LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380189201

Issued 11/19/98
Expires 05/19/99
Revenue Code 3157

FEES: $150.00

Establishment

WILMA VINCENT
T8N R7E SEC 36 QTR SE
LOT 38
10650 STAGECOACH RD-HOLLAND

Permittee

WILMA VINCENT
7349 ULMERTON RD
APT 296
LARGO FL 33771

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008298

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

NOV 17 1998

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 98380189201

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5705 ~~Waverly Rd~~ 10690 Stagecoach Rd City Holland NE, Zip 68372
(no rural route)
Lot 38

Legal Description SE 1/4 1/4 Section 36 Township 8N Range 7E Subdivision _____ Addition _____ Block 38 Lot I

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Wilma Vincent Signature _____

Address 7349 Summertown Rd Lot #296 City/State/Zip Largo, FL 33771

☐ Check if owner designed system Home Phone 727-535-6653 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address Hickman City/State/Zip Ne

☑ Check if contractor designed system Work Phone 475-2462 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 11-18-98 Date frwd 11/19/98 ACTION ☒ Approved ☐ Disapproved Signature Paul [illegible]

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
11/24/98 NO INFORMATION AVAILABLE Jay

3. **City or County Engineer** Date rec'd 11-19-98 Date frwd 11-19-98 ACTION ☒ Approved ☐ Disapproved Signature [illegible]
Verify that lagoon is out of floodplain

Installation Final Written Approval

By John C Manis

Date 11-30-98

Business Office Use Only

Date Rec'd 11/18/98

Amt Paid 150.00

Rec'd By JS Cash/Check No. 967576780

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

NOV 17 1998

B

Permit Number: 98801992

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10650 Stagecoach Rd (no rural route) City Holland NE, Zip 68372

Owner Wilma Vincent Addresss 7349 Ulmerton Rd. Largo, Fl 33771

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	11/11	1200	11/12	1130	11/12	1540	6"	11/12	1610	30	1/8	240
2	36	11/11	1202	11/12	1135	11/12	1545	6"	11/12	1615	30	1/8	240
3	36	11/11	1205	11/12	1141	11/12	1550	6"	11/12	1620	30	1/8	240
4	36	11/11	1208	11/12	1145	11/12	1556	6"	11/12	1626	30	1/4	120
5	36	11/11	1211	11/12	1150	11/12	1600	6"	11/12	1630	30	1/4	120
6	36	11/11	1215	11/12	1155	11/12	1608	6"	11/12	1638	30	1/4	120

Sum of Percolation Rates: 1080

Average of Rates: 180

Rate Used for Calculation: ~~180~~ 240

Person Conducting Percolation Tests

Name: Paul Marcussen

Phone: 464-1314

Address 5705 Waverly Rd
Lincoln, Nec. 68517

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON IS PLANNED

Signature of Reviewing Official _____ Date 11-29-98

FORM 23-101 10-96

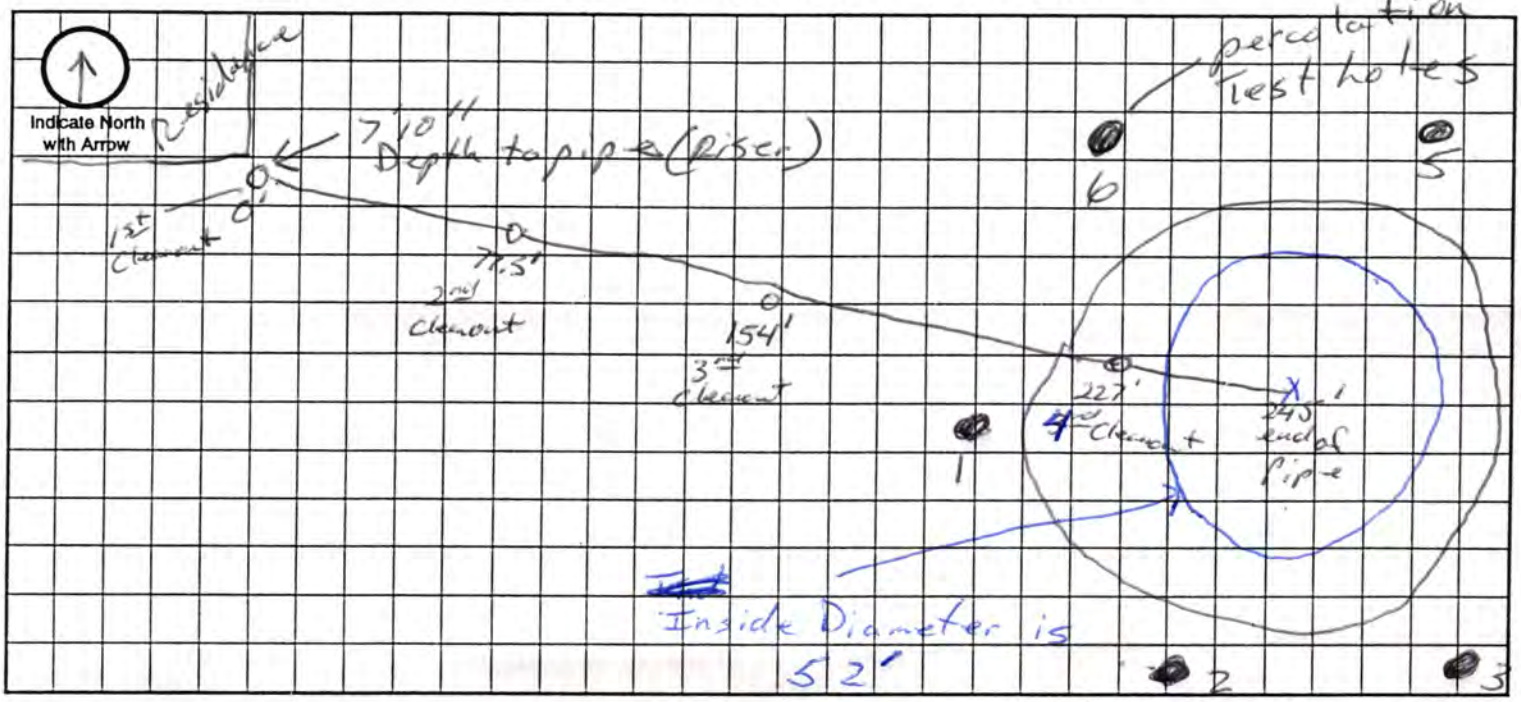
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C NOV 17 1998

Permit Number: 9838018 92

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10650 Stagecoach Rd. City Holland NE, Zip Ne. 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 180 (min. per inch) Soil Type: WtC2 Land Slope: 3-7 %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Lagoon

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Paul B. Mansmann Date 11/12/98

Installer _____ Date _____

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D NOV 17 1998

Permit Number: 9838019 92

Sewage Disposal System

As Built Plans & Specifications

Date 11/13/98

System Location (Indicate correct number and street)

Address ~~5765 Waverly Rd~~ 10650 Stagecoach Rd (no rural route) City Holland NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 62 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 7'10" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 62' ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

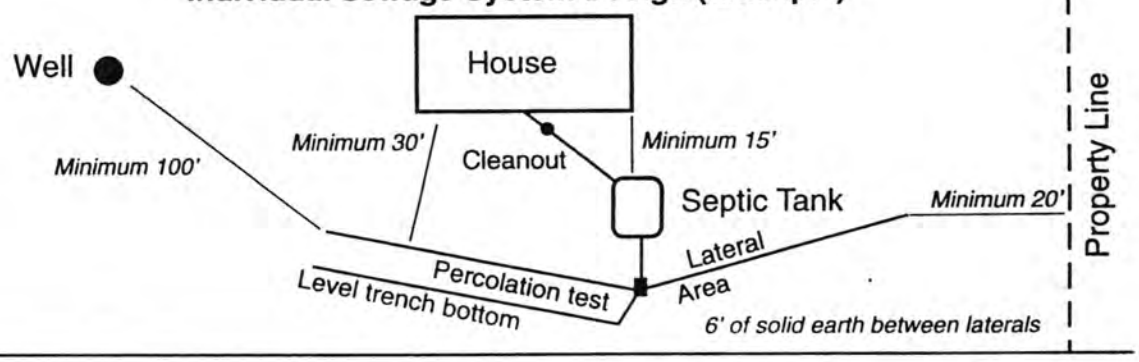
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

540 W. INDUSTRIAL LAKE DR.,
SUITE 1 · LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

SURVEY RECORD
K&M inc.
Land Surveying

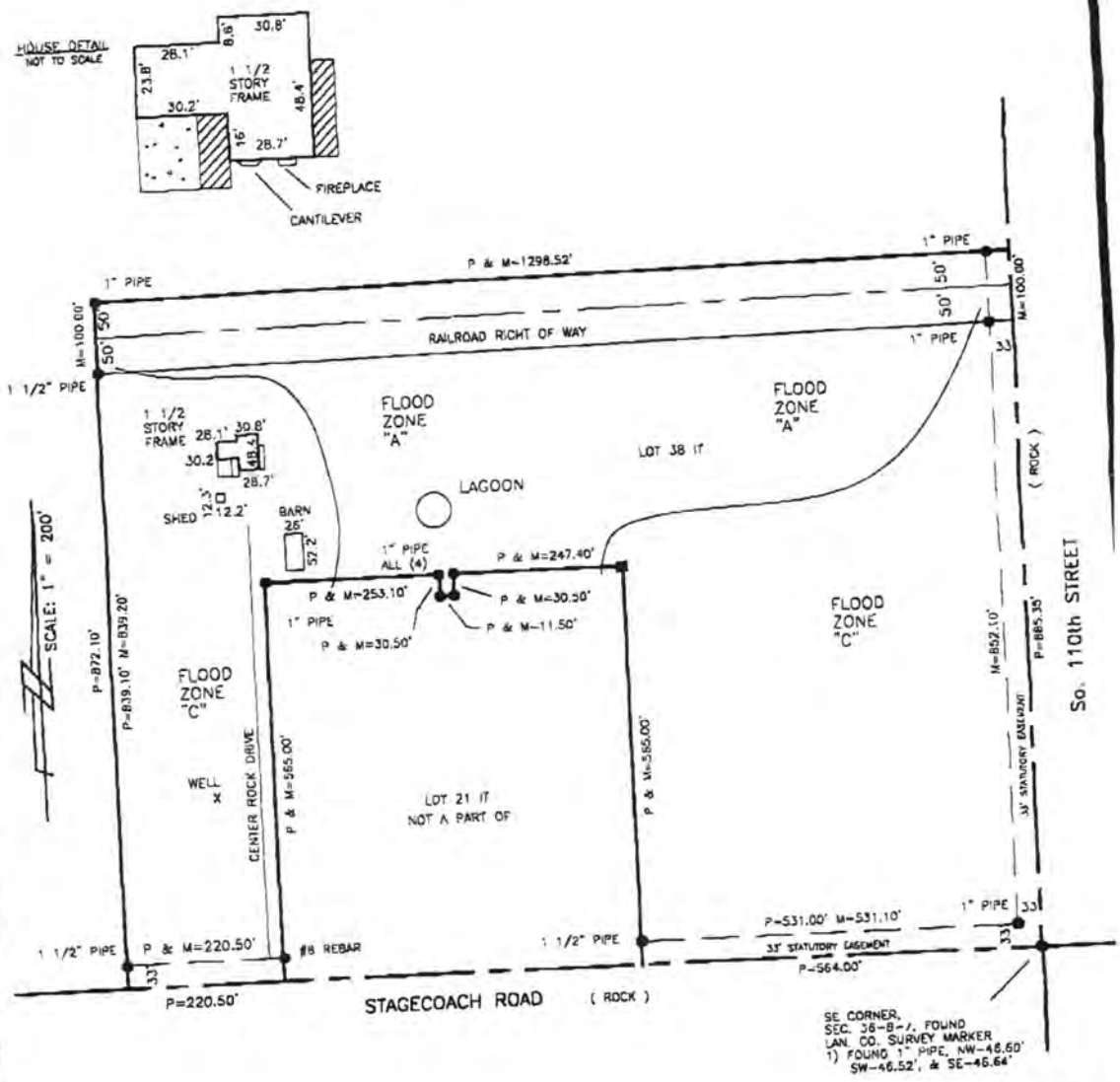
LLOYD TERPSMA, REALTOR

PROJECT # 9811176
DATE: 11-23-98 B/P: 79-65

Survey Of: LOTS 38 IRREGULAR TRACT AND THE RAILROAD RIGHT OF WAY ADJOINING, LOCATED IN THE SOUTHEAST QUARTER OF

Section: 36, T 8 N, R 7 E, of the 6th P.M. LANCASTER County, Nebraska

So. 110th STREET & STAGECOACH ROAD



Subject property apparently falls within the confines of Zone " A & C " as determined by the FEMA-FIA Flood Rate Map community 310134, panel 0200 B, revised 2-3-82.

P = Platted
M = Measured
● = Found as noted
■ = Set #5 Rebar. & L.S. #483 Cap.
▲ = Set Temp. Point

SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 11-24, 1998

Billy Joe Kerr

Billy Joe Kerr, L.S. #483

NEBRASKA REGISTERED LS483 LAND SURVEYOR BILLY JOE KERR

98112 0006
1 of

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address CR 384 / 10650 Stagecoach

Twp 8N Range 7E Section 36 1/4 SW 1/4 Block ___ Lot 28 Addition ___

Directions to Property ___ # Lots 39, 42 in SE Qtr.

PLEASE TEST INSIDE

Location of Well 300' East of house & road 25' Tap Location: Inside ☒ Outside ☐

Location of Sewage System South East of House - in field lagoon Year Installed 1990

East of Hydrant 8' to 10'

	NAME	ADDRESS	PHONE
Present Owner:	VIRGINIA C. MARCUSSEN	5705 WAVERLY RD. Lo Sch 68517-9620	464-1314
Tenant/Buyer:	Tim Wilkinson	RT 1 Box 229 Holland	402-792-2629
Return to:	Tim Wilkinson	RT 1 Box 229 Holland NE 68372	402-792-2629

Signature of Applicant T Wilkinson Address RT 1 Box 229 Holland 68372 Date 10/26/98

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	10/28/98	Date	___/___/___
Initials	[illegible]	Case No.	___
Amount	$150.00	Initials	___
Check No.	1754		

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 10/29/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 11/4/98 by PM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 3.7 ppm	☐ ___ ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: Lagoon system repaired & video taped.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 11/18/98

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

** TOTAL PAGE 003 **

DEC 24 1998

Lower Platte South Natural Resources District • 3125 Portia, P.O. Box 83581, Lincoln, Nebraska 68501

Water Well Decommissioning Program Application 98-33

Well Information/Landowner and LPSNRD Agreement

A. Program Application (Please use separate application for each well)

1. Fill in the information requested in the box below:

LANDOWNER (Please Type or Print): WILMA G. VINCENT	
MAILING ADDRESS (Street, City or Town, State, Zip Code): 7349 ULMERTON RD., #296, LARGO, FL. 33771	
SOCIAL SECURITY NUMBER or TAX I.D. NUMBER: 363-24-0921	PHONE NUMBER: 727-535-6653
TENANT NAME AND PHONE NUMBER (If Applicable): NA	

B. Well Information: Fill in the information you know:

1. Location - 10650 STAGECOACH ROAD, HICKMAN, NE. 68372
   a. Legal Description: SE 1/4, Section 36, Township, 8 Range 7.
   b. Attach CFSA aerial photo with "X": marking location of well. } SEE MAP ENCLOSED
   c. Circle area to be utilized for borrow material to fill top portion of well. }
2. Is the Pump still in the well? NO
3. Is there a cistern or well pit to be filled? NO
4. Diameter of Well Casing: 4" inches
5. Type of well casing (circle one)

Tile	Brick/Stone	Transite	Cement/Concrete
(PVC)	Asbestos/Cement	Steel	Other: _____

6. Total Depth of Well: 85 feet Static Water Level of Well: ? feet
7. Use (circle one). If registered list number: _____

   Irrigation Stock (Domestic) Other: _____
8. Are there any obstructions prohibiting access to the well? (Circle those that apply) NONE

Well House	Windmill	Stock Tank	Fences
Power Lines	Crops	Trees	Other: _____

9. Is there a concrete pad present? If so, what size? NO
10. Any other comments: EASY ACCESS - NO BASIC PROBLEMS

110 + S [illegible] Walnut [illegible] 1st 2nd Mailbox [illegible] Road

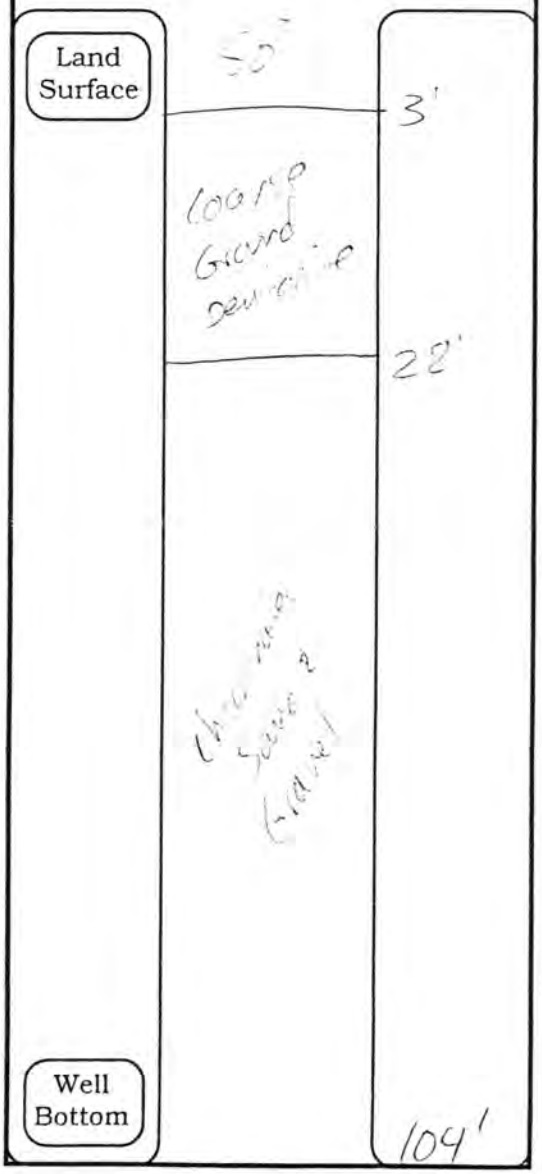
WELL: #33

Date: 11-24-98
Depth: 104'
Static Water Level: 27'
Bore Hole Diameter: 7.
Stabilized:
Casing Diameter: 5"
Type of Casing: plastic
Chlorination: yes
Well Log Attached:

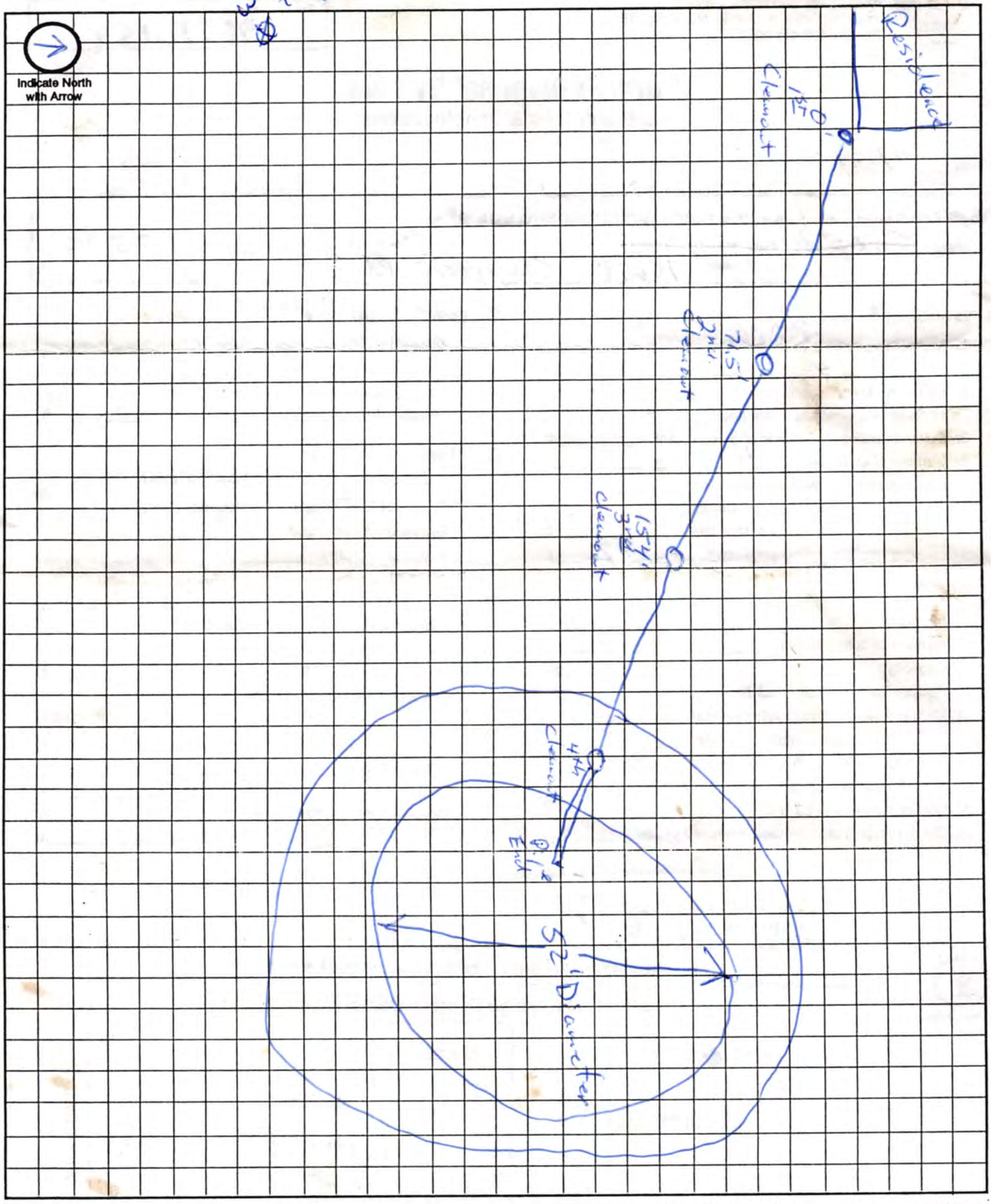
PROPOSAL ITEM	Quantity	Proposal	Total ($)
Pump Removal: (< 2" pipe) (> 2" pipe)			
Casing Removal	1	$115/well	115.00
Tremie Pipe		$_____/cu. ft.	
Concrete Cap		$_____/each	
Chlorinated, Clean Sand and Gravel: Placement/Installation in Stock, Domestic, Irrigation and Industrial Wells	2	$19.10/cu. yd.	38.20
and Dug Wells With Brick or Stone Casing		$_____/cu. yd.	
Course Ground Bentonite Plug: Placement/Installation in Stock, Domestic, Irrigation, and Industrial Wells	15	$15.00/cu. ft.	225.00
Hand Dug Wells With Brick or Stone Casing		$_____/cu. ft.	
Native Soil: Hand Dug Wells With Brick or Stone Casing.		$_____/cu. yd.	
Well Pits or Cisterns		$_____/cu. yd.	

Pump Subtotal _____
Well Subtotal 378.20
Total 378.20

Sketch How Well Cavity Was Filled



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s