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

A

Permit Number
HS 002380

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* 11330 Wenzel Dr (no rural route) City Lincoln, NE Zip 68527

Legal Description: SW (1/4) SW (1/4) 18 (Section) 10N (Township) 8E (Range) Al Larson (Subdivison) 1 (Addition) 9 (Block) Lot

PID 23-18-400-015-000 *Approx. Address (If to be determined)

B. Owner

Name Brian D Clark Signature Brian D Clark

Address 11330 Wenzel Dr City/State/Zip Lincoln, NE 68527

Home Phone 402-770-1130 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

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

Work Phone 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.03
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 4-05-22 Amount Paid $450 CC
Received By SAD Cash/Check No 220267

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

Form A Updated: 2/1

11330 Wearel Dr.

D- 43(73) SOIL ABSORPTION TEST DATA REPORT
(ex to Application)
ference: 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 475-6221)

FILE NO. 846

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____ 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)
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	10¾	20M	3/4	40
										9¾		1/4	40
										9		1/2	40
										8½		1/2	40
										8		1/2	40
										7½		1/2	34
										7		1/2	40

[illegible]
Signature of Person Conducting Test

Address [illegible]
Phone: _____

Sum of Percolation Rates 394
Average of Rates: 49
Mean of Rates: 40

(Do not write below this line)

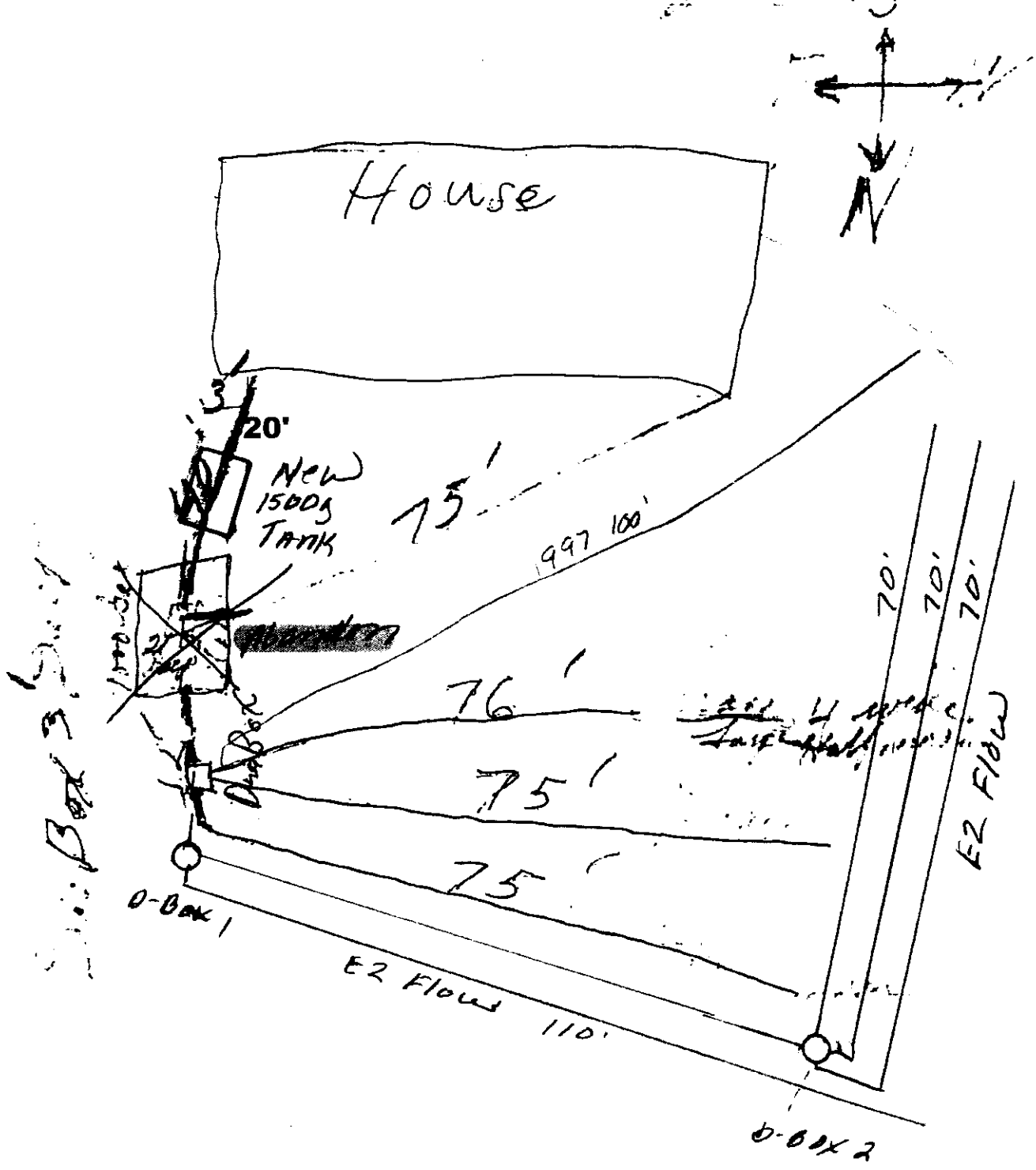
REVIEWING ACTION

REMARKS: _____

DATE: June 7, 1976

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official


House
3'
20'
New
1500g
Tank
15'
1997 100'
70'
70'
70'
76'
75'
75'
E2 Flow
E2 Flows 110'
O-Box 1
O-Box 2

