LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1958-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 28, 1979 — THIS PERMIT EXPIRES

Val Sabata — ISSUED TO

8530 Sandalwood, Lincoln, NE 68520 — ADDRESS

T9N, R5E, Section 2 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1558-C

DATE: 6-20-79

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: SEE ATTACHED

1. Legal description of property: Twp. 9 N ; Range 5 E ; Section 3 ;
   Block — : Lot — : Addition —
   Street Address RR 1 DENTON

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

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

4. Distance to public sewer: _____ ft.

Tal. Sabata
Signature of Applicant (Owner or Lessee)

8530 Sandalwood
Address Lincoln, Nebraska

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/28/79. Date Frwd. 6/28/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/28/79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Stewart

3. City or County Engineer: Date Rec'd. 6-28-79. Date Frwd. 6-28-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Ruff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/21/79 by: J. C. H.
Date: 9/24/79 by: J. C. H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/28/79 By: Jerrold C. Hood

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

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: 474-1541

B

FILE NO. 1558-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER: Linlek Serv.

Address: 2425 So 1st

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	18	6-21	~~6-22~~ 4-24			6-22	8-	6	12	4 7/8	1 1/8		
			12:30		4:30								
2										5	1		
3										5	1		
4										5	1		
5										4 3/4	1 1/4		
6	72									4 3/4	1 1/4		

L.E. Linlek on 6/25/79 indicated this was a 60 min period

Linlek Serv. Co.
Signature of Person Conducting Test

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

Address 2425 So 1st Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: Mr. Linlek described an inclusion.
Soil Type (SCS): Pawnee Clay Loam
Date: June 28, 1979

Approved Percolation Rate (a)
A. 56 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
Signature of Reviewing Official

9/24/79 Definitely some Pawnee Clay Loam in immediate vicinity and some Morrill Clay Loam

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

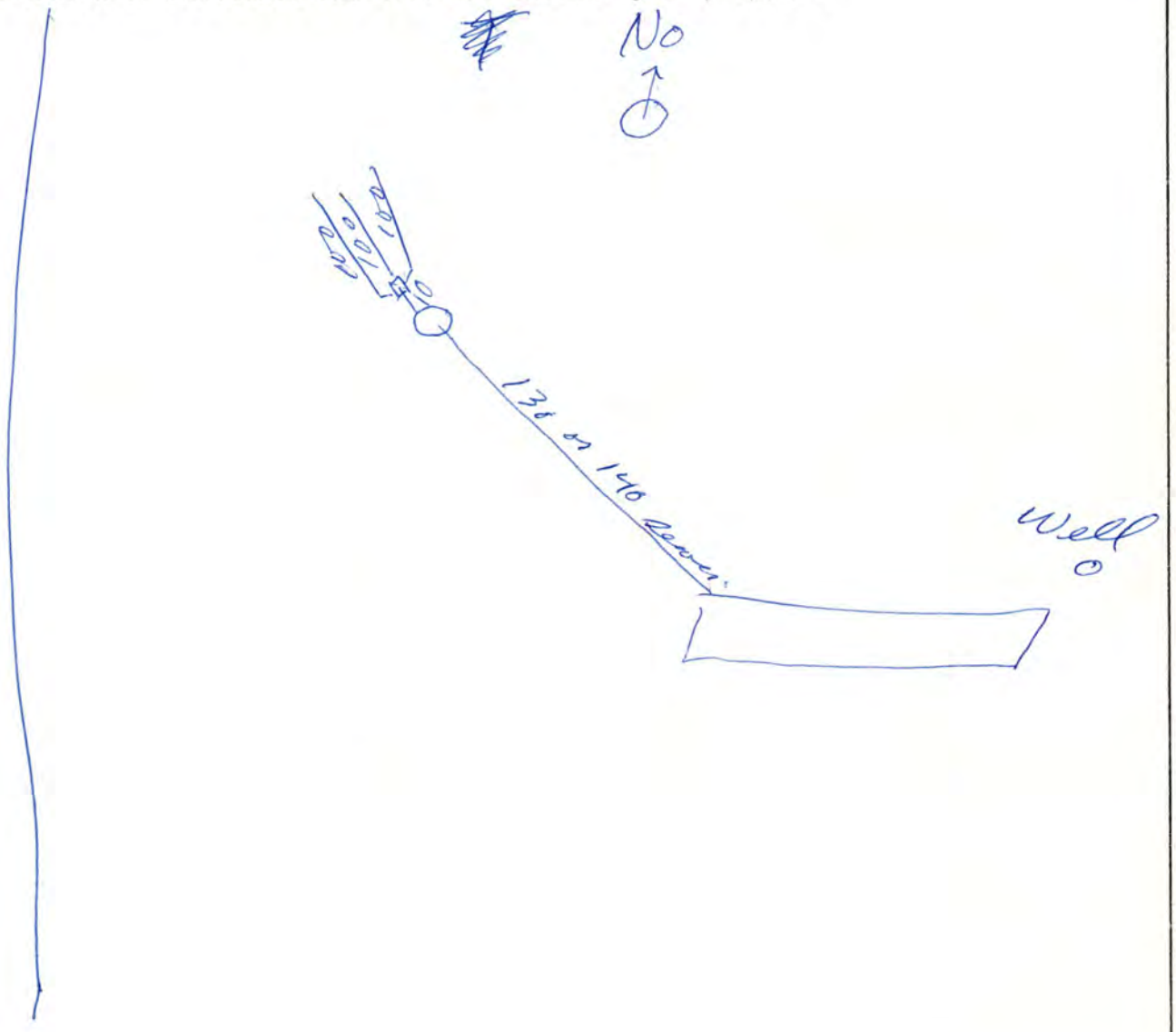
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: June 28, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 318 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 953 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: 9-28-79

