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RECEIVED APR 11 1990

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 3-27-1990

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N ; Range 7E ; Section 10 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Install septic System

5. Work to be done by: Owner ☐ ; or Contractor ☒, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2,550 00

X Arlin W Metzinger
Signature of Applicant (owner or lessee)

Box 248, Rt 1, Hickman, NE 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 4/23/90 by: L.C.H.
Date: 4/24/90 by: L.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Nood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/3/90 by: J. C. Nood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 10 NW/4
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 ☐ . SUC
Dates of Tests: 2-19 to 2-20 . Weather: Precip. 0 Temp 30-40.

OWNER: Frank Mitchell
Address: RFD Roca, Ne 68430

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	2-19	8:30	2-20	9:00	2-20	3:15	29 3/8	3:45	30 1/4	30	7/8	
2			A		A		P	24	P	24 3/4		3/4	
3								22 1/4		23 1/4		1	
4								24		24 1/2		1/2	
5								25 3/8		26 1/4		5/8	
6								26 1/8		26 7/8		3/4	
												4 1/2	

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4th Hickman Phone 792-2462

Sum of Percolation Rates: _____
Average of Rates: .75
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Two soils close
Soil Type (SCS): Morrill Clay Loam + Judson Silt Loam
Date: April 11, 1990

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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. _____

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

REVIEWING ACTION

Remarks: _____

Date: April 11, 1990

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 574 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

RECEIVED APR 2 6 1990

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: 4-24-90

FILE NO. _____

7544 Panama Rd.
Frank Mitchell / Archie Mattzinger

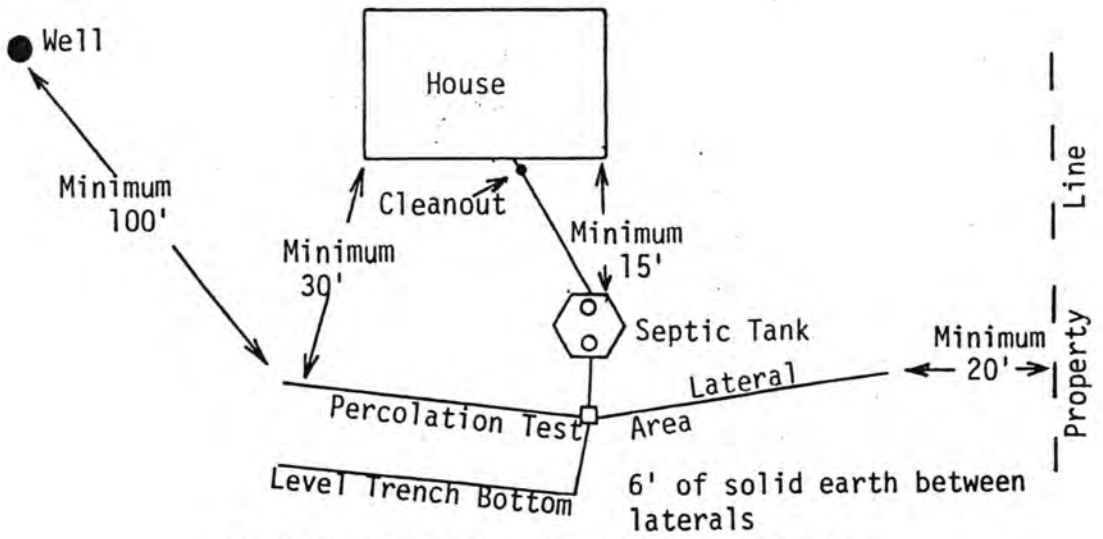
SPECIFICATIONS AS BUILT Angie Byorth

A. BUILDING SEWER:
1. Material orangeburg; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank ≈ 75 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line > 100 ft.; Property Line > 100 ft.

B. SEPTIC TANK:
1. Material C-crete; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 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 12 in.
8. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line NA ft.; Property Line > 50 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 52 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 96, 100, _____, _____, _____ ft.;
Total length of laterals 196 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width 3-4 ft.;
Slope 4-5 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line > 100 ft.; Property Line > 60 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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 7505 Panama Road (see enclosed legal discription)
Twp 7N Range 7E Section 10 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property 1½ miles so. of Hickman on 70th, east on Panama Road, 1st lane on South side of Road
Location of Well ___ Tap Location: Inside ☐ Outside ☐
Location of Sewage System Cap in front yard Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Archie & Kimberly Motsinger	RR1 Box 248 Hickman NE	792-2124
Tenant/Buyer:			
Return to:	First Mortgage Corp	7501 ost Suite 100 Lincoln NE. 68510	483-0000