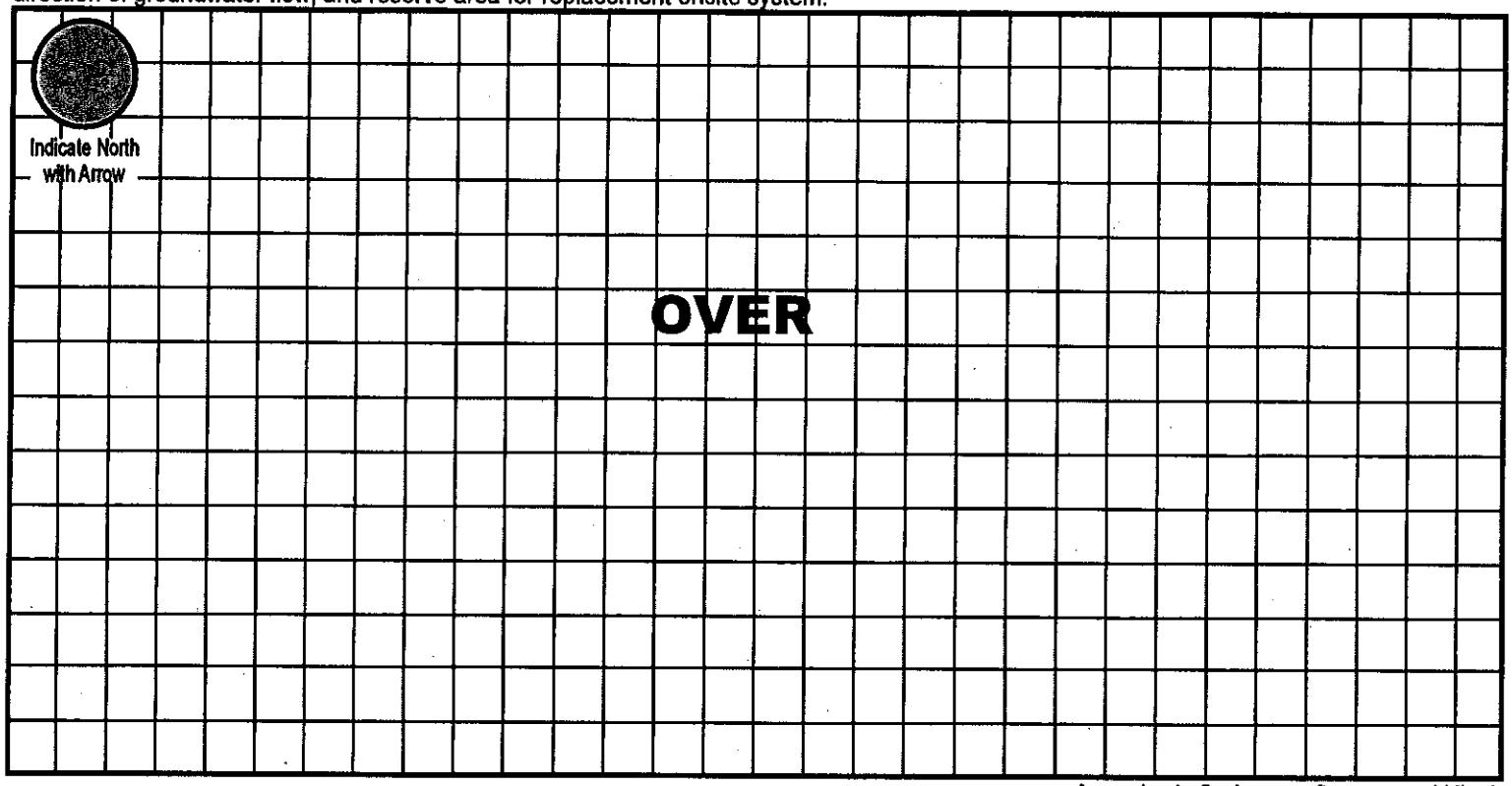
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



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

A. Onsite System Location

Address (no rural route) 11330 Wenzel Dr City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.

