#S002486

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):** 10900 W. McKelvie Rd.

   Legal Description of Property: Township: 11 Range: 5 Section: 21

   Block _____ Lot 725W SubDivsion _____ Add: _____

   ***Parcel ID** 05-21-300-008-000 (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:** Install Replacement Lateral 240 ft of EZ flow (Styrofoam bundles) perc rate 50-60 mpi

5. **Current Type of Lateral-** Concrete Chamber **Current Linear Ft. Of Lateral -** 208

   Current Tank Gallonage- 1000

6. Print Name Matt Tyler Address P.O. Box 23108 Lincoln, NE 68542 Phone: 402 450-6599

   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 ____/____/____ 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
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/21/22 Amount $245.00 Check No. 3089 Initials JAD

Revised 4/8/13

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: $ 60.00

FILE NO. 2397-C

DATE: _____

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 5E ; Section 21 ;
   Block ——— : Lot ——— : Addition SW 1/4 of section 21
   Street Address _____

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.

Signature of Applicant (Owner or Lessee)

P.O. Box 114 Pleasant Dale, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/86. Date Frwd. 9/17/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-15-86. Date Frwd. 9-15-86. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 9/17/86. Date Frwd. 9/17/86. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-17-87 by: [illegible] line tank + 1,000 ft. lateral
Date: 4-20-87 by: [illegible] second alternate
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-22-87 By: [illegible]

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

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. 2397-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 5 ; Section & ¼ Section 21 & SW¼
Property Dimensions: 175 ft. x 825 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-1-86 to 9-2-86 . Weather: Precip. -0- Temp. 75° .

OWNER: Jim Nelson

Address: P.O. Box 114 Pleasant Dale, NE 68423

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"	9/1	9:45am	9/1	1:45pm	9/2	8:40pm	5"	9:40pm	4"	30	1"	30
2	36"	"	"	"	"	"	"	5"	"	4¼"	"	¾"	40
3	36"	"	"	"	"	"	"	5"	"	4"	"	1"	30
4	36"	"	"	"	"	"	"	5"	"	4½"	"	½"	60
5	36"	"	"	"	"	"	"	5"	"	4¼"	"	¾"	40
6	36"	"	"	"	"	"	"	5"	"	4"	"	1"	30

Jim Nelson
Signature of Person Conducting Test

Address P.O. Box 114 Pleasant Dale Phone 795-3165

Sum of Percolation Rates: 230
Average of Rates: 38.3
Mean of Rates: 35

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay
Date:

