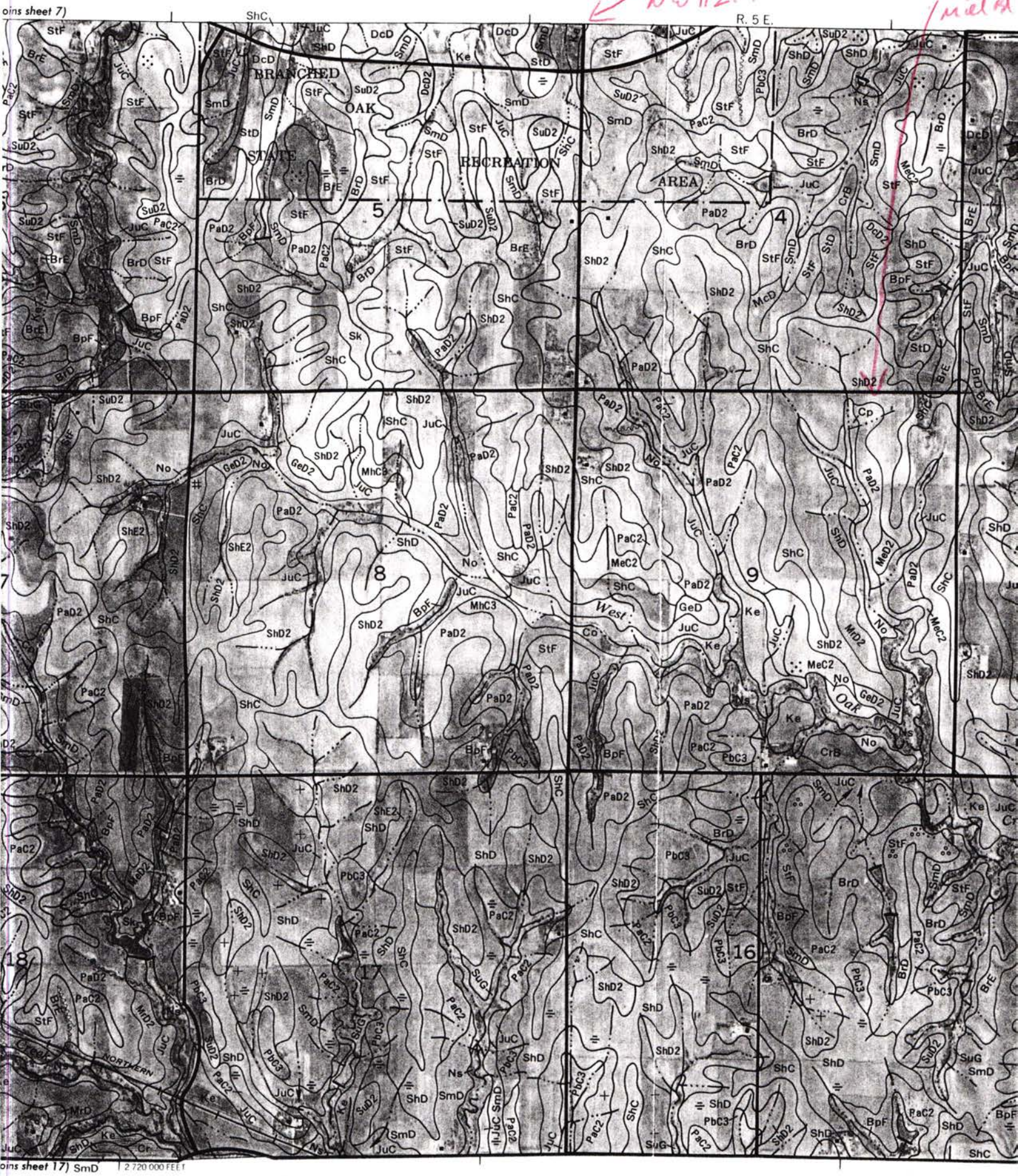


As Built Drawing

14200 NW 112th



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


NW 112th
W Mill Rd
R. 5 E.
BRANCHED OAK STATE RECREATION AREA
5
4
8
9
16
17
18
West Oak
Creek
NORTHERN
oins sheet 7)
oins sheet 17)
2 720 000 FEET

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 711-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 20, 1976 — THIS PERMIT EXPIRES

Lois Pegram — ISSUED TO

4900 North 14th — ADDRESS

T11N; R5E; Sec. N½, SE¼ of 4; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 711-C

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

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 N½ SW¼ 4
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Luis Pegram
Signature of Applicant (Owner or Lessee)

4900 No 14th
Address
Lincoln

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/17/75 . Date Frwd. 10/17/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 10-20-75 . Date Frwd. 10-20-75 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff Real Prob

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11N ; Range 5E ; Section N½SW¼4 ; Block ; Lot ; Addition .
Street Address .

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

Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Lois Pegram
Signature of Applicant (owner or lessee)

4900 No 14th
Address
Lincoln

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $30.00

2. Site Visits:
Date: 1-21-76 by: JW
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 1/21/76
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-21-76 by: James Weverka

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

6

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township Malcom 3 mi. NO. East Side
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: 5-14-71 to 5-15-71. Weather: Precip. Fair Temp. 75 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
b	35	5/14	4.25	5/15	5.45	5/15	5.45	21	8:15		30	5	
1	33	"	"	"	"	"	"	20	"		30	5 1/4	
3	33	"	"	"	"	"	"	20	"		30	4	
4	34	"	"	"	"	"	"	20	"		30	4 1/2	
5	33	"	"	"	"	"	"	19	"		30	4 1/2	
6	35	↓	↓	↓	↓	↓	↓	19	↓		30	5	

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

Lonald C. Jenner
Signature of Person Conducting Test

Address 3645 Adams
Phone: 434-0658

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 7 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 4 in.
3. Distance between dwelling and septic tank 60 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 (Provide construction drawings.)

