LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1640-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 3 1908 — THIS PERMIT EXPIRES

MICHAEL MULLIN — ISSUED TO

110 N. Vermont, Cortland, NE 68331 — ADDRESS

T7N, R7E, Section 9, Lot 23 I.T. NE 1/4 NW 1/4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

R J NUERNBERGER, Lancaster County Treasurer

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1640-C

DATE: 2/29/80

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 7E ; Section 9 ;
   Block _____ : Lot 23II; Addition IRREGULAR TRACTS NE¼ NW¼
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe PROPOSED CONSTRUCTION

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ ft.

Michael J. Mullin
Signature of Applicant (Owner or Lessee)

110 N. VERMONT
CORTLAND, NEBR 68331
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/29/80. Date Frwd. 3/3/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neal

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumert

3. City or County Engineer: Date Rec'd. 3-3-80. Date Frwd. 3-3-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry J. Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/22/80 by: J.C.H.
Date: 10/24/80 by: J.C.H. *
Date: _____ by: _____

PROVISIONAL APPROVAL WILL BE GIVEN WHEN ONE FOOT OF SOIL IS REMOVED FROM OVER FIELD.

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____
EXPERIMENTAL

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

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

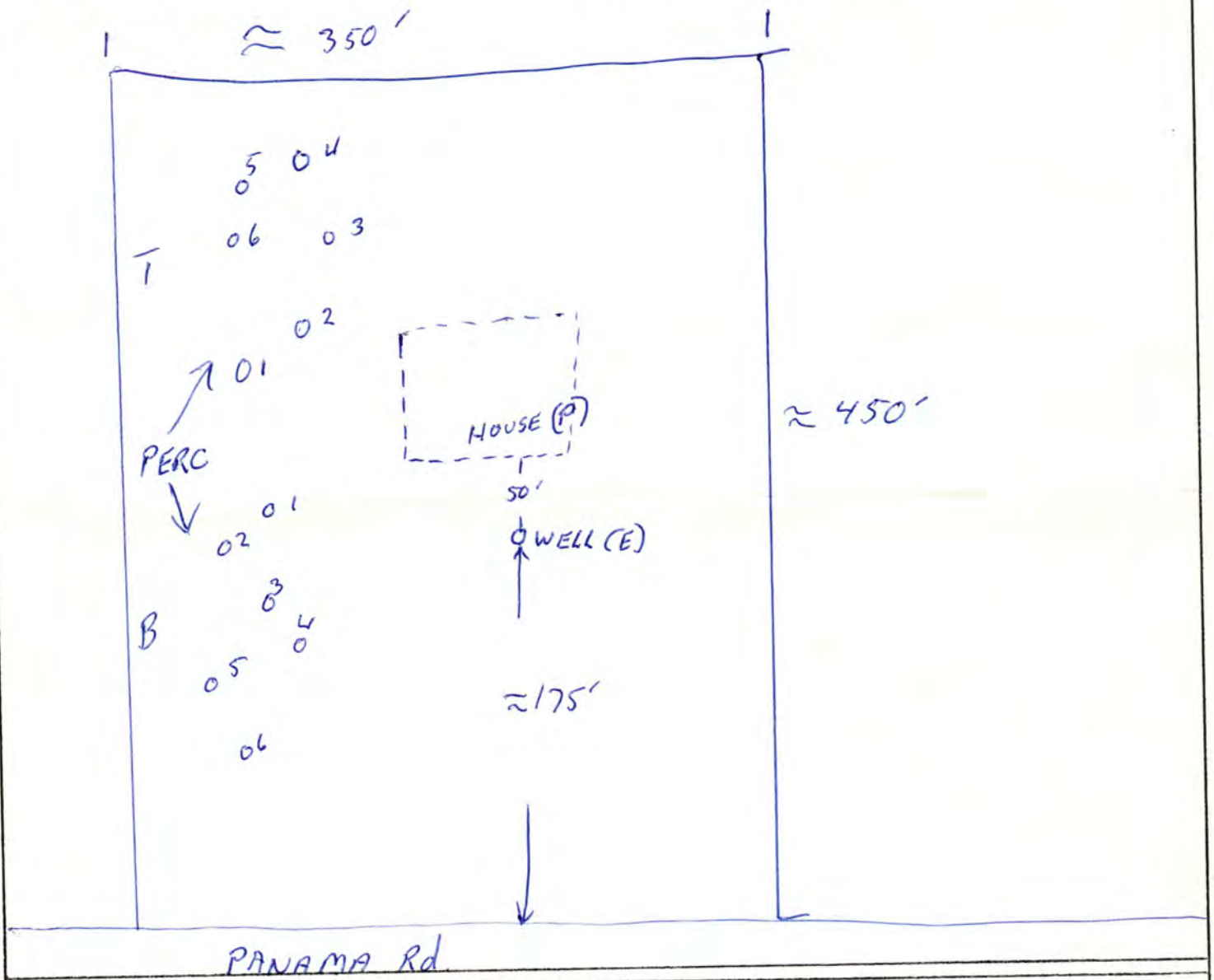
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1640-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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