Total length of laterals 4 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 2 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Kevin L. Jahnke Date: 4/4/22

Updated 2/18

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. HS002380

System Type: Standard

Situs: No Site Address Specified

Issued: 4/6/2022

Expires: 4/6/2023

Description: AL LARSON SUBDIVISION, BLOCK 1, Lot 9

Owner: CLARK, BRIAN D & BEVERLY W
11330 WENZEL DR
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number
HS 002380

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* 11330 Wenzel Dr (no rural route) City Lincoln, NE Zip 68527

Legal Description: SW (1/4) SW (1/4) 18 (Section) 10N (Township) 8E (Range) Al Larson (Subdivison) 1 (Block) 9 (Lot)

PID 23-18-400-015-000 *Approx. Address (If to be determined)

B. Owner

Name Brian D Clark Signature Brian D Clark

Address 11330 Wenzel Dr City/State/Zip Lincoln, NE 68527

Home Phone 402-770-1130 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

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

Work Phone 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.03
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 8/25/22
Comments
Date rec'd 4/6/22
Date frwd 4/6/22
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 Doug Mau
Date 8/29/22

Business Office Use Only
Date Received 4-5-22 Amount Paid $450.00
Received By SAD Cash/Check No 1C0267

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

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

Exhibit 5

Permit Number: H 5002380

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/29/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11330 Wenzel Dr. 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 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 240 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E2 Flow Factor

No. of Absorption Laterals 4 Width 4.5 No. of Drop Boxes _____ Distribution Box _____

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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 8/25/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

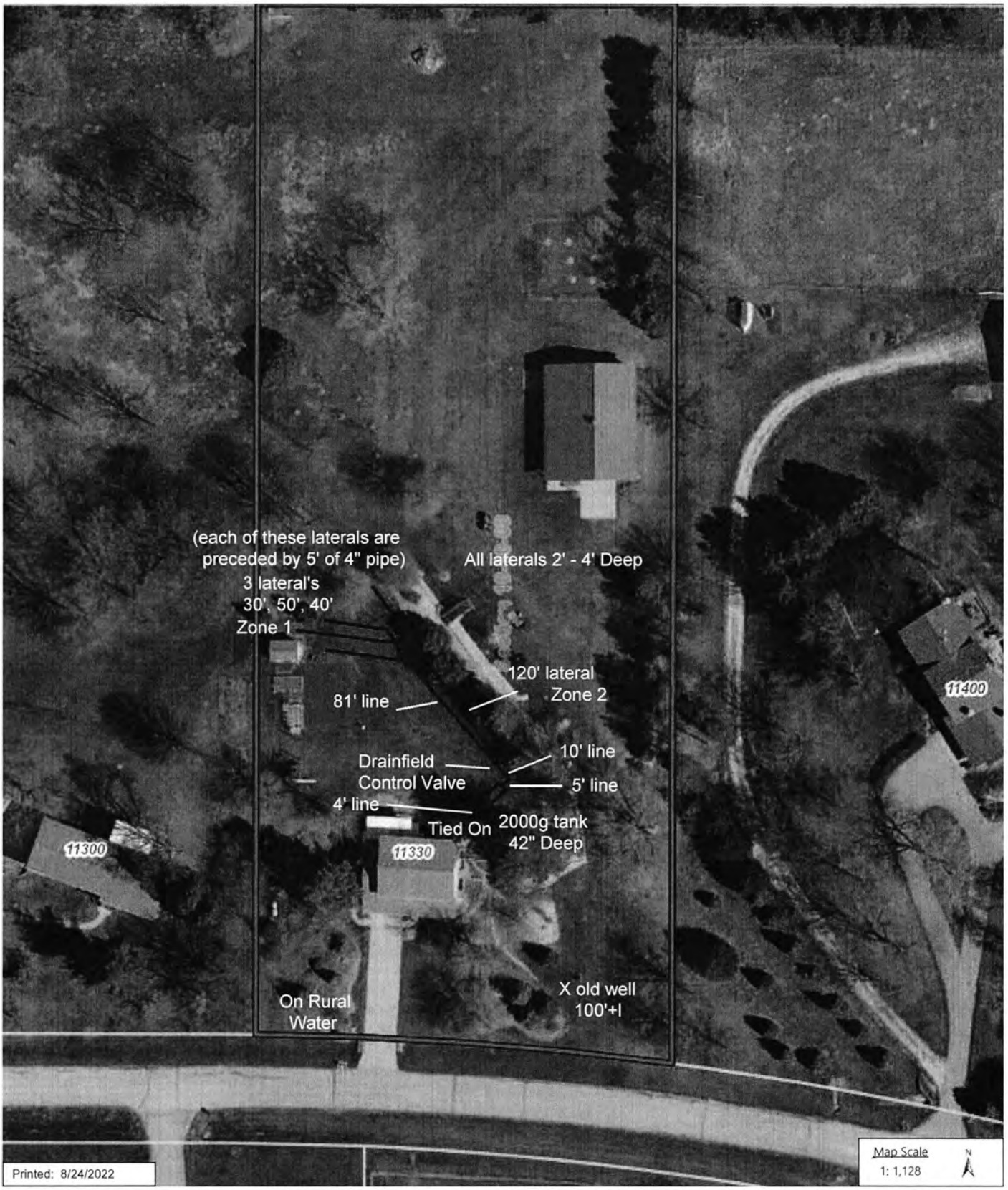
Date 8/29/22

Field Note Drawing (See Reverse Side):

