Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS001651

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11600 Van Dorn St (no rural route) City Walton/Lincoln, NE Zip 68461

Legal Description S31, T10 R8 6th Principal Meridian 44 SE

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-400-010-000 *Approx. Address (If to be determined)

B. Owner

Name Gary S + Melanie A Nunnally Signature

Address 11600 Van Dorn St. City/State/Zip Walton, NE 68461

Home Phone 402-429-5730 Work Phone

C. Certified Installer

Name: Marcus Heichstein Signature

Address 625 S. 4th PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-780-7749

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 8.18

Garbage Grinder? ☑ 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

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-25-18 Amount Paid $185.00
Received By JAO Cash/Check No. 17445

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11600 Van Dorn St (no rural route) City Walton/Lincoln NE, Zip 68461

Owner Gary Nunnelly Address 11600 Van Dorn St

Date of Tests 4-20-18 to 4-21-18 Weather: Precipitation < 1/10 Temperature 49°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	40	4/20	4:00	4/21	12:25	4/21	3:55	6	4/21	4:25	30m	1 3/16	25.26
2	40	4/20	4:00	4/21	12:25	4/21	3:55	6	4/21	4:25	30m	1 3/16	25.26
3	40	4/20	4:00	4/21	12:25	4/21	3:55	6	4/21	4:25	30m	2	15
4	40	4/20	4:00	4/21	12:25	4/21	3:55	6	4/21	4:25	30m	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hechtein
Phone: 402-730-7749
Address 625 S. 4th PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 89.53
Average of Rates: 22.38
Rate Used for Calculation: 23

Soil type (NRCS Maps/Other) Aksarben silt clay loam
Groundwater Depth 77

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

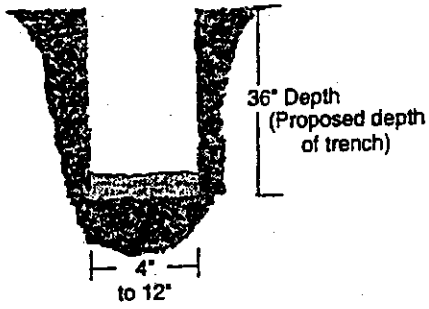
READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

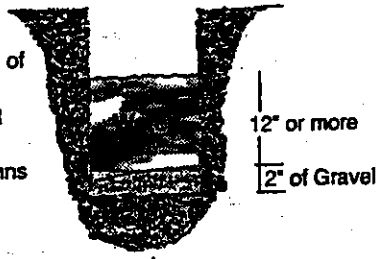
I. Size, Number, and Location or Test Holes

- A. Dig six or more holes spaced uniformly over proposed lateral field site.
- B. Scratch smeared spots on sides of hole.
- C. Remove loose material from hole.
- D. Add 2" of gravel to hole.



II. Saturation of Soil (Pre-soak)

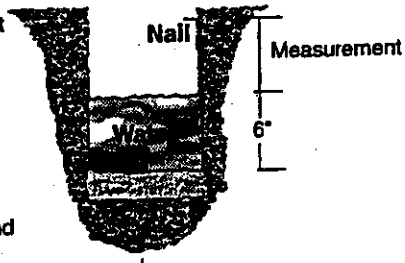
- A. Fill hole with 12" or more of water.
- B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
- C. Record on Form B columns a thru f.



24 Hours Later

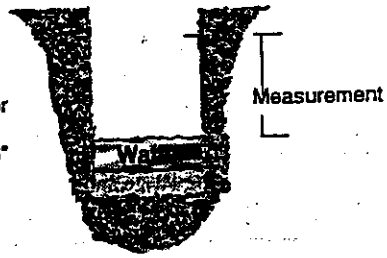
III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

- A. Add 6" of water.
- B. Measure from fixed reference point (nail) to water.
- C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

- D. 30 minutes later remeasure and record time.
- E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



- F. Continue for 3½ hours taking readings every 30 minutes.
- G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

