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. 1262-C

DATE: Feb. 2, 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. 7N ; Range 6E ; Section NW¼ 3 ;
   Block _____ : Lot 5 & 9 I.T. Addition _____
   Street Address RR Martell

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.

Roger Wall
Signature of Applicant (Owner or Lessee)

Martell Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/2/78 . Date Frwd. 2/2/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2/2/78 . Date Frwd. 2/2/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Sherwood

3. City or County Engineer: Date Rec'd. 2/2/78 . Date Frwd. 2/2/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/15/93 by: J.C.H. wells too close to lagoon.
Date: 12-21-93 by: P.D
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-21-93 By: Paul Doyle

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

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. 1363-C

PROPERTY WHERE SOIL TESTED: Owner: _____
Location: Township _____: Range _____
Section & ¼ Sect. _____ Address: _____
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

Dates of Tests: _____ to _____. Weather: Precip._____Temp._____

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)

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

_____
Signature of Person Conducting Test

Address _____

Phone _____

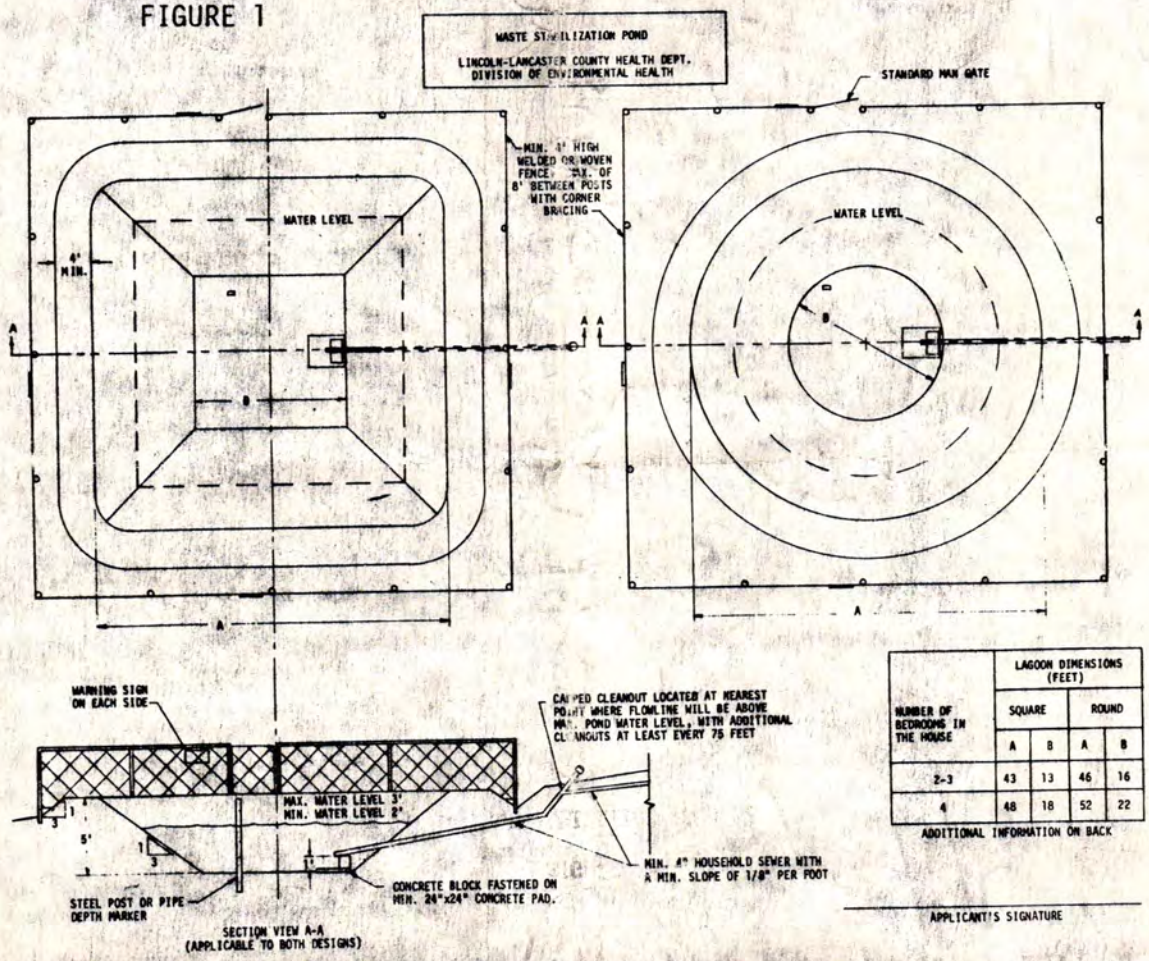
(Do not write below this line)

REVIEWING ACTION

REMARKS: Percolation test to be performed. Will go to whatever system is indicated by test.