11330 Wenzel Dr, Lincoln, NE 68527

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 Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002380

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 = 23-18-400-015-000

Address or Legal Description or Parcel Identification Number (PID) 11330 Wenzel Dr. Lincoln NE 68527

Owner: Brian Clark Address 11330 Wenzel Dr. Lincoln NE 68527

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ cleanout and septic tank: 19 ft. (4' new)

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gallon
3. Depth to top of tank, below unfinished grade: 42 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property Line 50 ft. +
   Foundation 30 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. NE

(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: 4 Depth: 2' - 4'
3. Length of each lataral (linear): ft. 120 ft. 40 ft. 50 ft. 30
4. Drainfield size: 1,080 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 20 ft. +
   Depth of Groundwater >10'

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

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: Neri L Jakowski Date: 8/18/22

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

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Wednesday, August 24, 2022 12:54 PM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: 11330 Wenzel Dr D-Sheet
Attachments: 11330 Wenzel Dr D-Sheet.pdf

HS002380 is attached.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

N. 112th
N. of Holdrege

For Rum

148th

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

D

Permit Number: HS002380

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 = 23-18-400-015-000

Address or Legal Description or Parcel Identification Number (PID) 11330 Wenzel Dr. Lincoln NE 68527

Owner: Brian Clark Address 11330 Wenzel Dr. Lincoln NE 68527

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2. Distance between cleanout ~~dwelling~~ and septic tank: 19 ft. (4' new)

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gallon
3. Depth to top of tank, below unfinished grade: 42 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 30 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. NE

(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: 4 Depth: 2' - 4'
3. Length of each lateral (linear): ft. 120 ft. 40 ft. 50 ft. 30
4. Drainfield size: 1,080 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 20 ft. +
   Depth of Groundwater >10'

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

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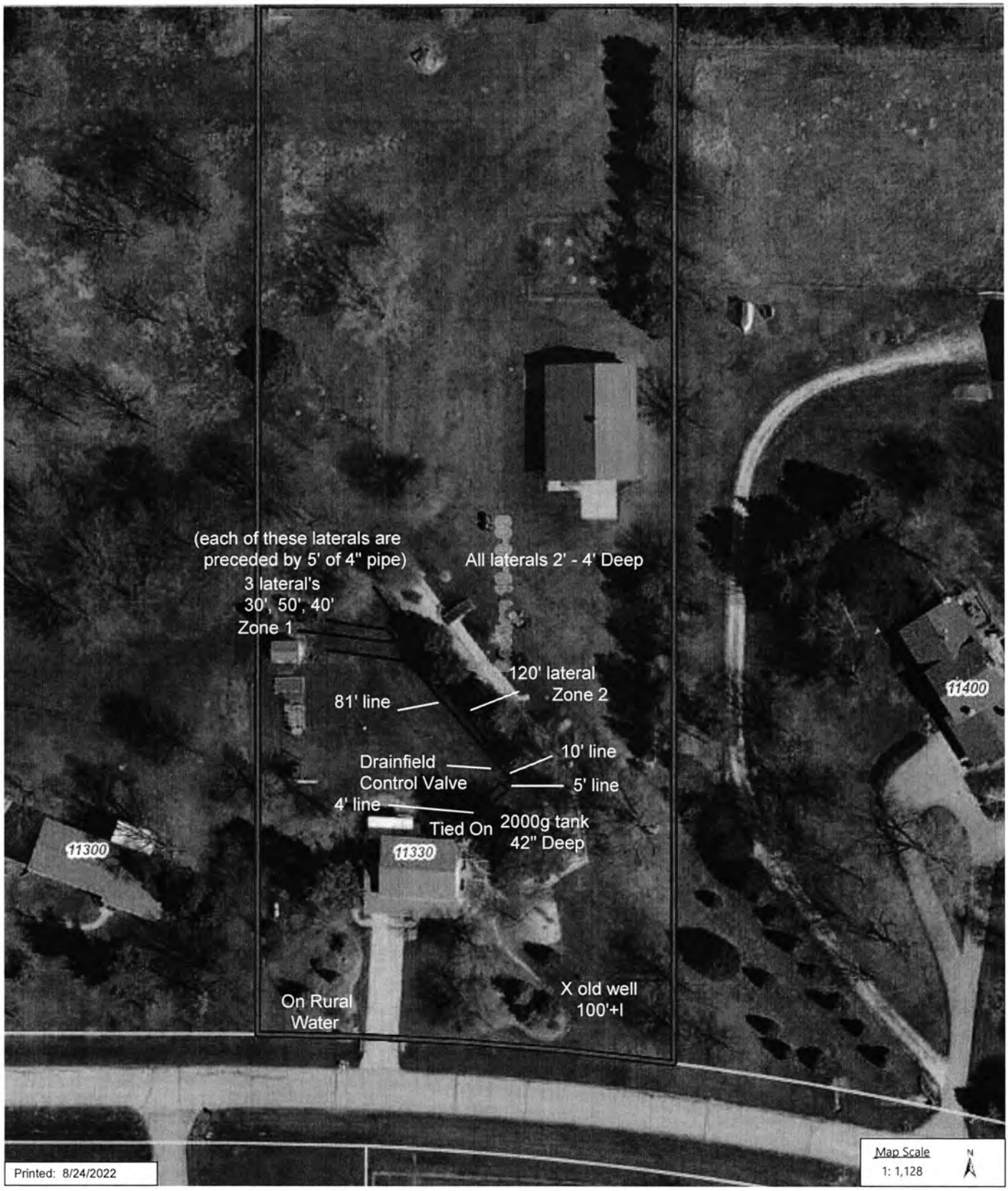
Certified Professional Signature: Kevin L Jakowatz Date: 8/18/22