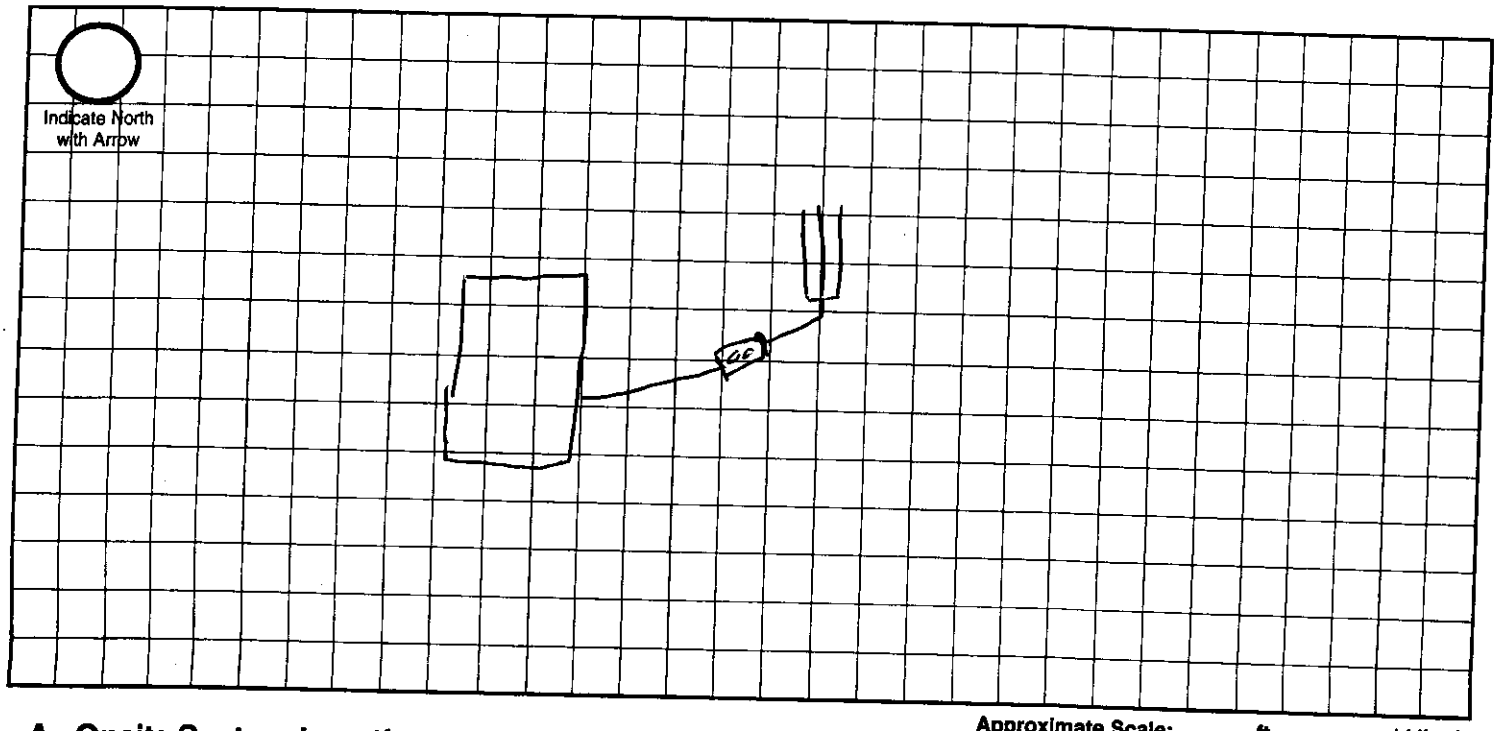
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



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

A. Onsite System Location

Address (no rural route) 11600 Van Dorn ST City Lincoln NE, Zip 68461

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 23 (min/inch = mpi) No. of Bedrooms 4 Soil Type Absorbs silt clay loam Land Slope 2-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1015 sq.ft.

