LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE SYSTEM REPAIR
SEPTIC TANK

No. 96390052901

Issued 10/17/96
Expires 04/17/97
Revenue Code 18754

Establishment

DARYL BEATHCRAGE
T7N R8E SEC 11

FEES: $50.00

TOTAL $50.00

Permittee

DARYL BEATHCRAGE
RR0001
BOX 00080
ADAMS NE 68301

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

2736

OCT 1 5 1996

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

3140 "N" STREET LINCOLN, NE 68510-1514

#1019 $50 oc

RECEIVED OCT 1 6 1996

FILE NO._____

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

DATE: 9-11-96

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 11 SW¼ ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3 Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: install new 1000 gal septic tank with 330 ft laterals

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

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

DARYL BEATHCRAGE
Signature of Applicant (owner or lessee)

RT. 1, BOX 80, ADAMS, NEBRASKA
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-3-96 by: PD
Date: 9-17-96 by: P.D.
Date: 6-17-97 by: P.D. Need drawing

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

OCT 15 1996

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

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	25	8/20	2:40	overnight		8/21	8:45	15	9:15	14 ¼	30	¾	
2	25	8/20	2:40	over	night	8/21	8:45	15	9:15	14 ½	30	½	
3	25	8/20	2:40	over	night	8/21	8:45	15	9:15	13 ¾	30	1 ¼	
4	25	8/20	2:40	over	night	8/21	8:45	15	9:15	14	30	1	
5	25	8/20	2:40	over	night	8/21	8:45	15	9:15	14 ½	30	½	
6	25	8/20	2:40	over	night	8/21	8:45	15	9:15	10	30	5	

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

Doug Altmaa
Signature of Person Conducting Test

Address RT 1 Box 35 Hallam Nebr Phone 794-4773

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

OCT 15 1996

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

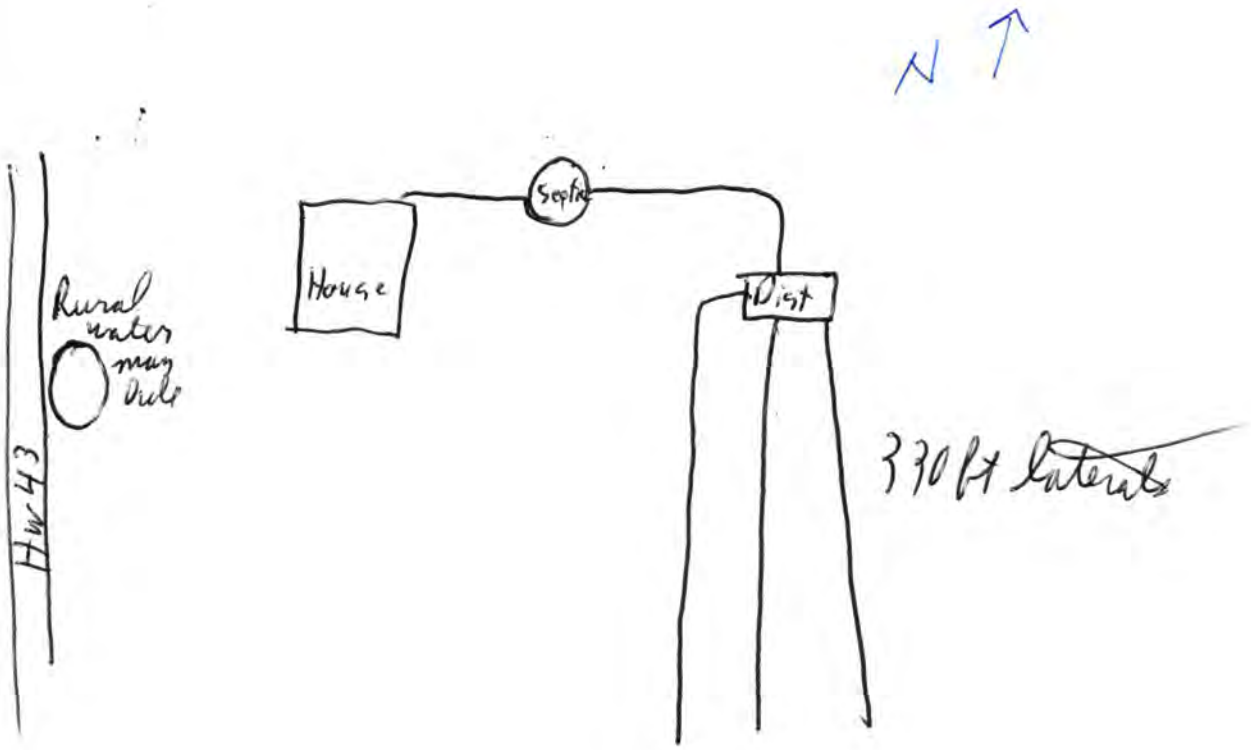
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 1000 gals.
2. Total Length of Laterals 330 ft.
3. With a Trench Width of 3 in.
4. Total Area of Lateral needed 990 sq.ft.

_____
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) ~~471-7800~~ 441-8022 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: 8-12-96

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

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION SW1/4 11; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property HWY 43; 1/4-1/2 MILE SOUTH OF PANAMA TURN OF, EAST SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Darryl & Brenda BEATHCRAGE	RT 1, BOX 80 ADAMS NE	788-2591
Tenant/Buyer:	Boyd & Chris DONALDSON	550 COTTONWOOD ST BENNET NE	782-8018
Return to:	WENDY FRANCIS, WOODS BROS RE	3201 PIONEERS BLVD LINCOLN NE	475-1164/430-3231

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

Signature of Applicant Wendy Francis for Donaldson Address 3201 PIONEERS BLVD

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HEALTH DEPARTMENT USE ONLY

Date Received 8/12/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/13/96

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐	☐
Nitrate	☐	☐

SEWAGE SYSTEM:

Approved: ☐

Provisional: ☐

Disapproved: ☒

SITE VISIT:

Date 9-3-96 by P.D

Date 9-17-96 by PD

Date 6-17-97 by P.D

Comments: SEPTIC SYSTEM RUNS OUT ALL OF IT MAY BE UNDERSIZED. MUST BE CORRECTED WHETHER PROPERTY IS SOLD OR NOT. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description _____ Location _____

Owner/Requestor _____

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
__X__ New system, followup
____ Existing system, repair
____ Existing system, followup
____ Loan approval
____ Consultation
____ Other (Specify)

REMARKS _____

_____

_____

_____

_____

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. Leech 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. 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: _____ Received by: _____

Date: _____

WA1002