HS 002397

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 1440 Plum Ridge Rd

   Legal Description of Property: Township: S22 Range: T10 Section: R8 6th Principal Meridian
   Block _____ Lot 16NW SubDivsion _____ Add: _____

   ***Parcel ID** 23-22-100-018-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** R+R Septic tank
   Installing 1530 gallon Infiltrator

5. **Current Type of Lateral** _____ **Current Linear Ft. Of Lateral** - _____

   Current Tank Gallonage _____

6. Print Name Matthew Johnson Address 2949 Cornhusker Hwy Lincoln, NE 68504 Phone: 402-802-5440
   Applicant Signature: Matthew Johnson

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

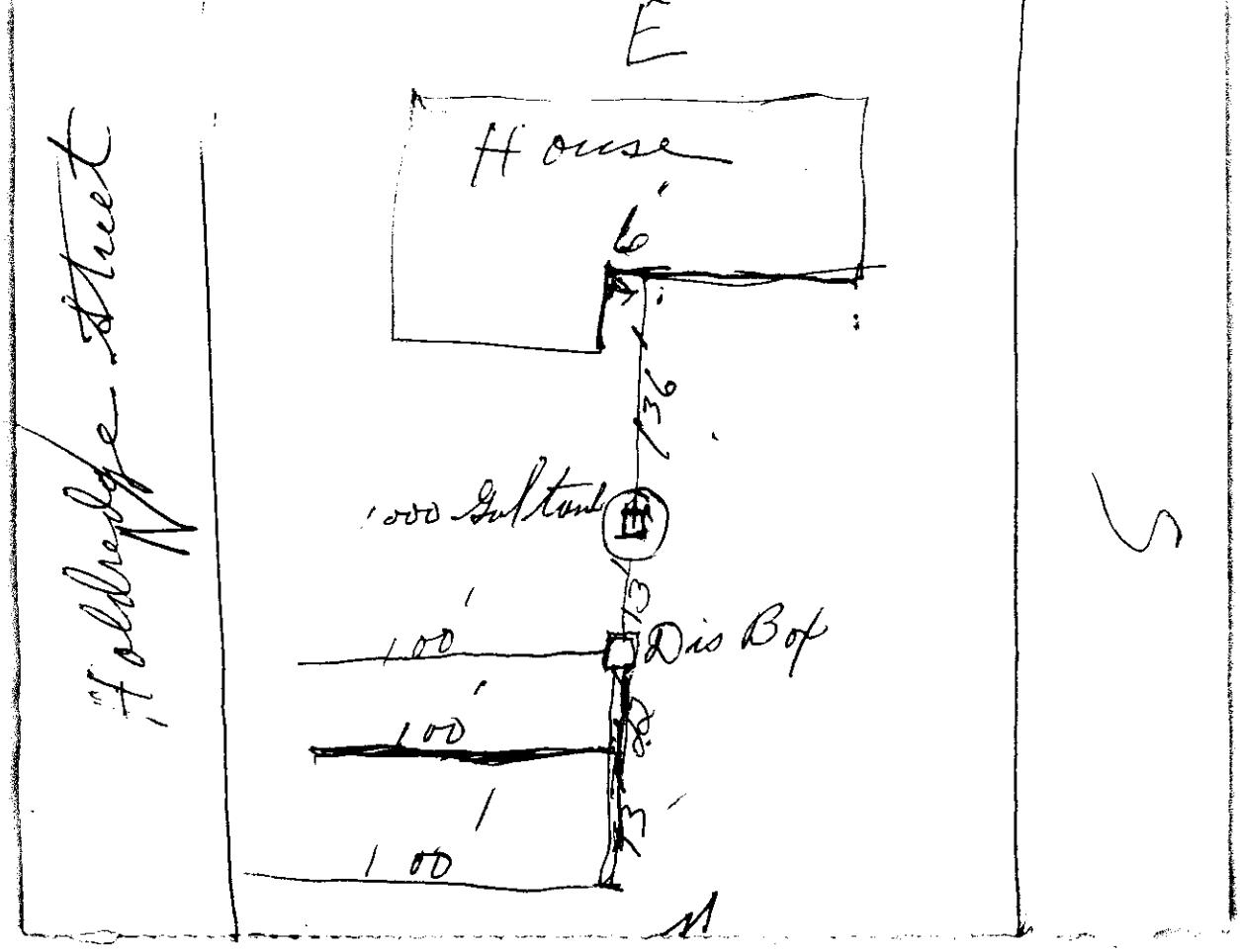
Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 4/27/22 Amount $240 Check No. 3798 Initials HAO