_____
Signature of Reviewing Official

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: 474-1541

B

FILE NO. 1640-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 9 .
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: 6-6-79 to 6-8-79 . Weather: Precip. ½" Temp. _____ .

OWNER: MIKE MULLIN

Address: _____

TOP SIDE

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	28	6/6	8:00 PM	6/8	12:30 PM	6/8	2:30 PM	23 3/8	3:00 PM	23 3/4	30	3/8	
2								21 3/4		22 1/8		3/8	
3								21 1/4		21 1/2		1/4	
4								24 3/4		25 1/8		3/8	
5								25 7/8		26 1/4		3/8	
6								21 1/2		21 3/4		1/4	

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

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4th Hickman Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: Unsuitable for Conventional Septic System
Soil Type (SCS): Wymore Silty Clay Loam
Date: June 11, 1979

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

B

FILE NO. 1640-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 9 .
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: 6-6-79 to 6-8-79 . Weather: Precip. ½" Temp. _____ .

OWNER: MIKE MULLIN

Address: _____

BOTTOM SIDE

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	30'	6/6	8:00	6/8	12:30	6/8	2:30	24⅛	3:00	24½	30	⅜	
2			PM		PM		PM	23½	PM	23¾		¼	
3								22⅛		22⅜		¼	
4								18⅜		18½		⅛	
5								24¼		24¼		0	
6								22½		22¾		¼	

