LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 922-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — March 23, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Dale Weber — RFD 3, Box 34, Lincoln, NE 68505

ISSUED TO — ADDRESS

T8N; R5E; Sec. 2; Lot 23 I.T. ; Lagoon

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

FRANK GOLDEN, 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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 922-C

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

DATE: 8/31/76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 5E ; Section 2
Block ____; Lot 23 I.T.; Addition ____
Street Address ____

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

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

4. Distance to public sewer: ____ ft.

Dale E. Weber

Signature of Applicant (Owner) or Lessee)
Dale Weber

RT3 Bx34 Lin NE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9-23-76 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9-23-76 . Signature: James W Everka

2. Supt. Bldg. Insp.: Date Rec'd. 9-24-76 . ACTION: Approved ☐ Disapproved ☐
Date Frwd. ____ . Signature: ____

3. City or County Engineer: Date Rec'd. 9/23/76 . ACTION: Approved ☐ Disapproved ☒
Date Frwd. 9/24/76 . Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 922-C

DATE: 9/23/76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 5E ; Section 2 ; Block ; Lot 23FT ; Addition .
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Dale D Weber
Signature of Applicant (owner or lessee)

A3 Bx 34 Lin NE
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 9-23-76
Filing Fee: $ 30.00

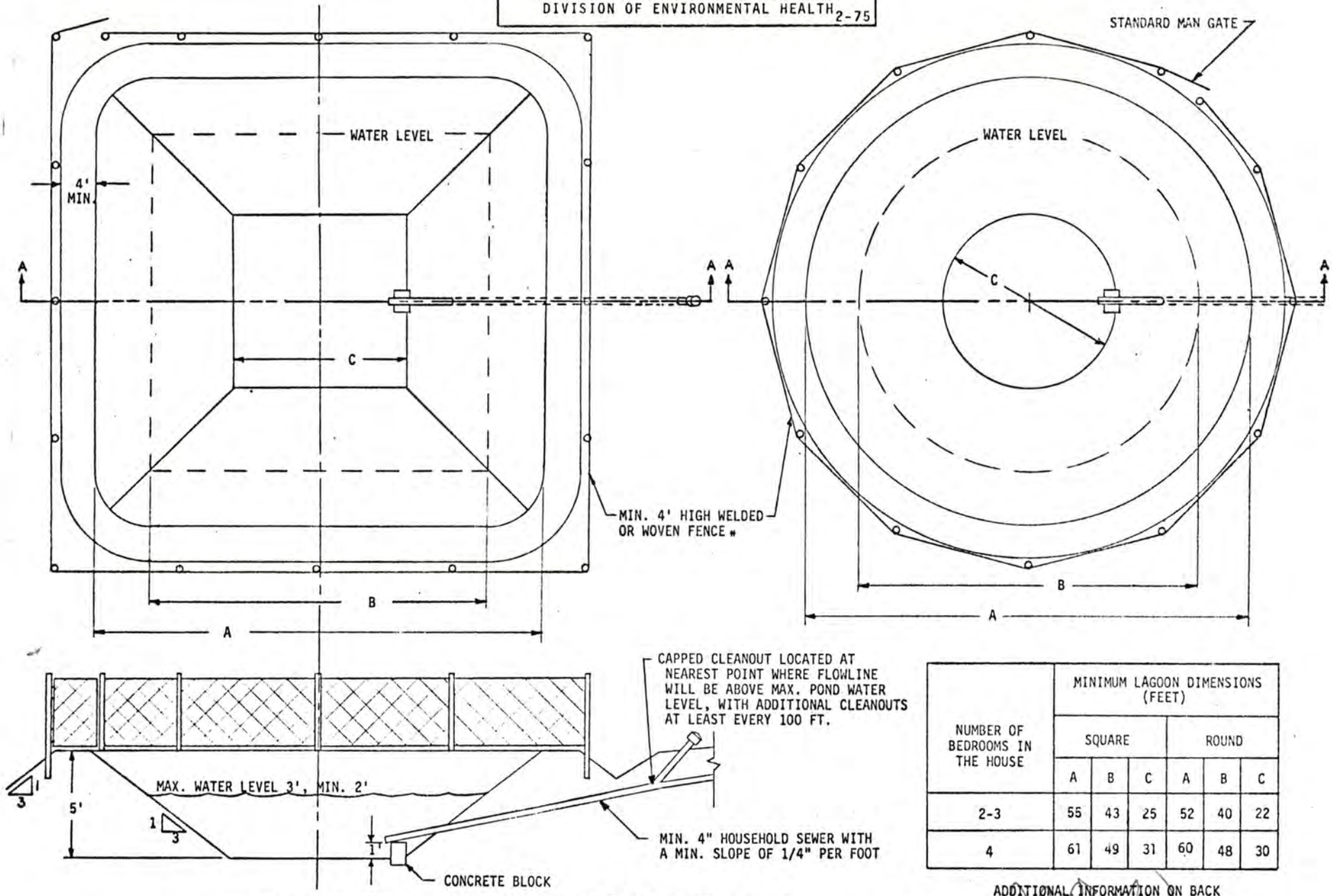
2. Site Visits:
Date: 10-22-76 by: JW
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 9/23/76
by: James Weverka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-76 by: James Weverka