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

11330 Wenzel Dr, Lincoln, NE 68527

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.

SCANNED 11330 Wenzel Dr.

D- 43(73) SOIL ABSORPTION TEST DATA REPORT
ex to Application)
ference: 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 475-6221)

FILE NO. 946

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
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: _____ to _____. Weather: Precip. ____ Temp. ____ F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1											240	6	40
												6	40
												6	40
												6	40
												6	34
												6	40

Sum of Percolation Rates 394
Average of Rates: 49
Mean of Rates: 40

Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

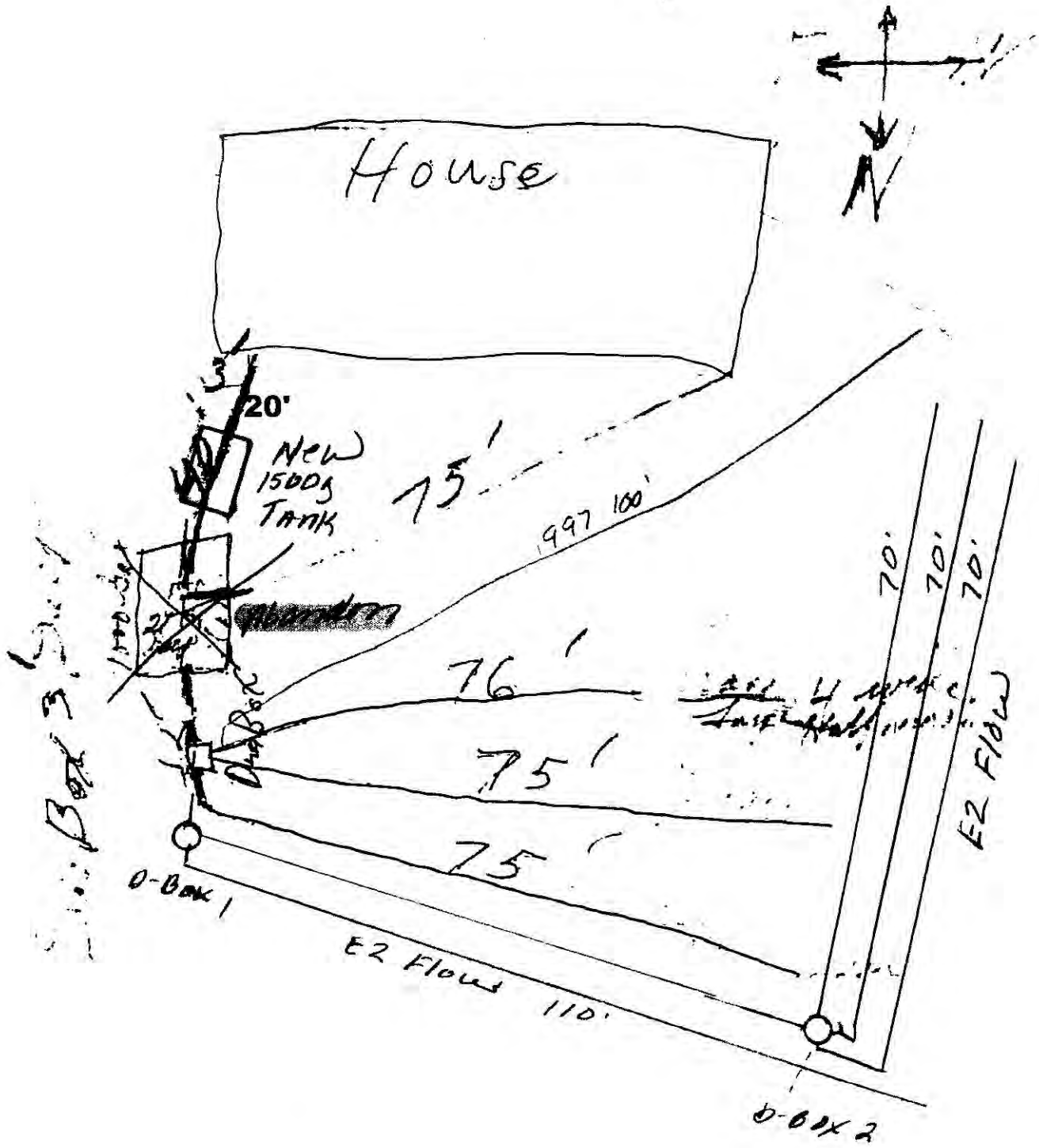
DATE: June 7, 1976

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

SCANNED

113 - [illegible]