1. Material Conc; No. of compartments 1.
2. Capacity 750 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company Pre-Cast) No ☐
4. Manholes: Over Inlet; diam. ___in.
   Over Outlet; diam. ___in.
   Below Grade ___in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
   Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
   Well or Suction Line ___ft.;
   Stream ___ft.; Pressure Line ___ft.;
   Property Line 238 ft.

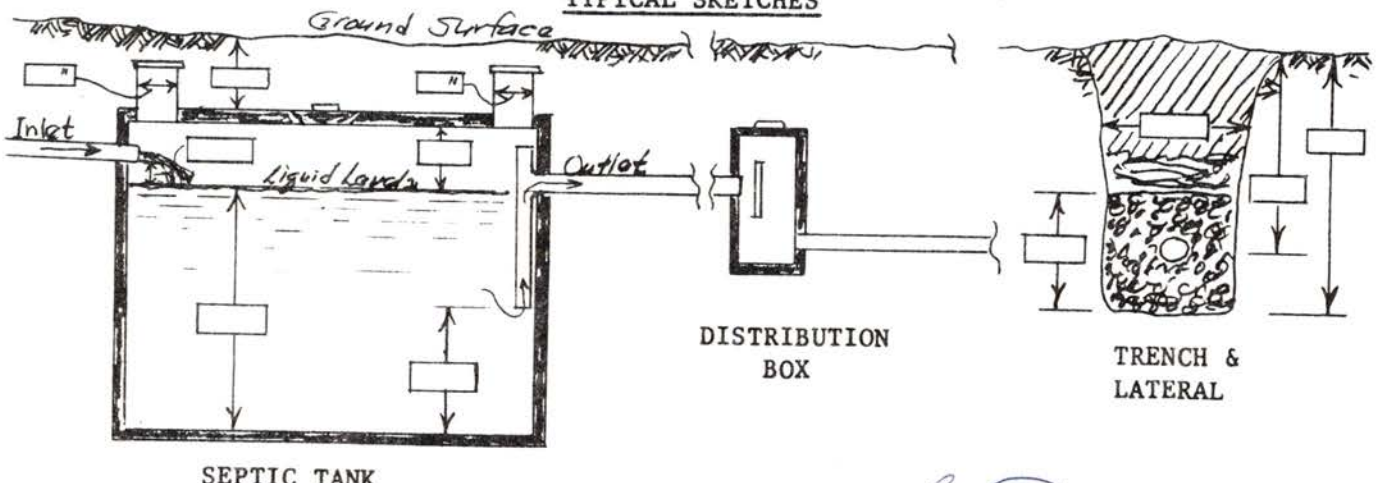
C. DISTRIBUTION BOX

1. Material Conc; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 2 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

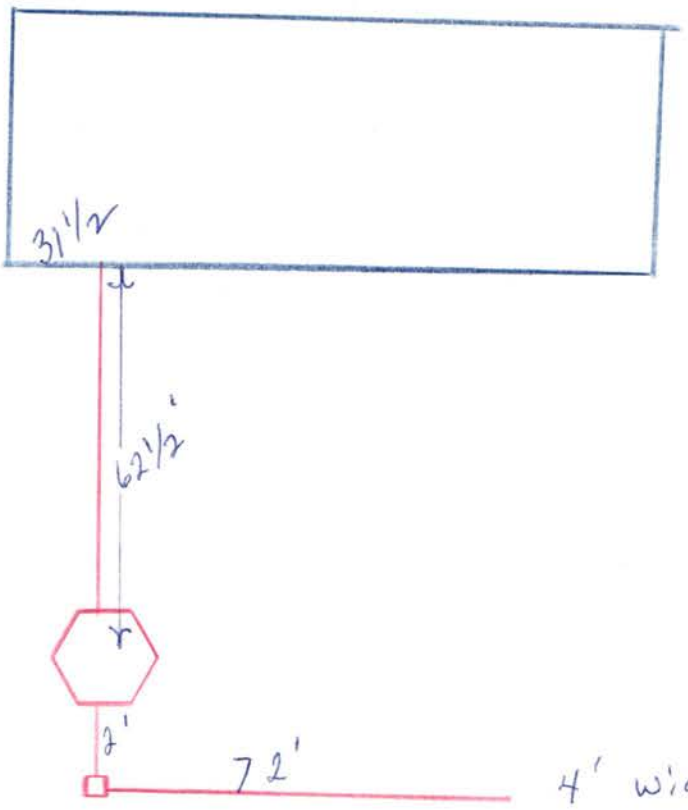
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: half moon
2. Lateral Lines: Depth below grade 36 in. Number 1; Length of each line 72 ft Total length of Laterals 72 ft.; Slope level in/100 ft. Diameter of pipe ___ in.; Shape ∩
   Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
   Distance between lateral lines — ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: gravel.
   Depth of material from trench bottom 24 in.
5. Distances To:
   Well or Suction Line ___ft.;
   Stream ___ft.; Pressure Line ___ft.
   Property Line 36 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Lois Pegram
Signature of Applicant



one bedroom

soil has some rocks & also chalk

1-21-76