LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1560-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 16, 1980 — THIS PERMIT EXPIRES

Ronald W. Wright — ISSUED TO

2001 South 51 Street, Lincoln, NE — ADDRESS

T9N, R5E, Section 9, Lot East 290' of Lot 5 I.T.

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. 1568-C

DATE: _____

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. 9N ; Range 5E ; Section 9 ;
   Block _____ : Lot East 290' of North 880' Lot 51 I.L. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Ronald W. Wright
Signature of Applicant (Owner or Lessee)

2001 So 51 St Lincoln Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/16/79. Date Frwd. 7/16/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-17-79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 7-17-79. Date Frwd. 7-17-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-27-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-79 By: James Skwierka

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. 1568-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: 7-11-79 to 7-12-79. Weather: Precip. 0 Temp. 80.

OWNER: _____

Address: _____

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	32"	7/11	6 PM	7/12	6 AM	7/12	6 AM	12"	8 AM	6½	30M	1	
2										4		1½	
3										4½		1½	
4										8		¾	
5										8		¾	
6										7		1½	

Robert D Johnson
Signature of Person Conducting Test

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

Address 2618 no 3rd Phone 432 3595

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 16, 1979

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

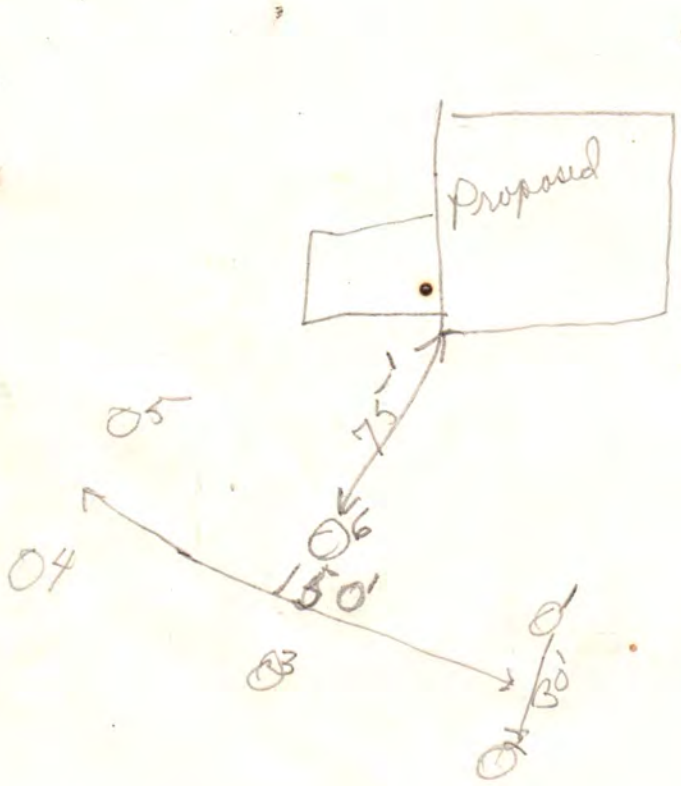
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1568-C

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



REVIEWING ACTION

Remarks: _____

Date: July 16, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 230 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 918 sq.ft.

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. _____

10301 W Pioneer

SPECIFICATIONS

DATE: July 26, 1979

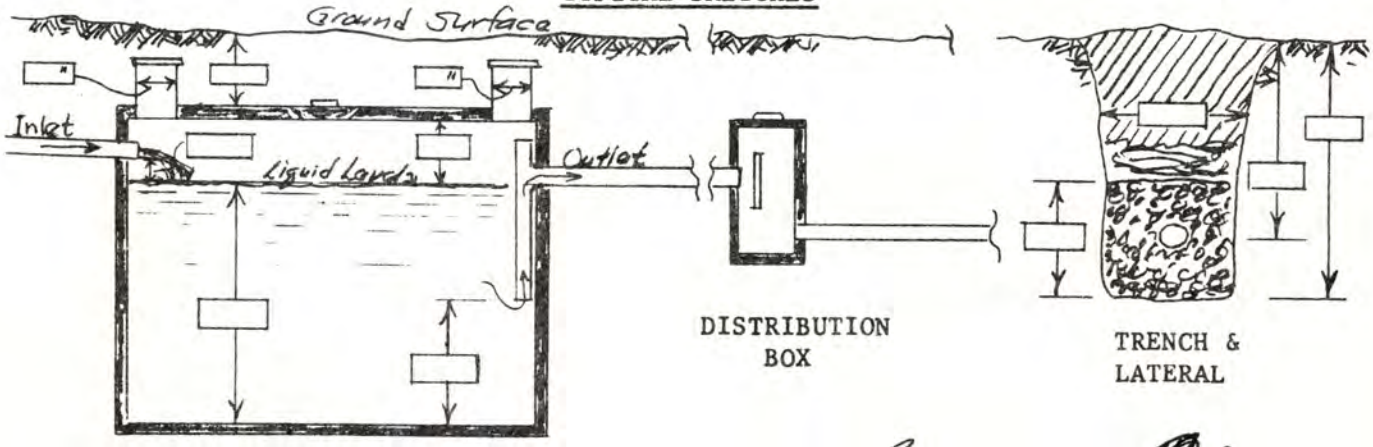
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 45 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1500 gals.; Liquid depth 80 in.
3. Factory Built: Yes ☒ (Company _____)
No ☐ (Pre-Cast Step Co.)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 12 in.
Below Grade 14 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 14 in.
8. Distances To:
Well or Suction Line 195 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre-Cast Step Co.) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 15 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 18 in.
Number 3; Length of each line ___ ft
Total length of Laterals 230 ft.;
Slope 1 in/100 ft. Diameter of pipe 20 in.; Shape half Moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom 29 in.
5. Distances To:
Well or Suction Line 230 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Bowmans Plumbing
Signature of Applicant
BOWMANS Plumbing 3900 No 27

