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

A

Permit Number 45018-25

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 13770 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SW 5 11N 6E 25

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

PID 12-05-300-003-000

B. Owner

Name Cathy Bristol Signature Cathy A. Bristol

Address 13770 NW 40th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-2102 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.62

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 6-11-19 Amount Paid $420.00

Received By Cash/Check No. 6287

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

Form A Updated: 1/13

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 13770 NW 40th St (no rural route) City Raymond NE, Zip 68428

Owner Cathy Bristol Address 13770 NW 40th St, Raymond, NE 68428

Date of Tests 5/1/19 to 5/2/19 Weather: Precipitation 0 Temperature 62°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	28	5/1	8:30a	5/1	12:30p	5/2	4:30p	6	5/2	5:00p	30	9/16	53
2	26	"	"	"	"	"	"	6	"	"	"	13/16	37
3	30	"	"	"	"	"	"	6	"	"	"	2-7/8	10
4	24	"	"	"	"	"	"	6	"	"	"	9/16	53
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 153
Average of Rates: 38
Rate Used for Calculation: 53 (20 mpi variance)

Soil type (NRCS Maps/Other) Silt Loam

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

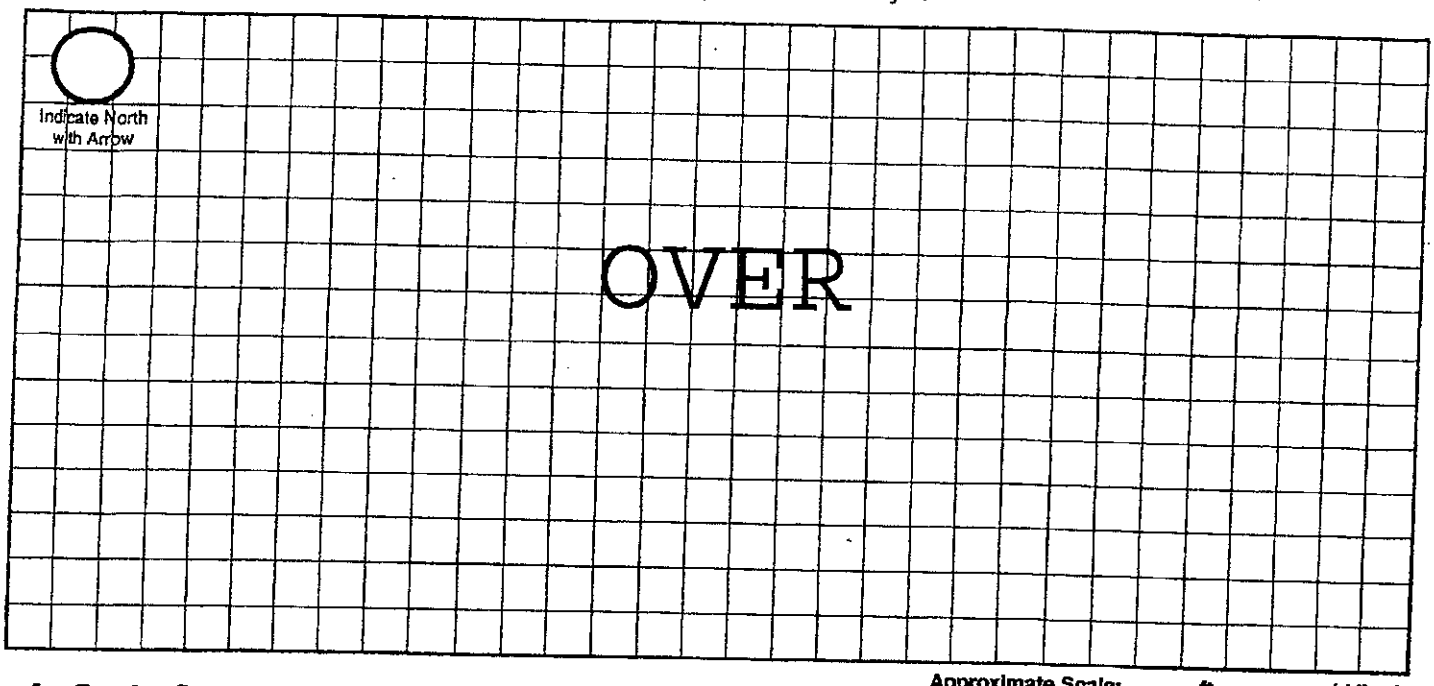
C

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) 13770 NW 40th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 53 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silt Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 240 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 2 Width 40" No. of drop boxes 1 Distrubtion Box_____

