LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 819-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 14, 1976 — THIS PERMIT EXPIRES

Alton Detmer — ISSUED TO

P.O. Box 192; Bennet, Nebraska 68317 — ADDRESS

T8N; R8E; Sec. 26 — 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

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. 819-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. 8N ; Range 8E ; Section 26
SEE ATTACHED
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Alton Dettmer
Signature of Applicant (Owner or Lessee)

P.O. Box 192 Bennet Ne 68317
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/17/76 . Date Frwd. 5/17/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 5-17-76 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Saasch

3. City or County Engineer : Date Rec'd. 5-17-76 . Date Frwd. 5-17-76 . 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. 819-C

DATE: _____

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. SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 8E ; Section 26 ; Block ; Lot ; Addition .
Street Address .

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

Alton Oetmer
Signature of Applicant (owner or lessee)

P.O. Box 192 Bennet Ne 68317
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10-12-76 by: JW
Date: 10-21-76 by: [illegible]
Date: by:

3. Date: Approved ☒; Disapproved ☐ 5/17/76
by: Jerrold C. Noah

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-21-76 by: Lon Mazgent

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. 819-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

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

Dates of Tests: 5-8-76 to 5-9-76. Weather: Precip. wet Temp. 60°

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	24	5-8	3:00	5-9	3:00	5-9	6:30	6"	7:00	3	30	3	
2	24	"	"	"	"	"	6:30	6"	7:00	2	30	2½	
3	24	"	"	"	"	"	6:30	6"	7:00	4	30	4	
4	24	"	"	"	"	"	6:30	6"	7:00	3	30	3	
5	24	"	"	"	"	"	6:30	6"	7:00	2	30	2½	
6	24	"	"	"	"	"	6:30	6"	7:00	4	30	4	

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

W. J. Taylor
Signature of Person Conducting Test

Address Bennet Neb
Phone: 782-3625

(Do not write below this line)

REVIEWING ACTION

REMARKS: Seems rather

DATE: May 17, 1976

Approved Percolation Rate(s)
A. 9 min./inch
B. _____ min./inch
C. _____ min./inch

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. 819-C

SPECIFICATIONS

DATE: _____

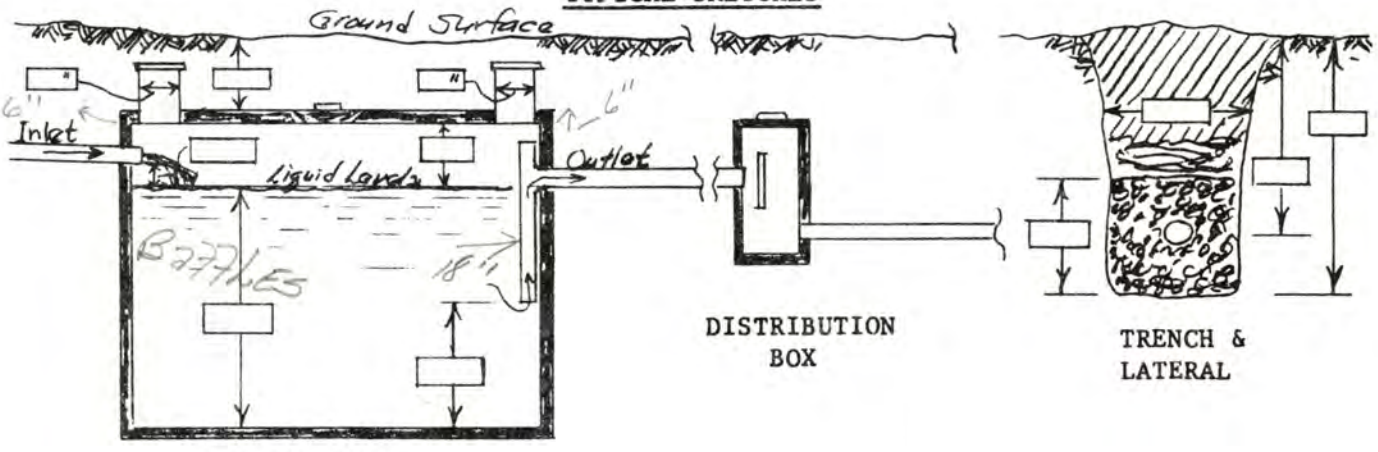
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber Glass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company CORRA-GLAS
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 50 ft.;
Property Line 50 ft.

C. DISTRIBUTION BOX
1. Material CONCRETE; No. available outlets 2.
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 2; Length of each line ___ft
Total length of Laterals 159 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 24 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: 9 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

005

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

PLEASE CALL SELLER TO ADVISE AS TO WHEN THE INSPECTOR WILL BE THERE IF POSSIBLE.

Legal Description of Property: Street Address 17400 Hickman Rd.

Twp 10N Range 8E Section 26 1/4 SE 1/4 Block ___ Lot 14 Addition ___

Directions to Property 3 mi. South of Bennett to Hickman Rd. Turn East .7 mi. on S side.

