LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 701-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 23, 1976 — THIS PERMIT EXPIRES

Gerald L. White — ISSUED TO

7701 Cherrywood, Drive — ADDRESS

T8N; R6E; Sec. SW¼ of 16; Lot 24

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 701-C

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

DATE: 9-19-75

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 6E ; Section 16- 8½ acres of former SW¼ of sectn
   Block ____ ; Lot 24 I.T. ; Addition ____
   Street Address ____

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

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

4. Distance to public sewer: None ft.

Gerald L White
Signature of Applicant (Owner or Lessee)

7701 Cherrywood Dr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9-22-75 . Date Frwd. 9-23-75 . ACTION: Approved ☐ Disapproved ☒ Signature: James Hewelke
2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____
3. City or County Engineer: Date Rec'd. 9-30-75 . Date Frwd. 9-30-75 . ACTION: Approved ☐ Disapproved ☐ 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._____

DATE: 9-19-75

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. 8 N ; Range 6 E ; Section 16 8⅓ acres S.W ¼ ; Block ; Lot 24 I.L. ; Addition .
Street Address .

2. Property Use: Residential ☑ ; Commercial ☐
No. of Bedrooms 2
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).

Gerald L White
Signature of Applicant (owner or lessee)

7701 Cherrywood Dr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30 . 00

2. Site Visits:
Date: Dec-19-75 by: mm
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 9/22/75
by: James Weverka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Dec-19-75 by: Ron Maynard

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:

Owner: Gerald L White

Location: Township 8 ; Range 6
Section & ¼ Sect. S½ acres of SW ¼ Address 7701 Cherrywood Dr

Property Dimensions: 350 ft. x 200 ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 9-18 to 9-20. Weather: Precip. 0 Temp. 70+ F.

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	30	9/18	2:00	9/19	6:30	9/19	7:05	20"	7:35	19"	30	1"	30/1
2	"	"		9/19			7:06	20"	7:36	18¾"	30	1¼"	30/1¼
3	"	9/18		9/19			7:07	20"	7:37	18¾"	30	¾"	30/¾
4	"	9/18		9/19			7:08	20"	7:38	18¾"	30	1¼	30/1¼
5	"	"		9/19			7:09	20"	7:39	19½	30	½	30/½
6	"	"	3:00	9/19	7:00	9/19	7:10	20"	7:40	18¾	30	¼	30/¼

Sum of Percolation Rates 6 in
Average of Rates: 1
Mean of Rates: 30 min/1 inch

Terry Bouma
Signature of Person Conducting Test

Address Firth Nebr.
Phone: 791-5760
791-5730

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 9-22-75

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. _____

SPECIFICATIONS

DATE: _____

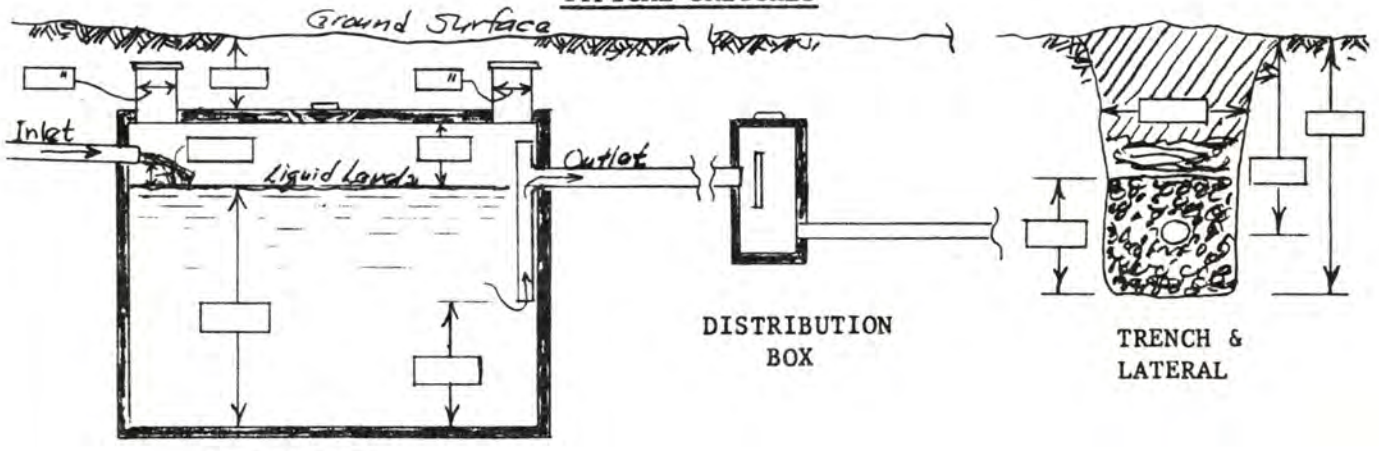
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 147 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material concrete; No. of compartments _____.
2. Capacity 750 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 12 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