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 Existing Home Date _____

Installer [signature] Date 5/16/17

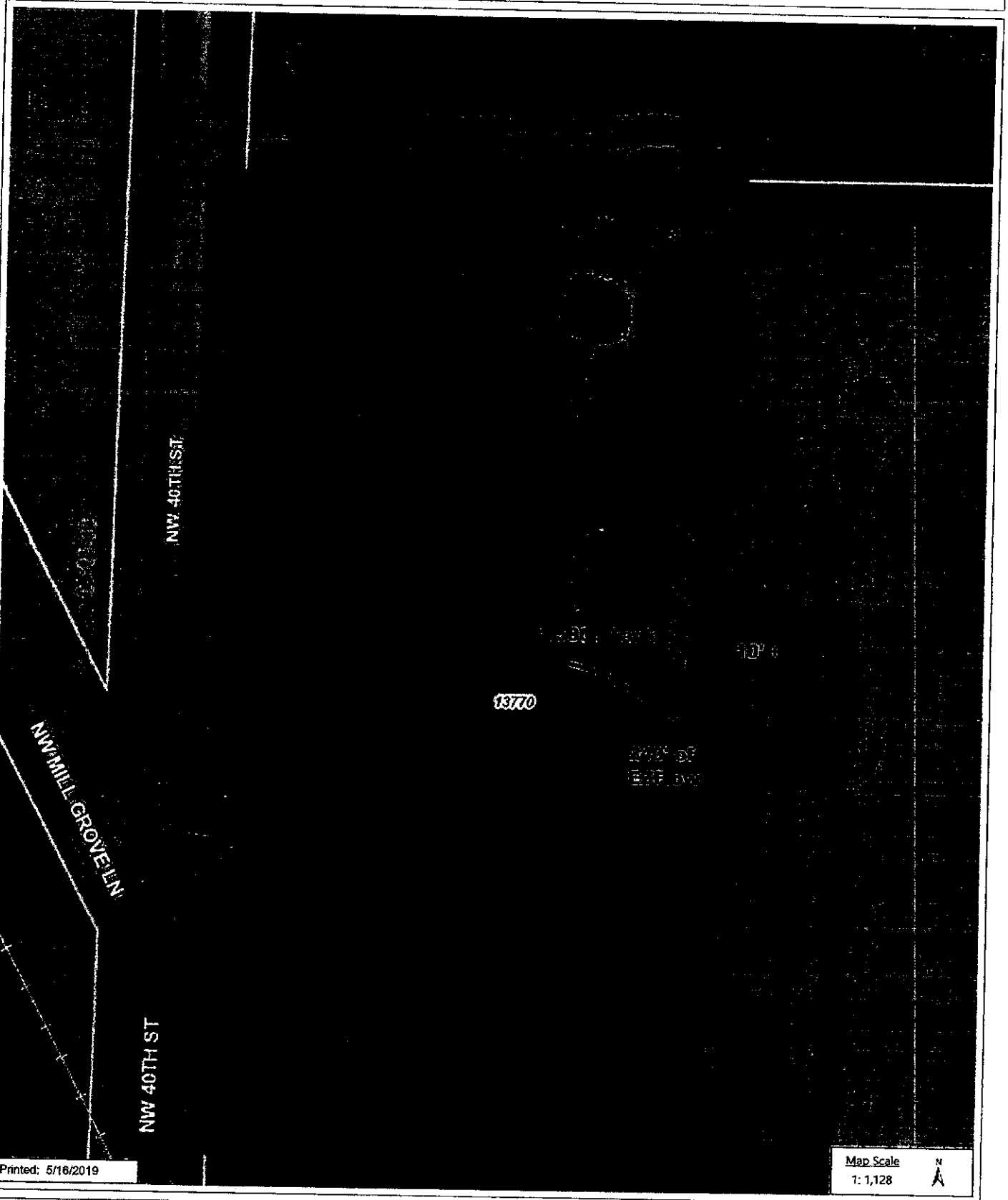
Onsite Form C 12-06

Cathy Bristol 13770 NW 40th St, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map

