LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2482-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 23, 1987 — THIS PERMIT EXPIRES

DONALD B. GRIFFITH — ISSUED TO

5350 STOCKWELL LINCOLN, NE 68506 — ADDRESS

T7N; R8E; Sec 14 — 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
MG	4.23.87	

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

FILING FEE: $ 60.00

FILE NO. 2482-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. 7N ; Range 8E ; Section 14 ;
   Block _____ : Lot 12 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

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

4. Distance to public sewer: ? ft.

Donald B Griffith
Signature of Applicant (Owner or Lessee)

5350 STOCKWELL LINCOLN NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. ~~4/22/87~~. Date Frwd. ~~4/23/87~~. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/23/87. Date Frwd. 4/23/87. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. ~~4/23/87~~. Date Frwd. ~~4/23/87~~. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-15-87 by: JRM (Need fence)
Date: 7-7-89 by: DS
Date: _____ by: _____

Fence Installed Needs Sign

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. 7482-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: 384 ft. x 577 ft. Area: 5.10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/15/87 to 3/16/87. Weather: Precip. LITE RAIN Temp. 40°.

OWNER: DONALD B GRIFFITH
68506
Address: 5350 STOCKWELL LINCOLN, NE

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	24"	3/15	11/30	3/15	5/00	3/16	6/35	22"	7/05	19.5	30	2.5	
2	24"	3/15	11/40	3/15	5/00	3/16	6/35	22"	7/05	15.5	30	6,5	
3	24"	3/15	11/50	3/15	5/00	3/16	6/40	22"	7/10	20	30	2	
4	24"	3/15	12/00	3/15	5/00	3/16	6/40	22"	7/10	19	30	3	
5	24"	3/15	12/10	3/15	5/00	3/16	6/45	22"	7/15	14	30	8	
6	24"	3/15	12/20	3/15	5/00	3/16	645	22"	7/15	19	30	3	

