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. 9038000830?

Issued 01/03/9?
Expires 06/03/9?

ESTABLISHMENT

RANDY JONES
T8N R8E SEC 0003 QTR SE
LOT 59
SE 1/4

FEES: Permit D13754 $150.00

Total $150.00

PERMITTEE RANDY JONES
3600 PAWNEE ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9038 00083

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: 11-3-89

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 NORTH ; Range 8 EAST OF THE 6TH P.M. ; Section SOUTHEAST 1/4 OF SECTION 3 ;
   Block _____ : Lot 59 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe RANCH STYLE HOUSE WITH BASEMENT

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

4. Distance to public sewer: 450 ft.

Randy D. Jones Kelly M. Jones
Signature of Applicant (Owner or Lessee)

3600 PAWNEE LINCOLN NE 68506
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 1/3/89	ACTION: Approved ☒	Disapproved ☐
Bennet	Date Frwd. 1/4/90	Signature: Jerrold C. Hood	
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. Nov 13, 1989	ACTION: Approved ☒	Disapproved ☐
	Date Frwd. 11-13-89	Signature:	
3. City or County Engineer :	Date Rec'd. 1/4/90	ACTION: Approved ☒	Disapproved ☒
	Date Frwd. 1/4/90	Signature: Larry V. Worrell	

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-23-90 by: rwm read drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-11-92 By: Ken Magent

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

FORM 23-43

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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 NORTH ; Range 8 EAST OF THE 6TH P.M.; Section & ¼ Section 3.
Property Dimensions: 658 ft. x 361 ft. Area: 5.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☑ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/13/89 to 10/14/89. Weather: Precip. 0 Temp. 60°.

OWNER: Randy Jones
Address: 3600 Pawnee, Lincoln, Ne

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"	10/13	2:00PM	10/14	1:00	10/14	1:30	6"	5:00	3 3/4	3½hr	2¼	
2	36"	10/13	2:00	10/14	1:00	10/14	1:30	6"	5:00	2	3½hr	4	
3	36"	10/13	2:00	10/14	1:00	10/14	1:30	6"	5:00	3	3½hr	3	
4	36"	10/13	2:00	10/14	1:00	10/14	1:30	6"	5:00	2¾	3½ hr	3¼	
5	36"	10/13	2:00	10/14	1:00	10/14	1:30	6"	5:00	3	3½ hr	3	
6	36"	10/13	2:00	10/14	1:00	10/14	1:30	6"	5:00	2½	3½hr	2½	

Dan Nelson
Signature of Person Conducting Test

Address _____ Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

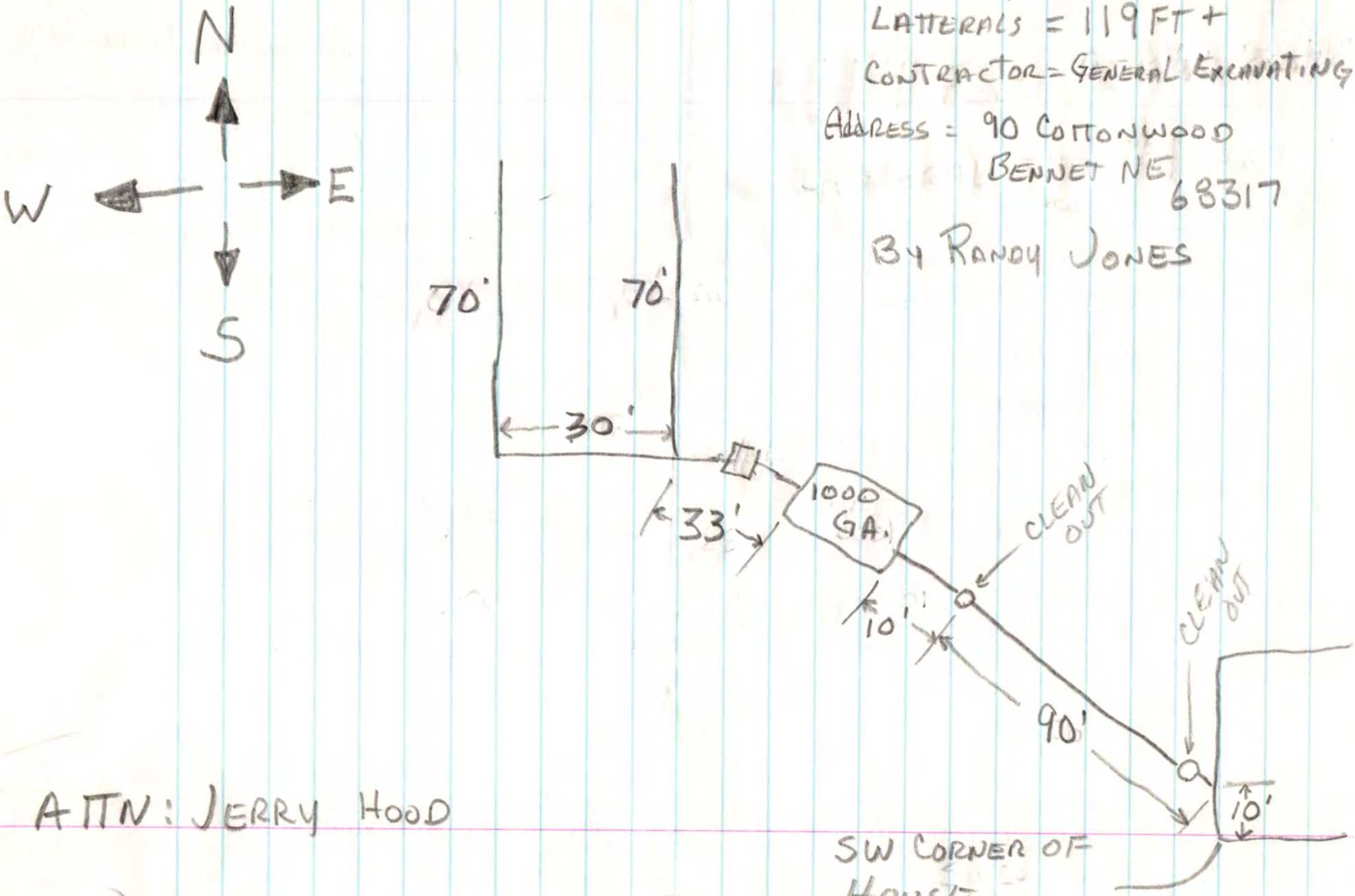
Remarks: Don't see one sod on map that should be this soil
Soil Type (SCS): Wymore Silty Clay Loam
Date: January 3, 1990