Total length of laterals 280 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☑	☑

F. Required Signatures

Home Building Contractor _____ Date 4-25-18

Installer _____ Date 4-25-18

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001651

System Type: Standard

Situs: 11600 VAN DORN ST, LINCOLN, NE 68461

Issued: 4/25/2018

Expires: 4/25/2019

Description: S31, T10, R8, 6th Principal Meridian, LOT 44 SE

Owner: NUNNALLY, GARY S & MELANIE A
11600 VAN DORN ST
WALTON, NE 68461

Shavonna M. Lausterer, MPH, CPH, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

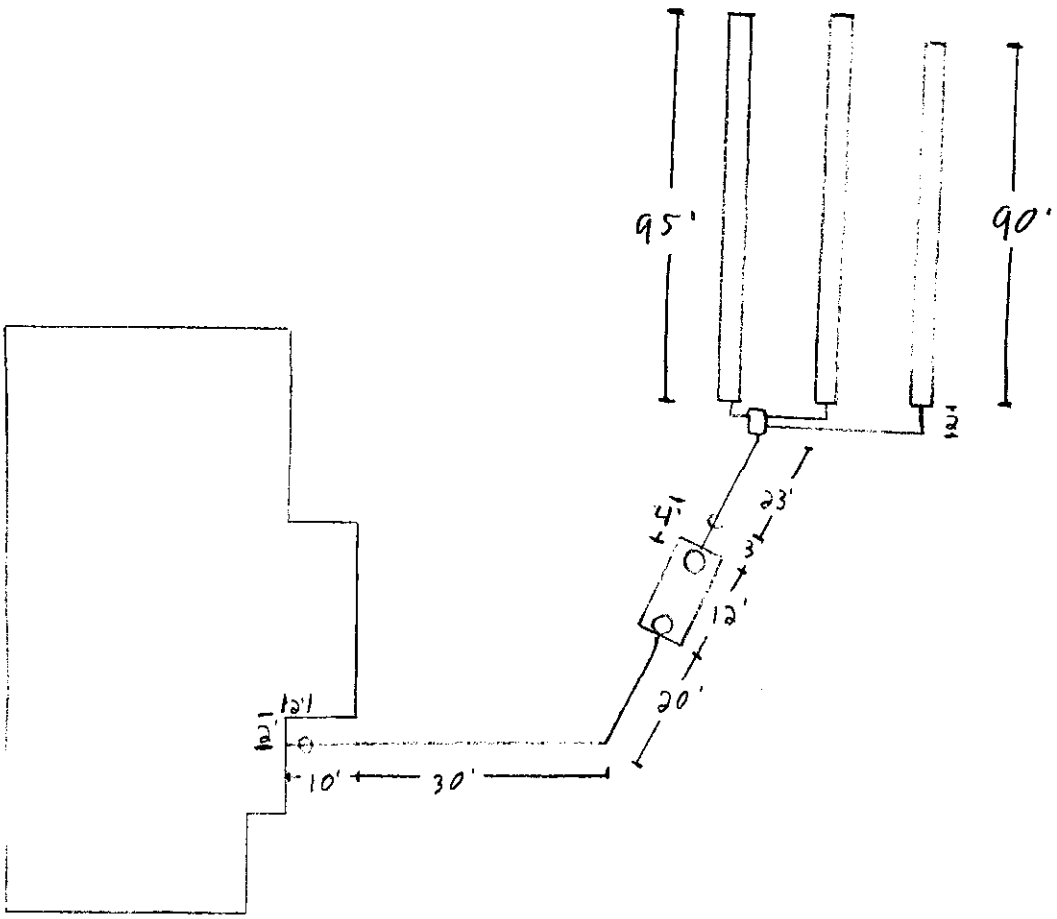
Shavonna M. Lausterer, MPH, CPH
Health Director

MARCUS HOCHSTEIN
625 S 4TH, PO BOX 142
EAGLE, NE 68347

11600 Van Dorn St.

Lincoln, NE 68461

No. HS001651



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS 001651

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/2/18 Legal Description ___ ¼ ___ ¼ 31 / 10 / 18 Lot 44
Section/Township/Range

Onsite System Location

Address (no rural route) 11600 Van Dorn City ___

Owner ___ Address ___

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,065 Sq. Ft. Tank Size ___ gals

Total length of laterals 280 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes ___ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank ___

Lateral #1 N/A Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

Comments:

Inspections prior to Final Approval
Initial ___ Date 5/8/18

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Thies

Date 5/24/18

Field Note Drawing (See Reverse Side):

5/8/18

1000 Van Dorn

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number
HS001651

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11600 Van Dorn St City Walton/Lincoln, NE Zip 68461
(no rural route)

Legal Description S31, T10 R8 6th Principal Meridian 44 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-400-010-000 *Approx. Address (If to be determined)