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

Brad Southwick
Signature of Person Conducting Test

Address 701 C 4th Hickman Phone 792-2462

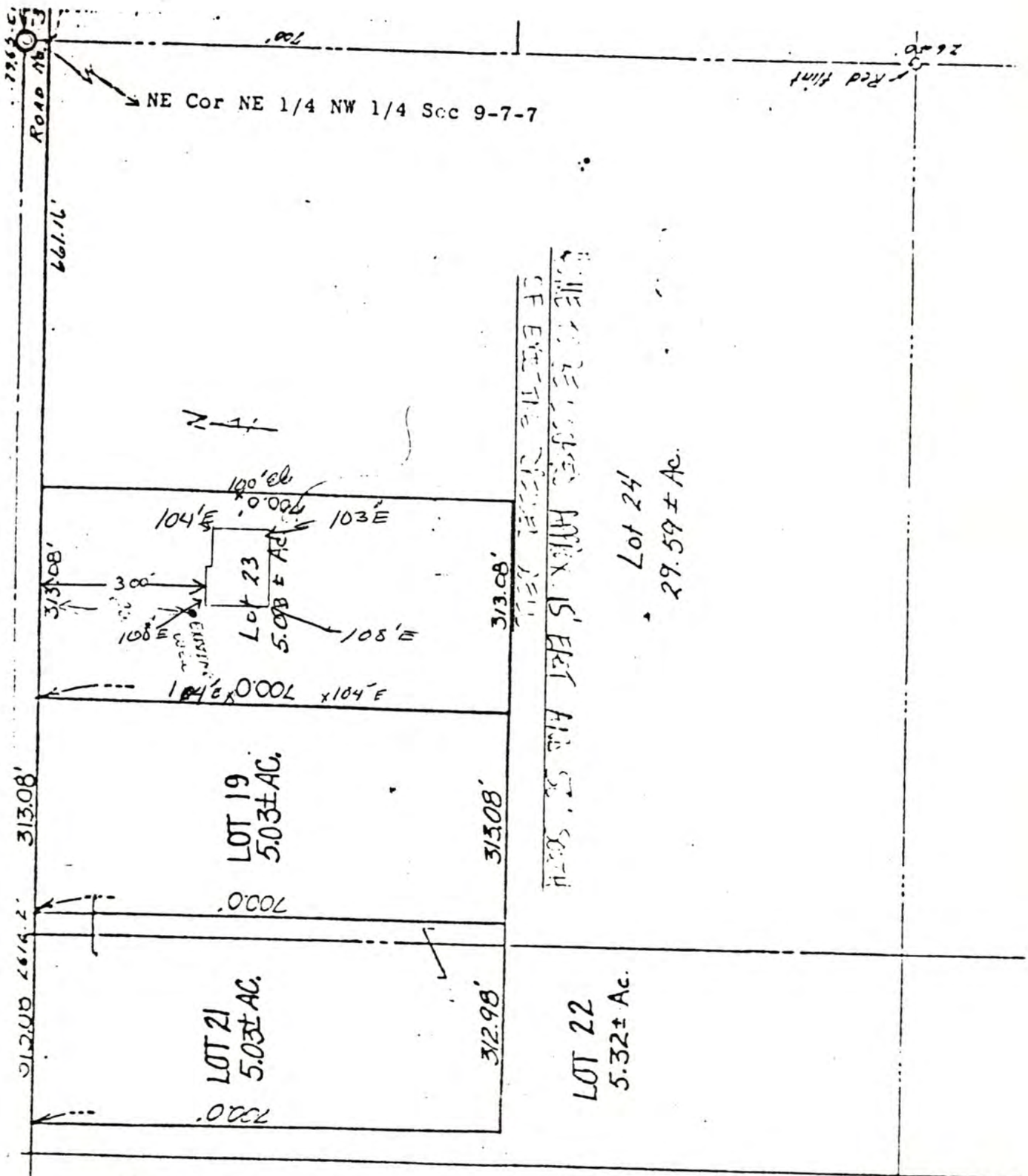
(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Unsuitable for conventional Septic System
Soil Type (SCS): Dawson Clay Loam
Date: June 11, 1979

Jerrold C. Hood
Signature of Reviewing Official



Certified copy of:
Lot 23, Irregular Tracts in the NE 1/4 of the NW 1/4 of Sec 9, T 7 N, R 7 E of the 6th P.M., Lancaster County, Nebraska.

NEBRASKA TITLE COMPANY, Bonded-Registered Abstracters
Vice President.

REGISTERED ABSTRACTER

Lot 2
2.55 ± Acres

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: 474-1541

D

DATE: _____

FILE NO. _____

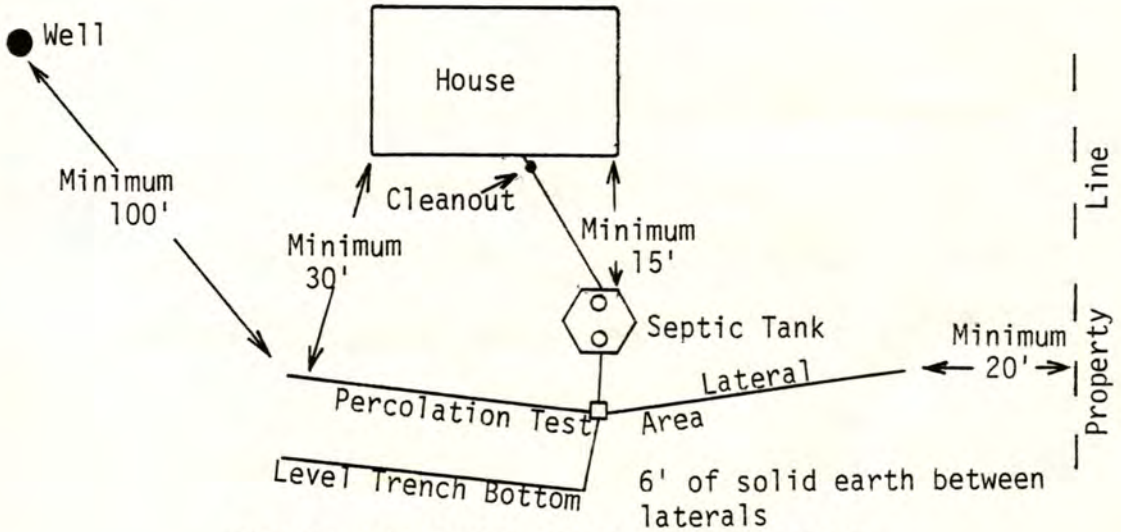
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CI ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 4 in.
3. Distance between dwelling and septic tank 62½ ft.
4. Number of clean-outs 1 .
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 .
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☒ Grade 15 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 39 in.
8. Distances to:
Well or Suction Line 150' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 37½ ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 12½ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____ .
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 8 ft.;
Slope 4" in/100 ft.; Average Depth 4'10" in.
4. Filter Material: ROAD GRAVEL & SAND
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 135 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