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75



SECTION VIEW A-A'
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	55	43	25	52	40	22
4	61	49	31	60	48	30

ADDITIONAL INFORMATION ON BACK

*THE FENCE IS TO BE COMPLETED WITHIN 10 DAYS AFTER CONSTRUCTION APPROVAL IS RECEIVED

SIGNATURE OF APPLICANT Dale Olden

HD-46(75)

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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 5E
Section & ¼ Sect. 2 NW¼
Property Dimensions: 775 ft. x 305 ft.
Area: 5 Acres acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Owner: Dale Weber
Address _____

Dates of Tests: 8/8/76 to 8/9/76. Weather: Precip. ____ Temp. 90°

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				
Hole 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)
1	36	8/8	4:00	8/8	8:00	8/9	7:30	6 inches	8:00	5 1/4"	30 min	3/4"	
2	36	8/8	4:00	8/8	8:00	8/9	7:30	6"	8:00	5 1/2"	30 min	1/2	
3	36	8/8	4:00	8/8	8:00	8/9	7:30	6"	8:00	5 1/2"	30 min	1/2	
4	36	8/8	4:00	8/8	8:00	8/9	7:30	6"	8:00	5 1/2"	30 min	1/2	
5	36	8/8	4:00	8/8	8:00	8/9	7:30	6"	8:00	5 5/8	30 min	3/8	
6	36	8/8	4:00	8/8	8:00	8/9	7:30	6"	8:00	5 3/4	30 min	1/4	

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

Dale E Weber
Signature of Person Conducting Test

Address RT3 Box 34 Lin NE
Phone: 786-3557

(Do not write below this line)

REVIEWING ACTION

REMARKS: Lagoon

Approved Percolation Rate(s)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 9-23-76

James Wevelka
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 922-C

SPECIFICATIONS

DATE: 10-25-74

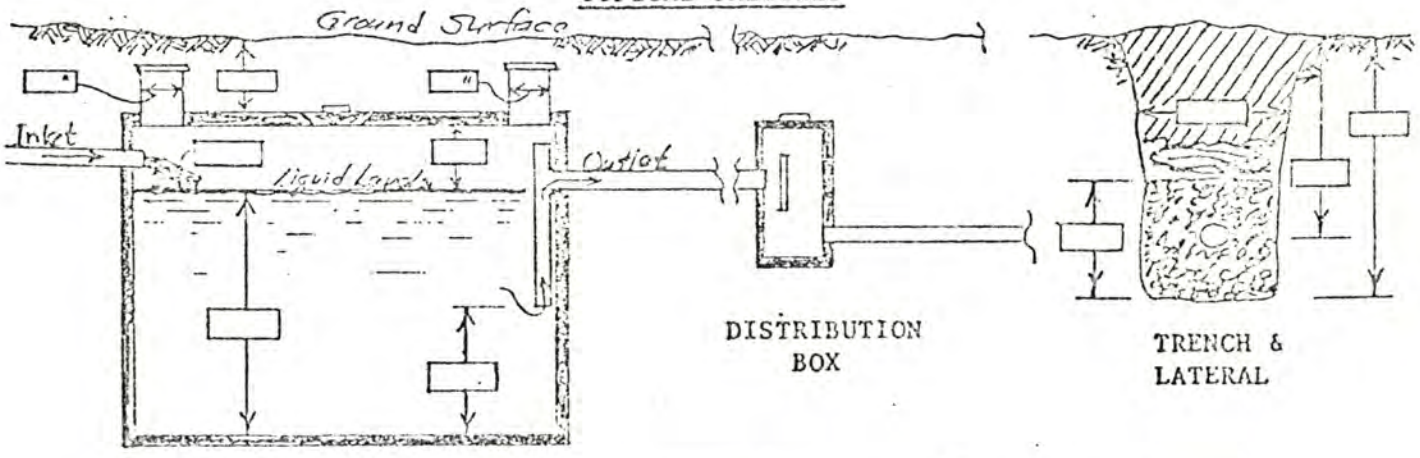
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions. Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Dale Weber
Signature of Applicant

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: 9-12-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 #186

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 2; BLOCK ___

LOT ___; ADDITION ___; Street Address [redacted] Rt 1 Bx 46A Murdell 68464

Directions to Property 1/2 Mile South of Saltillo on SW 72nd Street on West side Name on mail Box