B. Owner

Name Gary S + Melanie A Nunnally Signature
Address 11600 Van Dorn St. City/State/Zip Walton, NE 68461
Home Phone 402-429-5730 Work Phone

C. Certified Installer

Name: Marcus Hochstein Signature
Address 625 S. 4th PO Box 142 City/State/Zip Eagle, NE 68347
Work Phone 402-730-7749

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:
Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 8.18
Garbage Grinder? ☑ 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

1. Health Department
Site visits
Comments
Date rec'd 4/25/18
Date frwd 4/25/18
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 5/21/18

Business Office Use Only
Date Received 4-25-18 Amount Paid $405.00
Received By JAO Cash/Check No. 17445

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

* System Replacement -

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380125201

Issued 11/21/94
Expires 05/21/95
Revenue Code 18754

Establishment
JOHN THIESSEN
T10N R8E SEC 31
LOT 44
11600 VAN DORN STREET

FEES: $150.00

TOTAL $150.00

Permittee
JOHN THIESSEN
5000 CENTRAL PARK DR
APT #20
LINCOLN NE 68516

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 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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 11/21/94

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. 10N ; Range 8E ; Section 31 ;
   Block — : Lot 44 I.T. : Addition —
   Street Address 11600 VAN DORN ST.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: N/A ft.

Brian D. Carstens for JOHN H. THIESSEN
Signature of Applicant (Owner or Lessee)
5000 CENTRAL PARK DR. #200
LINCOLN NE 68516
Address
464-8358

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/21/94. Date Frwd. 11/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/22/94. Date Frwd. 11/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11-22-94. Date Frwd. 11-22-94. ACTION: Approved ☒ Disapproved ☐ Signature: Brian D. Carstens

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/17/95 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/17/95 By: Jerrold C. Hood

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

FORM 23-43

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range SE ; Section & ¼ Section 31.
Property Dimensions: 600' ft. x 513 ft. Area: 8+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . SHC
Dates of Tests: Nov 8 to Nov 9. Weather: Precip. 0 Temp. 50s.

OWNER: John Theisen

Address: _____

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.)
1	36	11/8	9:00	11/9	1:30	11/9	3:15	28¾	3:45	29½	30	.75	
2	36		A		P		P	31⅛	P	32	↓	.875	
3	30							25⅞		26		.375	
4	36							33⅛		33½	.375	~~1.125~~	
5	30							21⅝		22¾		1.125	
6	30							21¼		22⅛		.875	

Sum of Percolation Rates: 4.375
Average of Rates: .73
Mean of Rates: _____

Brad Southard
Signature of Person Conducting Test

Address 17201 S. 72 Hickman Phone 475-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: NOVEMBER 21, 1994

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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: 471-7800