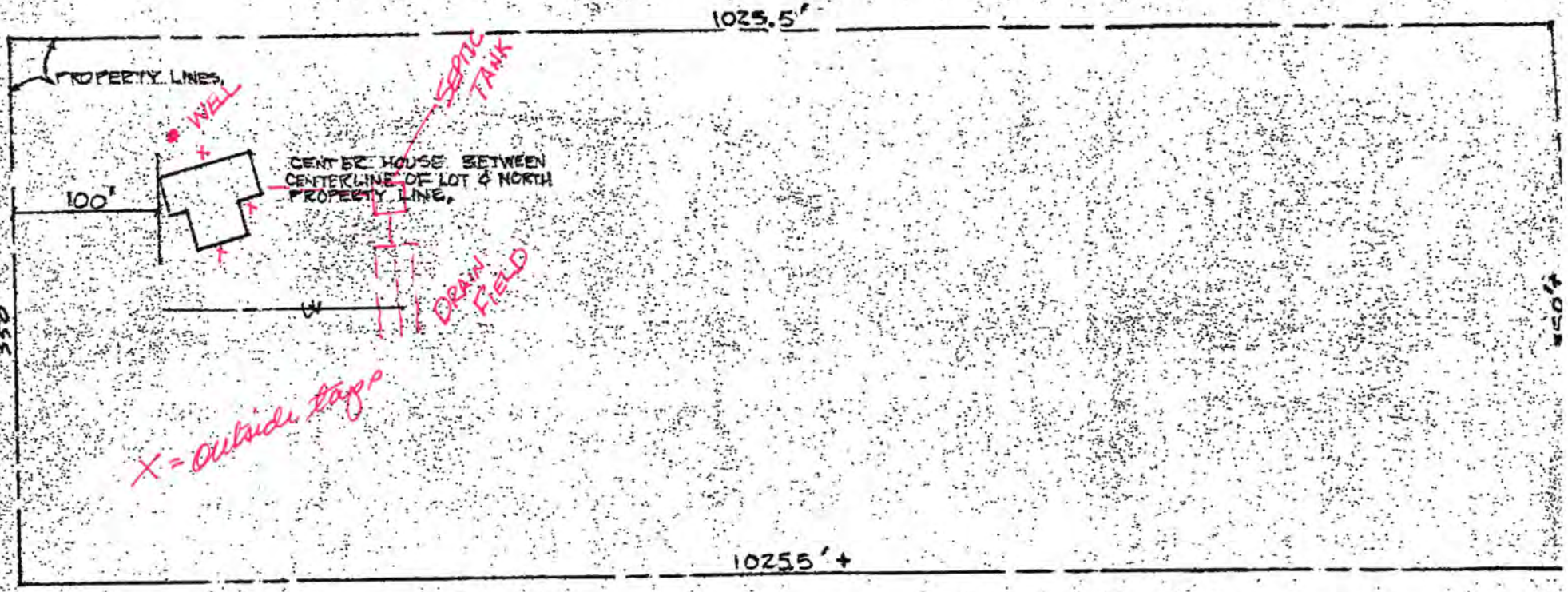
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets _____.
2. Factory Built: Yes ☒, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ½ moon concrete
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line 84 ft
Total length of Laterals 125 ft.; 167
Slope 1" in/100 ft. Diameter of pipe ____ in.; Shape ½ moon
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 18 in.
4. Filter Material: gravel.
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



_____
Signature of Applicant



LEGAL DESCRIPTION.

SOUTHERLY 350' OF THE NORTHERLY 700' OF LOT 24.

PLOT PLAN

SCALE: 3/32" 1'-0"

NEW RESIDENCE FOR MR. & MRS. WHITE

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: 9/10/92

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

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 16; BLOCK ____

LOT 38; ADDITION ____; Street Address 15700 SW. 29TH

Directions to Property south on hwy 77 west on hwy 33 to SW 29th, north on SW 29th approx 2 blks on east side.

