LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380136901

Issued 11/08/95
Expires 05/09/96
Revenue Code 18754

Establishment
JOHN YOUNGER
T8N R5E SEC 33
20100 SW 114 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JOHN YOUNGER
1210 IRIS AV
CRETE NE 68333

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"

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
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 10/26/95

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. 8 N ; Range 5E ; Section 33 SW¼;
   Block _____ : Lot _____ : Addition _____
   Street Address 20100 SW 114th Crete NE 68333
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ pond
4. Distance to public sewer: 4 miles ft.

John M Yocum
Signature of Applicant (Owner or Lessee)

1210 Iris Av Crete NE 68333
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 11/1/95 . Date Frwd. 11/3/95 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 11-3-95 . Date Frwd. 11-3-95 .	ACTION: Approved ☒ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 11-3-95 . Date Frwd. 11-3-95 .	ACTION: Approved ☐ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-2-96 by: P.D
Date: 12-17-96 by: P.D. need fence, gate drawing etc.
Date: 5-20-97 by: PD

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-20-97 By: Paul D Thomas

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

FORM 22 43

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

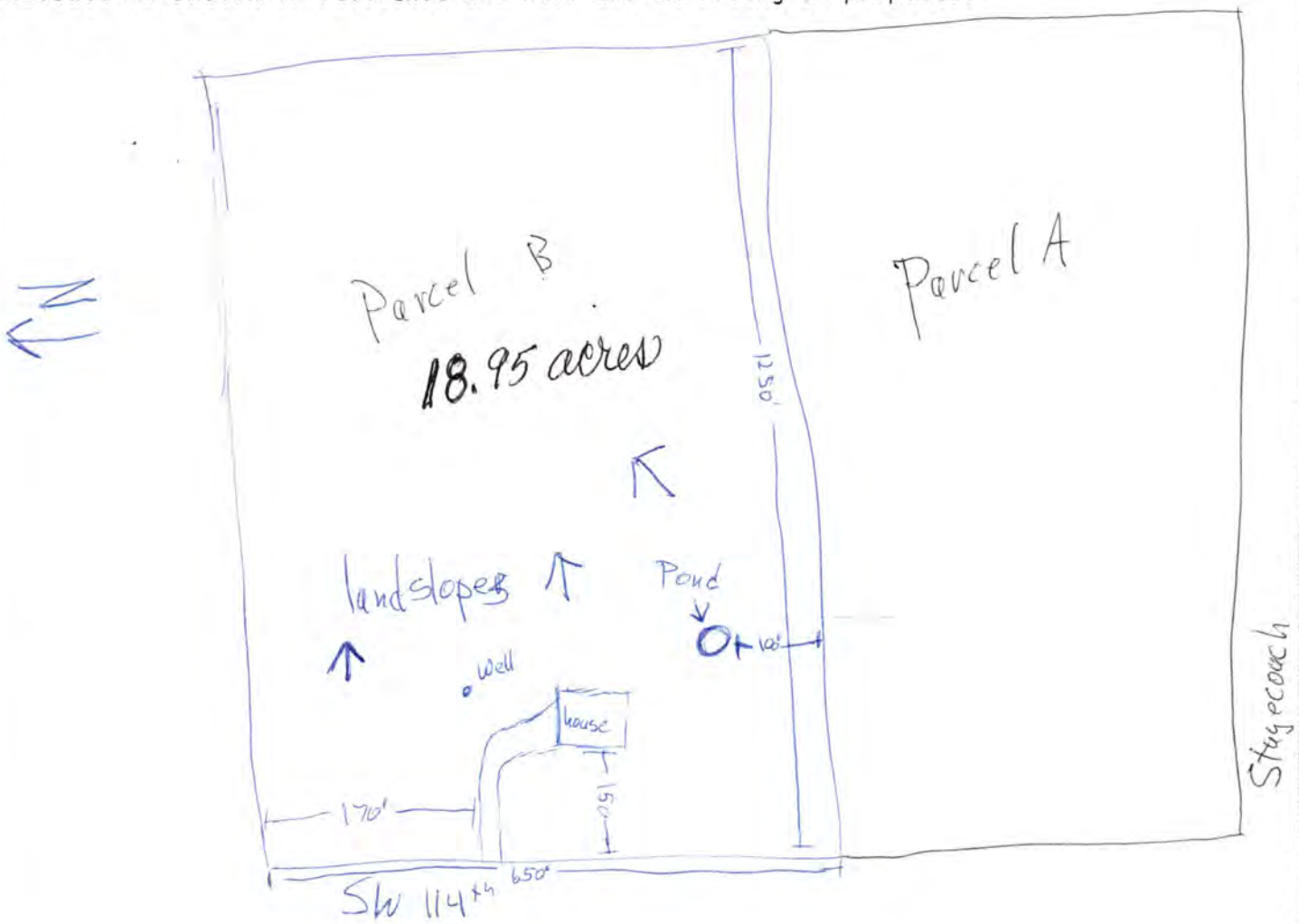
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