House
3'
20'
New
1500g
Tank
15'
997 100'
70'
70'
70'
76'
75'
75'
E2 Flow
E2 Flows 110'
0-Box 1
0-Box 2
Box 3

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

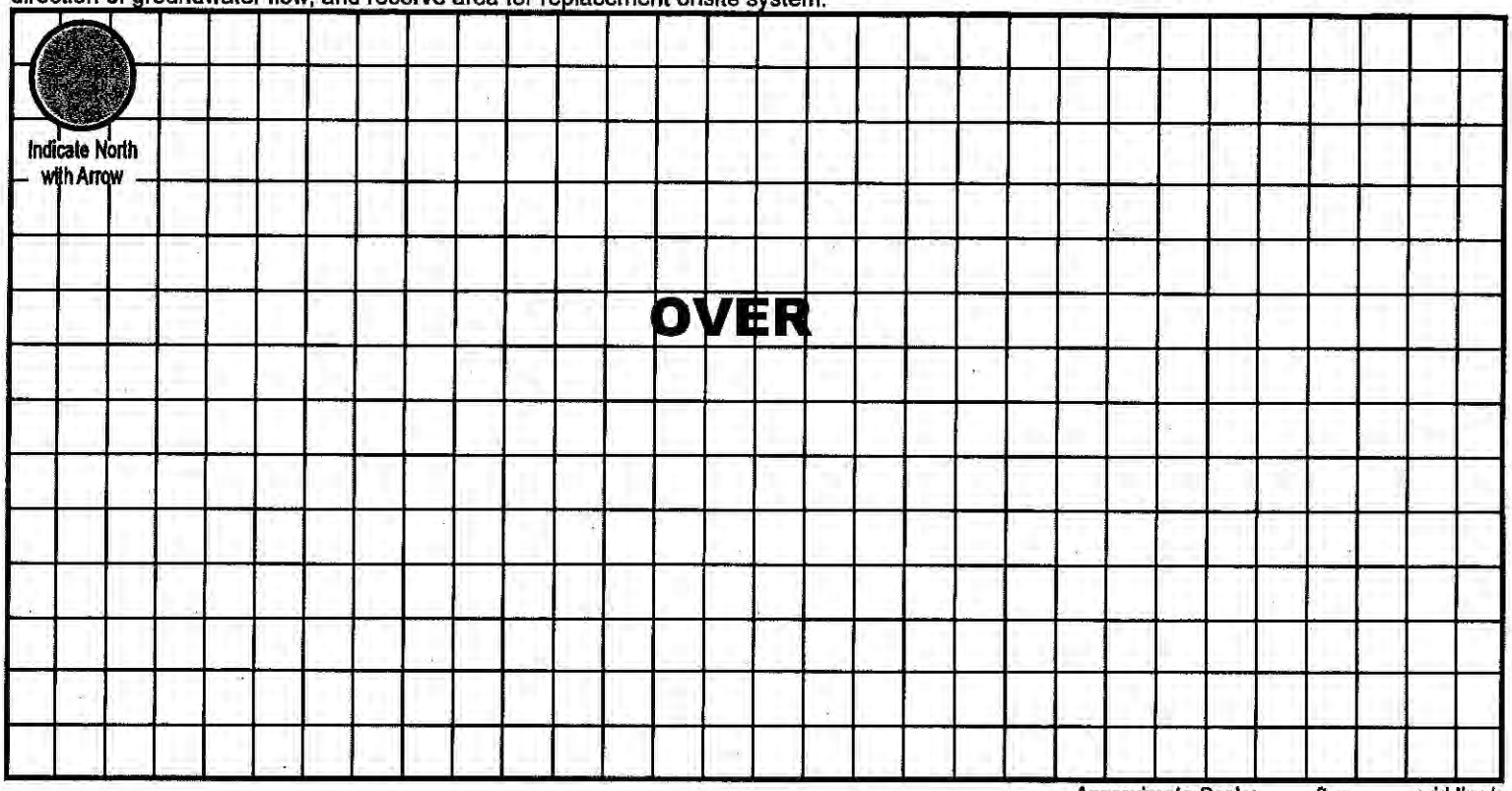
SCANNED

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



Approximate Scale: ____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 11330 Wenzel Dr City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield ____ Sq. Ft.