FILE NO. _____

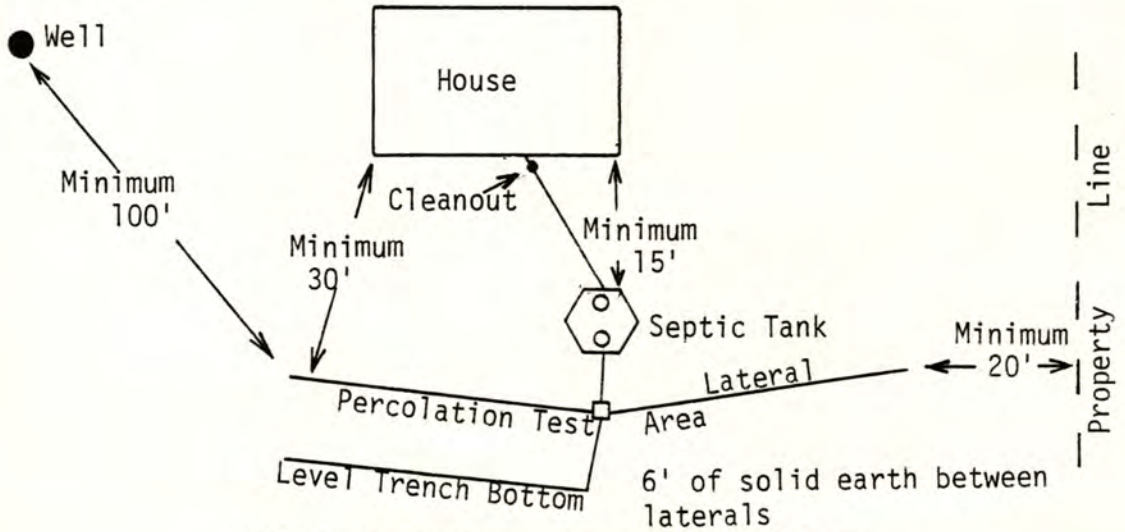
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 240 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line 12 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 4 in. 2 Covers
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 160 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Hasco Corp)
3. Distance from Septic Tank 10 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100, 100, 100, 20, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 36 ft.;
Slope 2 in/100 ft.; Average Depth 18-24 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 180 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Survey Record