004

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: 9-23-92

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

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 9; BLOCK ____

LOT 23; ADDITION ____; Street Address Lot 23 N.W ¼ 977 Lancaster county

Directions to Property S 56th to Saltillo Rd. -Turn left on Saltillo go EAST ¼ mi. to S. 68th st. go South on to Panama Rd turn right (west) go ¼ mi -4 House on South side of Road

Location of Well West side of Property Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST SIDE of Property Year Installed 82

	NAME	ADDRESS (5901 PANAMA RD.)	PHONE
Present Owner:	DAVID L. + Sandra Paulsen	R.R.1 Box 373A Hickman	402-792-2964
Tenant/Buyer:	" " " "	" " " "	" "
Return to:	American Charter S+L Inc.	206 South 13th St P.O. Box 82459 Lincoln NE 68501	435-3571

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

Signature of Applicant David L Paulsen Address R.R.1 Box 373A Hickman NE 68372

==========

HEALTH DEPARTMENT USE ONLY

Date Received 9-23-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 24 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☐	Date 9/24/92	by J.C.H
Bacteria	☒	☐	Provisional:	☒	Date 9/28/92	by J.C.H.
Nitrate <0.1 PPM	☒	☐	Disapproved:	☐	Date 10/5/92	by J.C.H.

Comments: DEPRESSIONS AROUND BOTH WELLS, NEITHER WELL HAS SCREENED AIR VENTS. SOME DEPRESSION OVER SEWAGE LATERALS BECAUSE OF SETTLING. SEWAGE SYSTEM IS CONSIDERED EXPERIMENTAL, HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

Wells repaired 9/28/92 J.C.H.

FINAL STATUS

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

APPROVED BY Gerhold E. Hood R.E.H.S. DATE October 7, 1992

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

WELLS REPAIRED

FOR LABORATORY USE ONLY

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 9/28/92 (9-16) 11:25AM. BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 23 I.T. 3 SEC. 9, T7N, R7E (29-41) DAVID PAULSON

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)

1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 142-23350 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM greater than 100 (54-56) 100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN 92 SEP 28 A11:58

OUT 92 SEP 29 P2:12

WATER CHEMISTRY

STATE LAB NO. 155125

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 24 (DAY) 92 (YEAR) 11:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAVID PAULSEN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 TWNSHP 7 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED '92 SEP 28 A7:08

RECEIVED '92 SEP 24 P3:49

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

RECHECK

FOR LABORATORY USE ONLY

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO [redacted] AND MAILED ON:

MO. ___ (4) DAY ___ (5) SAMP/DAY ___ (6-7)

ACCOUNT NO. ___ (16-22) ADD. TESTS ___ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 10/5/92 11:14A.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 23 I.T., SEC. 9, T7N, R7E (29-41)
DAVID PAULSON

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

SPECIAL REQUEST: ___ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ___ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 24156 (44-47)

DATE EXAMINED ___ (48-53)

COLIFORM 0 (54-56) /100 mL

FLUORIDE ___ (57-60) mg/LITER

NITRATE ___ (61-64) mg/LITER

TPC ___ (65-68) /100 mL

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN

OUT

92 OCT -5 P12:05

92 OCT -6 P1:51

BIC[illegible]CAL EXAMINATION OF DRINKING WATER

S[illegible]ECTED AND MAILED ON: CLO.O

[illegible]K. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 10/2/92 10:18A.M. (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 23 I.T. 2 SEC. 9, T7N, R7E (29-41)
DAVID PAULSON

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

RECHECK

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 24118 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY Ag (76-79)