Donald B Griffith
Signature of Person Conducting Test

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

Address 5350 LINCOLN, NE, 68506 Phone 483-5629

(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 ☐

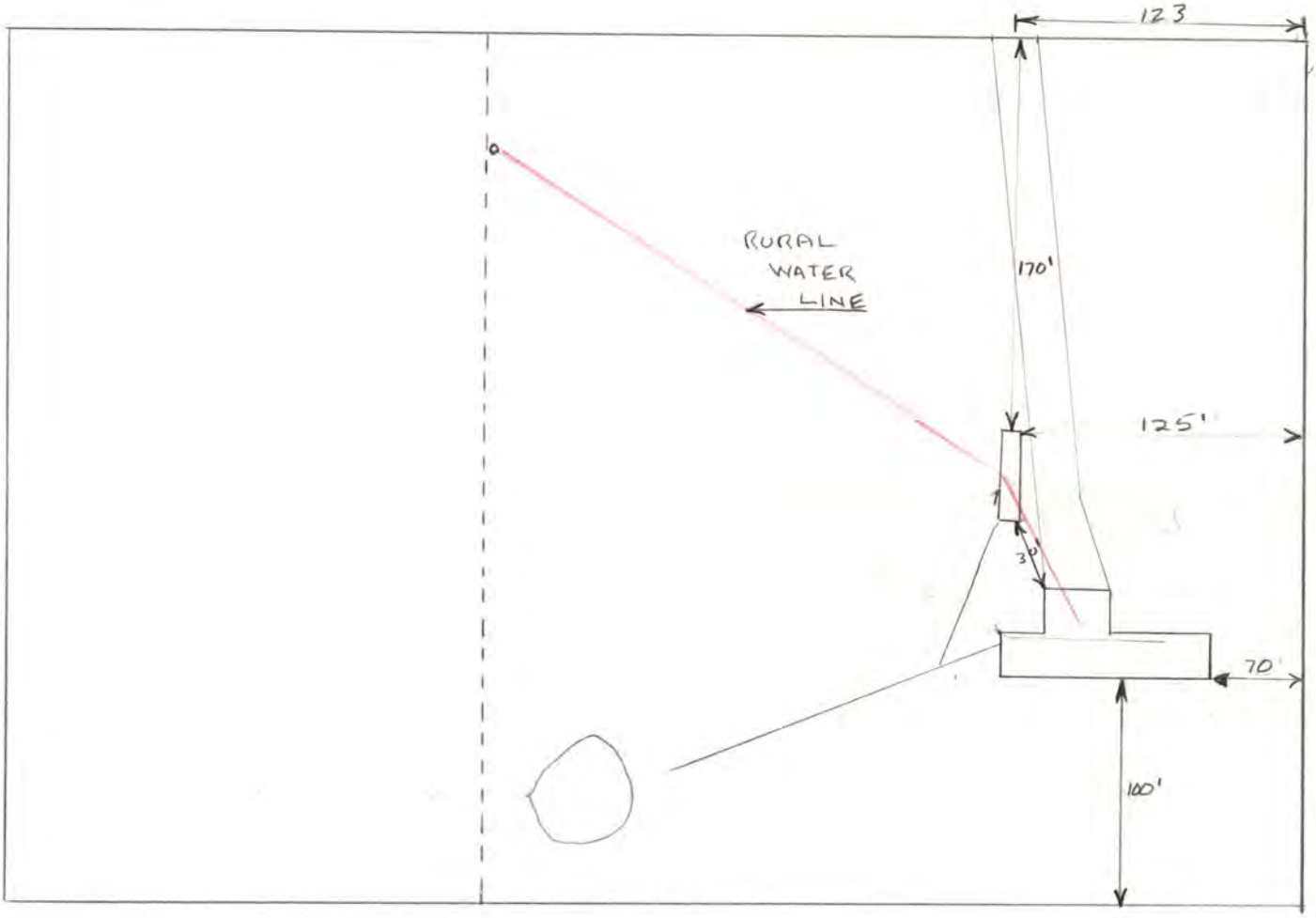
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 7482-C