QAB



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS001825

System Type: Standard

Situs: 13770 NW 40TH ST, RAYMOND, NE 68428

Issued: 5/16/2019

Expires: 5/16/2020

Description: S5, T11, R6, 6th Principal Meridian, LOT 25 SW

Owner: BRISTOL, LARRY D & CATHY A
13770 NW 40 ST
RAYMOND, NE 68428-9759

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number 4510.125

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 13770 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SW 5 11N 6E 25
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-05-300-003-000

B. Owner

Name Cathy Bristol Signature Cathy A. Bristol

Address 13770 NW 40th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-2102 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.62
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 ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 5/14/19
Date frwd 5/16/19
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 5/28/19

Business Office Use Only
Date Received 5/14/19 Amount Paid $420.00
Received By Cash/Check No. 1287

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 1500182S

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13740 NW 40th 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 _____ Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ☐ Chambers ☒ Perforated Pipe ☐ Other (describe) 200 contractors plans

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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 #3 _____

Lateral #1 _____ Lateral #4 _____

Lateral #2 _____

Comments: see contractor's drawings

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 5/20/19

Updated 5/18

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

D Exhibit 4

Permit Number: HS001825

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID=12-05-300-003-000

Address or Legal Description or Parcel Identification Number (PID) 13770 NW 40th St Raymond, NE 68428

Owner: Cathy A Bristol Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 29 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100 ft.
   Pressure line N/A ft
   Property Line 50 ft.+
   Foundation 20 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 51 ft. E
(Drainfield Control Valve)

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1,080 sq ft
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 5 ft.+
   Depth of Groundwater >10'

almost complete original - DH

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

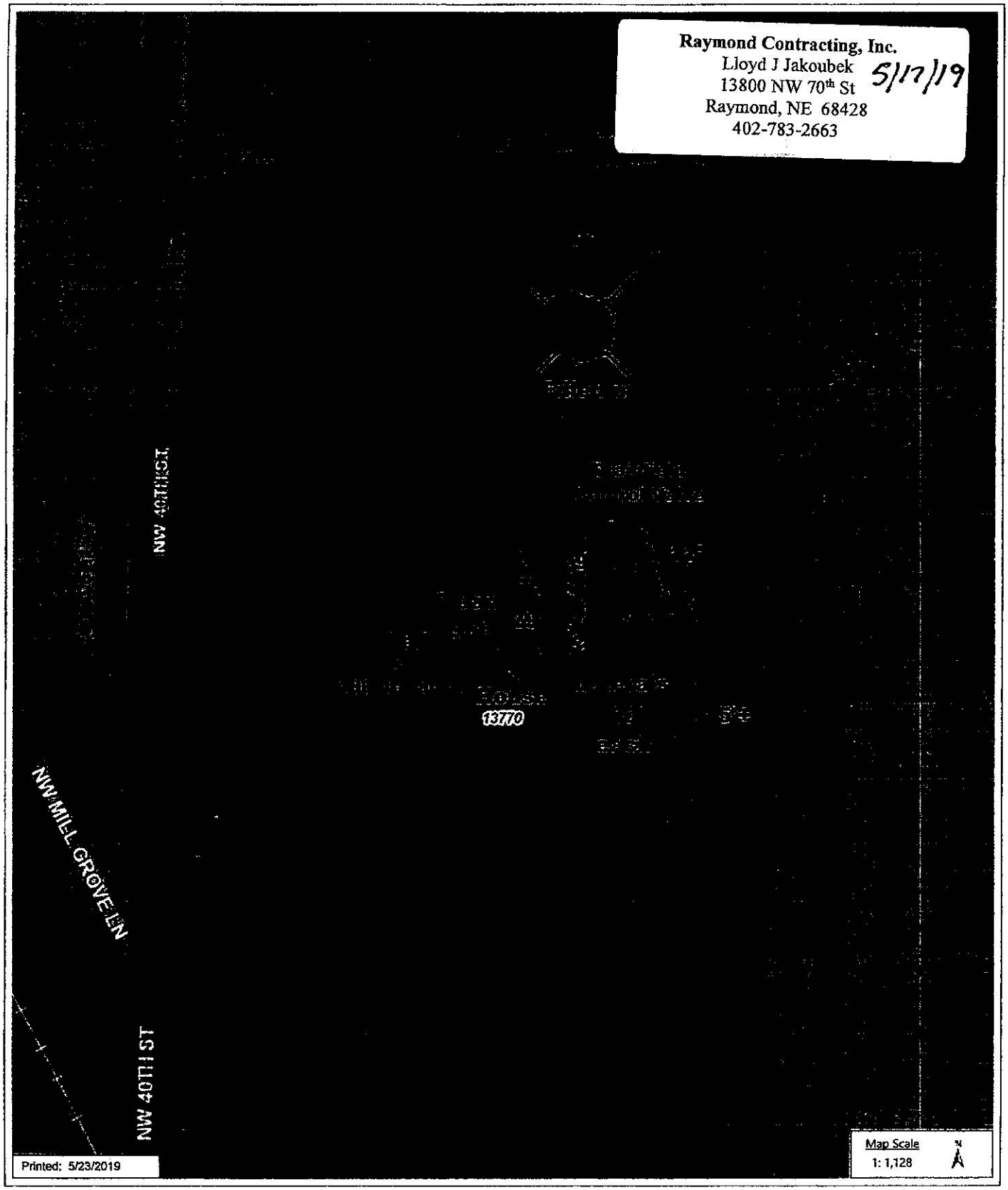
Certified Professional Signature: [signature] Date: May 17, 2019