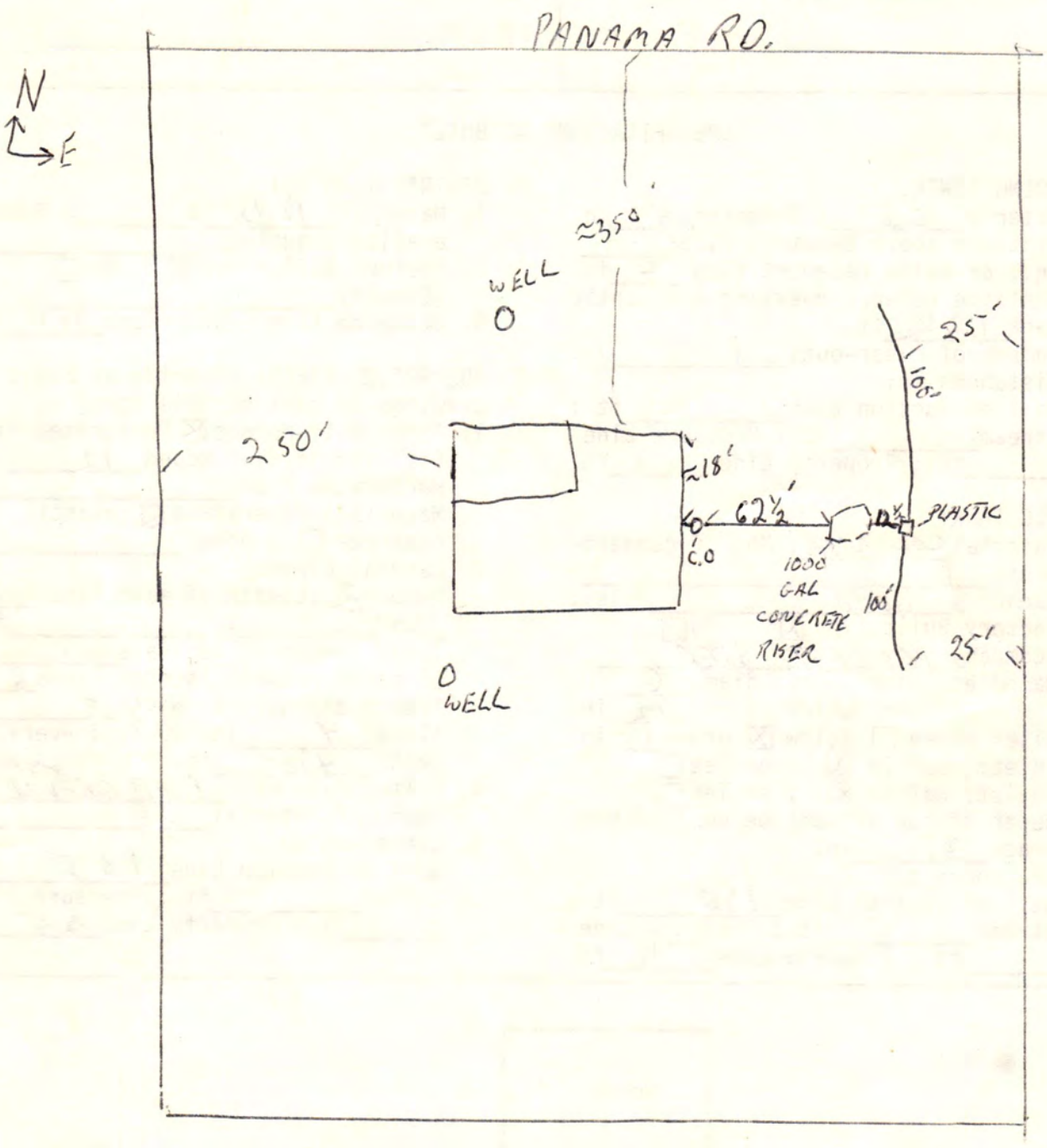
IN

RECEIVED OCT 07 1992
92 OCT -2 A11:02
92 OCT -3 P3:37

OUT

AS BUILT DRAWING OF SYSTEM

DATE 10/24/80 INSTALLER BRAD SOUTHWICK



OWNER IS GOING TO RELANDSCAPE AND WILL REMOVE APPROX 10" TO 1' OF DIRT FROM TOP OF LATERAL, MAKING THEM LESS THAN 5' DEEP.