Revised 2/18


E
House
6'
136'
1,000 Gal tank
73'
Dis Bof
100'
100'
100'
Tallbridge Street
S
11

DATE	CHARGES AND CREDITS	BALANCE	
	BALANCE FORWARD		

FELTON SEPTIC TANK SERVICE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

FORM 96

County Treasurer's Office
Lancaster County
Lincoln, Nebraska

MISCELLANEOUS RECEIPT

No. 5123

Received of: L & L Co Health

Date of Receipt: 5-23-78

Amount

For: 1322 C

Fund: Genl

TOTAL 30.00

FRANK GOLDEN
COUNTY TREASURER

By BJ

ORIGINAL

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1322-C

DATE: 5-22-78

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. 10 North; Range 8 East; Section NW¼ Sec. 22 SEE ATTACHED
   Block _____: Lot [illegible]: Addition [illegible]
   Street Address RFD-2- 68505

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: ~~[illegible]~~ infinite ft.

Maryleen Hartstock
Signature of Applicant (Owner or Lessee)

present 4305 South 64th - 1328
Address
future - RFD 2 - 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/22/78. Date Frwd. 5/23/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/23/78. Date Frwd. [illegible]. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/21/78 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/25/78 By: Jerrold C. Hood

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

Should have been cleanout in line between house and tank but line was completely covered at time of inspection and was installed deep.

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

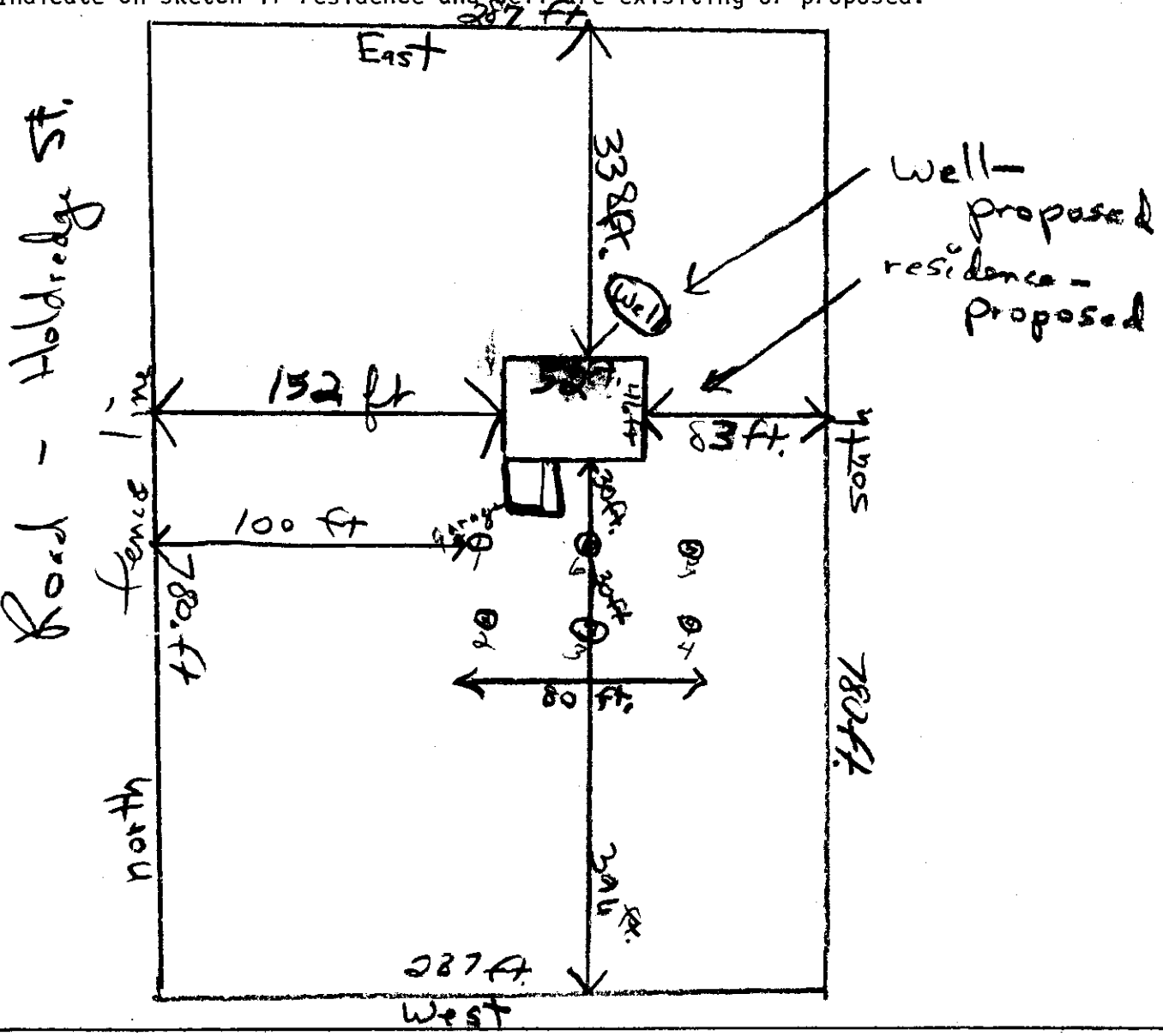
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1332-C

