LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380083001

Issued 05/05/92
Expires 11/05/92

ESTABLISHMENT

DENNIS FREY
T8N R7E SEC 22
LOT 14

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/8/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 4-30-92

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 7 E ; Section 22 ; Block [illegible] : Lot 14 I.T. Addition ~~Leisure Lake Estates~~
   Street Address _____

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: 1 mile ft.

Dennis Hay
Signature of Applicant (Owner or Lessee)

RT #1 BOX 88A Nickman
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/92. Date Frwd. 5/5/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/5/92. Date Frwd. 5/6/92. ACTION: Approved ☐ Disapproved ☐ Signature: Gary Spin
3. City or County Engineer: Date Rec'd. 05/06/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-28-92 by: P.D need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-28-92 By: [signature]

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

FORM 23-43

560-2211

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N ; Range 7 E ; Section & ¼ Section 22 .
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: 11-21-91 to 11-22-92 . Weather: Precip. — Temp. 45 .

OWNER: Clifford Walton

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	36	11-21	2:30	11-22	8.00	11-22	11:00	14	11:30	14 3/4	30	3/4	
2	36							19		20		1	
3	36							14 1/2		15 3/4		1 1/4	
4	36							18 3/4		19 3/4		1	
5	36							15 3/4		16 1/4		1/2	
6	34							15		16 1/4		1 1/4	

Signature of Person Conducting Test

Address RT 1 Hickman Phone 560-2211

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

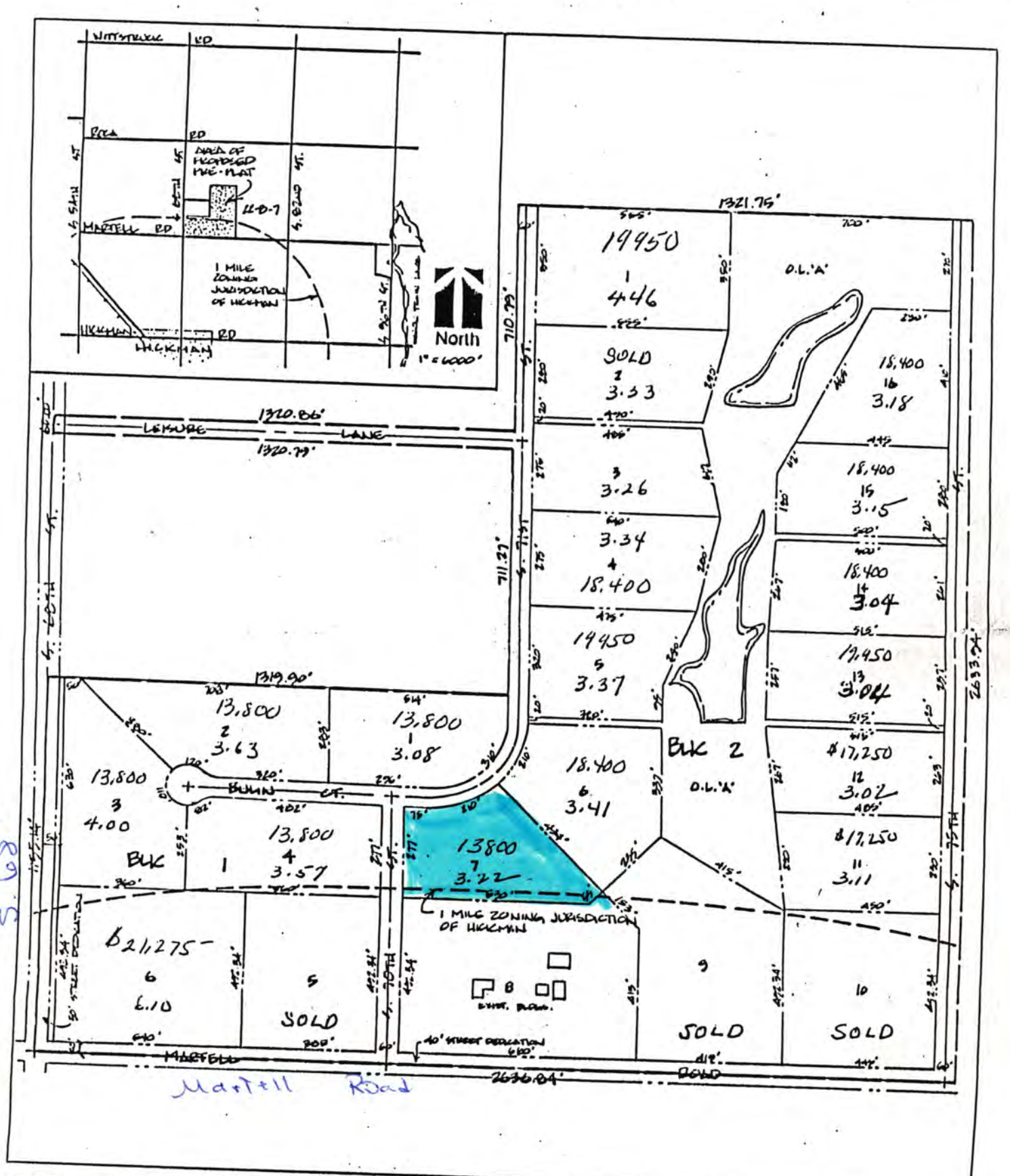
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 5, 1992