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



REVIEWING ACTION

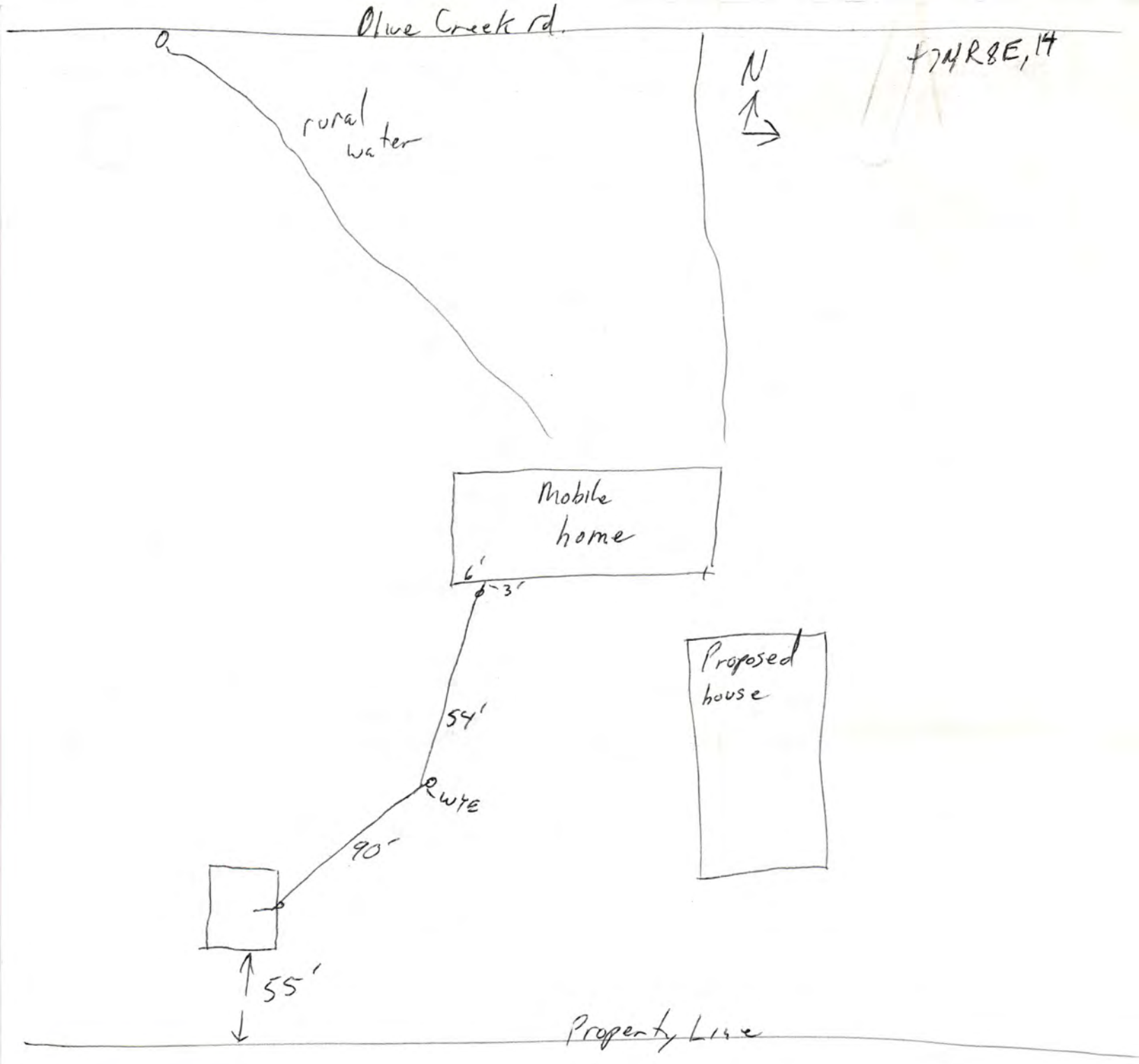
Remarks: _____

_____

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



Southwick Sewer & Drain

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2780-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

DONALD B. GRIFFITH — ISSUED TO

RT. 1, BOX 78-A — ADDRESS

T7N; R8E; Sec. 14 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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. ———

20109-0977

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. 2780-C

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

DATE: 12/9/88

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 8E ; Section 14 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: 260' 2" SCHEDULE 40 pumped sewage line from mobile home to existing sewer line to Lagoon.

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

6. Estimated cost of project:

a. Materials	$	600
b. Labor	$	200
c. Other	$	
TOTAL	$	800

Donald B. Griffith
Signature of Applicant (owner or lessee)

RT 1 Box 78-A ADAMS, NE 68301
Address

(Do not write below this line)