Complete As-Built drawing on the back of this form.

Cathy Bristol 13770 NW 40th St, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380094801

Issued 01/29/93
Expires 07/29/93
Revenue Code 18754

Establishment
HUNT/CLARK BUILDERS
T11N R6E SEC 5
LOT 6&10
13600 NW 40 STREET

FEES: $150.00

TOTAL $150.00

Permittee
HUNT/CLARK BUILDERS
3799 GARFIELD ST
LINCOLN NE 68506

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"

RECEIVED DEC 1 5 1992

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: 10-26-92

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. 11N ; Range 6E ; Section 5, 5 1/4;
   Block _____ : Lot 6+10 IT : Addition _____
   Street Address 13600 N. W. 40th

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: _____ ft.

owner: Larry Bristols

Signature of Applicant (Owner or Lessee)

3799 Lakefield
Address

(Do not write below this double line)

$150. Ck rec. Hunt/Clark Builders # 1397

1. Health Department: Date Rec'd. 10-26-92 . Date Frwd. 12-30-92 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul D'Armann

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/23/92 . Date Frwd. Dec 6, 92 . ACTION: Approved ☒ Disapproved ☐ Signature: Tracy Kaufman, Clerk

3. City or County Engineer: Date Rec'd. 12/31/92 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-28-92 by: JJ
Date: 12-30-92 by: P.D
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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 _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/23 to 10/24. Weather: Precip. 0 Temp. 80°.

OWNER: _____

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"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	2 3/4	30	1/8	
2	36"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	2 7/8	30	1/8	
3	36"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	2 1/2	30	1/4	
4	36"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	2 7/8	30	1/8	
5	36"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	2 3/4	30	1/4	
6	36"	10-23	9:45A	10-23	1:45P	10-24	10:30A	6	2:30	3	30	1/8	
								6	2:30	2 5/8	30	1/8	

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

Signature of Person Conducting Test

Address 3799 GARFIELD Phone 402 466-8833 402 479-8111

(Do not write below this line)

