LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1805-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 14, 1982 — THIS PERMIT EXPIRES

ALLEN LOUCH — ISSUED TO

1616 North 11 St., Beatrice, NE 68310 — ADDRESS

T8N; R5E; Section 1; Lot 16 I.T. (SW 58 & West Bennet) — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1805-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. 8N ; Range 5E ; Section 1 ;
   Block _____ : Lot 16 Irr. : Addition _____
   Street Address SW 58 + West Bennet

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

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

1616 N 11
Address Beatrice Ne 68310

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/14/81 . Date Frwd. 7/14/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Ernest Clemmons

3. City or County Engineer: Date Rec'd. 7/14/81 . Date Frwd. 7/14/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/6/84 by: J.C.H.
Date: 11/9/84 by: J.C.H.
Date: 11/9/84 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 2/6/85 By: Jerrold C. Hood

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

* PROVISIONAL APPROVAL BECAUSE SOIL APPEARS TO BE PAWNEE CLAY LOAM.

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N ; Range 5E ; Section & ¼ Section 1 .
Property Dimensions: 547 ft. x 460 ft. Area: 5.82 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-5 to 9-7 . Weather: Precip. 80 Temp. 80 .

OWNER: Allen Louch

Address: 1616 N 11
Beatrice 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	36	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	3 3/4	30	2 1/4	
2	36	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	3 1/4	30	2 3/4	
3	35	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	5 1/2	30	1/2	
4	35	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	5 1/8	30	7/8	
5	36	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	4 1/2	30	1 1/2	
6	35	9-5	11:00	9-6	12:00	9-7	3:00	6	3:30	4 5/8	30	1 3/8	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: From description must be an inclusion
Soil Type (SCS): Pawnee Clay Loam
Date: September 8, 1981
Confirmed 11/19/84

Jerrold C. Head
Signature of Reviewing Official

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: 474-1541

B

FILE NO. 1805-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N ; Range 5 E ; Section & ¼ Section 1 .
Property Dimensions: 547 ft. x 463 ft. Area: 5.82 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-10 to 7-12 . Weather: Precip. 0 Temp. 100.

OWNER: Allen Louch

Address: 1616 N 11
Beatrice 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	35	7-10	8:00 PM	7-11	8:00 PM	7-12	2:00	6"	2:30	5 3/4			
2	36	7-10	8:00	7-11	8:00	7-12	2:00	6"	2:30	5 1/8			
3	36	7-10	8:00	7-11	8:00	7-12	2:00	6"	2:30	3 3/4			
4	36	7-10	8:00	7-11	8:00	7-12	2:00	6"	2:30	3 1/4			
5	35	7-10	8:00	7-11	8:00	7-12	2:00	6"	2:30	5 1/2			
6	35	7-10	8:00	7-11	8:00	7-12	2:00	6"	2:30	5 1/8			

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: From description must be an inclusion
Soil Type (SCS): Pohocco clay loam
Date: July 14, 1981
Confirmed 11/19/84

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
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 ☐

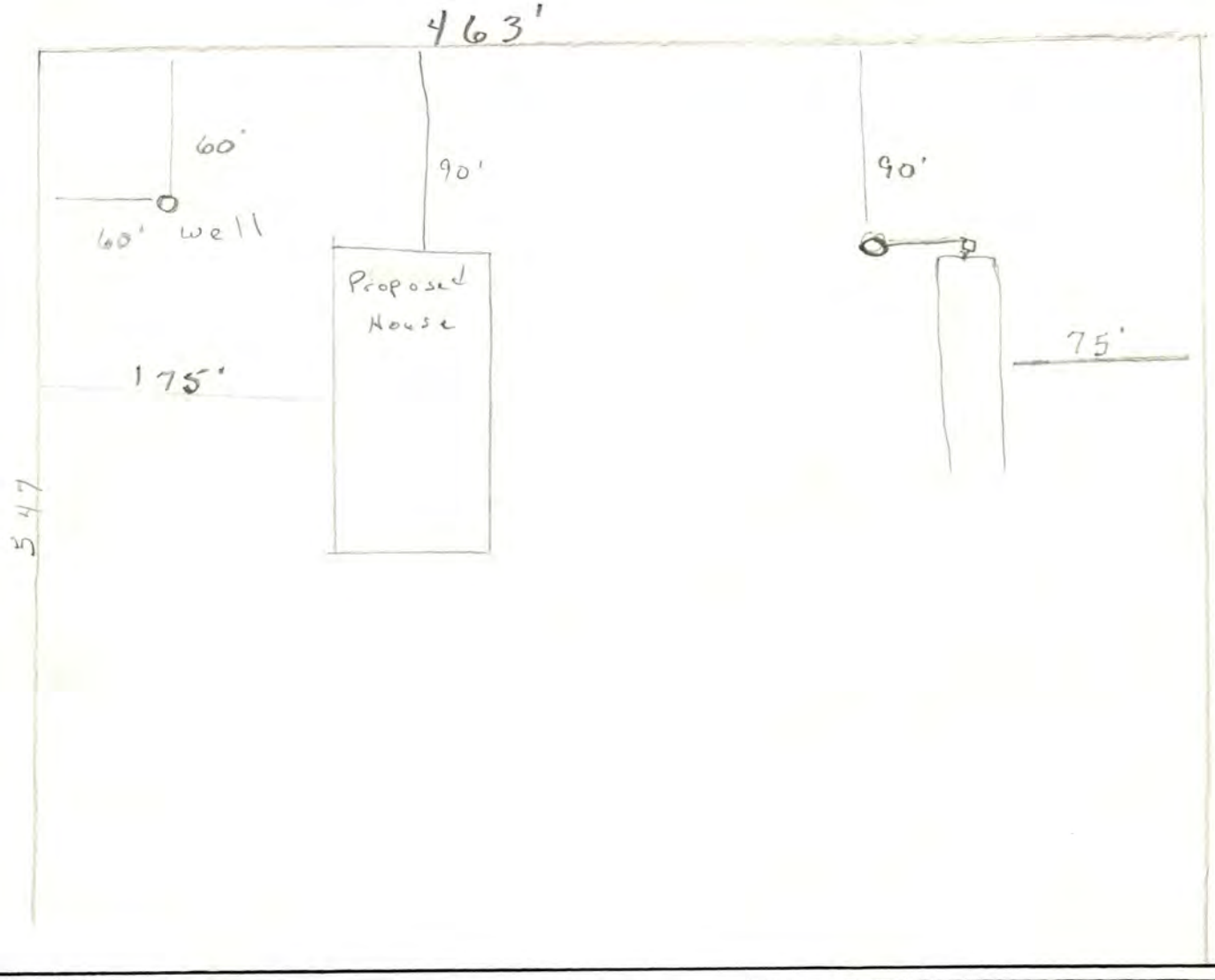
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1805-C