Location of Well ~~NE~~ NE of House 15 yds Tap Location: Inside ☒ Outside ☒

Location of Sewage System West of House 50 yds Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Dale & Vesna Weber	Rt 1 Bx 46A Murdell 68464	797-2765
Tenant/Buyer:	NA		339-0319
Return to:	Commercial Federal	Flory Gray Hall	

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

Signature of Applicant Dale E Weber Address Rt 1 Bx 46A Murdell Ne 68464

==========

HEALTH DEPARTMENT USE ONLY

Date Received 9-12-89 Received $75.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 9/13/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 9/13/89 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date 9/25/89 by J.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date ___ by ___

Comments: LAGOON HAS NO FENCE, WARNING SIGNS OR LOCKED GATE. WEEDS NEED TO BE CUT, CATAILS REMOVED, TREES. WELL IS TOO CLOSE TO NEIGHBORS See Attached Letter ☐

~~HORSE CORRAL~~ 9/25/89 Lagoon fenced & signed, Locked gate, weeds cut, Catails removed. J.C.H.

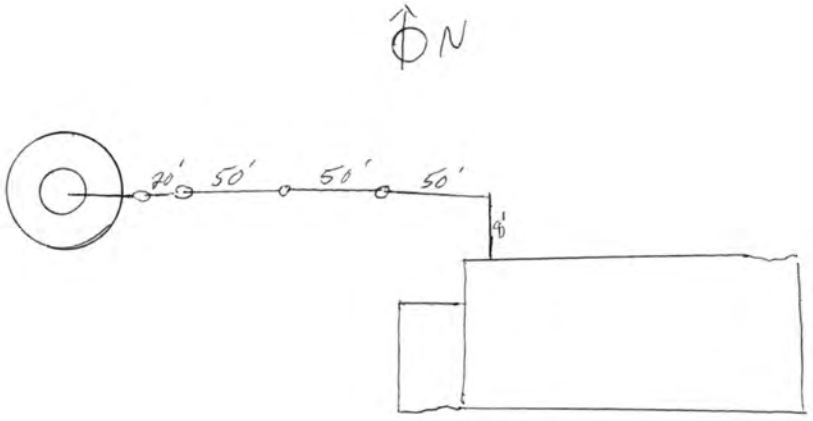
FINAL STATUS

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

APPROVED BY ___ DATE ___

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


N
20'
50'
50'
50'
4'

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

010042

(402) 441-8006

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: DALE WEBER
T8N R5E SEC 2 QTR NE
6TH PRIN MERIDIAN LOT 23
12195 SW 72 ST-MARTELL

Permittee: DALE WEBER
12195 SW 72 ST
MARTELL NE 68404

Permit # 07380333901

Issued 05/15/07
Expires 05/15/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 07380333901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 12195 SW 72nd St (no rural route) City Martell NE, Zip 68404

LCR 5976

Legal Description S2 T8 R5 6th Principal Meridian, Lot 23, NE¼ Sec
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Dale Weber Signature Jean Seali for Dale Weber

Address 12195 SW 72nd St City/State/Zip Martell NE 68404 with permission

☐ Check if owner designed system Home Phone 402-429-1304 Work Phone 402-475-2262

C. Contractor

Name Steve Dankbar Company Name Dirt Works Plus, INC

Address 6667 NW 48th, Stel City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 402-325-0529

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department**	Date rec'd 5/15/07 Date frwd 5/15/07	**ACTION** ☑ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5-15-07 Date frwd 5-15-07	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 5-15-07 Date frwd 5-15-07	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blouzek	

10/6" Line + Lagoon by Jakubek-QS.

Installation Final Written Approval

By Doug Smith

Date 1/11/08

Business Office Use Only

Date Rec'd 05/15/07
Amt Paid 290.00
Rec'd By LS Cash/Check No. 9423

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10/4/07 Raymond Contracting Inc.

System Location (Indicate correct number and street)

Address 12195 SW 72 ST. (no rural route) City Martell NE, Zip 68404

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20" in.
3. Distance between dwelling and septic tank: 162 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank Lagoon Top 50'x50'

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

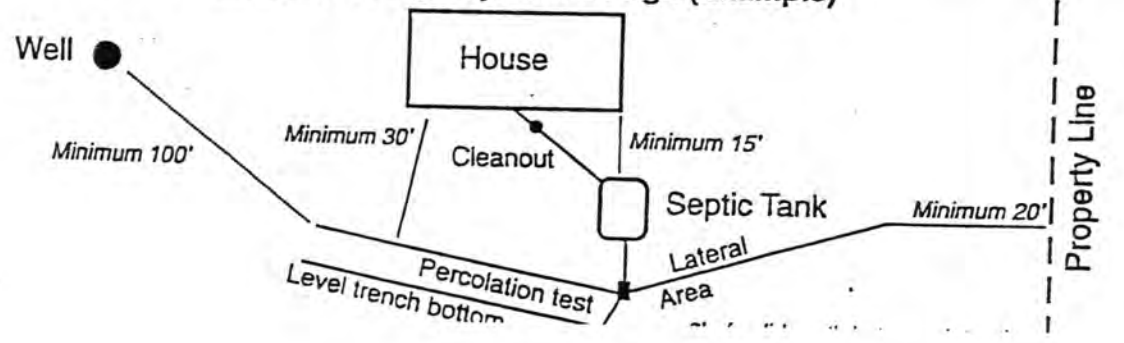
(Provide as-built drawings on back of this form)