Approved Percolation Rate (a)
A. 37 min./inch
B. min./inch
C. min./inch

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 ☒

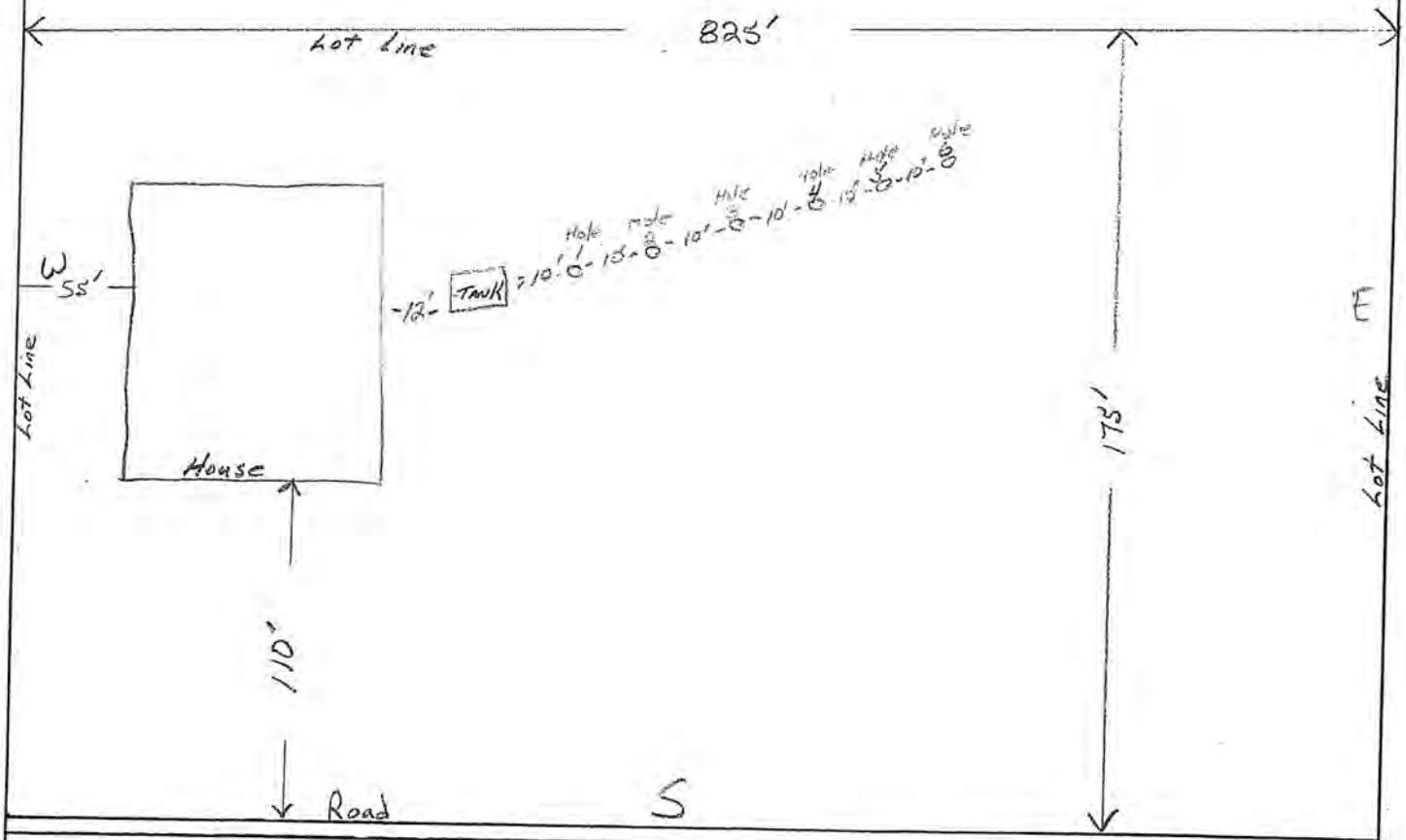
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2397-C

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



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 832 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
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: April 20 - 87

FILE NO. _____

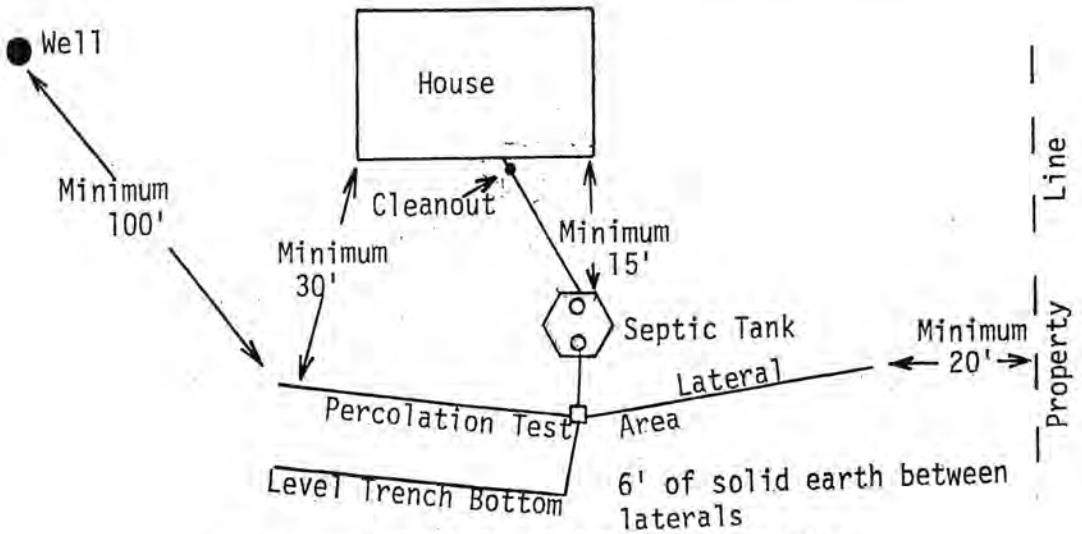
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 75' ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 1000 .
2. Capacity _____ 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 10 in.
8. Distances to:
Well or Suction Line 100' 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 7 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, 8, _____, _____ ft.;
Total length of laterals 208 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