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



REVIEWING ACTION

Remarks: _____

Date: July 14, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals ~~169~~ 155 ft.
3. With a Trench Width of ~~48~~ in.
4. Total Area of Lateral needed ~~677~~ 618 sq. ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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: 474-1541

D

DATE: 2/5/85

FILE NO. _____

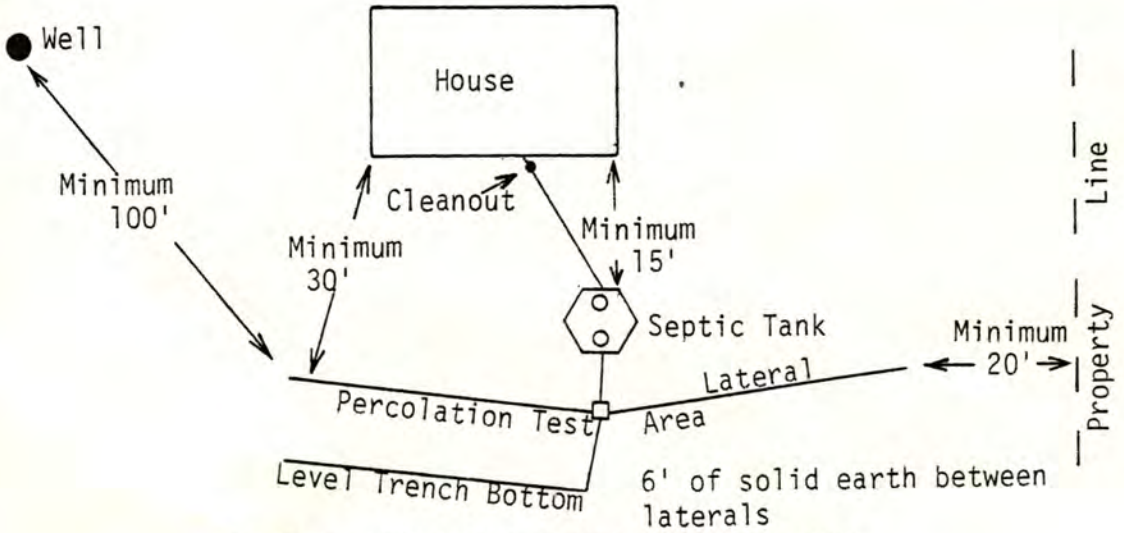
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 30' cast 70' plastic
1. Material [redacted]; Diameter 4 in.
2. Distance above basement floor 48 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 38 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 100 ft.

B. SEPTIC TANK:
1. Material Fiber glass; No. of compartments One.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Corr-A-Glas Co)
4. Manholes: Over Inlet; diam. 36 in.
Over Outlet; diam. 36 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to:
Well or Suction Line 126 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 120 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company Corr-A-Glas Co)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe ____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 92, 80, ____, ____, ____ ft.;
Total length of laterals 172 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 48 in.
4. Filter Material: gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line 135 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 78 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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: 9-28-93

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

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 5E 1; BLOCK ____

LOT 110; ADDITION _____; Street Address Rt 1, Box 43A1o, Marlow, NE

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Allen & Verna Couch	Rt 1, Box 43A1o, Marlow	794-5845 (H)
~~Tenant/Buyer:~~		Allen	473-8538 (W)
Return to:	Security Federal	P.O. Box 80009; Lincoln 68501	474-4444

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

Signature of Applicant Christy Newport Address Security Federal

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HEALTH DEPARTMENT USE ONLY

Date Received 9-29-93 Received $150.00 Check ☑ Cash ☐ #47305 cw

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PRELIMINARY STATUS--DATE 10/1/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10/1/93 by J.C.H
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate <0.1 ppm	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. THIS SYSTEM WAS ORIGINALLY GIVEN PROVISIONAL APPROVAL BECAUSE IT WAS INSTALLED IN PAWNEE CLAY LOAM, A POOR SOIL. TO DATE THERE IS NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE October 5, 1993

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

022

'93 OCT -5 P5:34

'93 OCT -1 P3:49

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 10674

DATE COLLECTED 10 (MO) 1 (DAY) 93 (YEAR) 3:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION ALLEN LOUCH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 1 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINE

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 10/1/93 3:12 P.M. (9-16) BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 16 F.T., SEC. 1, T8N, R5E ALLEN LOUCH (29-41)

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 143-24739 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN

OUT

93 OCT -1 P3:49

93 OCT -2 A11:08

AS BUILT DRAWING OF SYSTEM

DATE 2/5/85 INSTALLER Allen Louck (owner)