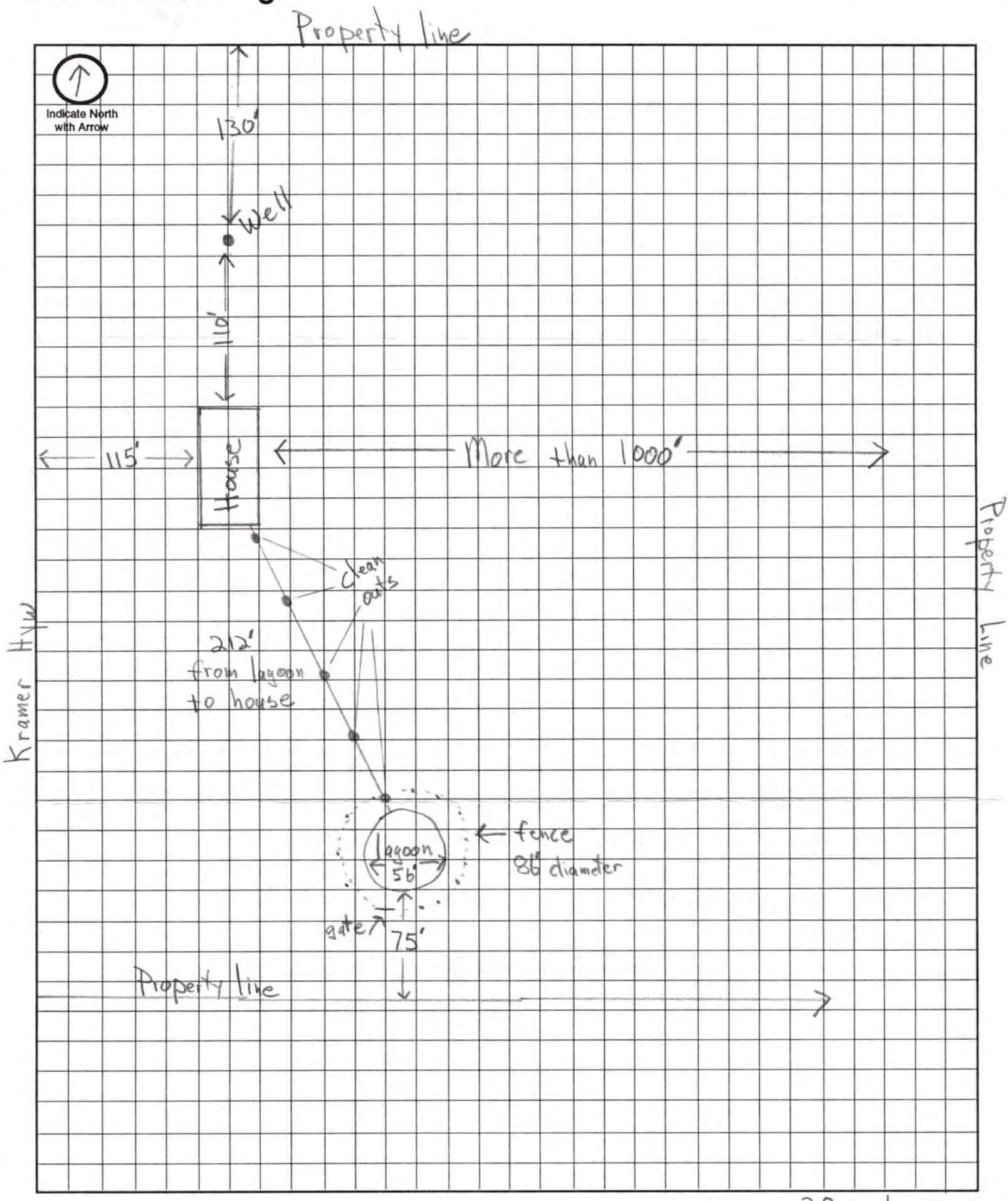
Remarks: _____

Date: NOVEMBER 3, 1995

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.

