LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1720-C

TYPE OF PERMIT: ~~INDIVIDUAL SEWAGE SYSTEM~~ CONSTRUCTION

THIS PERMIT EXPIRES: May 7, 1981

ISSUED TO: Larry L. Wagner

ADDRESS: Rt 6 Box 63A, Lincoln NE

LEGAL DESCRIPTION: TWP. 9N, R5E, Section 3, [redacted]

REMARKS: NON-TRANSFERABLE EXTENDED

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

Health
ISSUING OFFICER

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

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1726-C

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

DATE: 11-6-80

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 9N ; Range 5E ; Section 3 ;
Block ; Lot ; Addition
Street Address

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3 Describe
Other Use ☐ Total Sq. Ft. 774 ft² 4' wide = 194 ft
Describe 3' wide = 258 ft.

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

4. Description of proposed alteration, extension or repair: add Dist. Box and add required laterals required distance from water well.

5. Work to be done by: Owner ☒ ; or Contractor ☐ ,
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$ >400 00
c. Other	$
TOTAL	$

LARRY L. WAGNER
Signature of Applicant (owner or lessee)

R.R. #6, BOX 63A, LINCOLN, NEBR.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11-6-80
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/80 by: L.C. Hood

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. 1726-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 5
Section & ¼ Sect. 3
Property Dimensions: 350 ft. x 840 ft.
Area: 6.17 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: LARRY L WAGNER
Address Rt 6 Box 63A Lincoln

Dates of Tests: 11-3-80 to 11-4-80. Weather: Precip. ____ Temp. 60 - High 30 - Low °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	11/3	12:00	11/4	12:00	11/4	1:00	6"	5:00	4 7/8	4 hrs 30 min	1 1/8"	1.125
2	36	11/3	12:05	11/4	12:05	11/4	1:03	6"	5:03	4 7/8	4 hrs 30 min	1 3/4"	1.75
3	36	11/3	12:10	11/4	12:10	11/4	1:06	6"	5:04	4 7/8	4 hrs 30 min	3/4"	.75
4	36	11/3	12:15	11/4	12:15	11/4	1:09	6"	5:04	5	4 hrs 30 min	1"	1.0
5	36	11/3	12:20	11/4	12:20	11/4	1:12	6"	5:12	5 1/8	4 hrs 30 min	~~1 1/8"~~	~~1.125~~ *
6	36	11/3	12:25	11/4	12:25	11/4	1:15	6"	5:15	5	4 hrs 30 min	1"	1.0
													~~5.375~~ 5.625 ~~1.256~~ .9325

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

Larry L Wagner
Signature of Person Conducting Test

Address Rt 6 Box 63A Lincoln
Phone: 474-0381

* failing hole was dropped from average because laterals will not be installed in this area.

(Do not write below this line)