Location of Well see map Tap Location: Inside ☐ Outside ☐

Location of Sewage System see map Year Installed 1975

	NAME	ADDRESS	PHONE
Present Owner:	DONALD FOXHOVEN	RR1 Box 66B	402-794-6010 Hom
Tenant/Buyer:		MARTELL, NE 68404	402-467-1171 wor
Return to:	SAME		

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

Signature of Applicant Donald Fothoven Address RR1 Box 66B Martell NE 68404

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 10, 1992 Received $150.00 Check ☒ Cash ☐

Coliform 0" PRELIMINARY STATUS--DATE 9-15-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 9-15-92 by JC
Bacteria	☒	☐	Provisional:	☐	Date 9-17-92 by JC
Nitrate	☒ 0.1 ppm	☐	Disapproved:	☐	Date ____ by ____

Comments: IF THE TANK HAS NOT BEEN PUMPED IN SEVERAL YEARS, IT IS RECOMMENDED, IF NEEDE. ELECTRIC CONDUIT TO THE WELL HAS SEPERATED 9-16-92 - REVISED TO PROPERTY - PROBABLY LATERAL DISTANCE TO HYDRANT. VISITED W/ MR FOXHOVEN W/ THE RESULTS. See Attached Letter ☐

9-17-92 - CONDUIT REPAIRED. MR FOXHOVEN VISITED W/ J. HEAD. HYDRANT DISCONNECTION. SAMPLE---

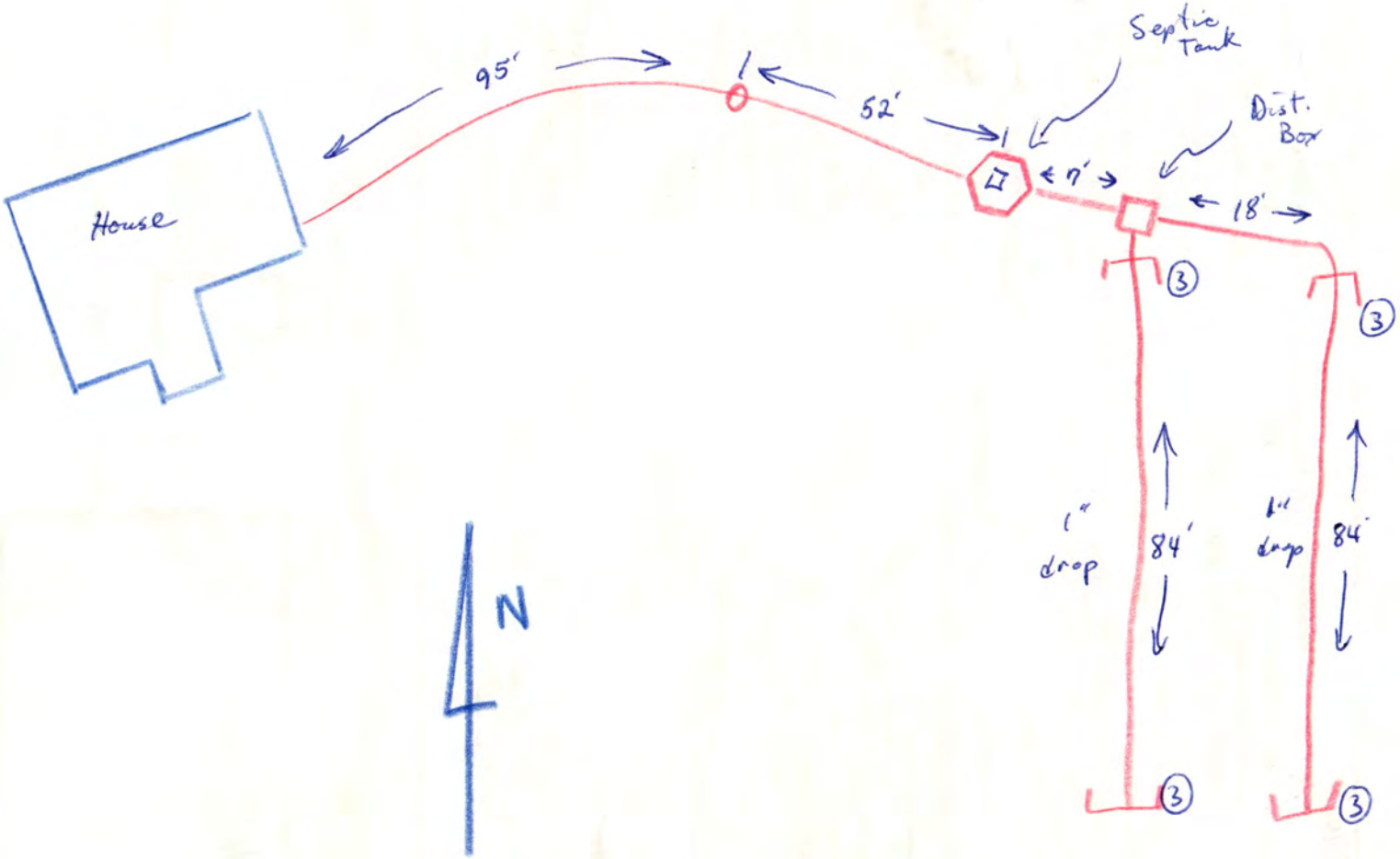
FINAL STATUS Tabled

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

APPROVED BY John Jhess DATE 9/21/92

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



Dec 19-75