REVIEWING ACTION

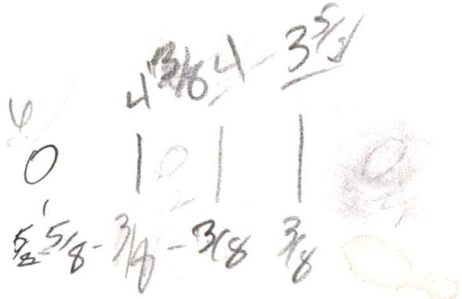
Remarks: _____

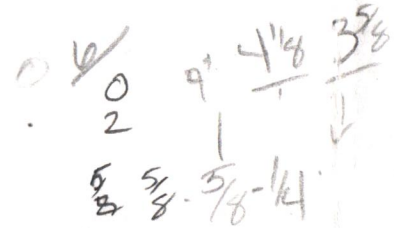
Soil Type (SCS): COLO

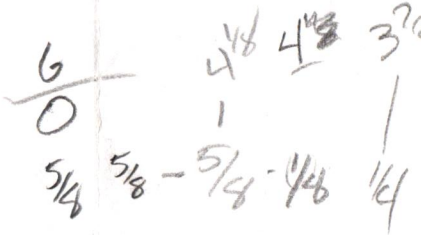
Date: _____

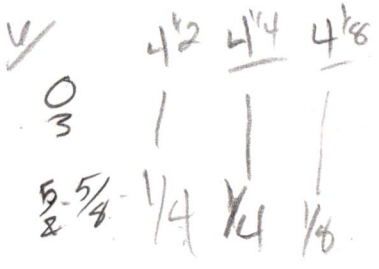
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

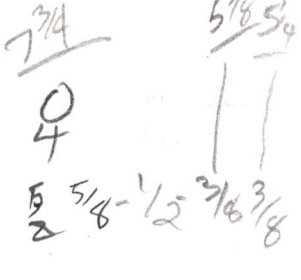
Signature of Reviewing Official


6
4 3/16 4 3/8
0
5/8 5/8 3/4 3/8 3/8


6
4 1/8 4 3/8 3 7/8
0
5/8 5/8 5/8 1/4 1/4


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5/8 5/8 1/2 1/4


6
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3
5/8 5/8 1/4 1/4 1/8


7 3/4
5 1/8 5/8
0
4
5/8 5/8 1/2 3/16 3/8

PERC. TEST
10/24/92

N.W. 40th
& W. MILL RD.

FOR: HUNT/CLARK BUILDERS INC.

	10:00 AM	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00
(1.) WATER LEVEL	6'	5 3/8	4 5/8	4 3/8	4	3 5/8	3 1/2	3 3/8	3 1/4
30 MIN DROP		5/8	5/8	3/8	3/8	3/8	1/8	1/8	1/8

(2.) 6 - 5 3/8 - 4 5/8 - 4 1/8 - 3 5/8 - 3 1/2 - 3 3/8 - 3 1/4 - 3 1/8
5/8 - 5/8 - 1/2 - 3/8 - 1/8 - 1/8 - 1/8 - 1/8

(3.) 6 - 5 3/8 - 4 7/8 - 4 5/8 - 4 3/8 - 4 1/8 - 3 7/8 - 3 3/4 - 3 1/2
5/8 - 1/2 - 1/4 - 1/4 - 1/4 - 1/4 - 1/8 - 1/4

(4.) 6 - 5 3/8 - 4 7/8 - 4 3/8 - 4 - 3 5/8 - 3 3/8 - 3 1/4 - 3 1/8
5/8 - 1/2 - 1/2 - 3/8 - 3/8 - 1/4 - 1/8 - 1/8

(5.) 6 5 3/8 - 4 5/8 - 4 3/8 - 4 1/8 - 3 7/8 - 3 3/4 - 3 1/2 - 3 1/4
- 5/8 - 5/8 - 3/8 - 1/4 - 1/4 - 1/8 - 1/4 - 1/4

(6.) 6 - 5 3/8 - 4 7/8 - 4 3/8 - 4 - 3 3/4 - 3 1/2 - 3 1/4 - 3
5/8 - 1/2 - 1/2 - 3/8 - 1/4 - 1/4 - 3/4 - 1/8

