# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2736-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

DAVID STARR — ISSUED TO

RT. 1, BOX 40 BENNET, NE 68317 — ADDRESS

T8N; R8E; Sec 10; ½ mile South of Bennet on W. side Hwy 43 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 60.00 | $ | $ | $ 60.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| | 110.16 | 148.14 | 6-2 |

| RECEIPTED BY | DATE | AMOUNT |
|---|---|---|
| MG | 9 14 58 | |

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

20109-0977

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: $_____

FILE NO. 2736-C

DATE: Sept. 1 1988

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 8 * ; Section 10 ;
Block _____ : Lot _____ : Addition * East of the 6th Principle Meridian
Street Address ½ mile South of Bennet on W side of Hwy 43

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 . Describe Split leval

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

4. Distance to public sewer: ½ mile ft.

David Starr
Signature of Applicant (Owner or Lessee)

Home 788-2780
Work 471-3161 ext 235

RR1 Box 40 Bennet Ne 68317
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/14/88 . Date Frwd. 9/14/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-12-88 . Date Frwd. 9-12-88 . ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 9/14/88 . Date Frwd. 9/14/88 . ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-17-88 by: ms Site location drawing + splash pad – sewer line already covered.
Date: 12-9-88 by: ms need fence
Date: 10/20/95 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/23/95 By: Jerrold C. Hood

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

Owner has moved away property sold.

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 N ; Range 8 ; Section & ¼ Section 10 .
Property Dimensions: 330 AP ft. x 1200 AP ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Sept 5 88 to Sept 7 88 . Weather: Precip. 0 Temp. 80° .

OWNER: David Starr

Address: RR1 Bennet

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 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 6" | 30 | 0 | 30/0 |
| 2 | 36 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 6" | 30 | 0 | 30/0 |
| 3 | 36 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 5 7/8" | 30 | 1/8 | 30/.125 |
| 4 | 34 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 5 7/8" | 30 | 1/8 | 30/.125 |
| 5 | 34 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 5 3/4" | 30 | 1/4 | 30/.25 |
| 6 | 30 | 9/5 | 12/0 | 9/6 | 13/00 | 9/6 | 1300 | 6" | 1330 | 5 3/4" | 30 | 1/4 | 30/.25 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