REVIEWING ACTION

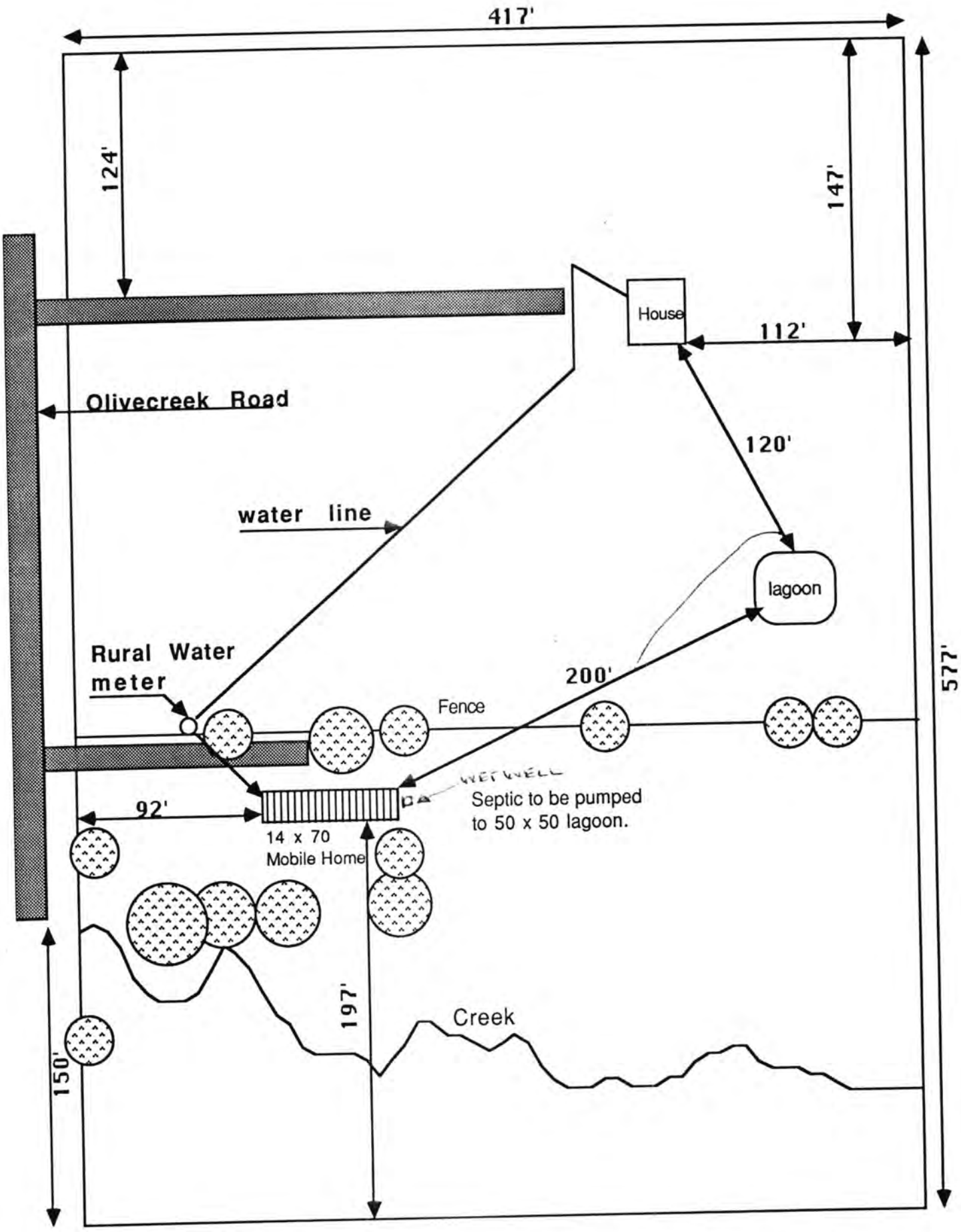
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Lerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/12/88 by: L.C. Hood

NO DRAWING



Donald B Griffith, Rt 1 Box 78-A, Adams, NE, 68301 788-2575

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: 12-5-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 7N; RANGE 3E; SECTION 14; BLOCK ____

LOT 12F; ADDITION _____; Street Address 17301 Olive Creek Rd, Olive Creek, OR

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Donald & Rosemary Griffith	17301 Olive Creek Road	733-2515
Tenant/Buyer:	[illegible]		
Return to:	Vicki Burk	PO Box 5300, Lincoln, NE	467-7500

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

Signature of Applicant [signature] Address PO Box 5300, Lincoln NE 68505

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 13, 1989 Received ~~$75.00~~ 150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/7/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 12/7/89 by CH
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☒	Date _____ by ____

Comments: WEEDS NEED TO BE CUT BOTH INSIDE AND OUTSIDE OF LAGOON FENCE. LAGOON IS QUITE FULL. ALL NO TRESPASSING SIGNS HAVE COME OFF EXCEPT NORTH ONE. See Attached Letter ☐

Corrected 12/26/89. LAGOON IS ALMOST FULL PROBABLY AT A BENEFIT OF HAVING LANCASTER COUNTY RURAL WATER DISTRICT 2 RECEIVE WATER FROM IT.