Gerrold C. Hood
Signature of Reviewing Official

As Built Drawing



441-8038

Approximate Scale: 20 ft. = 1 grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description Sec 33 8-5 Location 20100 SW 114

Owner/Requestor J. Younger (wk) 826-8735

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".

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

REMARKS (8) Lagoon 51'-52' across (round lagoon)
Needs signs, fence gate, etc. Lagoon deeper than 5ft maybe 8-10'
(5) Sewer line covered before inspection

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 X 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: Paul Drotzmann Received by: ___

Date: 1-2-96

WA1002

Lincoln-Lancaster County Health Department

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 20100 SW 114th St. Cortland NE

Twp 8N Range 5E Section 33 1/4 ___ 1/4 ___ Block ___ Lot 14 Addition ___

Directions to Property Highway 77 South To Highway 33 (West) - To SW 114th St. (Kramer Road) - 2½ Miles South on SW 114th St.

Location of Well North of Garage Across Drive Infield Tap Location: Inside ☒ Outside ☒

Location of Sewage System SE of House - Lagoon Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Residential Relocation	800 North Brand Blvd Glendale, CA 91203	(818) 549-7154
Tenant/Buyer:	Robert + Susan Coulik	8800 So. 65th Lincoln, NE 68516	420-
Return to:	Dennis Mehrhoff	7141 'A' St. Lincoln, NE 68510	440-8585

Signature of Applicant [signature] Address 8800 S 68th Lnk 68516 Date 6/16/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/21/00

Initials no

Amount 150.00

Check No. 2559

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

N-R5E-33

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 5.96 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: - Tree + vegetation in lagoon, No trespass signs needed 6/22/00

- Signs in place and vegetation removed 6/28/00

See Attached Letter ☐

FINAL STATUS

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

Approved by [signature] Date 06/28/00

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

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

JUN 26 2000

Laboratory Report Printed on: June 23, 2000

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P15676-45**
Sampled By: **DOUG SMITH**
Location: **20100 SW 114**
Sample Point:

Date Collected **22-Jun-2000 09:30 AM**
Date Received: **22-Jun-2000**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	06/23/00	SH	**Total coliform absent - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	06/23/00	SH	**E. coli absent**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-2541.

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

MAY 16 1997

D

Permit Number: 9538013 6901

Sewage Disposal System

As Built Plans & Specifications

Date 3/15/97

John M. Younger

System Location (Indicate correct number and street)

Address 20100 S.W 114th ST. (no rural route) City Crete NE, Zip 68333

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10" in.
3. Distance between dwelling and ~~septic tank:~~ lagoon 212 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream > 2000 ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank N/A

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 N/A

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

D. Absorption Field N/A

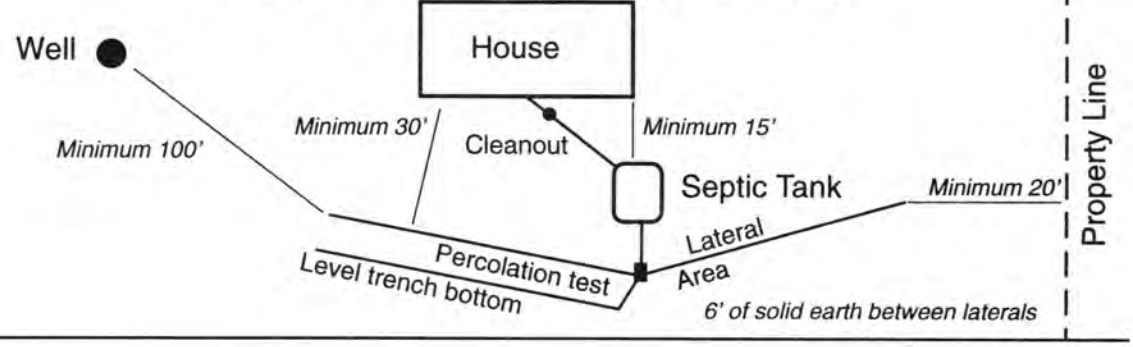
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96