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official



Preliminary Plat– Leisure Lake Estates 1st

Scale: 1" = 400'±

Sheet: 1 of 1

Date: 10/14/20

Drawn by: CEB

North

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
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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: MAY 5, 1992

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

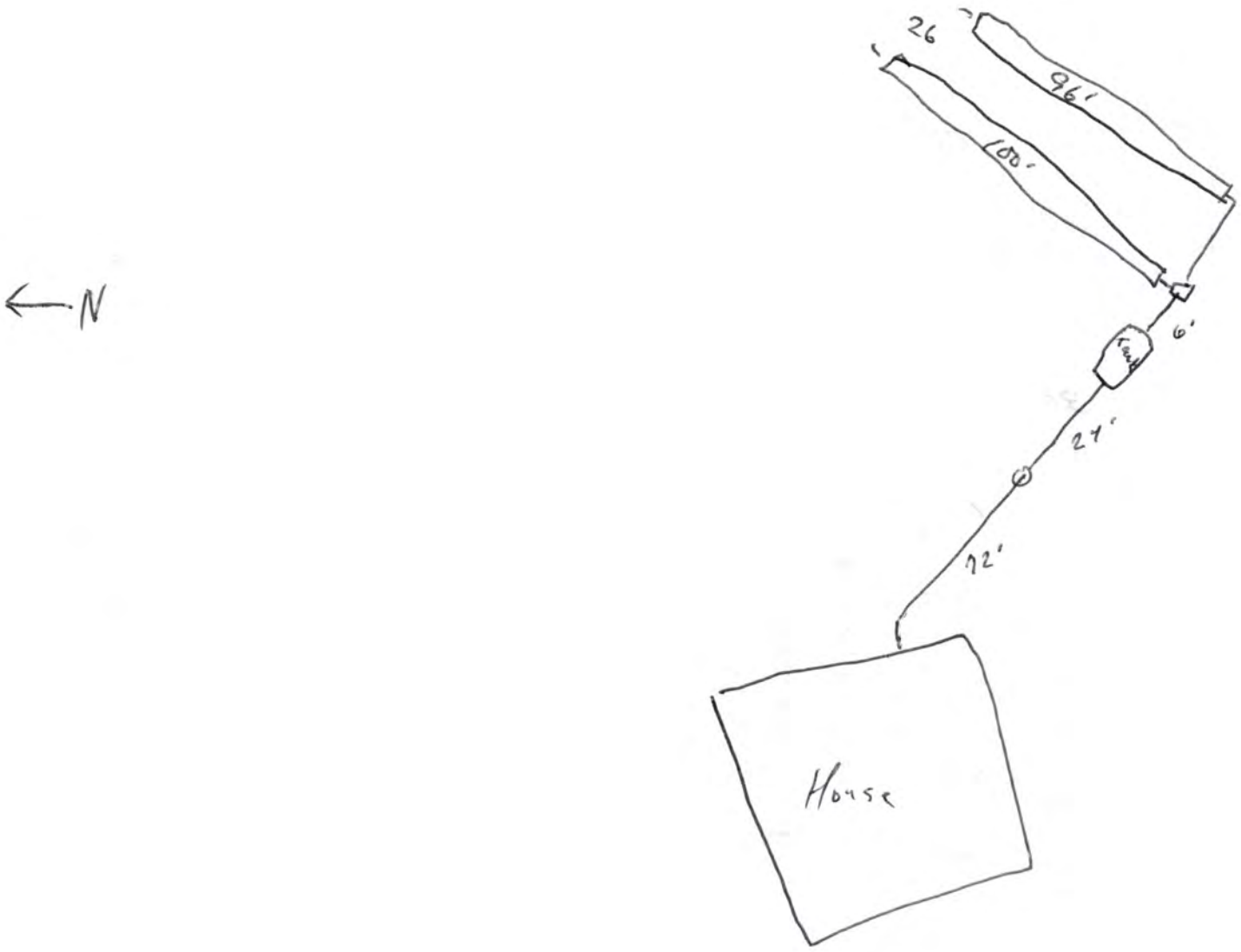
Jerrold C. Hood
Signature of Reviewing Official

