LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1476-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 1, 1978 — THIS PERMIT EXPIRES

Manard Solliday, Rural Route 1, Roca, NE 68430 — ISSUED TO / ADDRESS

T8N, R7E, Section 14 LOT 23 I.T. — 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

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

FILING FEE: $ 30 00

FILE NO. 1476-C

DATE: 12-1-78

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 7E ; Section 14 ;
   Block _____ : Lot 23 I.T. : Addition _____
   Street Address 11 acres

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

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

4. Distance to public sewer: _____ ft.

Maynard Halliday
Signature of Applicant (Owner or Lessee)

RR 1 Roca
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/30/78 . Date Frwd. 11/30/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. 12-1-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Hart N. Sherwood

3. City or County Engineer: Date Rec'd. 12-30-78 . Date Frwd. 12-1-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry J. Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-4-78 by: sm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-78 By: Ron Mayo

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
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B

FILE NO. 1476-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section 14.
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: 11-27-78 to 11-28-78. Weather: Precip. _____ Temp. _____.

OWNER: Maynard Holliday

Address: R.R. 1 Roca

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	18	11-27	1	11-27	5	11-28	2	6			54 min		
2	18												
3	18												
4	18												
5	18												
6	18												

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

Signature of Person Conducting Test

Address 2425 L st Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 30, 1978

Approved Percolation Rate (a)
A. 54 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 ☒

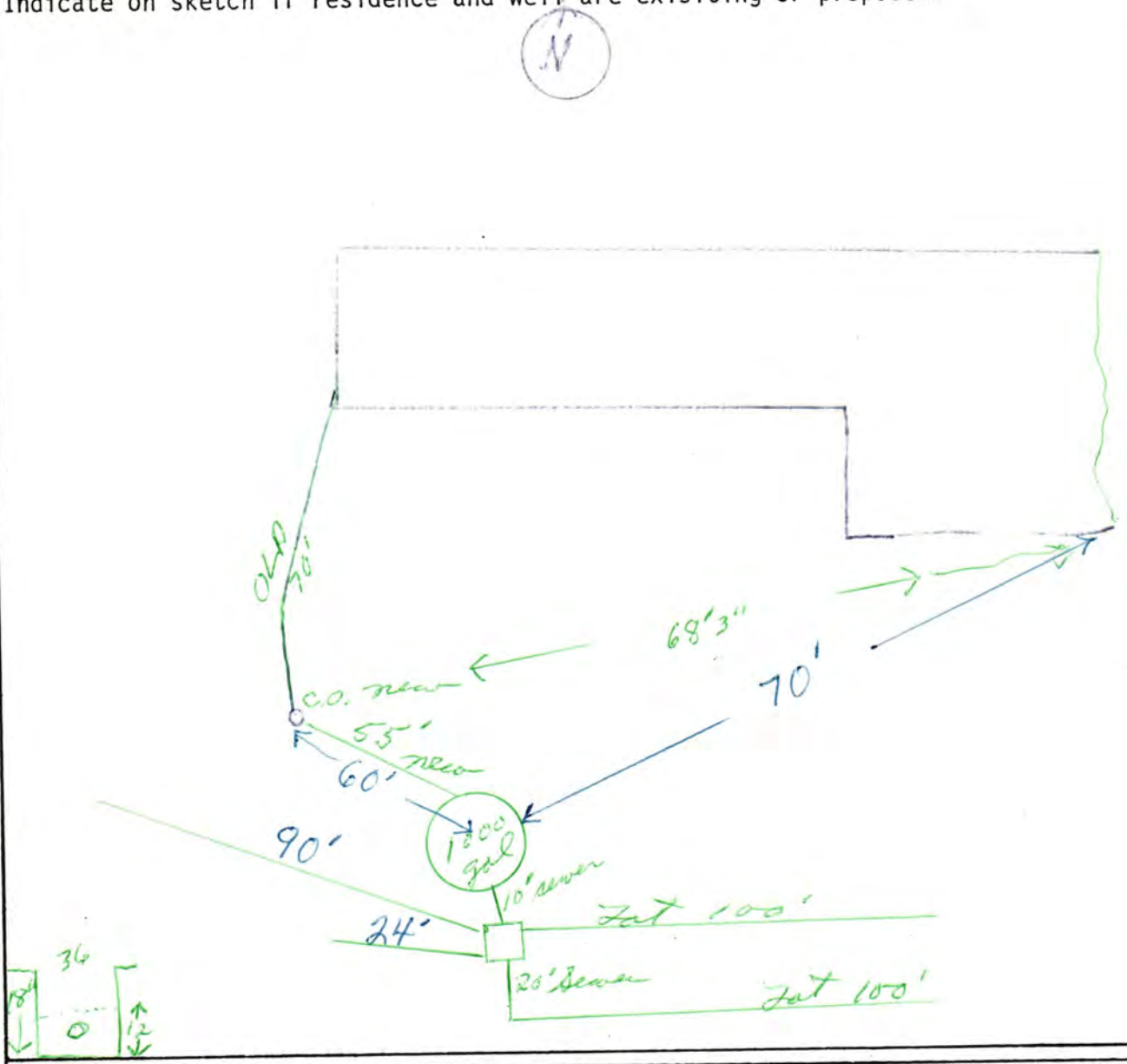
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: November 30, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 314 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ 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
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D