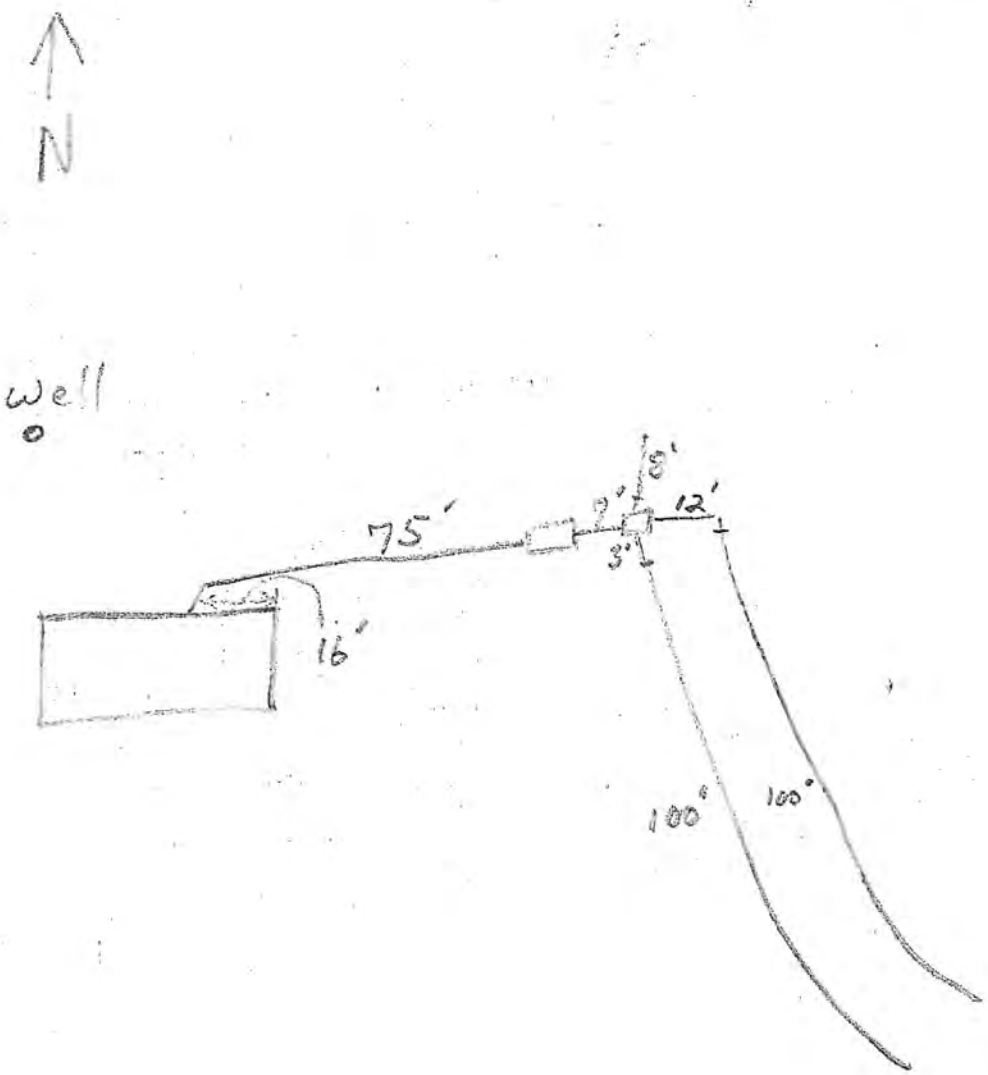


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE April 20 - 87 INSTALLER Larry Schwarck

110th + mckelvie Rd.
Stone Wood Blks



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. HS002486

System Type: Standard

Situs: No Site Address Specified

Issued: 11/28/2022

Expires: 11/28/2023

Description: S21, T11, R5, 6th Principal Meridian, LOT 72 SW

Owner: MEINBERG, JUSTIN KARL & PIPER DANIELLE
10900 W MCKELVIE RD
MALCOLM, NE 68402

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

MATT TAYLOR
PO BOX 23108
LINCOLN, NE 68542

SCANNED

#5002486

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):** 10900 W. McKelvie Rd.

   Legal Description of Property: Township: 11 Range: 5 Section: 21

   Block _____ Lot 72SW SubDivsion _____ Add: _____

   ***Parcel ID** 05-21-300-008-000 (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:** Install Replacement Lateral 240 ft of EZ flow (Styrofoam bundles) per Rule 50-60 NAC?

5. **Current Type of Lateral-** Concrete Chamber **Current Linear Ft. Of Lateral -** 208

   Current Tank Gallonage- 1000

6. Print Name Matt Taylor Address P.O. Box 23108 Lincoln, NE 68542 Phone: 402 450-6599

   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 11/28/22 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 11/21/22 By DS
Date ___/___/___ By _____

Installation final written approval
Date 11/28/22 By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/21/22 Amount $245.00 Check No. 3089 Initials JAD

Revised 4/8/13

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

Exhibit 5

Permit Number: HS002480

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/28/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10900 W. Mckelvie 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 1,000 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 45 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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval 11/21/22
Initial DS Date 11/?/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rowe

Date 11/28/22

Field Note Drawing (See Reverse Side):

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2397-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 16, 1987 — THIS PERMIT EXPIRES

J. NELSON — ISSUED TO

P.O. BOX 114 PLEASANT DALE, NE 68432 — ADDRESS

T11N; R5E; Sec 21; SW¼ Sec 21 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
EB	9/17/86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2397-C

DATE: _____

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 5E ; Section 21 ;
   Block ——— : Lot ——— : Addition SW 1/4 of section 21
   Street Address _____

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.

J Nelson
Signature of Applicant (Owner or Lessee)

P.O. Box 114 Pleasant Dale, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/86. Date Frwd. 9/17/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-15-86. Date Frwd. 9-15-86. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 9/17/86. Date Frwd. 9/17/86. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-17-87 by: ram 1 inc tank + 1 100 ft. lateral
Date: 4-20-87 by: ram second lateral in
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-22-87 By: Ron Yoggerst

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

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. 2397-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 5 ; Section & ¼ Section 21 & SW¼
Property Dimensions: 175 ft. x 825 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-1-86 to 9-2-86 . Weather: Precip. -0- Temp. 75° .

OWNER: Jim Nelson

Address: P.O. Box 114 Pleasant Dale, NE 68423

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"	9/1	9:45am	9/1	1:45pm	9/2	8:40pm	5"	9:10pm	4"	30	1"	30
2	36"	"	"	"	"	"	"	5"	"	4¼"	"	¾"	40
3	36"	"	"	"	"	"	"	5"	"	4"	"	1"	30
4	36"	"	"	"	"	"	"	5"	"	4½"	"	½"	60
5	36"	"	"	"	"	"	"	5"	"	4¼"	"	¾"	40
6	36"	"	"	"	"	"	"	5"	"	4"	"	1"	30

Jim Nelson
Signature of Person Conducting Test

Address P.O. Box 114 Pleasant Dale Phone 795-3165

Sum of Percolation Rates: 230
Average of Rates: 38.3
Mean of Rates: 35

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay
Date:

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☒

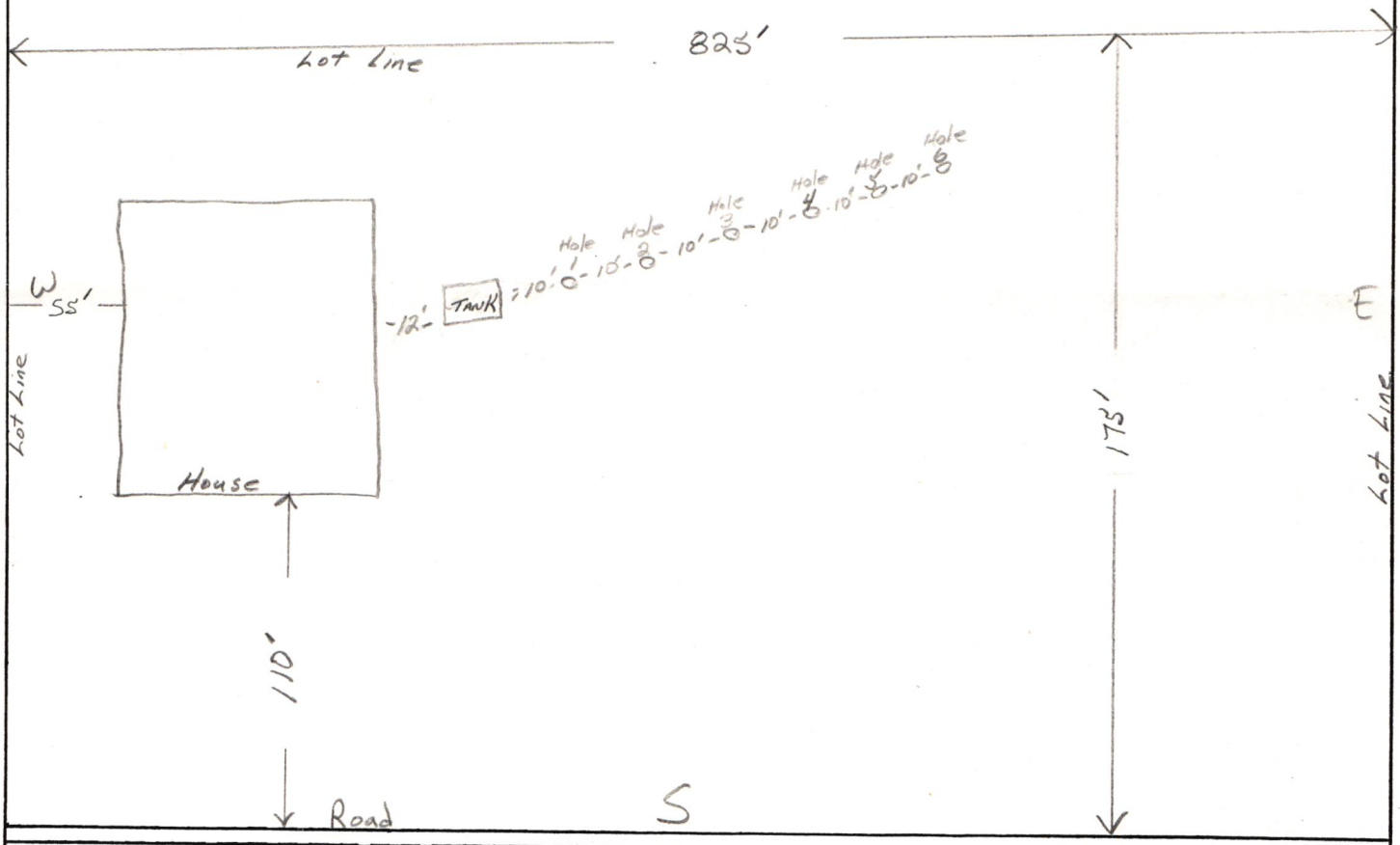
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2397-C

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



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 832 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
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: April 20-87

FILE NO. _____

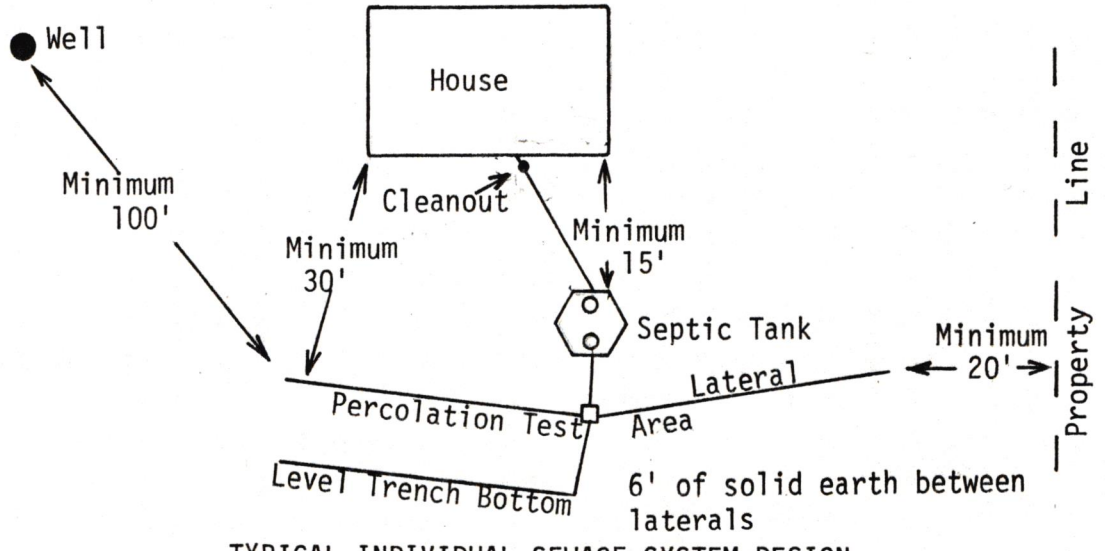
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 40 ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 75' ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material PreCast ; No. of compartments 1000 .
2. Capacity _____ 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 10 in.
8. Distances to:
Well or Suction Line 100' 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 7 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 100', 100', 8', _____', _____' ft.;
Total length of laterals 208' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

