LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 965-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 12, 1977 — THIS PERMIT EXPIRES

Robert Auman — ISSUED TO

1310 South 25 Street, Lincoln, NE 68502 — ADDRESS

T8N; R7E; Sec. 36; Lot 29 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

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. 965-C

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

DATE: _____

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. 8 N ; Range 7 E ; Section 36
Block _____; Lot 29 I.T.; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 4 . Describe: _____
Other Use _____ ☒
Describe: _____

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

4. Distance to public sewer: _____ ft.

Robert L Armon
Signature of Applicant (Owner or Lessee)

1310 SOUTH 25TH STREET
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/10/76 . Date Frwd. 11/12/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-13-76 Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer : Date Rec'd. 11-12-76 . Date Frwd. 11-12-76 . 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. 965-C

DATE: 11-7-76

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 7E ; Section 36 ; Block ; Lot 29 I.T ; Addition .
Street Address .

2. Property Use: Residential House ☒ ; Commercial ☐
No. of Bedrooms 4
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).

Robert L. Allmon
Signature of Applicant (owner or lessee)

1310 South 25th Lincoln, Neb.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-25-77 by: [illegible]
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 11/10/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-25-77 by: Ron Magnuson

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. 965-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 7
Section & ¼ Sect. 36 SE¼
Property Dimensions: 263.5 ft. x 866.73 ft.
Area: 5.21 acres. (Attach sketch of property showing hole location).

Owner: Robert L. Auman
Address 1310 South 25th St. Lincoln, Nebr. 68502

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

Dates of Tests: 11-6-76 to 11-7-76. Weather: Precip. Dry Temp. ___°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	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	4½"	30 min	1½"	
2	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	4"	30 min	2"	
3	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	4"	30 min	2"	
4	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	4"	30 min	2"	
5	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	4"	30 min	2"	
6	14	11-6 Sat	2:30 P.M.	11-6 Sat	6:30 P.M.	11-7 Sun	2:30 P.M.	6 inches	3:00 P.M.	3½"	30 min	2½"	

Sum of Percolation Rates ___
Average of Rates: ___
Mean of Rates: ___

Robert Lee Auman
Signature of Person Conducting Test

Address 1310 South 25th St. Lincoln, Nebr.
Phone: 475-9242

(Do not write below this line)

REVIEWING ACTION

REMARKS: ___

Approved Percolation Rate(s)
A. 15 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: November 10, 1976

Jerrold C. Hood
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. 965-C

SPECIFICATIONS

DATE: _____

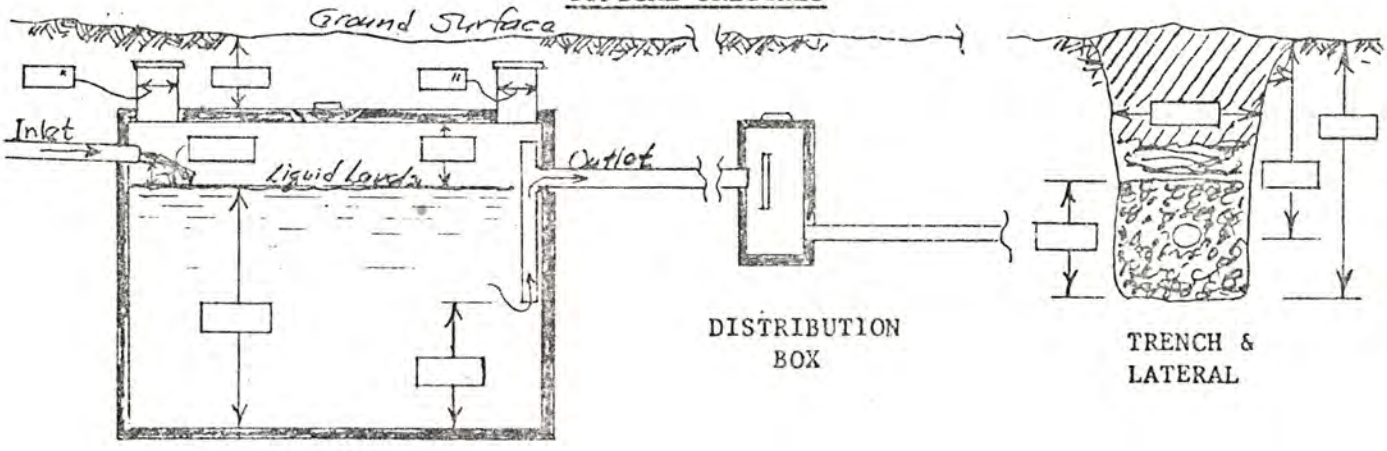
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1250 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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