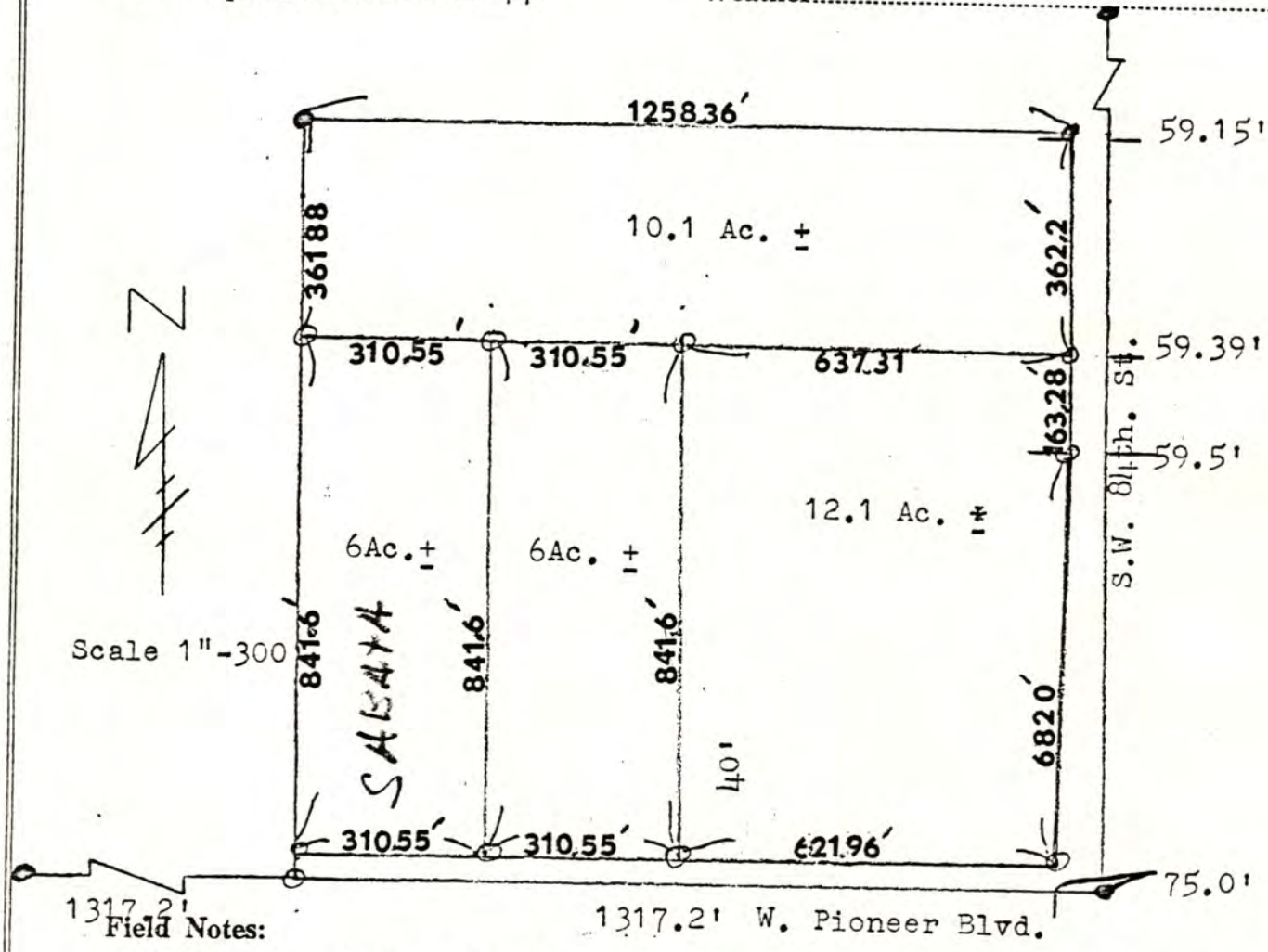
LANCASTER COUNTY, NEBRASKA

Survey of: Irregular tracts in part of Lot 7

Section 3 T 9 N, R 5 E of 6th P.M.

Survey No. .....(To be assigned by County Surveyor)

Date April 2 19 77 **Weather**.....



Field Notes:

Show descriptions of corners found and restored; distances chained; angles measured, if any; courses and bearings of irregular tracts surveyed; and ties taken to corners. Use reverse side if necessary.

●-indicates corners found

o-indicates corners set-½" pipe

East 1/16 corner between Sec 3 set Concrete nail
TO

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebras

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOA

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 8700 W. PIONEERS BLVD

Twp 9N Range 5E Section 3 1/4 SE 1/4 SE Block — Lot 41 Addition —

Directions to Property EXIT WEST "O" TO HOMINY SD DR SW 56TH BIG TURNS TO PIONEERS W. ON PIONEERS 1/4 MILE - 2ND HOUSE ON NO. SIDE OF ROAD - LEHART DR

Location of Well NE CORNER OF HOUSE Tap Location: Inside ☐ Outside ☑

Location of Sewage System WEST OF HOUSE - 100 CONCRETE CAP Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	VAL SABATA	RR 1 BOX 42A-1 HICKMAN NE 68339	H 402-791-3455 WK - 434-6237
Tenant/Buyer:	—		
Return to:	VAL SABATA	SAME	

Signature of Applicant Val Sabata Address SAME Date 2/23/94

HEALTH DEPARTMENT USE ONLY

Date Received 02/25/94 Received $150.00 Check ☑ Cash ☐ #1616

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 2/28/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☑	Approved ☑	Date 3/1/94 by LCH
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☐	Date 3/3/94 by LCH
Nitrate THRU R.O.	☑ 4.1 ppm	☑ 12.1 ppm	Disapproved ☐	Date 3/8/94 by LCH

Comments: DEPRESSION AROUND WELL. Corrected 3/1/94 LCH 3/8/94 R.O. APPROVAL FOR WATER IS THRU THE REVERSE OSMOSIS ONLY AND ONLY AS LABELED. NOTE! HEAVY SNOW COVER AT TIME OF INSPECTION. See Attached Letter ☐

SEE ABOVE OW 3/29/94

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ LONG AS IT IS PROPERLY OPERATED AND MAINTAINED.

Provisional Approval: ☐

Approved by Gerald C. Hood R.E.H.S. Date 3/10/94

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.

AS BUILT DRAWING OF SYSTEM

DATE 9-28-79 INSTALLER Sunlab Service Co.