Total length of laterals 4 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 2 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neil L. Jakobsen Date: 4/4/22

Updated 2/18

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 846

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 7, 1976
THIS LICENSE OR PERMIT EXPIRES

John E. Hindman
LICENSEE OR PERMITTEE

929 Eldon Drive, Lincoln, NE
ADDRESS

TION: R8E: Sec. 18; Bl. 1; Lot 9; Al Larson Add1
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

INTER-DEPARTMENT COMMUNICATION

TO Charles Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE **June 7, 1976**

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction
File No. **846**
Bohn F. Hindman
929 Eldon Drive

The Application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T10N; R8E; Sec. 18; Bl. 1; Lot 9; Al Larson Add.

Jerrold C. Hood, R. S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH: **ch**

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. 846

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. 10N ; Range 8E ; Section 18
Block 1 ; Lot 9 ; Addition AL LARSON
Street Address _____

2. Property Use: Residential _____ [X] ; Commercial _____ [ ]
No. of Bedrooms 3 . Describe: _____
Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X] ; Other [ ]

4. Distance to public sewer: MILES ft.

John F Hamilton
Signature of Applicant (Owner or Lessee)

929 ELDON DR
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/7/76 . Date Frwd. _____ . ACTION: Approved [X] Disapproved [ ] Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/7/76 . Date Frwd. 6/7/76 . ACTION: Approved [ ] Disapproved [X] Signature: Bob Sons

3. City ~~or County~~ Engineer: Date Rec'd. 6-7-76 . Date Frwd. 6-7-76 . ACTION: Approved [ ] Disapproved [X] Signature: Al Long

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 [X]
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. 846

DATE: 7 JUN 1976

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. 10 N ; Range 8E ; Section 18 ; Block 1 ; Lot 9 ; Addition AL LARSON .
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3
Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; 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).

John T Hamilton
Signature of Applicant (owner or lessee)

929 ELDON PL
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-23-76 by: JW
Date: 8-24-76 by: JW
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 6/7/76
by: Jerrold C. Hoag

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-28-76 by: James Weverka

11330 Weasel Dr.

FORM HD- 43(73) 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 475-6221)

FILE NO. 846

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
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: 6-5-76 to 6-6-76. Weather: Precip. 0 Temp. 80° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	6/5	2 PM	6/6	1 PM	6/6	1 PM	6"	3 PM	1 5/8	30 M	3/4	
2										3/4		3/4	
3										3		1/2	
4										3		1/2	
5										1		7/8	
6										3/4		1/2	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 N 3rd
Phone: _____

(Do not write below this line)

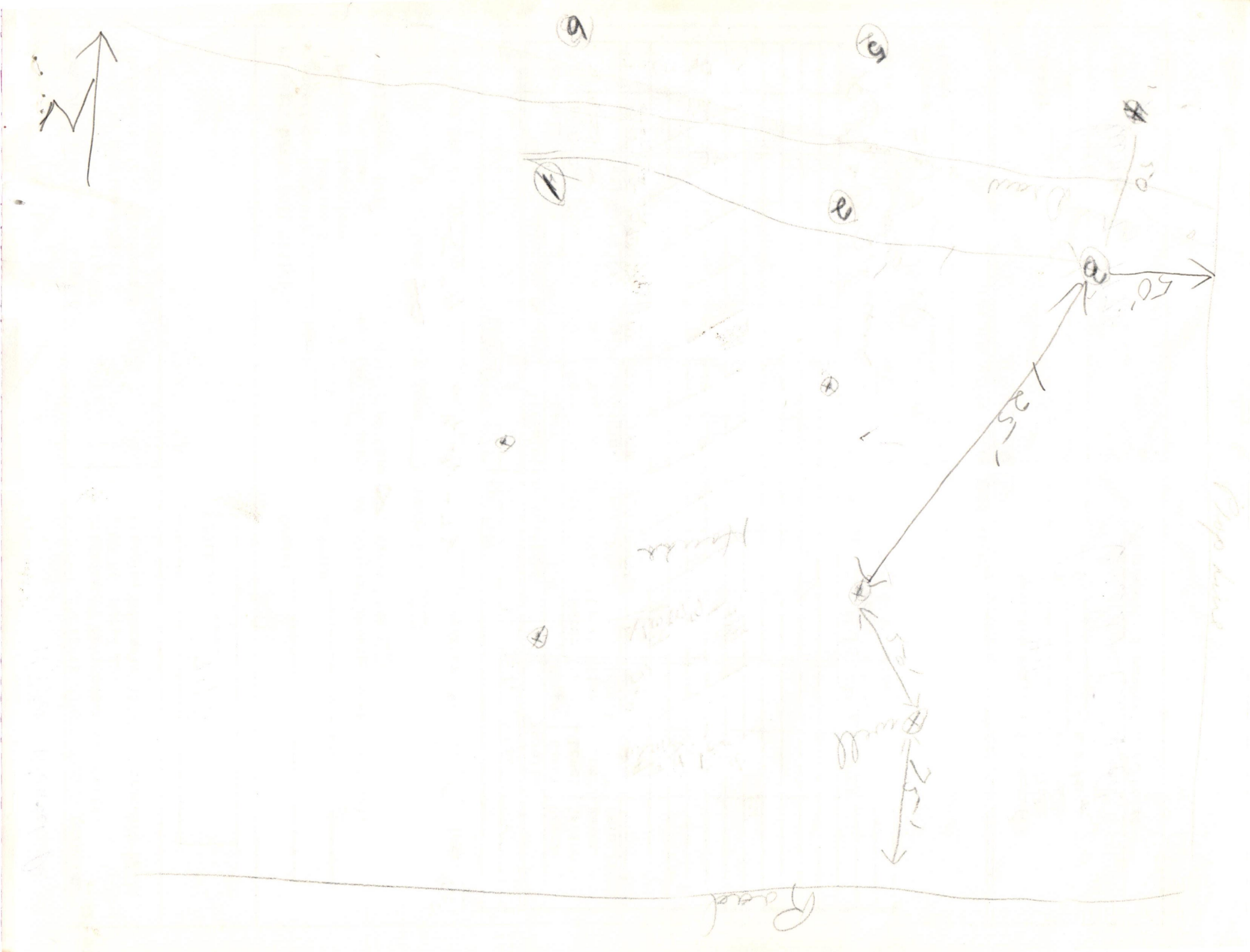
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 7, 1976