FINAL STATUS

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

APPROVED BY Gerald G. Hood R.S. DATE DECEMBER 26, 1989

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

911115001

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: 10-7-91

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

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 14; BLOCK ___

LOT 12; ADDITION NE 1/4; Street Address 17301 Olive Creek Road Adams, Ne. 68301

Directions to Property Go through Bennet stay on Hwy 43 going South 5 or 6 miles to Olive Creek Rd turn East (Gravel) go about 3/4 mile Rd runs right around Blue house with wrap around porch on South side of road

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW of house Year Installed Approx 1937

	NAME	ADDRESS	PHONE
Present Owner:	Donald + Kenneth Hall	124 E Main Rd East Chehalis Wa 98532	206-748-7804
Tenant/Buyer:	William (Bill) + Vicki Barthing	5140 Claire Ave 68516	483-5235
Return to:	Tony Lindstrom/May 6945 O St Ste 300 Professional Lincoln Ne		68510

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

Signature of Applicant William L Barthing **Address** 5140 CLAIRE LINCOLN

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 8, 1991 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 10/9/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☐	Date 10/9/91 by J.C.H
Bacteria	☐	☐	Provisional: ☐	Date 11/14/91 by J.C.H.
Nitrate	☐	☐	Disapproved: ☒	Date ___ by ___

Comments: LAGOON NEEDS WEEDS + CATAILS REMOVED. NEED LOCK ON GATE. LAGOON NEEDS WATER. CLEANOUT NEAR LAGOON NEEDS REPAIR + CAP. See Attached Letter ☐ WOULD BE MORE APPROPRIATE TO SEED LAGOON DIKES WITH GRASS INSTEAD OF COVERING WITH CARPETING. all corrected J.C.H. 11/14/91

FINAL STATUS RURAL WATER DISTRICT.

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

APPROVED BY Jerrold C. Hood R.S. DATE November 14, 1991

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

Lincoln-Lancaster County Health Department

APR 1 5 2003

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.

Legal Description of Property: Street Address 17301 Olive Creek Rd., Adams, NE 68301

Twp 7N Range 8E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Hwy 2 Hwy 43 South to Bennett, about 8 miles South, go East on Olive Creek Rd. 1.5 miles on South side of road.

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Bill & Vicki Bartling	(See above)	(402) 788-2834
Tenant/Buyer:	Jeff & Deb Chinnow	2233 "D" St. (H)	(402) 476-8954
		Lincoln, NE 68502 (W)	(402) 467-1644
Return to:	BARB BULOW	HOME REAL ESTATE	FAX 436-3199
Signature of Applicant	Deb Chinnow	Address 2233 "D" St. Lincoln, NE 68502	Date 4/12/03

HEALTH DEPARTMENT USE ONLY

RECEIVED			DATA ENTRY	
Date	4/15/03	4/18/03	Date	___/___/___
Initials	TW	no	Case No.	___
Amount	150.00	50.00	Initials	___
Check No.	1903	1908		

PRELIMINARY STATUS--By Jerrold C. Wood RURAL WATER DATE: 4/16/03

all finished except east side.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☐	Approved	☐	Date 5/7/03 by J.C.W.
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: TREES & BRUSH MUST BE REMOVED FROM LAGOON AREA, FENCE (AND GATE) MUST BE BROUGHT UP TO 4 FOOT HEIGHT, GATE MUST BE LOCKED, WARNING SIGNS ON FENCE, LOTS OF REEDS IN LAGOON, LOTS OF SOLIDS, LAGOON MUST BE DREDGED See Attached Letter ☐ SMALL AMOUNT OF WATER IN LAGOON MAY NEED SEALING OUT. AFTER DREDGING

FINAL STATUS

WATER SYSTEM: Approved ☒ Rural Water SEWAGE DISPOSAL SYSTEM: Approved ☒ Provisional Approval ☐ Correction completed 5/8/03 DC