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



REVIEWING ACTION

Remarks: _____

Date: May 22, 1977

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 223 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 893 sq.ft.

Jerrold C. Hood
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. 1332-C

SPECIFICATIONS

DATE: _____

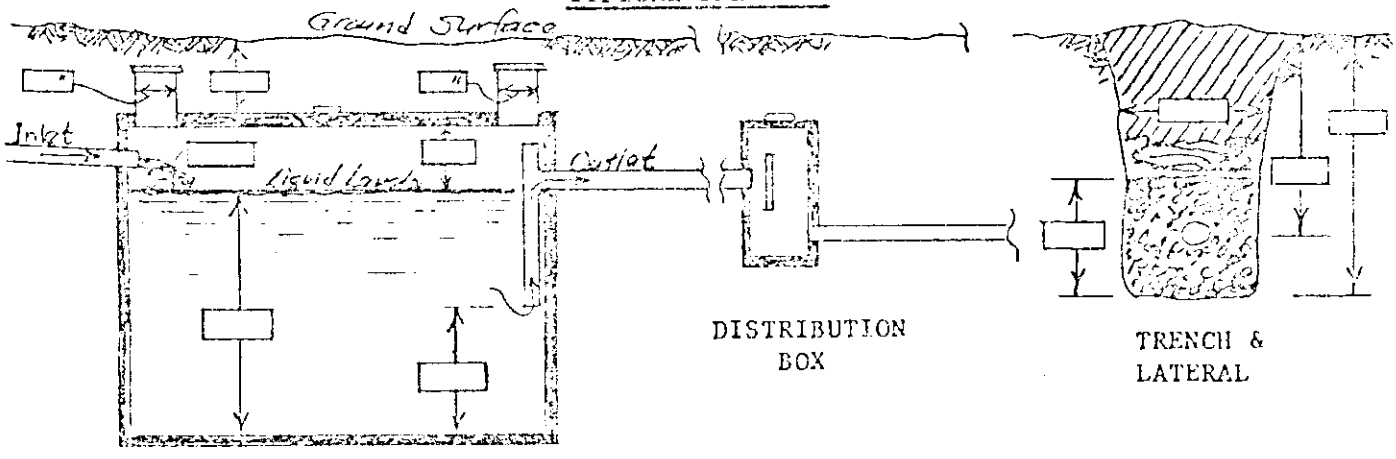
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 36 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 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 Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step Co No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____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 ___in.; Number ____; Length of each line ___ft; Total length of Laterals 223 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Road Gravel.
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

SC #

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 474-1541)

FILE NO. 1322-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 North Range 8 East
Section & ¼ Sect. NW 4 Sec. 22
Property Dimensions: 780.75 ft. x 781.49 ft.
Area: 5.15 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Larry + Mary Ann Goettsch
present Address: 4305 S. 64th - RR8 - 68506
new - RFD 2 - 68505