(7.) 6 - 5 1/2 - 5 - 4 1/2 - 4 1/8 - 3 7/8 - 3 3/4 - 3 1/2 - 3 3/8
1/2 - 1/2 - 1/2 - 3/8 - 1/4 - 1/8 - 1/4 - 1/8

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

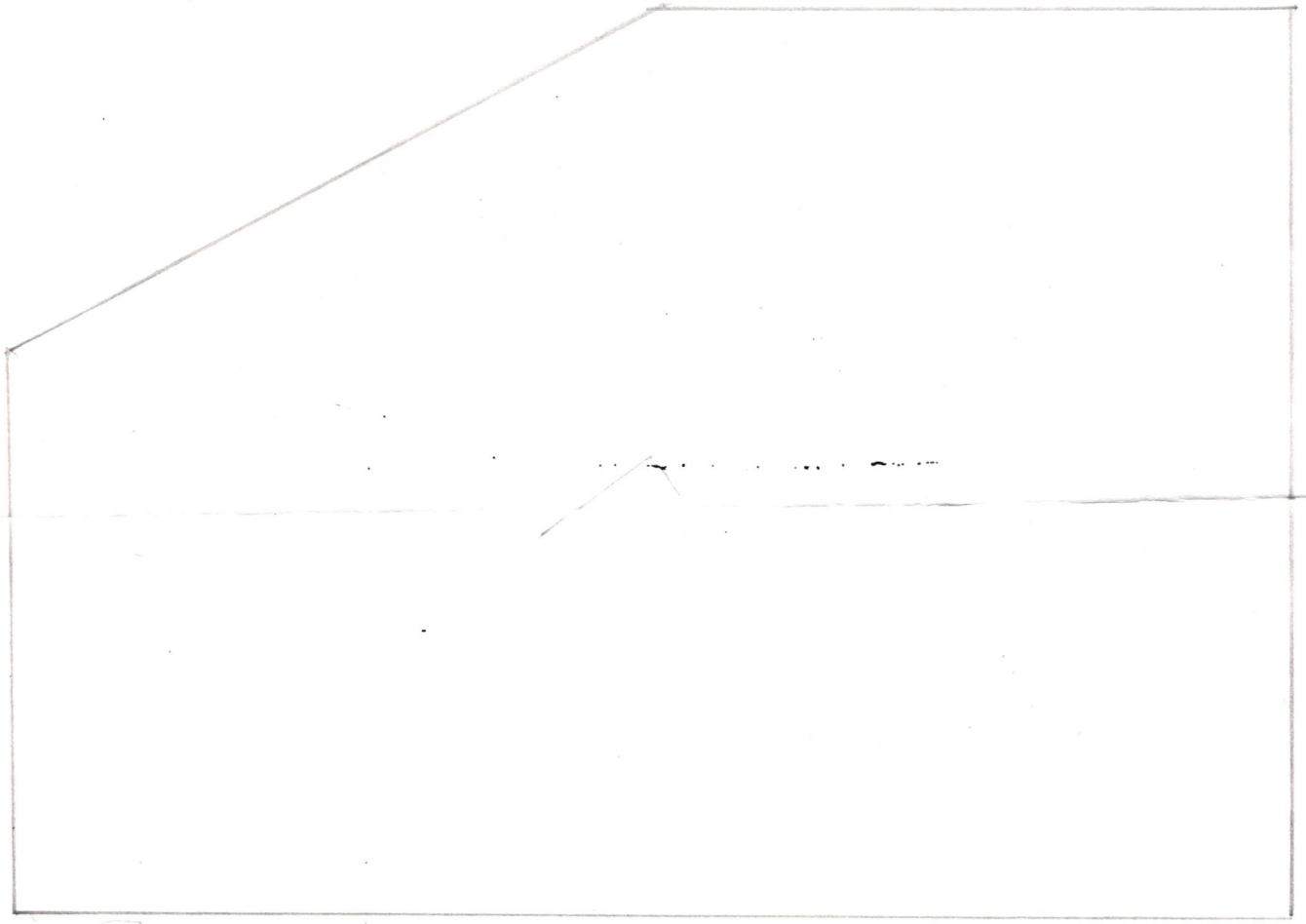
C

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.