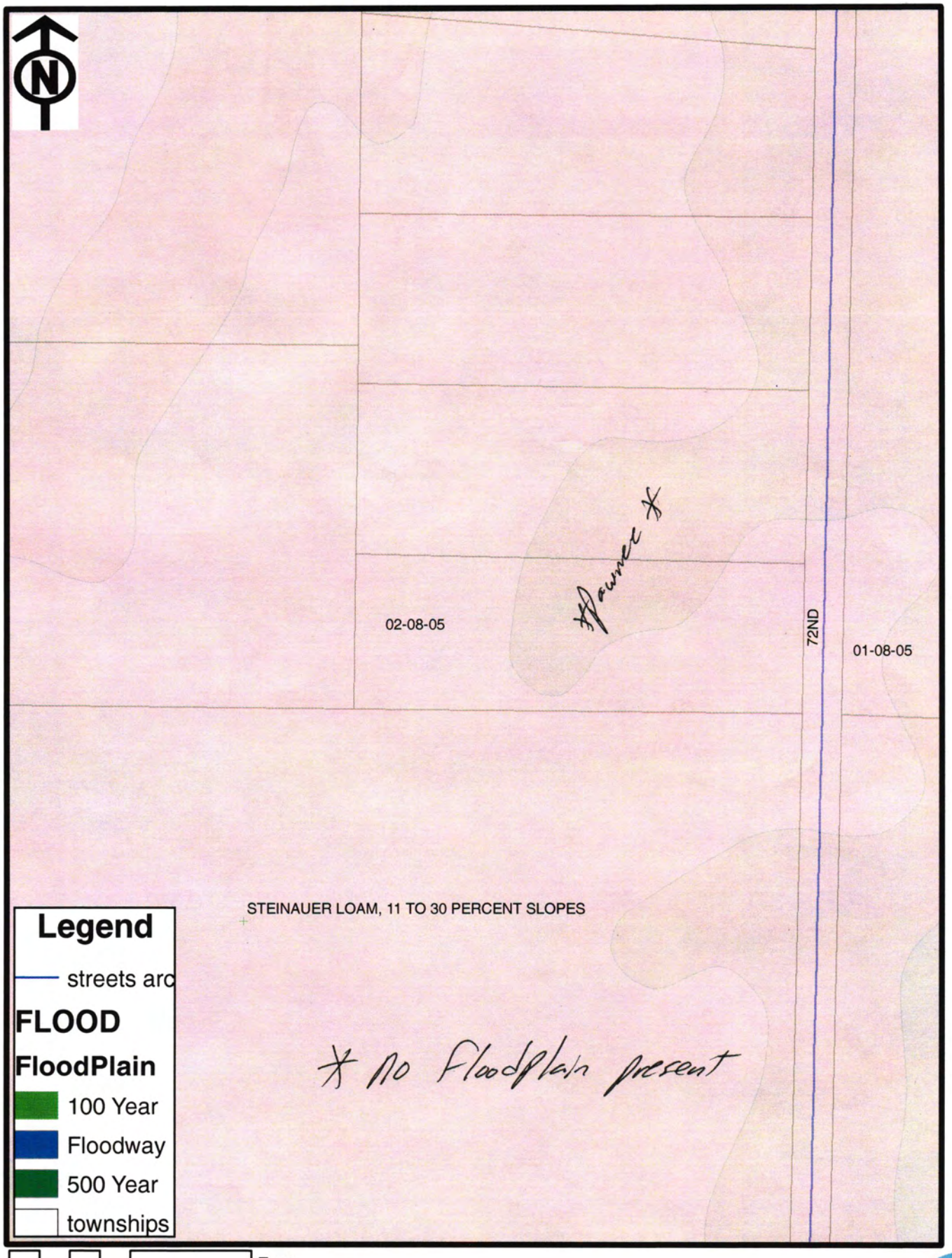
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft. _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)




N
02-08-05
Planned *
72ND
01-08-05
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
Legend
streets arc
FLOOD
FloodPlain
100 Year
Floodway
500 Year
townships
* no floodplain present
0
100
200
400
Feet

As Built Drawing

