LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2865-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

DIANE MCCOY R.R. 1, BOX 155A HICKMAN, NE 68372

ISSUED TO — ADDRESS

T7N; R8E; Sec. 5

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
[illegible]	8-16-79	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977

RECEIVED JUL 14 1989

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: $_____

FILE NO. 2865-C

DATE: 7-11-89

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 8E ; Section 5 ;
   Block _____ : Lot _____ : Addition _____
   Street Address R1 Box 155A Hickman NE 68372

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe trailer house

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

4. Distance to public sewer: _____ ft.

Diane McCoy
Signature of Applicant (Owner or Lessee)

R1 Box 155A Hickman, NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/14/89. Date Frwd. 7/14/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-14-89. Date Frwd. 7-14-89. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. 7/14/89. Date Frwd. 7/14/89. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-3-92 by: P.D
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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: 134th & Stagecoach Road

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 3-16-89 to 3-17-89. Weather: Precip. _____ Temp. 72°.

OWNER: McCoy

Address: _____

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"	3-16	1:00	3-17	12:00	3-17	1:00	6"	4:30	6"	3½hr	0	0
2	36"	3-16	1:00	3-17	12:00	3-17	1:00	6"	4:30	6"	3½hr	0	0
3	36"	3-16	1:00	3-17	12:30	3-17	1:00	6"	4:30	5⅝"	3½hr	⅜"	3½"
4	36"	3-16	1:00	3-17	12:30	3-17	1:00	6"	4:30	6"	3½hr	0	0
5	36"	3-16	1:00	3-17	12:30	3-17	1:00	6"	4:30	5⅝"	3½hr	⅜"	3½"
6	36"	3-16	1:00	3-17	12:30	3-17	1:00	6"	4:30	6"	3½hr	0	0