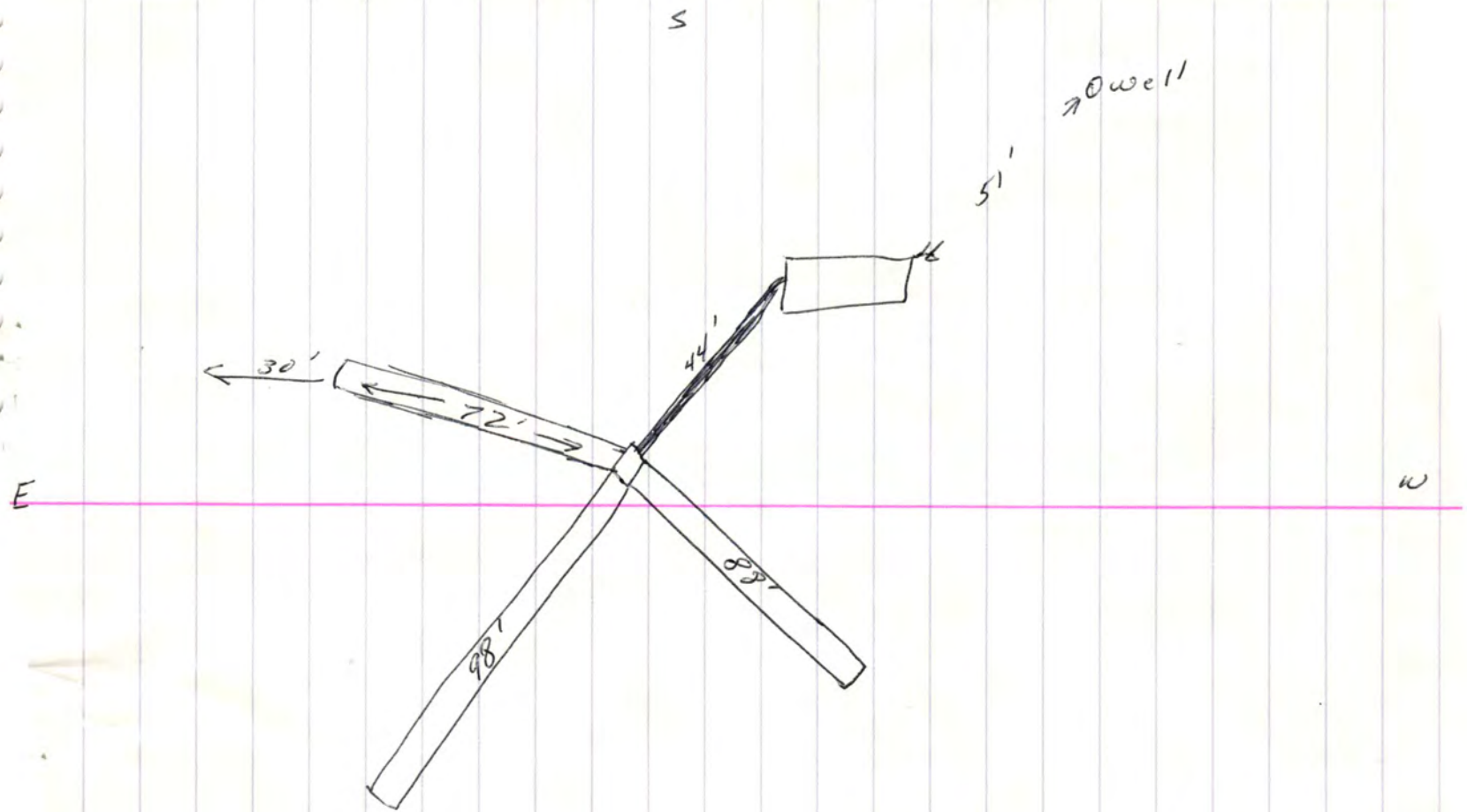
REVIEWING ACTION

REMARKS: Appears to be in Judson soil

Approved Percolation Rate(s)
A. 37 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: 11-6-80

Ron Magnuson
Signature of Reviewing Official



LARRY WAGNER
Rt 6 Box 637
Lincoln Nebr.

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003323

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380277001

Issued 01/20/04
Expires 07/20/04
Revenue Code 3157

Establishment: LARRY & JANICE WAGNER
T9N R5E SEC 3
LOT 56IT
9211 W VAN DORN ST

FEES: $200.00

Permittee: LARRY & JANICE WAGNER
9211 W VAN DORN ST
LINCOLN NE 68502

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 043802770

Sewage Disposal System

Request for Site Clearance and Permit

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

☐ Septic System CHANGE TO → ☒ 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 9211 West VanDorn St (no rural route) City Lincoln NE, Zip 68502

Legal Description IT Lot 56 NE 3-9-5 56 I.T.
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 Larry & Janice Wagner Signature Larry L Wagner

Address 9211 W. Vandorn St. City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 476-8319 Work Phone _____

C. Contractor

Name Don Hansen Company Name Black Diamond Enterprises

Address 8800 Mohave Dr. City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone (402) 429-2159

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

Designer Name Don Hansen Firm Black Diamond Ent Work Phone 402 429-2159

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day ~~225~~ 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 1/20/04 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Line + lagoon Need fence - 5/13/04