Dates of Tests: May 20-78 to May 20-78. Weather: Precip. 0 Temp 60°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	5/20	9 00 AM	5/20	9 00 AM	5/21	9 00 AM	12"	12 30 PM	5 1/2	30 M	3/4	
2										9 1/2		1/4	
3										5 3/4		5/8	
4										5		3/4	
5										5		5/8	
6										4 1/2		1	

See back for 2nd test by Johnson, 5 ft. to the

Robert D Johnson
Signature of Person Conducting Test

Address 2618 Mo 13 Ct
Phone 432-3595

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

(Do not write below this line)

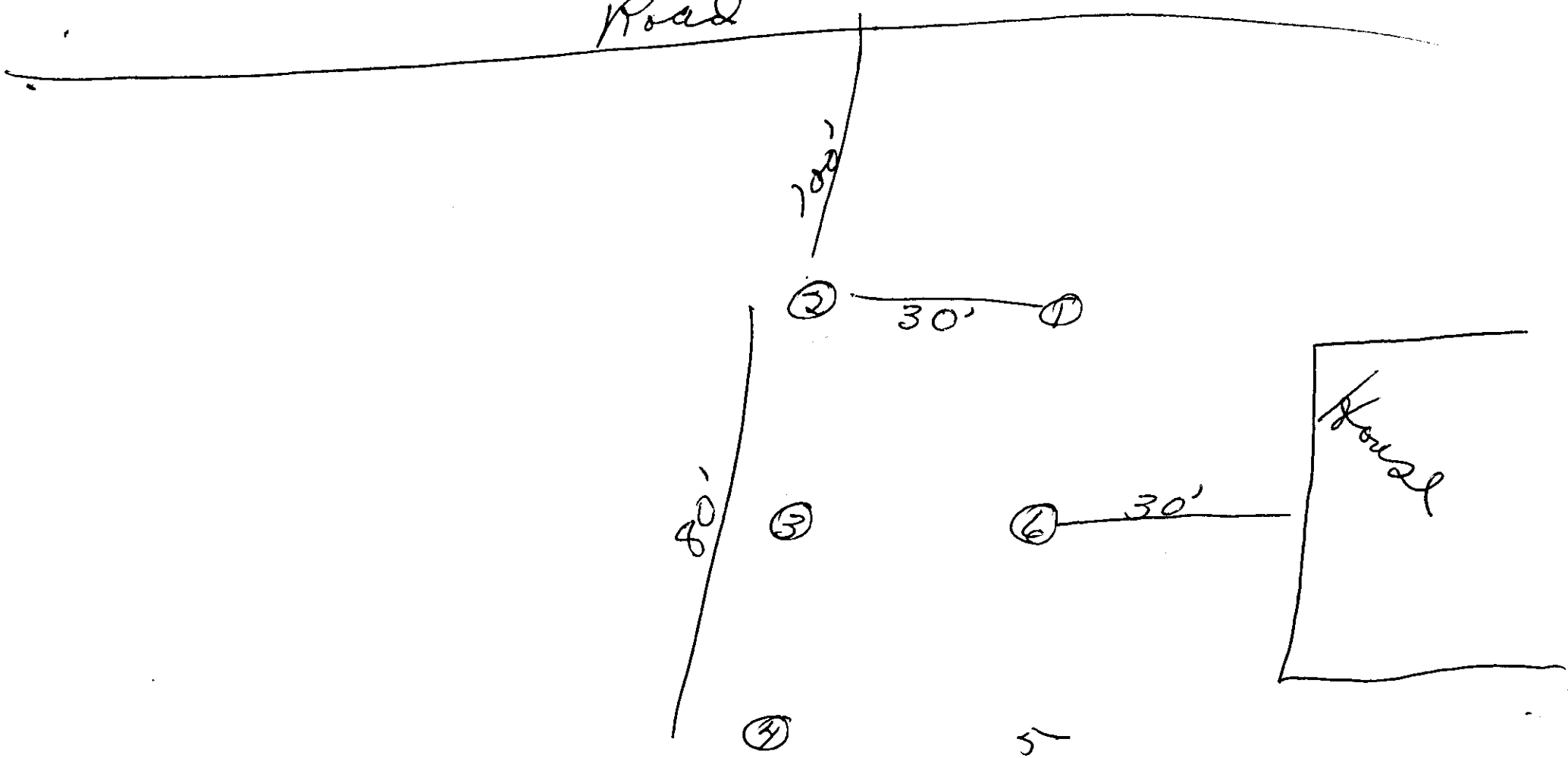
REVIEWING ACTION

REMARKS:

DATE: May 22, 1978

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

Carrold C. Hood
Signature of Reviewing Official


Road
100'
2
30'
1
80'
3
4
30'
6
House
5

Part of the east ½ of Northwest ¼ of Section 22, Township 10 North, Range 8 East more particularly described as follows: Beginning at the Northeast corner of the said Northwest ¼ thence south 50' to the point of beginning thence southerly 287.07' thence westerly 780.75' thence northerly 287.07' thence easterly 781.49' to the point of beginning containing 5.15 acres more or less.