Location of Well N/A (Rural Water) Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of HSE between E - SE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Alfred Dettmer	17400 Hickman Rd Bennett, NE 68317	788-2249
Tenant/Buyer:	James W. Whitehurst	2830 No 74th St Lincoln, NE 68507	467-2446
Return to:	Crowne Closing Co.	6940 O St., Ste. 312 Lincoln, Ne. 68510	464-1200

Signature of Applicant James W. Whitehurst Address 2830 No 74th St Lincoln, NE 68507-2909 Date 10/11/95

HEALTH DEPARTMENT USE ONLY

Date Received 10/19/95 #60 Received $150.00 Check ☒ Cash ☐ #1058

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/20/95

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

RURAL WATER

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date 11/2/95 by JCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: COVER DAMAGED END OF LATERAL AND OBSERVE AGAIN LATER. 11/2/95 Lateral covered. May have to add some lateral to this system in the future. Not enough room at this time.

See Attached Letter ☐

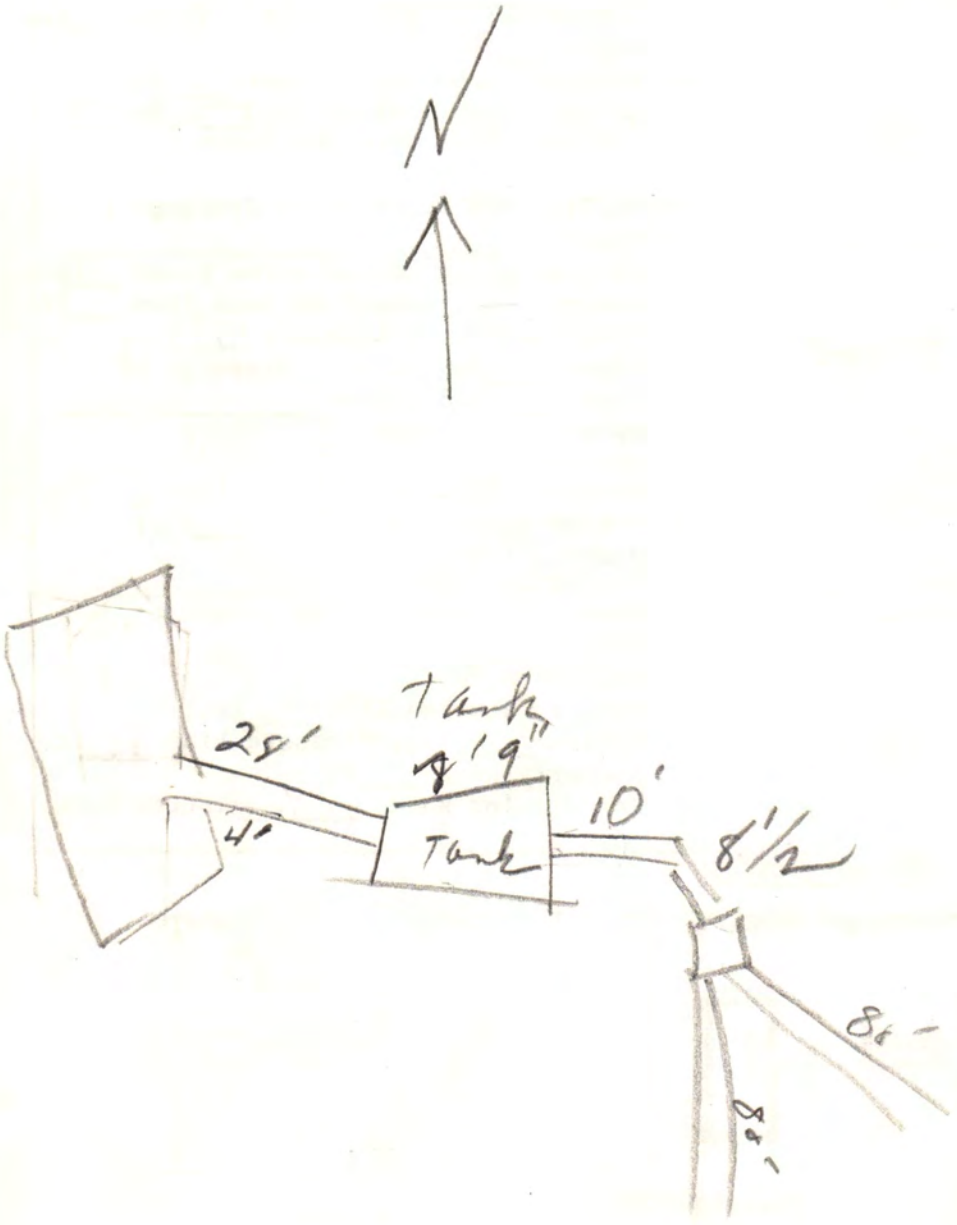
FINAL STATUS

WATER SYSTEM: Approved: ☐ RURAL WATER

SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood REHS Date 11/2/95

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.


N
25'
Tank
8'9"
4'
Tank
10'
8'1/2
8'-
8'-