DATE: 12-1-78

FILE NO. 1476-C

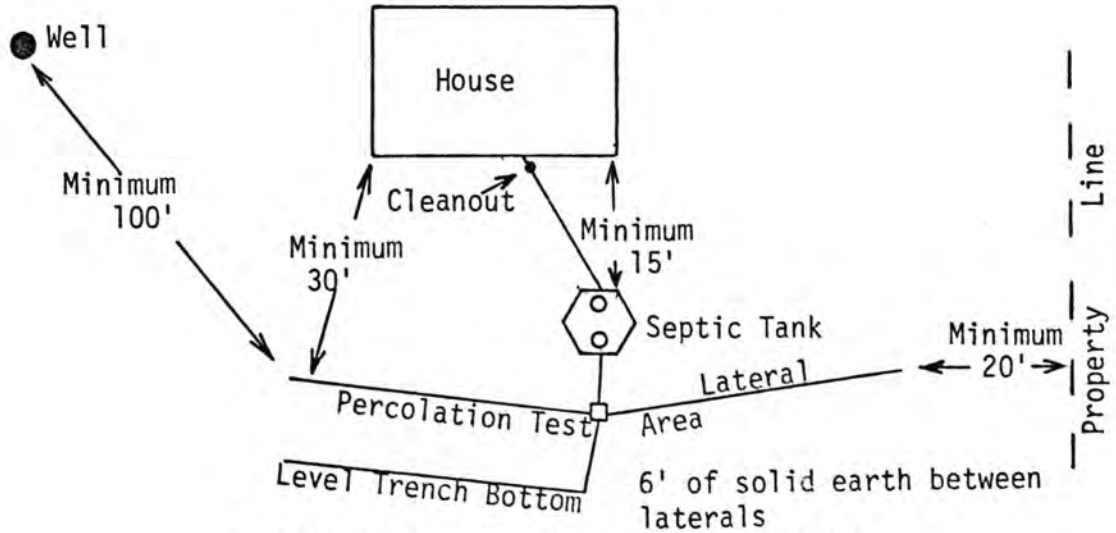
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line over 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 4 in. center
Riser Above ☐ Below ☐ Grade 8 in. 16
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 70+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company Henderson)
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 4 .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 4 ; Length of each line 100 , 100 , _____ , 1 , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 3 ft.
3. Trench dimensions: Width 36 ft.;
Slope 2 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel ,
Depth of Material 12 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9507140004

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8600 ROCA RD

Twp 8 Range 7 Section 14 1/4 SW 1/4 Block Lot 23 Addition

Directions to Property

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH OF HOUSE Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	MAYNARD C. SOLLIDAY		
Tenant/Buyer:	GUENTHER KRUSE		
Return to:	JERRY PESEK	PO BOX 6577 LINCOLN NE 68506-0577	441-3203

Signature of Applicant [signature] JOHN H. HUETHIE Address 3201 PIONEERS CELL # 560-4396 Date 11/7/95

HEALTH DEPARTMENT USE ONLY

Date Received 11/Jul/95 Received $150.00 Check ☐ Cash ☒

PRELIMINARY STATUS--By PAUL DROZEMANN **DATE:** 7/12/95

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date___/___/___by____
Date___/___/___by____
Date___/___/___by____

Comments: If septic tank has not been pumped in past two years, it should be checked by a licensed septic waste hauler.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ Rural water

SEWAGE DISPOSAL SYSTEM Approved: ☒ Provisional Approval: ☐

Approved by Paul Drozemann Date 7/12/95

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.