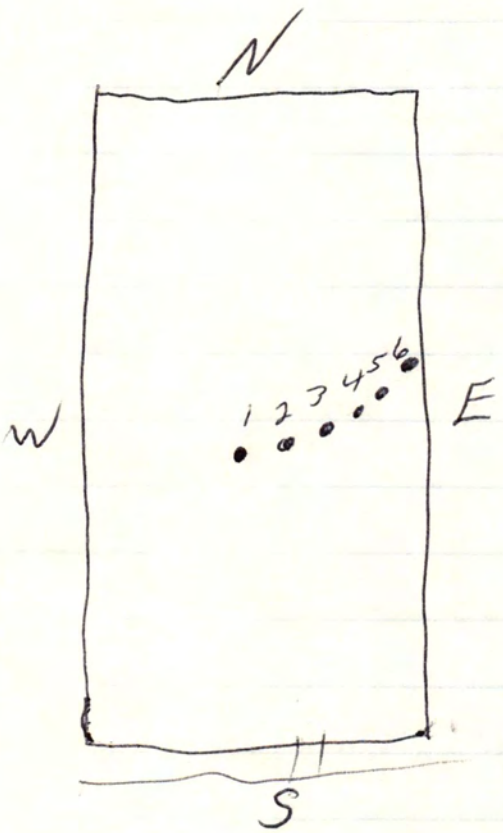
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 190 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
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


N
W
E
S
1
2
3
4
5
6

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: _____

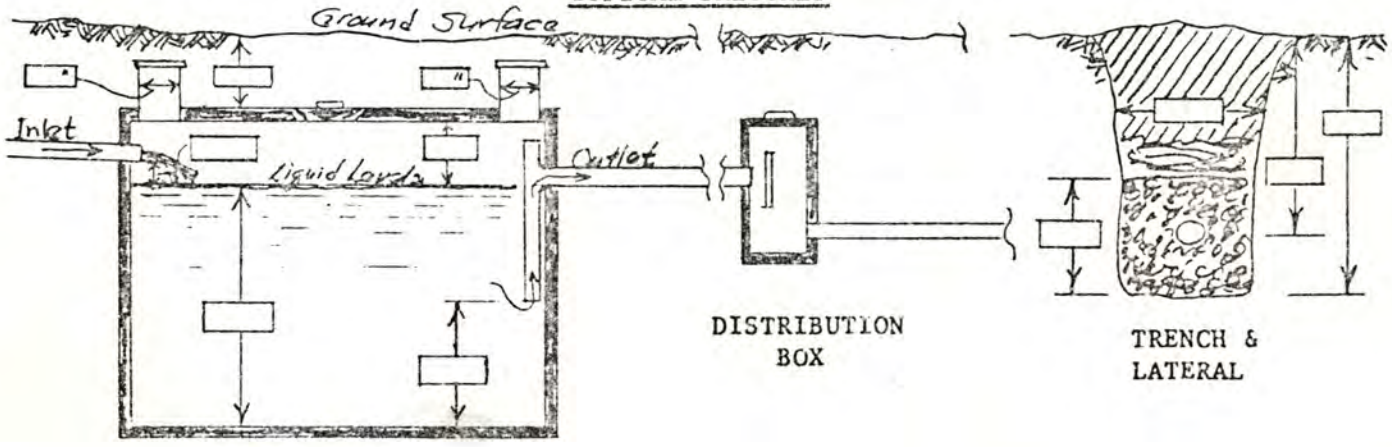
A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 40 in.
3. Distance between dwelling and septic tank 130 ft.
4. Number of clean-outs 2 .
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON ; No. of compartments 1 .
2. Capacity 1500 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company PreCast) 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 2 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 CON ; No. available outlets 5 .
2. Factory Built: Yes ☑, (Company PreCast) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 3 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half round
2. Lateral Lines: Depth below grade 18 in. Number 3 ; Length of each line 100 ft Total length of Laterals 300 ft.; Slope ___ in/100 ft. Diameter of pipe 24 in.; Shape Half round Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines 18 ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: Gravel . Depth of material from trench bottom 24 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

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: 11-27-90

☑ Evaluation of the Sewage Disposal System 7E ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 36; BLOCK ____

LOT 29; ADDITION _____; Street Address 10500 STAGECOACH RD, HICKMAN

Directions to Property FROM 68TH! HICKMAN RD GO EAST TO 96TH STREET, GO SOUTH TO STAGECOACH, GO EAST AGAIN TO 105TH, NORTH SIDE OF ROAD.

Location of Well UNDER FRONT BUSH IN FRONT OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System 100 YARDS BACK OF THE HOUSE Year Installed BOTH

	NAME	ADDRESS	PHONE
Present Owner:	TONY! CARRIE BAKER	10500 STAGECOACH	783-2735
Tenant/Buyer:	KENNETH! PEGGY STEWARD	1921 SOUTH 52ND	489-9309
Return to:	WOODS BROS REALTY C/O CINDY NEWALLEN	3737 SOUTH 27TH	423-2373 Mobile Home 437-6224

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

Signature of Applicant Kenneth Steward by Cindy Newallen Address 1921 S. 52nd Lincoln, NE 6850

HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 27, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-28-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 11-28-90 by RM
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping. A noticeable presence of a small patch of wetland's vegetation in a predominately grassy area, may indicate a near failing septic subsurface lateral field. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum DATE 11-30-90

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE COLLECTED AND MAILED ON:

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

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

DATE COLL. 11-28-90 (9-16) MO./DAY/YR./HOUR BY vm (17-28)

ADDRESS OR LOCATION Tony Baker (29-41)

NAME AND ADDRESS OF OWNER

LLC HD
2200 St. Marys
Lincoln, NE

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. 25309 (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 CC (76-79)

IN '90 NOV 28 P3:08

OUT

'90 NOV 29 P

'90 NOV 29 P 2:02

REPORTED

RECEIVED

'90 NOV 28 P 3:07

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 159029

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 CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

ECTED 11-28-90 1200
MO. DAY YEAR HOUR

OLLECTED BY Margaret

S LOCATION Tony Baker

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

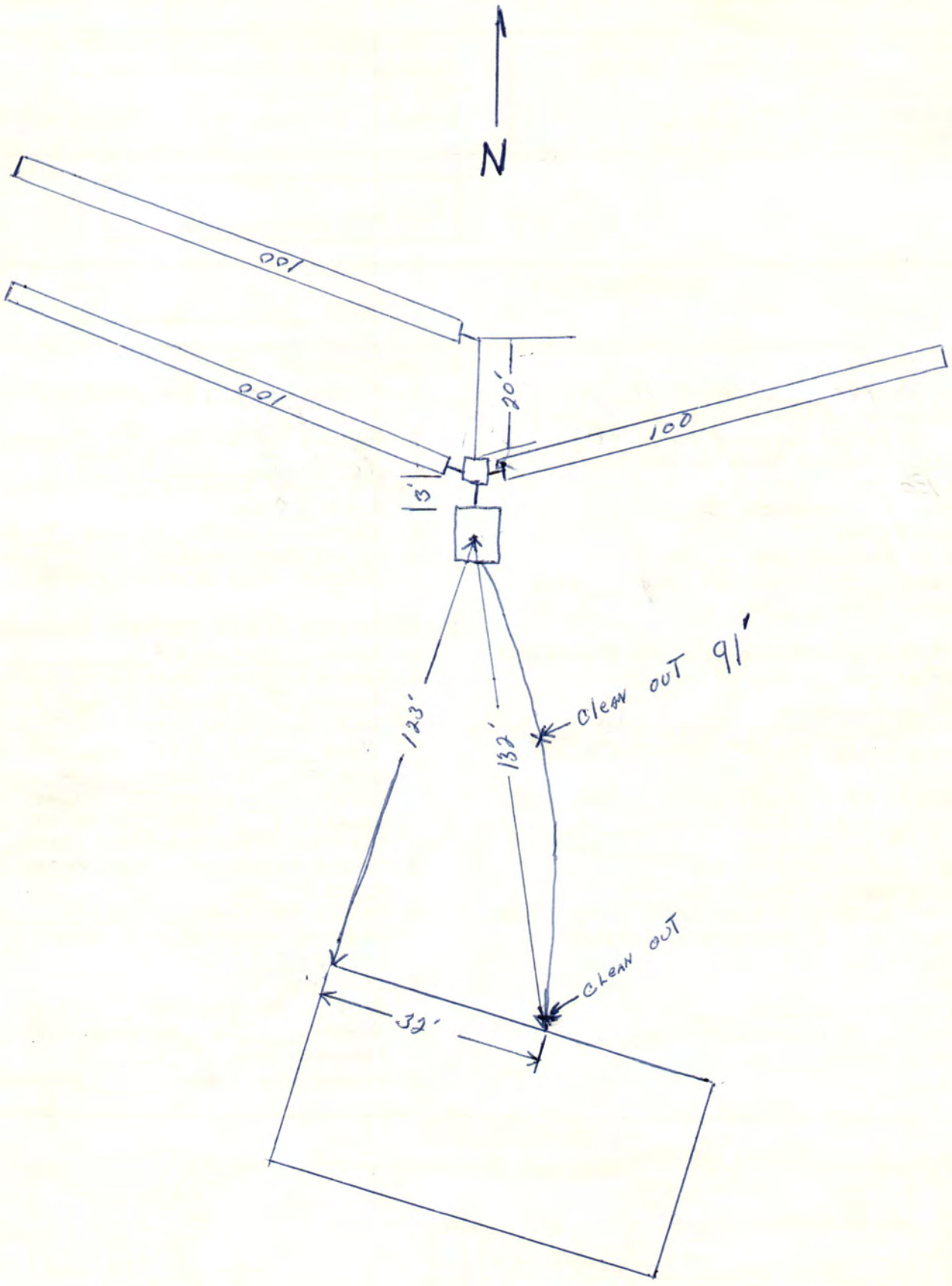
NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Marys
Lincoln, NE

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

LWN 88



[redacted]

Capital City Trenching

7-25-77