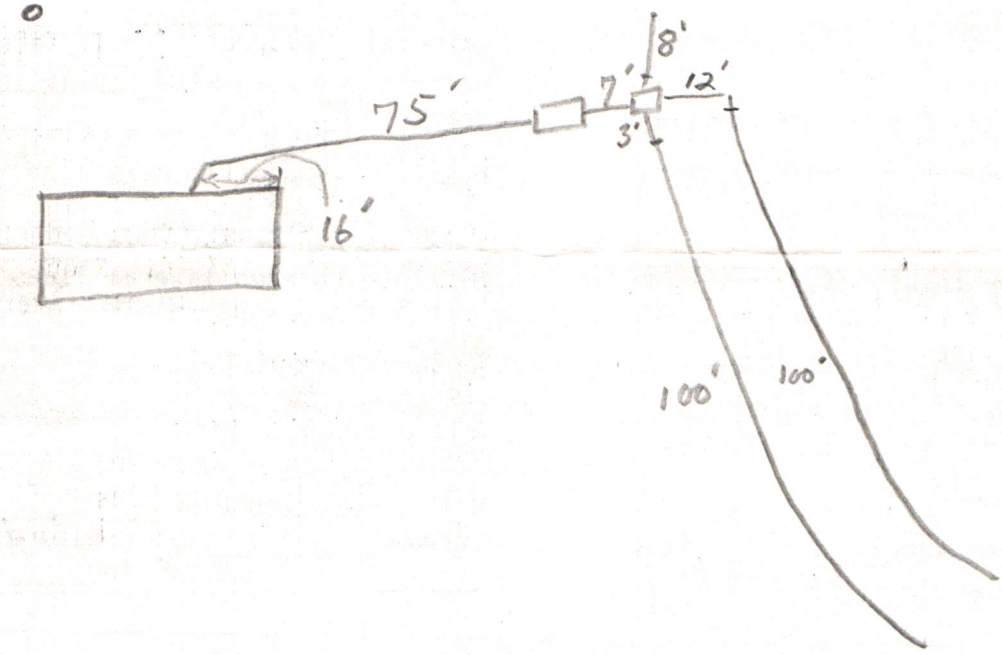
AS BUILT DRAWING OF SYSTEM

DATE April 20 - 87 INSTALLER Larry Schwarck

110th + mckelvie Rd.
Stone Wood Bldg

N

well



990902012
MF

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

Malcolm 68402-9771

LCR 4157

Legal Description of Property: Street Address 10900 W McKelvie Rd

Twp 11N Range 5E Section 21 1/4 ___ 1/4 ___ Block ___ Lot 44 Addition W32.73.S250

Directions to Property Hiway 34 to NW 112th, north to W McKelvie, east to 3rd house

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jim & Linda Nelson	10900 W McKelvie	see attached
Tenant/Buyer:	Kent & Trudy Meinberg	820 W Godfrey	476-3541
Return to:	Brenda Pope Home Real Estate	buyers agent 7211 S 27th St. Lincoln (12)	430-3939

Signature of Applicant Brenda Pope for Kent Meinberg (out of town Address ___ Date 8/17/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/18/99
Initials ___
Amount $150.00
Check No. 552 ✓

DATA ENTRY

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

PRELIMINARY STATUS--By Paul Wrotzmann **DATE:** 8/19/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Wrotzmann Date 9/1/99

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

P11216-31

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 10900 W. McKELVIE RD., MALCOLM, NE
Twp 11 Range 5 Section 21 1/4 SW 1/4 Block Lot 44 Addition SW 21-11-5
Directions to Property W 522.73', S 250'

Location of Well N of House Tap Location: Inside ☐ Outside ☐
Location of Sewage System E of House Year Installed

PLEASE CALL LINDA AT WORK FOR DETAILS

	NAME	ADDRESS	PHONE
Present Owner:	JAMES A. AND LINDA K. NIELSON	10900 W. McKELVIE RD.	HO. 796-2485
Tenant/Buyer:		MALCOLM, NE 68402	LINDA - WK [redacted] 479-0213
Return to:			JIM - WK 643-7853

Signature of Applicant NBC Gary Carbaugh, V.P. Address NBC RESIDENTIAL LENDING BOX 82408 LINCOLN NE 68501 Date 12/12/95

HEALTH DEPARTMENT USE ONLY

Date Received 12/14/95 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/15/95

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ /ml
Nitrate	☑ 4.0 ppm	☐ ppm

SEWAGE SYSTEM
Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits
Date / / by
Date / / by
Date / / by

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS. Date 12/22/95

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.