T10N, R8E, Sec 22 NW1/2

Mr. and Mrs. Larry Goettsch
4305 South 84th Street
Lincoln, Nebraska

Re: Opinion on Title:

A tract of land located in the East half of the Northwest quarter of Section 22, Township 10 North, Range 8 East of the 6th P.M., Lancaster County, Nebraska, more particularly described as: Beginning at a point on the East line said East half of the Northwest quarter, 50.0 feet South of the Northeast corner said East half of Northwest quarter, thence continuing southerly along said East line on an assumed bearing of South 00° 08'20" West, 287.07 feet; thence on the following courses and distances: North 89° 50' West, 793.1 feet, due North 287.07 feet; South 89° 50', East 793.84 feet to point of beginning.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO._____

_____ November 23, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

_____

ISSUED TO — ADDRESS

_____

LEGAL DESCRIPTION

REMARKS:

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

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

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

20109-0977

CITY

CASE#: 930914008 DATE: 09/14/93 TAKEN BY: COOK
LOCATION: T10N R8E SEC 22 LOT 16 REASON: SERVICE REQUEST
REQUESTOR: LARRY GOETTCH REQ.TYPE: OWNER
& ADDRESS: 1440 PLUM RIDGE ROAD ----------COMPLAINT TYPE----------
SECTION: WATER/WASTEWATER/REC SAN 1:
ASSIGN TO: MARQUART RON R 2:
PERMIT TYPE: 3:
COMMENTS: LOAN APPROVAL
XREF CASE:
RESIDENT CR# _____ ADDRESS CR# _____ LEGAL CR# _____

008

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: 9-2-93

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 22; BLOCK 2

LOT 16; ADDITION _____; Street Address 1440 Plum Ridge Way Road

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Larry Goetsch	1440 Plum Ridge Road	489-1440
Tenant/Buyer:	Marianne Harriott-Harris		
Return to:	Connie Calver % ATI	3833 N Cotner Blvd	434-3240

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

Signature of Applicant Juliette Jones Ellwood (for Marianne Harriott-Harris) Address Woods Brothers

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 2, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-8-93

Cass Co. Rural Water

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 9-8-93 by ____
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

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

See Attached Letter ☐

FINAL STATUS Public Water Supply

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

APPROVED BY Ron Majewski, RS DATE 9-9-93

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

240

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002397

System Type: Standard

Situs: No Site Address Specified

Issued: 5/2/2022

Expires: 5/2/2023

Description: S22, T10, R8, 6th Principal Meridian, LOT 16 NW

Owner: LARSON, CHERYL ANN & JEFF JAMES
1440 PLUM RIDGE RD
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

MATTHEW JOHNSON
2949 CORNHUSKER HWY
LINCOLN, NE 68504

SCANNED

HS 002397

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 1440 Plum Ridge Rd

   Legal Description of Property: Township: S22 Range: T10 Section: R8
   6th Principal Meridian
   Block _____ Lot 16NW SubDivsion _____ Add: _____

   ***Parcel ID** 23 - 22 - 100 - 018 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** R+R Septic tank
   Installing 1530 gallon Infiltrator

5. **Current Type of Lateral** perf pipe **Current Linear Ft. Of Lateral** - 295'
   Current Tank Gallonage N/a

6. Print Name Matthew Johnson Address 2949 Cornhusker Hwy Lincoln, NE 68504 Phone: 402-802-5440
   Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 5/2/22 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Tank Replacement (1500 gal Septic)

Site visits
Date 5/11/22 By NH
Date ___/___/___ By _____

Installation final written approval
Date 5/13/22 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 4/27/22 Amount $240 Check No. 3198 Initials JAD

Revised 2/18