ATTACHED DRAWING



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 150 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ sq.ft.

_____
Signature of Reviewing Official

Pt Lts 6 & 10
in SW SW

AN IRREGULAR TRACT OF LAND SITUATED IN THE SOUTH HALF (S 1/2) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 5, TOWNSHIP 11 NORTH, RANGE 6 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, SAID TRACT BEING A PART OF LOT 6 IRREGULAR TRACTS AND LOT 10 IRREGULAR TRACTS, MORE PARTICULARLY DESCRIBED AS FOLLOWS: REFERRING TO THE SOUTHWEST CORNER OF SAID SECTION 5, THENCE DUE NORTH ALONG THE WEST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 5, A DISTANCE OF 843.15 FEET TO THE POINT OF BEGINNING, SAID POINT BEING THE MOST EASTERLY RIGHT OF WAY LINE OF THE UNION PACIFIC RAILROAD RIGHT OF WAY, THENCE SOUTHEASTERLY ALONG SAID RAILROAD RIGHT OF WAY ON A CURVE TO THE RIGHT, THE INITIAL TANGENT OF WHICH IS SOUTH 29 DEGREES 04 MINUTES 38 SECONDS EAST AND THE RADIUS OF 5,779.58 FEET, A DISTANCE OF 320.21 FEET; THENCE NORTH 88 DEGREES 39 MINUTES 01 SECONDS EAST, A DISTANCE OF 164.17 FEET; THENCE DUE NORTH ON A LINE PARALLEL TO AND 312.0 FEET EAST OF THE WEST LINE OF THE SOUTHWEST QUARTER, A DISTANCE OF 768.0 FEET TO A POINT ON THE NORTH LINE OF THE SOUTH HALF (S 1/2) OF THE SOUTHWEST QUARTER (SW 1/4), SAID POINT BEING THE NORTH LINE OF LOT 6 IRREGULAR TRACTS, THENCE SOUTH 88 DEGREES 39 MINUTES 01 SECONDS WEST ALONG THE NORTH LINE OF THE SOUTH HALF OF THE SOUTHWEST QUARTER, A DISTANCE OF 312.0 FEET TO THE WEST LINE OF THE SOUTHWEST QUARTER, THENCE DUE SOUTH ALONG THE WEST LINE OF THE SOUTHWEST QUARTER, A DISTANCE OF 480.50 FEET TO THE POINT OF BEGINNING.

Lincoln-Lancaster County Health Department

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

P6759-34

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

P6759-1

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

Legal Description of Property: Street Address 13600 N W 40th

Twp 11N Range 6E Section 5 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property acreage ½ mile south of Raymond. East side of road

Location of Well west of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System N/A Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Larry Bristol	13600 NW 40th Raymond Ne. 68428	783-2102
Tenant/Buyer:	N/A		
Return to:	Larry Bristol	" "	

Signature of Applicant Cathy A. Bristol Address Same Date 1/8/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 01/11/99
Initials JS
Amount $150.00
Check No. # 6031

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By JBare **DATE:** 1/12/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐ JB
Bacteria	☒ 0 /ml	☒ ~~/ml~~
Nitrate	☒ 8 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits

Date 1/28/99 by JS
Date 3/9/99 by PD
Date ___/___/___ by ___

Comments: Fence w/ locking Gate and warning signs Are Required. Excessive weed Growth must be Removed. "D" Sheet Drawing MUST be Submitted to this office.