David Starr
Signature of Person Conducting Test

Sum of Percolation Rates: 180/.745
Average of Rates: _____
Mean of Rates: _____

Address RR1 Box 40 Phone 788-2780

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Burchard

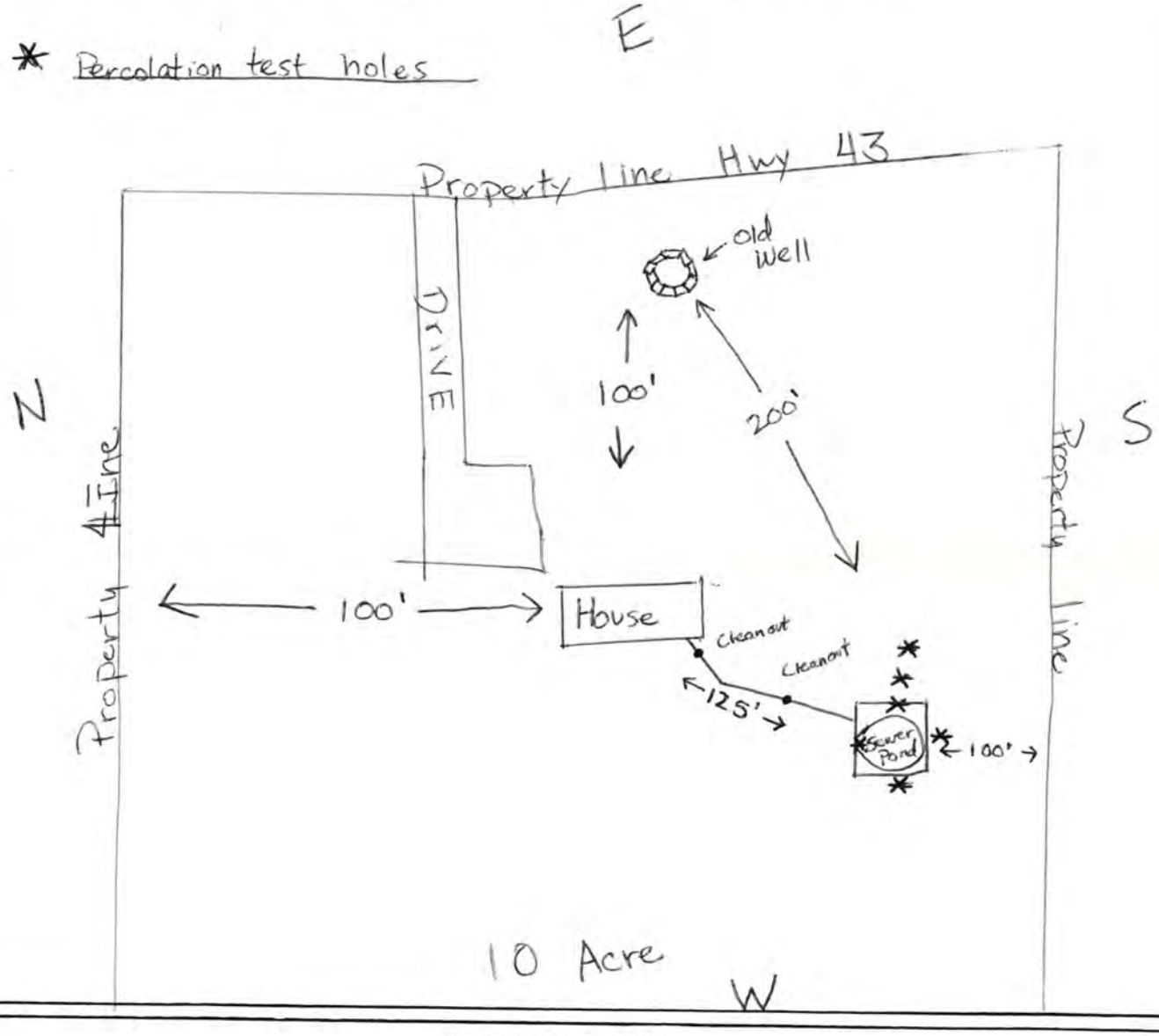
Date: _____

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

_____
Signature of Reviewing Official

| | |
|---|---|
| FORM 20102-0477<br>PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)<br>City Ordinance No. 9150 ☐<br>County Resolution No. 2832 ☐ | LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT<br>Division of Environmental Health<br>2200 St. Marys Avenue<br>Lincoln, Nebraska 68502<br>Phone: 471-7800<br>**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: _____

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

_____
Signature of Reviewing Official

007

# Lincoln-Lancaster County Health Department

**3140 "N" Street, Lincoln, Nebraska 68510 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 14495 S 158th

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

Directions to Property South of Bennett

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | DAVID STARR | 14495 S 155th | 782-8787 |
| Tenant/Buyer: | Keith Hopping | 3420 N 73rd | 465-4332 |
| Return to: | Remax Att Marjene McIntyre | 6940 O St Suite 300 | 430-8000 FAX 441-3202 |

Signature of Applicant Debbie Hopping Address 3420 N 73rd 68507 Date 10/13/95 FAX 486-4949

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**HEALTH DEPARTMENT USE ONLY**

Date Received 10/13/95 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 10/16/95

RURAL WATER DISTRICT

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☐ |
| Bacteria | ☐ ____/ml | ☐ ____/ml |
| Nitrate | ☐ ____ppm | ☐ ____ppm |

**SEWAGE SYSTEM**

Approved ☐

Provisional ☐

Disapproved ☒

**Additional Site Visits**

Date 10/18/95 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** OLD WELL IS ABANDONED BUT NEEDS TO BE PROPERLY ABANDONED. LAGOON IS SLUDGED UP NEEDS TO BE DREGED OUT. THIS WILL TAKE OUT THE CATAILS TOO WHICH WOULD ONLY SPROUT UP NEXT YEAR. NEED A LOCKABLE GATE. WARNING SIGNS NEED REPLACEMENT, WHAT IS LEFT OF SIGNS IS IN PIECES. See Attached Letter ☒

**FINAL STATUS**

**WATER SYSTEM:** RURAL WATER DISTRICT Approved: ☐

**SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 10/24/95

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.

~~Hold~~ all corrected on 10/24/95. Buyer desires to use well as indicated by letter. J.C.H.