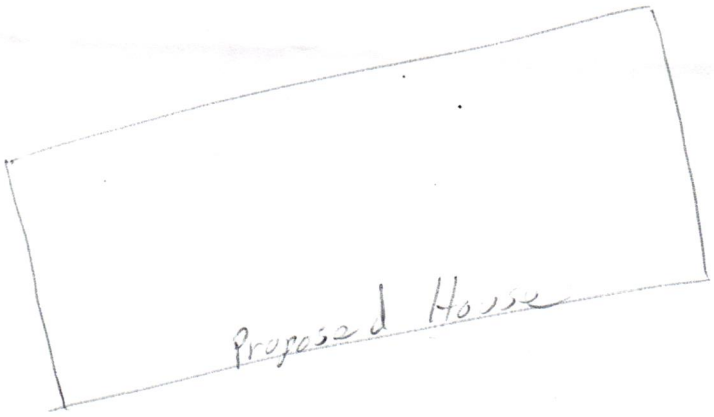
C

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

FILE NO. _____

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

W → N



← Percolation Test ≈120' →

0 0 0 0 0 0
1 2 3 4 5 6

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 2074-0477

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: 471-7800

D

DATE: _____

FILE NO. _____

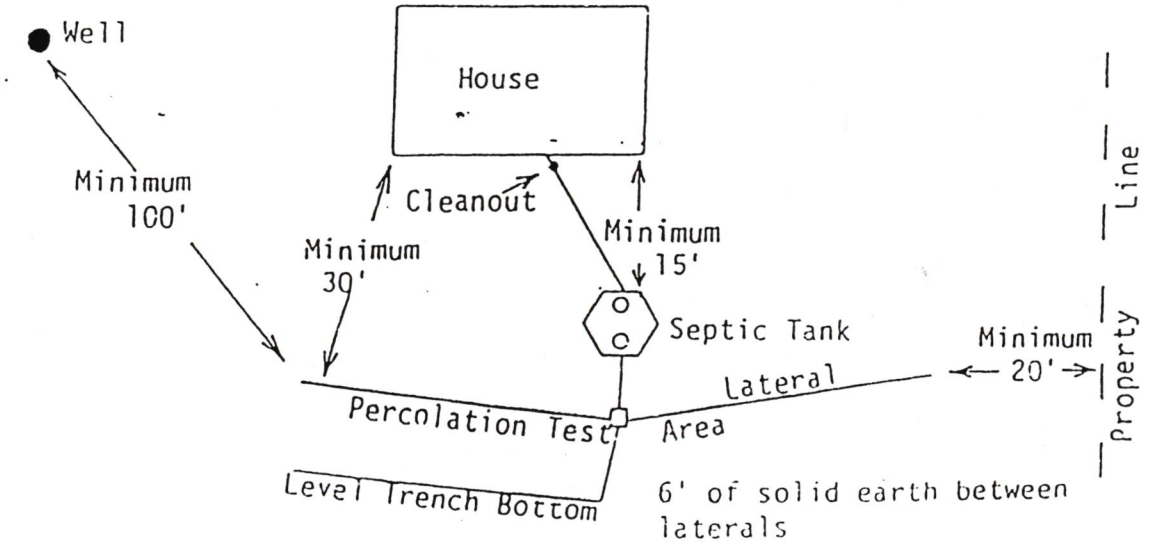
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 77' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 6 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 12 ft.

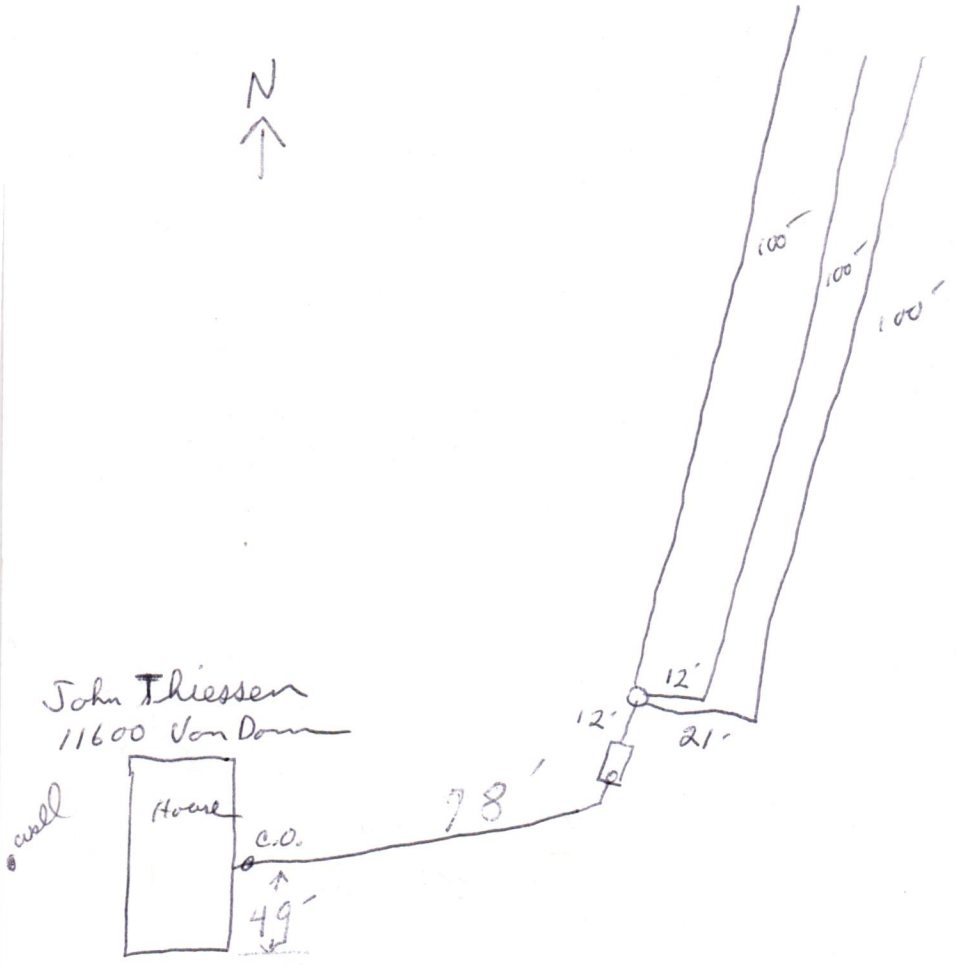
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4.
Material: fiberglass ☐; plastic ☒; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 8-10 ft.
3. Trench dimensions: Width _____ ft.;
Slope 6 in/100 ft.; Average Depth 30-35 in.
4. Filter Material: Road Gravel
Depth of Material 15 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