Signature of Applicant Kimberly J. Motsinger Address Same as above Date 2/14/94

HEALTH DEPARTMENT USE ONLY

Date Received 02/16/94 Received $150.00 Check ☒ # 3348 Cash ☐

PRELIMINARY STATUS--By Verrald C. Hood **DATE:** 2/17/94
HICKMAN MUNICIPAL SYSTEM

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: OLD WELL MUST BE PROPERLY ABANDONED. A PORTION OF THE SEPTIC SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS HICKMAN MUNICIPAL SYSTEM
WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by ___ Date ___/___/___

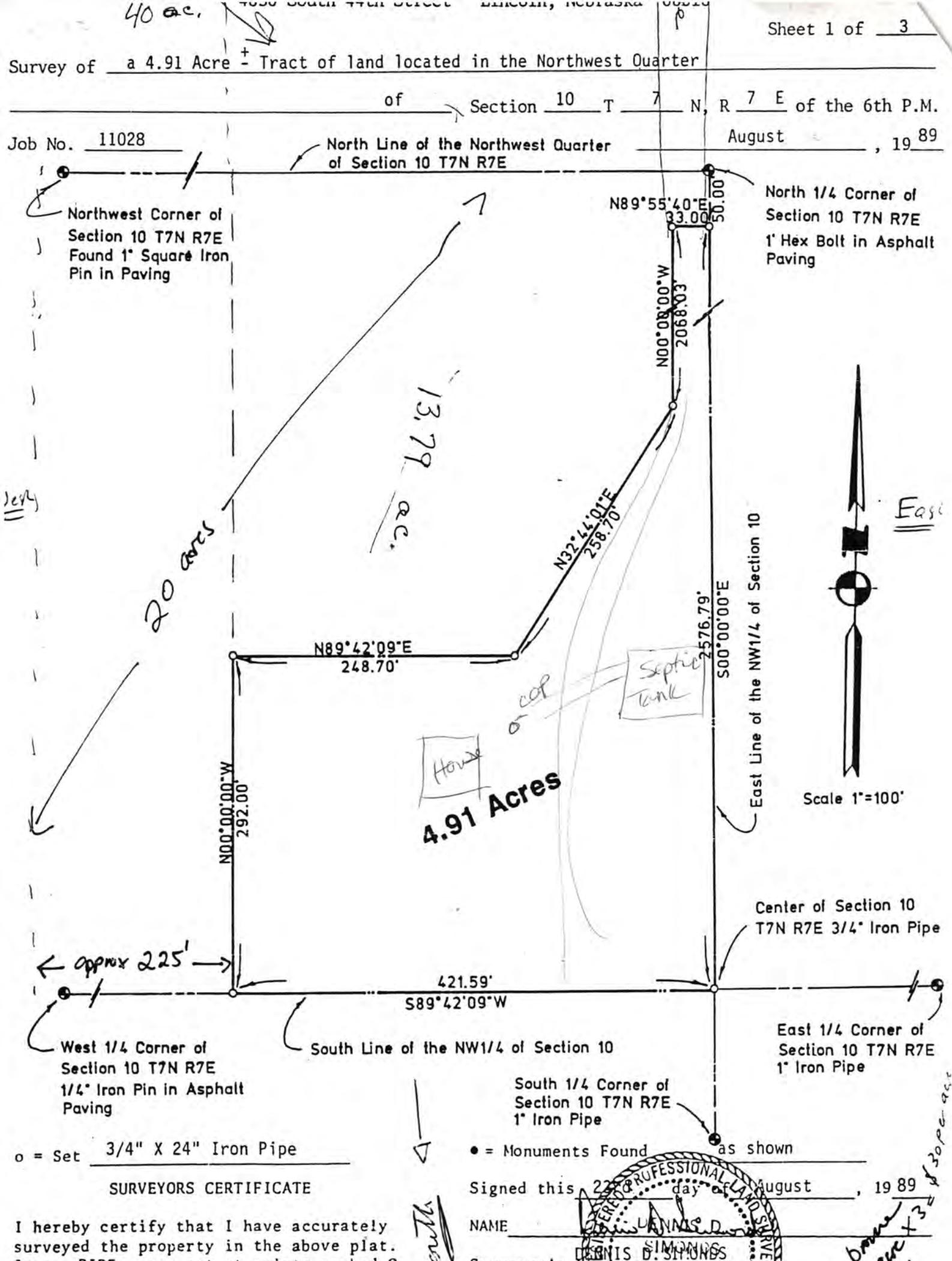
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

40 ac. 4650 South 44th Street Lincoln, Nebraska 68516

Sheet 1 of 3

Survey of a 4.91 Acre ± Tract of land located in the Northwest Quarter of Section 10 T 7 N, R 7 E of the 6th P.M.