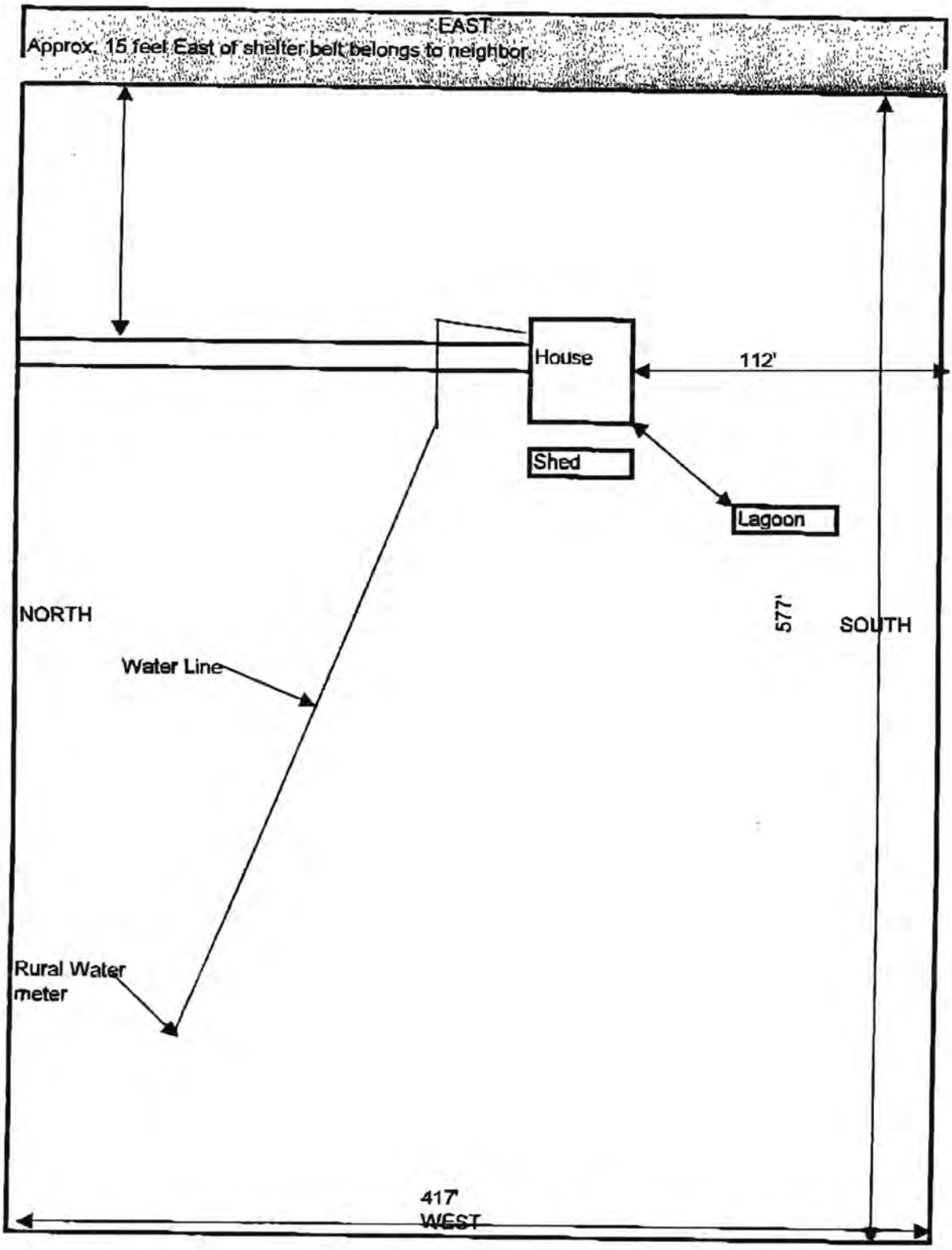
Approved by Doug Ford Date 5/8/03

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

Revised/Reprint: 10-95

TOTAL P.02



04/10/2005 THU 10:24 FAX 406 489 2394 HUB MAIL COMPANIES
002/002