B & F Builders Installed By Vogt Tot Excavating

1-28-92

8-7-22
27

17300 So 71st



APR 2 4 1996

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

605

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.

NO ☒ Evaluation of the Individual Water System Date: 4-5-96

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

Legal Description of Property: Leisure Lake Estates TWP. 8N; RANGE 7E; SECTION 22; BLOCK 2

LOT 2; ADDITION 3rd; Street Address 17300 So. 71st

Directions to Property south on 56th to Saltillo road. turn left on Saltillo road. then turn right on 68th street. then turn left on Martell road. then turn left on S. 71st 3rd house on the right side. block.

Location of Well Hi-Line Rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System NE of house Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Lynn Nelson	17300 So. 71st	792-9380
Tenant/Buyer:	Donn & Mary Stoner	540 Eldon Dr 68510	489-4308
Return to:	Stoners	"	"

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

Signature of Applicant Donn K. Stoner Address 540 Eldon Dr Lincoln Ne 68510

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 24, 1996 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-26-96

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

SEWAGE SYSTEM:
Approved: ☒
Provisional: ☐
Disapproved: ☐

SITE VISIT:
Date _____ by ____
Date _____ by ____
Date _____ by ____

Comments: Septic tank should be inspected by a liquid waste hauler to check if scum and sludge level indicate pumping is necessary. Pumping may be necessary if garbage disposal has been used at this residence See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Paul Dingman DATE 4-29-96

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

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: 471-7800

D

DATE: 9-24-92

FILE NO: _____

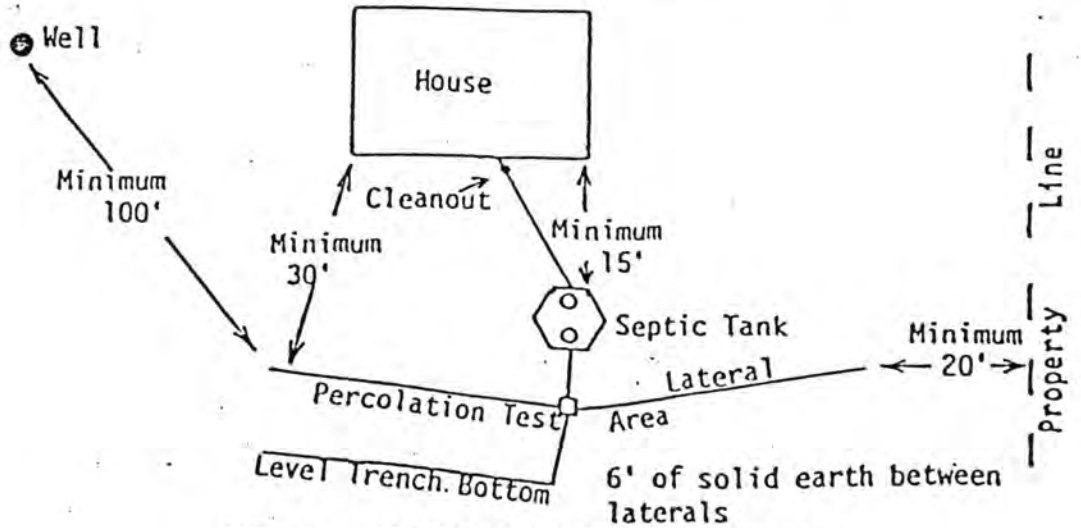
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 96 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 30+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ 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 18 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company American Concrete)
3. Distance from Septic Tank 6 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22⁴ or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 96 , ____ , ____ , ____ ft.;
Total length of laterals 196 ft.;
Distance between lateral lines 22 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 20+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN