LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 99380192401

Permit
SEWAGE INSTALLATION
LAGOON

Issued 01/06/99
Expires 07/06/99
Revenue Code 3157

PAID

Establishment
NOBLE SWANSON
T8N R7E SEC 10
LOT 8
13900 S 68 ST-ROCA

FEES: $150.00

TOTAL $150.00

Permittee
NOBLE SWANSON
13900 S 68 ST
ROCA NE 68430

Issued By Health Director
Lincoln-Lancaster County Health Department

008598

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

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

A

Permit Number:

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 13900 So 68 (no rural route) City Roca NE, Zip 68430

Legal Description 10 8N 7E 8 (7 or 8)
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Noble Swanson Signature _____

Address 13900 So 68 City/State/Zip Roca Ne 68430

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 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 4 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 12-18-98 Date frwd 12-18-98 ACTION ☒ Approved ☐ Disapproved Signature Ron Maynard
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-24-98 Date frwd 12-24-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-24-98 Date frwd 12-24-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 12/18/98
Amt Paid 150 ⁵⁰
Rec'd By lo ~~Cash~~/Check No. 3293

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

Ø for PHONE / Brad

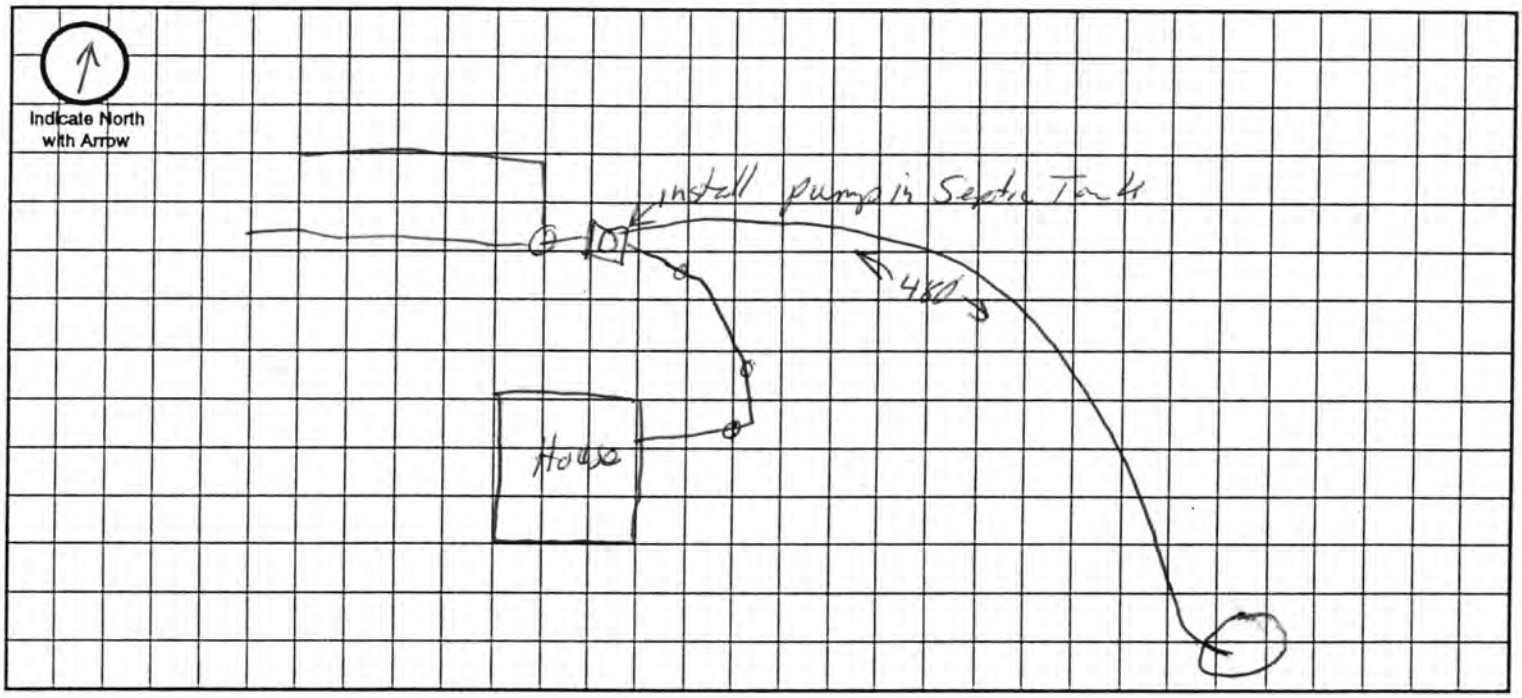
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 13900 Sc 68 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

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 _____ Date 12-16-98

Installer Brad Southern Date 12-16-98

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 10-9-7 Location 13900 S 68th

Owner/Requestor Southwick

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS 2" pipe from septic tank up to lagoon. Concern about water freezing in pipe + backsiphoning if water depth gets up to cleanout

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Dostrander Received by: ___

Date: 12/18/98

WA1002

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 13900 So 68th Roca

Twp 8N Range 7E Section 10 1/4 ___ 1/4 ___ Block ___ Lot 8 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System NE of house Year Installed 74-86

	NAME	ADDRESS	PHONE
Present Owner:	Noble Swanson	13900 So 68 Roca NE	483-2665d
Tenant/Buyer:			792-2974e
Return to:	Farmers	PO 81008 Lincoln 68501-9925	

Signature of Applicant [signature] Address ___ Date 9/2/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/3/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/8/93

RURAL WATER DISTRICT

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

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date 9/10/93 by LCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: PROVISIONAL APPROVAL OF THE SEWAGE SYSTEM IS GIVEN BECAUSE THE SEWAGE SYSTEM IS CONSIDERED EXPERIMENTAL. THERE WAS NO EVIDENCE OF MALFUNCTION.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ RURAL WATER DISTRICT

SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 9/14/93

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.

039

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. 423-C

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

DATE: APRIL 23 1974

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. 8N ; Range 7E ; Section 10-SW¼
Block _____; Lot _____; Addition 5+ ac. See attached
Street Address _____

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

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

4. Distance to public sewer: — ft.

Norlie L. Swanson.
By _____
Signature of Applicant (Owner or Lessee)

1022 North Lake Shore Dr
Address Lincoln, NE

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/18/74 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4/18/74 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. _____ . ACTION: Approved ☑ Disapproved ☐
Date Frwd. 5-10-74 . Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

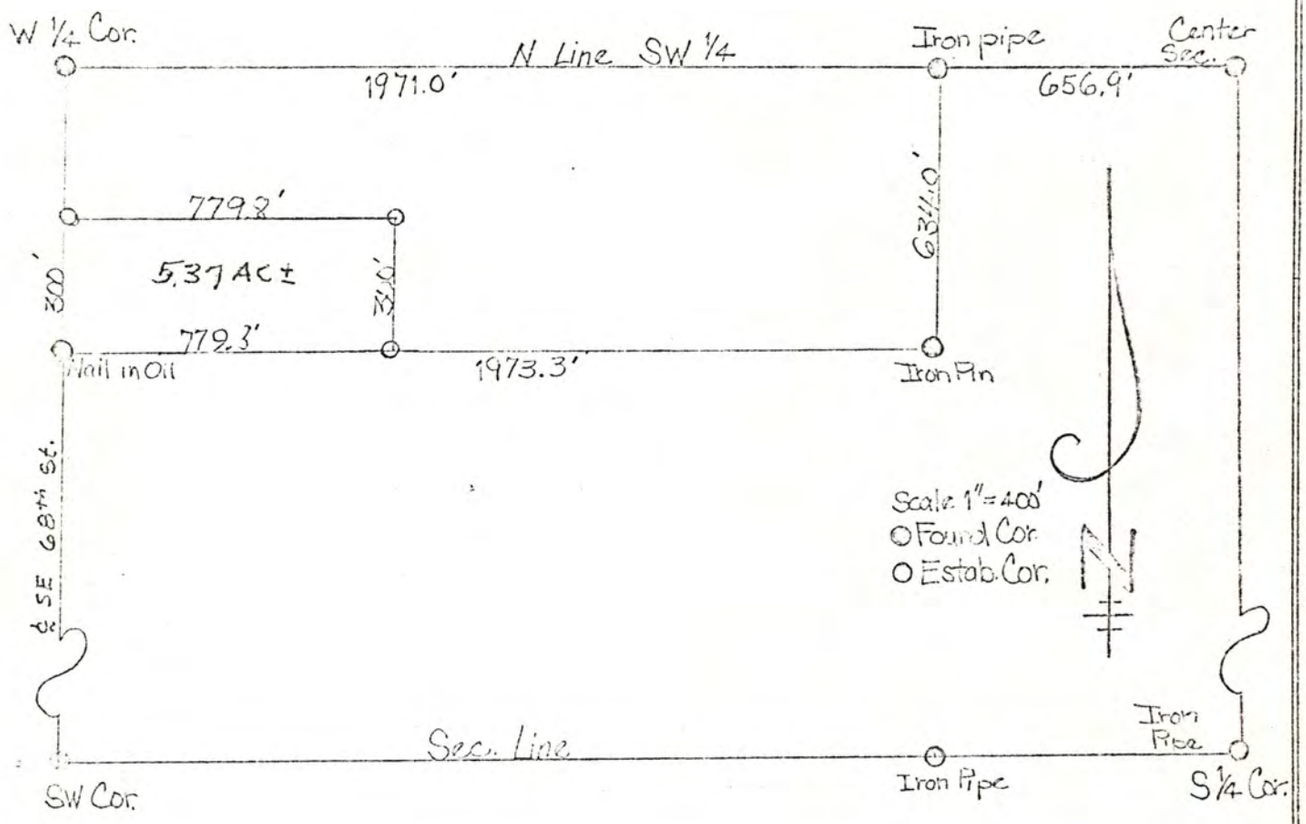
White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

Survey Plat

Lancaster COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432–3724

Survey of: A Tract of Land Situated In SW 1/4 **Section** 10 **T.** 8 **N, R.** 7 **E of 6th P.M.**



LEGAL DESCRIPTION

A Tract of Land Situated in the SW 1/4 of Sec. 10, T8N R7E of the 6th P.M. Lancaster Co., Nebraska, more particularly described as follows:

The South 300.00 ft. of the North 634.00ft of the West 779.80ft. of the SW 1/4 of Sec. 10, T8N R7E, the said tract containing 5.37 acres, more or less, subject to 0.23 acres County Road Right of Way.

I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat of same is true and correct to the best of my knowledge.

Signed this 5th **day of** March **19**74

Name Robert L. Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal

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. 423-C

DATE: April 5, 1974

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. 8N ; Range 7E ; Section 10 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☑ Commercial ☐
No. of Bedrooms 3 Describe:
Other Use ☐
Describe:

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

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 Swanson Jacquelynn A Swanson
Signature of Applicant (owner or lessee)

1022 North Lakeshore Dr. Lincoln, Ne
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: Aug-9-74 by: [illegible]
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 4/18/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Aug-9-74 by: Ronald [illegible]

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. 423-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 ; Range 7
Section & ¼ Sect. 10 SW ¼
Property Dimensions: 634.6 ft. x 746.80 ft.
Area: 5.14 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: D. Swanson
Address

Dates of Tests: 3/29/74 to 3/30/74. Weather: Precip. ____ 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	36"	3/29	1:38 PM	3/30	1:00 PM	3/30	1:00 PM	12"	2:00 PM	12"	30	0	
2	"	"	"	"	"	"	"	"	"	11 3/4"	"	1/4	
3	"	"	"	"	"	"	"	"	"	10 7/8"	"	1/8	
4	"	"	"	"	"	"	"	"	"	10 7/8"	"	1/8	
5	"	"	"	"	"	"	"	"	"	10 1/4	"	3/4	
6	"	"	"	"	"	"	"	"	"	12"	"	0	
					"								

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

Robert D Johnson
Signature of Person Conducting Test

Address 426 NW 13th
Phone: 432-3595

(Do not write below this line)

REVIEWING ACTION

REMARKS:

DATE:

Approved Percolation Rate(s)
A. 96 min./inch
B. ____ min./inch
C. ____ min./inch

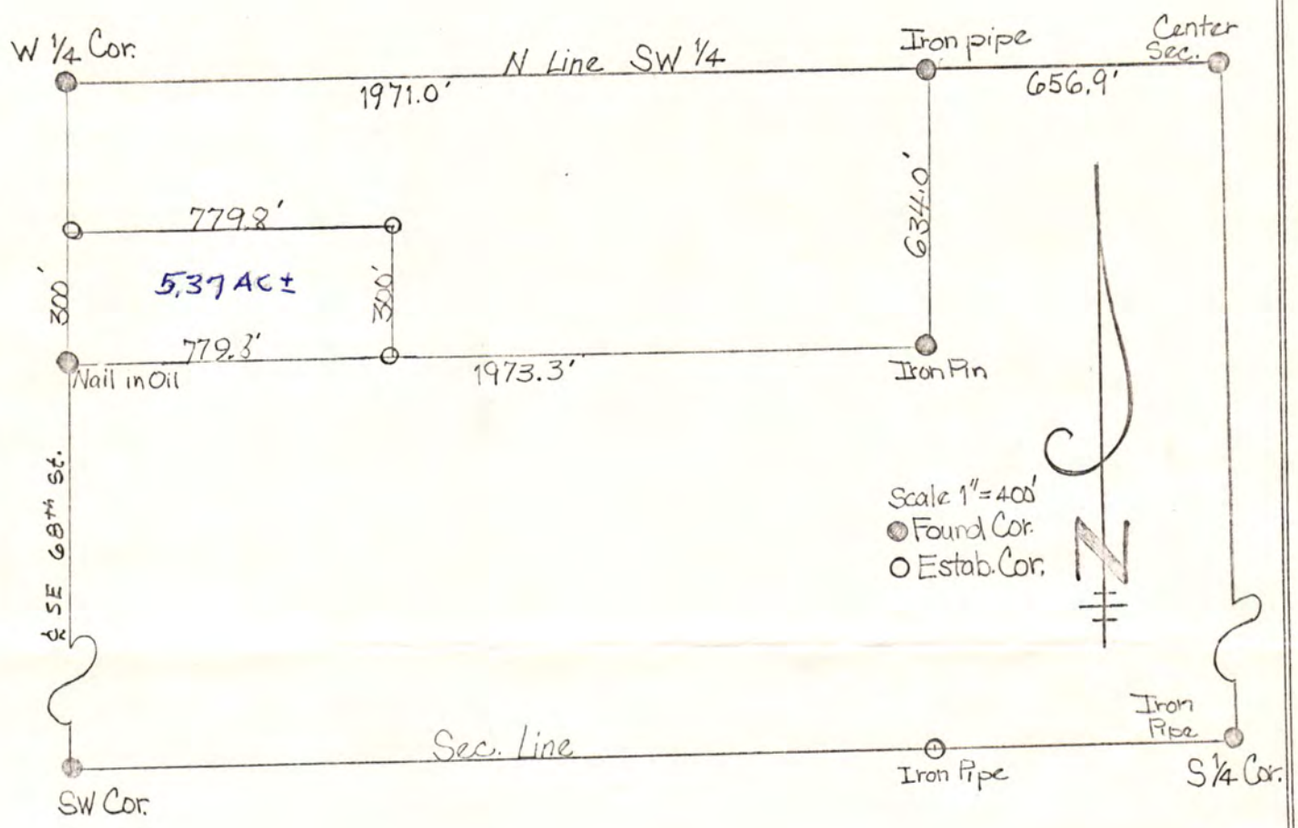
Jerrold C. Hood
Signature of Reviewing Official

Survey Record

Lancaster COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432–3724

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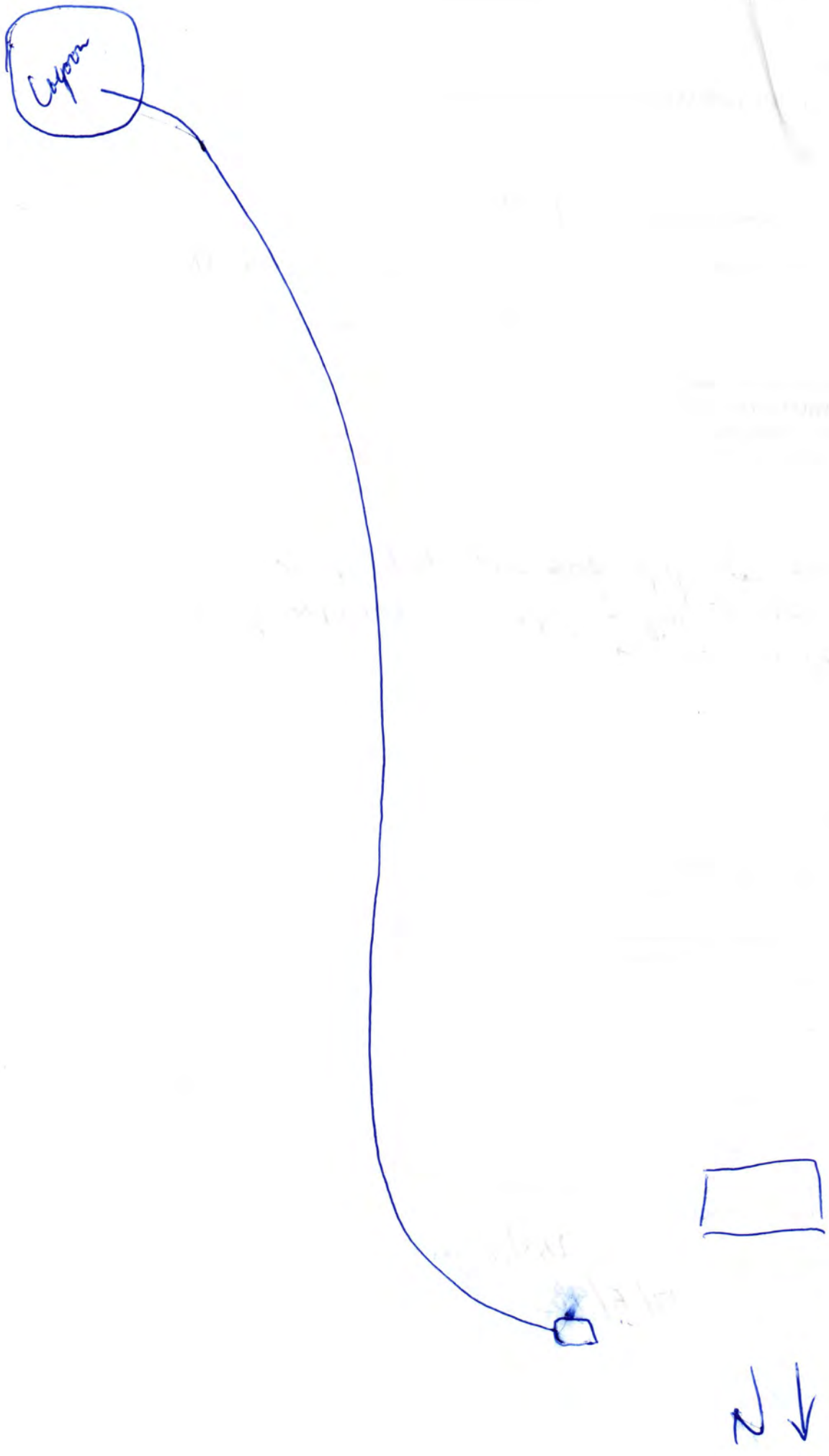
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Signed this 5th **day of** March **19**74.

Name Robert B. Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal


Cupon