Installation Final Written Approval

By Doug Arnold

Date 6/8/04

Business Office Use Only

Date Rec'd 01/20/04
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 3028

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

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

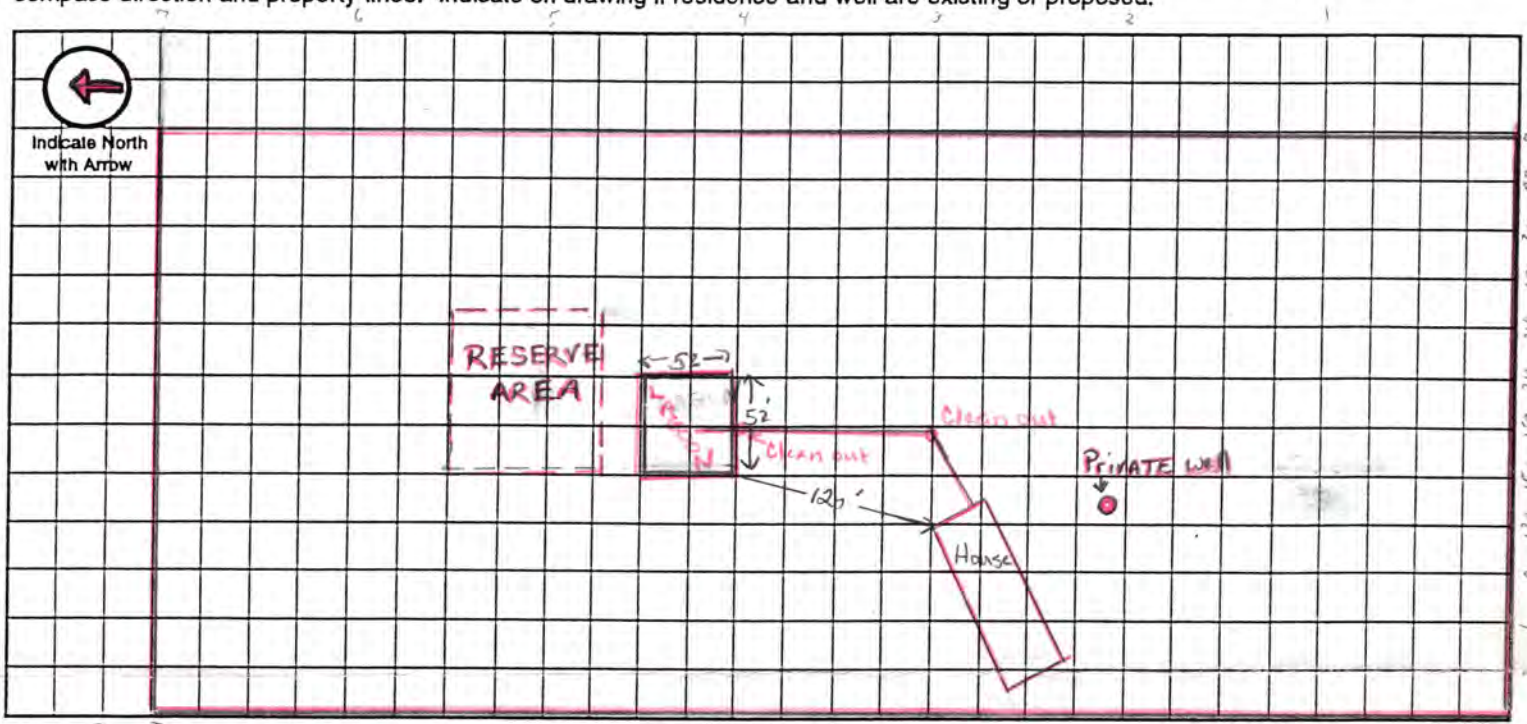
C

Permit Number: 043802770

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9211 West Van Dorn St City Lincoln NE, Zip 68502

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other N/A Lagoon System

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 _____

Installer [signature] Date 12-31-2003

123-102 10-96