1-17-95



Lot 44 Sec 31

T 10 - 8

COLI
12/3/01

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 11600 Van Dorn

Parcel ID 23-31-400-010-000 (i.e. 99-99-999-999-999)

Twp 10N Range 8E Section 31 1/4 SE 1/4 Block Lot 44 Addition

Directions to Property East on Van Dorn to 116th. Turn north at Woods Bros. sign, follow drive to the left to the far north property

Location of Well About 80 ft. west of front of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System About 50 ft. E of NE of back patio Year Installed 1995?

Site Hazards (dogs, etc.) Friendly Spaniel

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Cindy Berlin	11600 Van Dorn	484-5949/432-3277
Tenant/Buyer:	Eric & Penny Silvius	4611 W. Adams Lincoln, Ne. 68524	470-4300
Return to:	Capital Title (Lila)	4645 Normal Blvd. #150 Lincoln, Ne. 68506	434-3720 434-3736 (Fax)

Signature of Applicant [signature] Address 4611 W. Adams Lincoln, Ne 68524 Date 11/20/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/20/01 Amount 200.00 Check No. 551 Initials LO

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

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 11/26/01 12-18-01 COLI 12-19-01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.4 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 12/3/01 by L.C.H.

Date 12/6/01 by L.C.H.

Date 12/11/01 by [illegible] 12-13-01

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SHOULD FILL IN LOW SPOTS OVER LATERALS TO KEEP SURFACE WATER FROM [redacted] STANDING ON THEM. ELECTRICAL CONDUIT IS BROKEN AT WELL HEAD. 12/3/01 Well repaired. L.C.H. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Sargent RS Date 12/20/01

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 [illegible]

12-19-01 Bathroom P19821-30 coli 0

12-18-01 Bathroom coli 0 P19821-27

Bathroom 2-13-01 P19395-39

Kitchen 12-11-01 P19395-37

12-19-01 precast tank P19821-29 coli 0

12-18-01 pressure tank coli 0 P19821-28

Pressure tank 12-13-01 P19395-40

pressure tank 12-11-01 P19395-36

Revised/Reprint: 9-00 ... ant after approval ... Yellow: ... Pink - Business Office

005

NOV 4 1996

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 11600 VAN DORN

Twp 10N Range 8E Section 31 1/4 ___ 1/4 ___ Block ___ Lot ~~Hill~~ Addition ___ 2682

Directions to Property LOT 44 SE 31-10-8 LCN

TWO HOUSES ON DRIVE - FURTHEST TO NORTH

Location of Well WEST OF HOUSE NEAR LIGHT POLE Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST OF HOUSE (JUST EAST OF SMALL TREES) Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	JOHN H. THIESSEN	11600 VAN DORN ST LINCOLN NE 68461	
~~Tenant~~/Buyer:	DANIEL K BERLIN	4921 BEAR CREEK LINCOLN NE 68516	423-0412
Return to:	BILL HARDER/WOODS BROS	3201 PIONEER BLVD LINCOLN NE 68502	488-5288

Signature of Applicant Daniel K Berlin Address 4921 BEAR CREEK LINCOLN NE Date 10/27/96

HEALTH DEPARTMENT USE ONLY

Date Received 11/4/96 #1283 Received $150.00 ✓ Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/5/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 11/7/96

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.