Jerrold C. Hood
Signature of Reviewing Official



11330 Wenzel Drive

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. 846

SPECIFICATIONS

DATE: _____

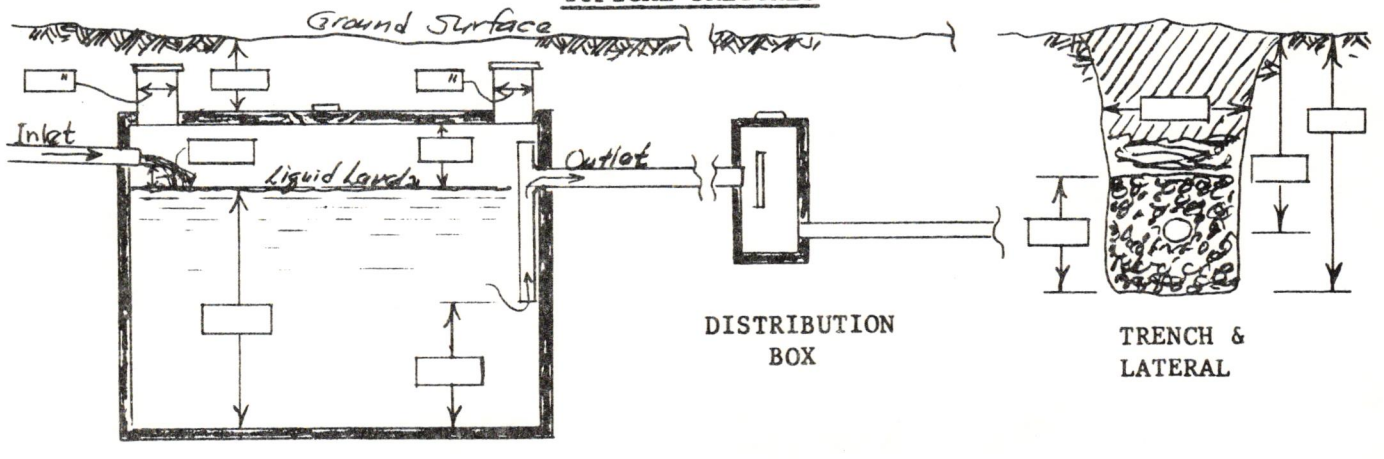
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

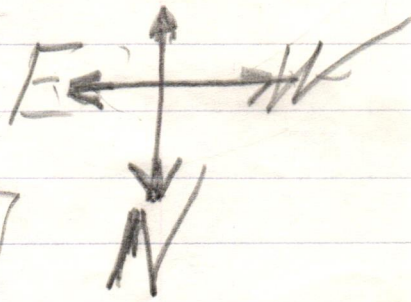
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in.
Number 3; Length of each line ___ft
Total length of Laterals 223 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

113-30 Wenzel Dr. S



House

40'

13'

75'

Dist Box 3 Lines

1000 gal

2 Bay Tank

Dist Box

76' drain 4' wide
~~Large~~ Halfmoons

75' Drain

75' drain

Felton Septic Tank Service

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 1-24-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 18; BLOCK 1

LOT 9; ADDITION Al Larson's Subd.; Street Address 11330 Wengel Drive

Directions to Property Call owner

Location of Well Call owner Tap Location: Inside ☐ Outside ☒

Location of Sewage System Call owner Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	H Edward & E Gayle Grotjan	11330 Wengel Drive	hm# 489-0929
Tenant/Buyer:			
Return to:	Star Bank PO Box 5300 Lincoln NE 68505	Gayle Grotjan	483-7918

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Address Star Bank

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 27 1992 Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 1-27-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1-27-92 by rm
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magnuson RS DATE 1-30-92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832