See Attached Letter ☐

3-9-99 No signs seen

FINAL STATUS

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

Approved by James E Bare Date ___/___/___

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: 10-95

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 13600 N.W. 40th

Twp 11 Range 6 Section 5 1/4 SO 1/4 ___ Block ___ Lot 6 + 10 Addition ___

Directions to Property N.W 40th + W. Mill Rd 1st house north of Intersection

Location of Well west of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System north of house Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Larry Bristow	13600 N.W 40th	
Tenant/Buyer:			
Return to:	Rick Mosman Realtor		FAX: 483-4663

Signature of Applicant ___ Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 12/28/92 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By ~~12-28-92~~ Joyce Jensen **DATE:** 12/28/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 12/28/92 by JJ
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 12/31/92 by PD
Nitrate	☒ 8.7 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Lab results on nitrate is pending. Sewage waste system has provisional approval only. Sewer line and Lift tank was installed and backfilled prior to inspection. Lagoon needs to have fence and gate installed ASAP See Attached Letter ☐

FINAL STATUS

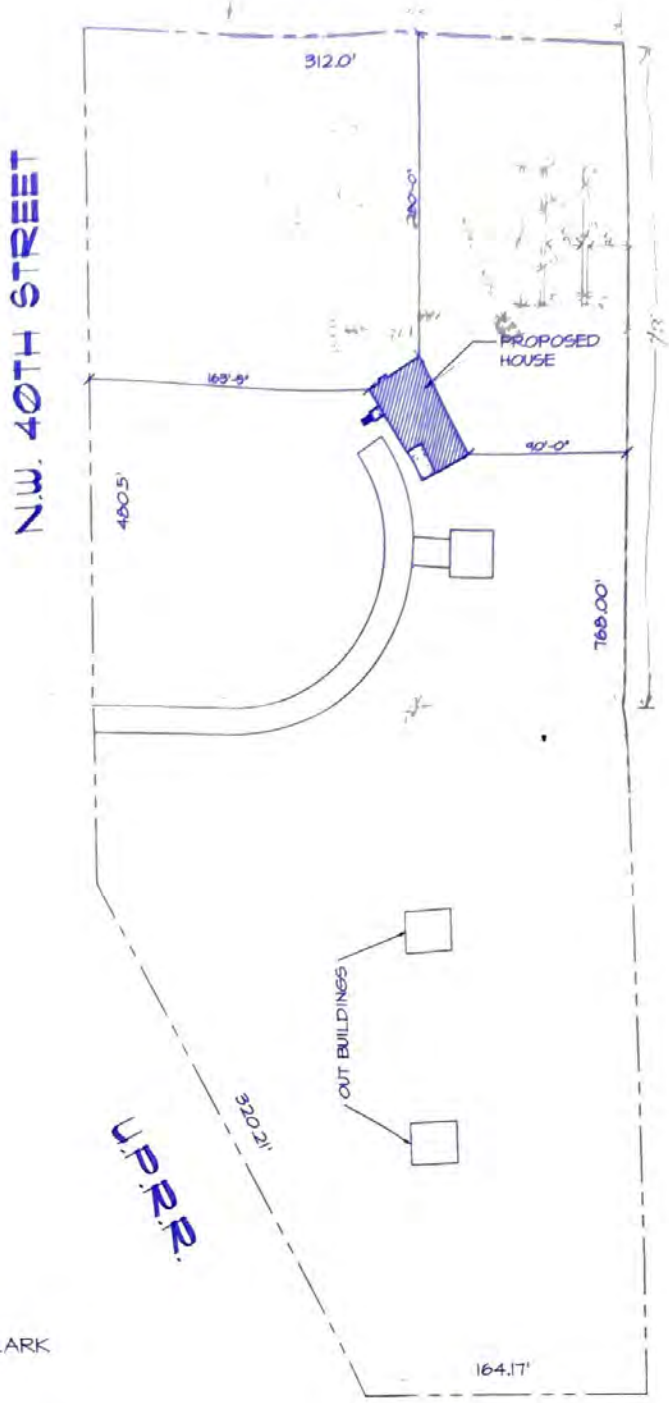
WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Paul Dittmann Date 12/31/92

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.

LEGAL:

LOT:
BLOCK:
ADDITION:



SITE PLAN

SCALE: 1"=20' 0"

KDJ TECHNOLOGY INC.
6201 SOUTH 56TH STREET, SUITE F
LINCOLN, NE. 68516

BUILDER: HUNT & CLARK

PROJECT:

LOCATION:

and located along the Union Pacif

West Branched Oak Hotel bridge over North