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

FIGURE 1



NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

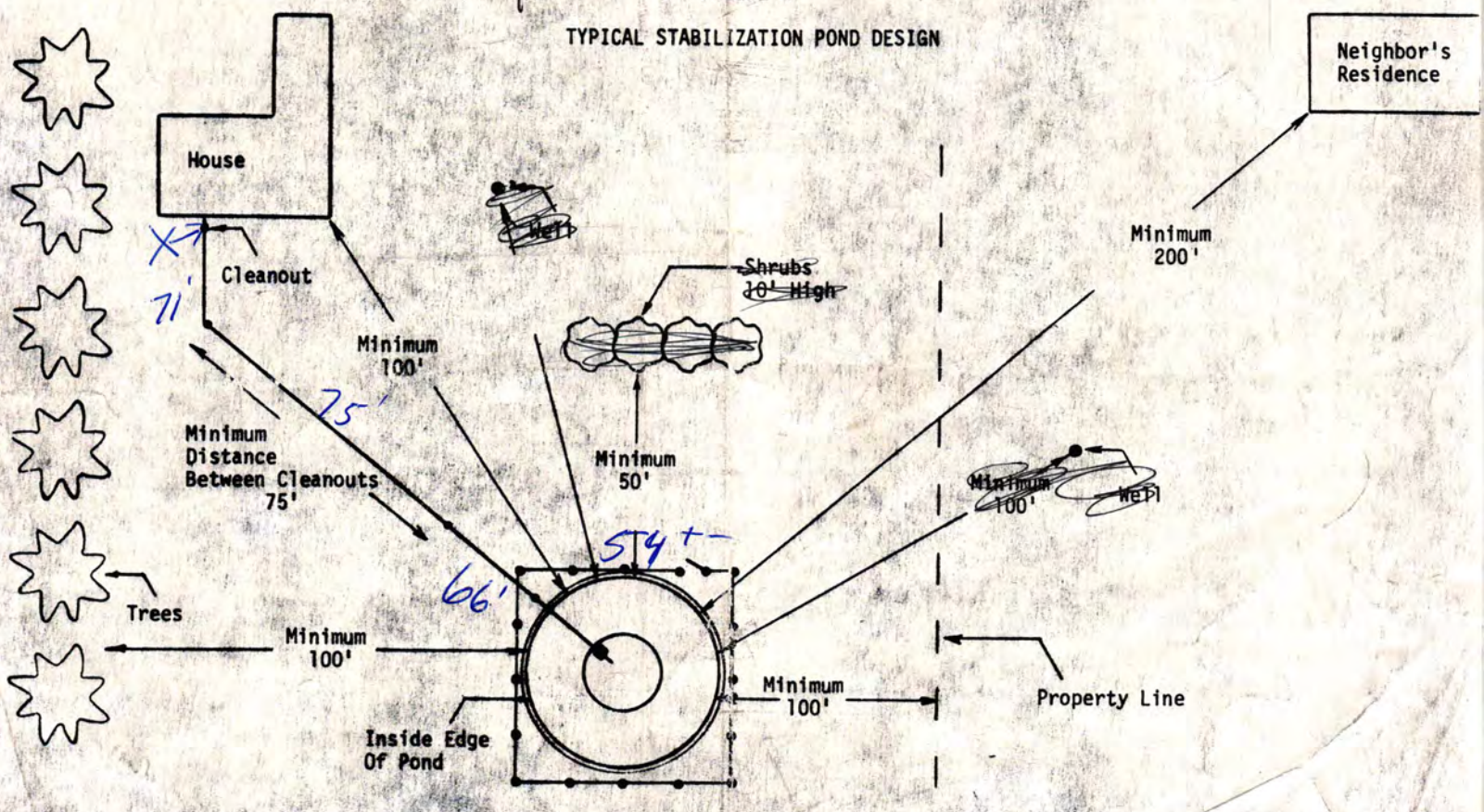
APPLICANT'S SIGNATURE

FORM 2011,0276

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FIGURE 2

TYPICAL STABILIZATION POND DESIGN



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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 901 W Stagecoach Rd Hartell, NE 68404

Twp 7N Range 6E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 5+19 Addition ___

Directions to Property south of Lincoln on Hwy 77, turn west on Stagecoach road, 1½ miles, south side of road

Location of Well only for pond south of grain site Tap Location: Inside ☐ Outside ☒

Location of Sewage System Southeast corner of property Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	Wall, Roger	901 W. Stagecoach Rd Martell, NE 68404	794-5005
Tenant/Buyer:	David & Holly Lewis	2120 W Plum Lincoln NE 68522	477-8004
Return to:	David & Holly Lewis	2120 W Plum Lincoln, NE 68522	477-8004

Signature of Applicant Holly Lewis Address 2120 W Plum Lincoln, NE 68522 Date 12/8/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/13/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Conrad C. Wood **DATE:** 12/15/93

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date 12/21/93 by FD
Bacteria	☐ ____/ml	☐ ____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☐ ____ppm	☐ ____ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: TWO WELLS CLOSER THAN 100 FEET FROM LAGOON, (94' SOUTH) (OLD ABANDONED WELL APPROX. 55' NORTHWEST.) NO LOCK ON GATE. CATAILS NEED TO BE DEALT WITH NEXT SPRING. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Paul Williams Date 12/21/93

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.

* One well was abandoned. Lagoon altered to meet 100' requirement to second well. Lock now on gate. Cattails need to be removed come spring

002

House is on rural water

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1262-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 2, 1978 — THIS PERMIT EXPIRES

ROGER WALL — ISSUED TO

MARTELL, NE 68404 — ADDRESS

T7N, R6E, Section 3, Lot 5 & 19 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 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

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

20109-0977

County Treasurer's Office
Lancaster County
Lincoln, Nebraska

MISCELLANEOUS RECEIPT

No. 4113

Date of Receipt 2-2-78

Received of: L & L Co Health

Amount

For 1262 C
1263 C

Fund General

TOTAL 60.00

FRANK GOLDEN
COUNTY TREASURER

By BJ

ORIGINAL