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED SEP 1 1 1992

TANK = 1000 GA.
LATTERALS = 119 FT +
CONTRACTOR = GENERAL EXCAVATING
ADDRESS = 90 COTTONWOOD
BENNET NE
68317
BY RANDY JONES



ATTN: JERRY HOOD

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004922

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-INSTALL DROP BOX & EXTEND LATERALS

Establishment
RANDY D JONES
T8N R8E SEC 3 QTR SE
LOT 59IT
90 COTTONWOOD ST-BENNET

Permittee
RANDY D JONES
90 COTTONWOOD ST
BENNET NE 68317

Permit # 04390078201

Issued 04/22/04
Expires 10/22/04
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
APR 22 2004

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 8N Range 8E Section 3 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 90 Cottonwood Bennet NE 68317

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Install Drop box & 200' of Infiltrator Laterals to Existig System

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer & Drain

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Randy Jones Address 90 Cottonwood Phone 782-2007
Applicant Signature (owner or lessee) _____
Brad Southwick - Southwick Sewer & Drain

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/22/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 4/23/04 By DS
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 4/22/04 Amount $100.00 Check No. 1014 Initials cw

White - Division Copy Pink - Business Office Revised

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

D

Permit Number: 043900782

Sewage Disposal System

As Built Plans & Specifications

T8 R8 Sec 3

Date ~~4-15-04~~ 4-23-04

Randy Jones

System Location (Indicate correct number and street)

Address ~~[illegible] E W Spring Rd.~~ (no rural route) 90 Cottonwood City ~~Denton~~ Bennet NE, Zip ~~68339~~ 68317

A. Building Sewer

1. Material: PVC Sch 40
   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: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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 _____ 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

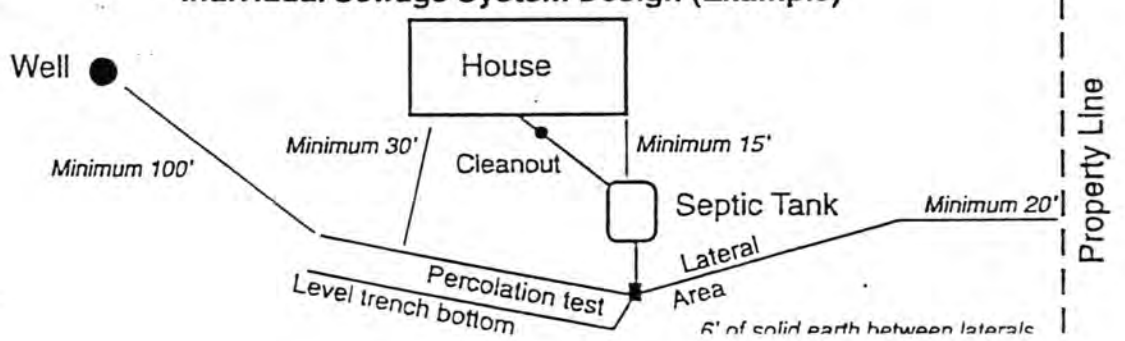
(Provide as-built drawings on back of this form)

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: 100 ft. 100 ft.
   94 ft. 106 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)



92091401D

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: 8-30-92

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

Legal Description of Property: TWP. 8N; RANGE 8E of 6TH; SECTION SE¼ of 3; BLOCK ____

LOT 59; ADDITION _____; Street Address 90TH COTTONWOOD

Directions to Property IRREGULAR TRACT TO BENNET LOT 59 SE 3-8-8

IN BENNET ON COTTONWOOD WEST EDGE OF TOWN NORTH OF SCHOOL HOUSE

Location of Well CITY WATER NE OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW CORNER HOUSE Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	RANDY & KELLY JONES	R.R. #1 Box 78J BENNET NE 68317	782-2007
Tenant/Buyer:	"	"	"
Return to:	RANDY JONES	R.R. #1 Box 78J BENNET NE 68317	782-2007

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

Signature of Applicant Randy O. Jones Address R.R. #1 Box 78J BENNET NE 68317

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 1, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 3, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 9/3/92 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: NEED AS BUILT DRAWING.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE SEPTEMBER 11, 1992

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

As Built Drawing