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

Lowry
Signature of Person Conducting Test

Address 4401 N 27th Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

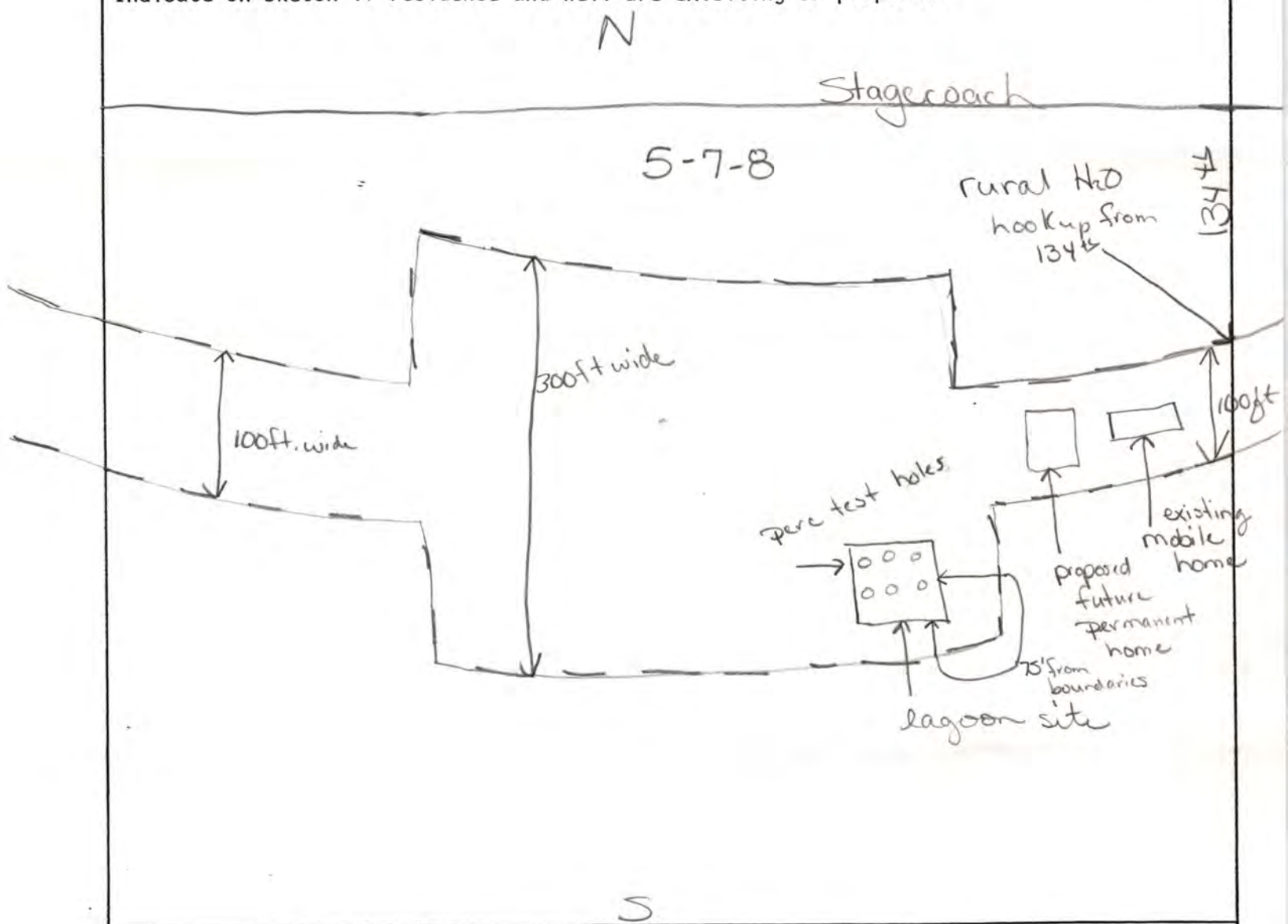
Date: _____

Approved Percolation Rate (a)
A. _____ 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._____

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

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description T7N R8E Sec 5 Location 134th + Stagecoach
Owner/Requestor Diane McCoy

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
✓ Other (Specify)

REMARKS Old system never inspected when first installed
Fence needs to be repaired. Gate w/ lock needs to be installed
weeds to be removed. Signs need to be placed around
outside of fence

South side of Lagoon may be shallow. Exposed pipe last
40' + into Lagoon. May be subject to UV radiation and
deteriation

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. (8.) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: P.D
Date: 12-3-92

Received by: _____

WA1002

Copy

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
INTER-DEPARTMENT COMMUNICATION

TO:	Mike DeKalb	**DATE:**	January 30, 2003
DEPARTMENT:	Planning	**FROM:**	Doug Smith, REHS
ATTENTION:		**DEPARTMENT:**	Lincoln-Lancaster County Health Dept.
CARBONS TO:	Bruce D. Dart Scott E. Holmes E.H. File	**SUBJECT:**	Administrative Plat #03002

The Lincoln-Lancaster County Health Department (LLCHD) has reviewed and made an on-site visit of this plat.

TRACT 1

Tract 1 is being attached to existing Lots 3 and 4. Tract 1 does not represent a free standing lot.

Tract 2

Water Supply

The existing home on Tract 2 is served by Lancaster County Water District #1.

On-site Wastewater Treatment

The on-site wastewater treatment system consists of a lagoon. The lagoon was constructed in 1992. The lagoon did not receive LLCHD final approval due to construction deficiencies. Construction deficiencies that must be corrected to meet with LLCHD approval are:

1) The effluent discharge pipe does not enter the lagoon at the proper depth and angle.
2) A depth marker must be installed. A splash pad must be installed if one is not already in place.
3) A 48 inch tall fence with a locked access gate must be installed.
4) A minimum of one "No Trespassing" or similar sign must be attached to the fence.
5) A diversion ditch or dike must be constructed on the slope above the lagoon to prevent run-off water from entering the lagoon.

If there are any questions, please contact me at 441-8031.