Job No. 11028 August, 1989



o = Set 3/4" X 24" Iron Pipe

• = Monuments Found as shown

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron PIPE were set at points marked O

Signed this 22nd day of August, 19 89

NAME DENNIS D. SIMONDS

Surveyor's License

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390004001

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
ARCHIE MOTSINGER
T7N R7E SEC 10

FEES: Permit 018754 $50.00

Total $50.00

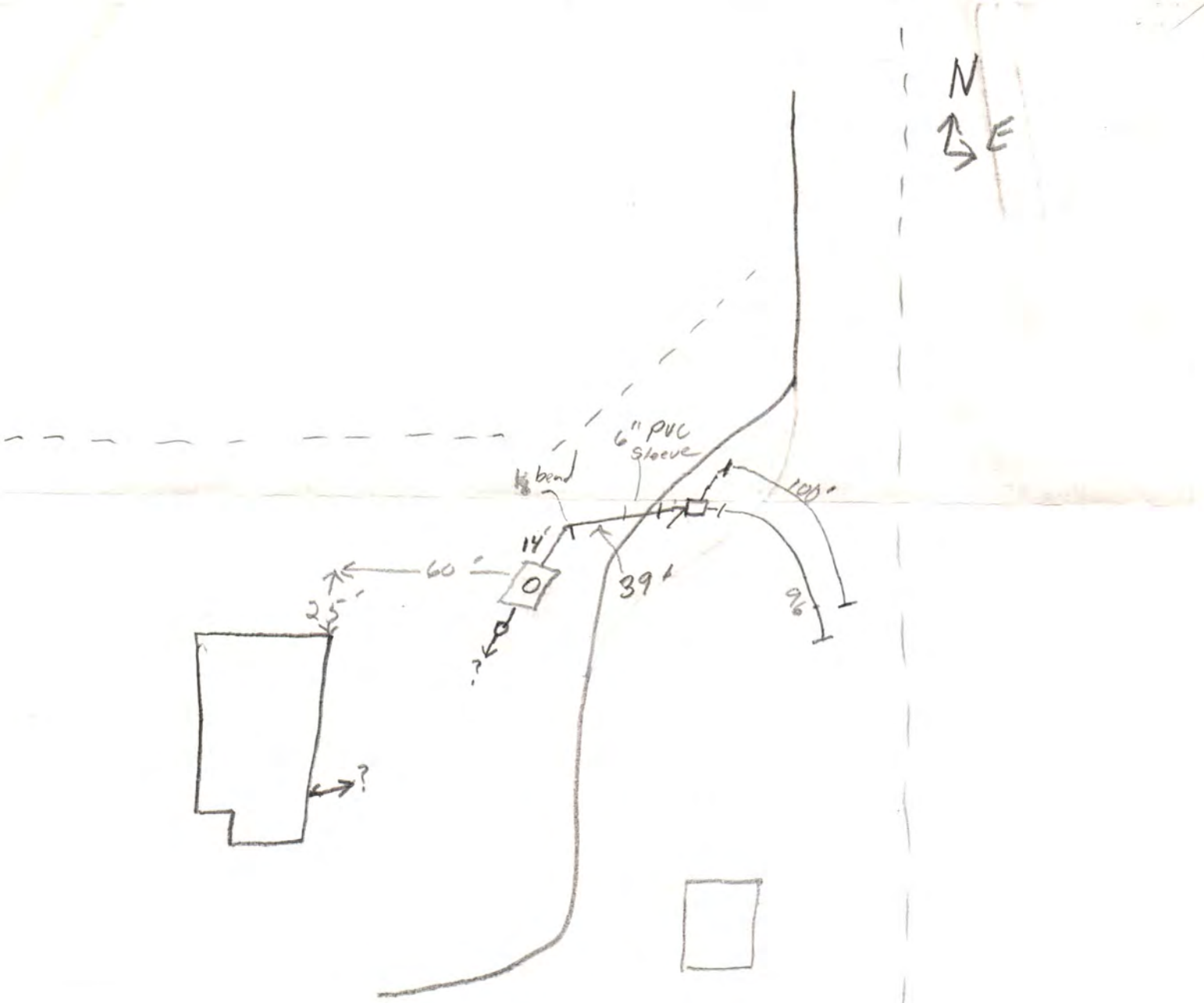
PERMITTEE
ARCHIE MOTSINGER
PROOO1
BOX 00248
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
PAID	

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


N
Drive
04
05
06
01
02
03
House
Well
NOT A WELL



Phone line runs along west side of drive and goes over 6" sleeve.