Lincoln-Lancaster County Health Department

0φ4

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.

NOTICE! Sellers must accompany the inspector! Call for Appointment!

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 10301 W. Pioneer. Denton. NE 68339

Twp 9 Range 5 Section 9 1/4 NE 1/4 Block ___ Lot ___ Addition ___

Directions to Property West of Cont. Lake on West Pioneers

Location of Well SW side of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System W. Side of House Year Installed 79 or ~~80~~

Call seller when doing inspection.

	NAME	ADDRESS	PHONE
Present Owner:	Michael & Ann Whitesell	10301 W. Pioneer/Denton	797-3440 (Home) 483-6891 (Her Work)
Tenant/Buyer:	Troy B. Henggeler	7511 Englewood Dr	464-0081 (Home)
Return to:	ATI Title Company c/o Sheryl Oldham Escrow Closer on behalf of the Buyer and Seller	P.O. Box 67069/LIncoln 68506	434-3260

Signature of Applicant _____ Address 7511 Englewood Dr. Lincoln, NE Date 8 / 10 / 94

HEALTH DEPARTMENT USE ONLY

#2569

Date Received 8 / 12 / 94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 8 / 15 / 94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ >0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: RECOMMEND CHECKING SEPTIC TANK TO SEE IF IT NEEDS PUMPING. RECOMMEND FILLING HOLE NEAR SEPTIC TANK AND FILLING DEPRESSIONS OVER LATERALS. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dyfmann Date 8 / 19 / 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.

Call 220

WATER CHEMISTRY

STATE LAB NO. 15/14900

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO) 15 (DAY) 94 (YEAR) 11:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MICHAEL WHITESELL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '94 AUG 18 A3:18

RECEIVED '94 AUG 15 P12:00

'94 AUG 16 P12:05

REPORTED

'94 AUG 15 P12:01

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 19064

FOR LABORATORY USE ONLY

DATE COLLECTED 8 (MO) 15 (DAY) 94 (YEAR) 11:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MICHAEL WHITESELL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 TWNSHP 9 N RANGE 5 E

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWB 91

005

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 10301 W. Pioneers Blvd. Denton 3197

Twp 9N Range 5E & 6 Section 9 1/4 NE 1/4 Block ___ Lot 18 & 19 Addition ___

Directions to Property Denton Road West to S.W. 84th North to Pioneers Blvd. West on Pioneers to 1/4 mile past end of paved road. 1st Drive on left on gravel road.

Location of Well North of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System S.W. of home Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Troy B. Henggeler	10301 W. Pioneers Blvd. Denton NE	(402)797-2119
Tenant/Buyer:	Stephen Kachman & Kathryn Hanford	4300 F Street Lincoln NE 68510	488-4399
Return to:	Kathryn Hanford	4300 F Street Lincoln NE 68510	488-4399

Signature of Applicant Kathy J Hanford Address 4300 F Street Date 10/17/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 10/23/96
Initials ES
Amount 150 =
Check No. 1390

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/23/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: PUT A FEW SPADE FULS OF DIRT RIGHT AROUND WELL. CHECK SEPTIC TANK TO SEE IF IT NEEDS PUMPING AT SAME TIME SEE WHY THERE IS A SUBSIDENCE AROUND TANK. See Attached Letter ☐
PLACES IN LATERALS NEED PLACED IN AREAS OF SUBSIDENCE. DIRT. SYSTEM APPARENTLY PRE DATES COUNTY REGULATIONS HENCE APPROVAL IS PROVISIONAL NO EVIDENCE OF MAL FUNCTI

FINAL STATUS

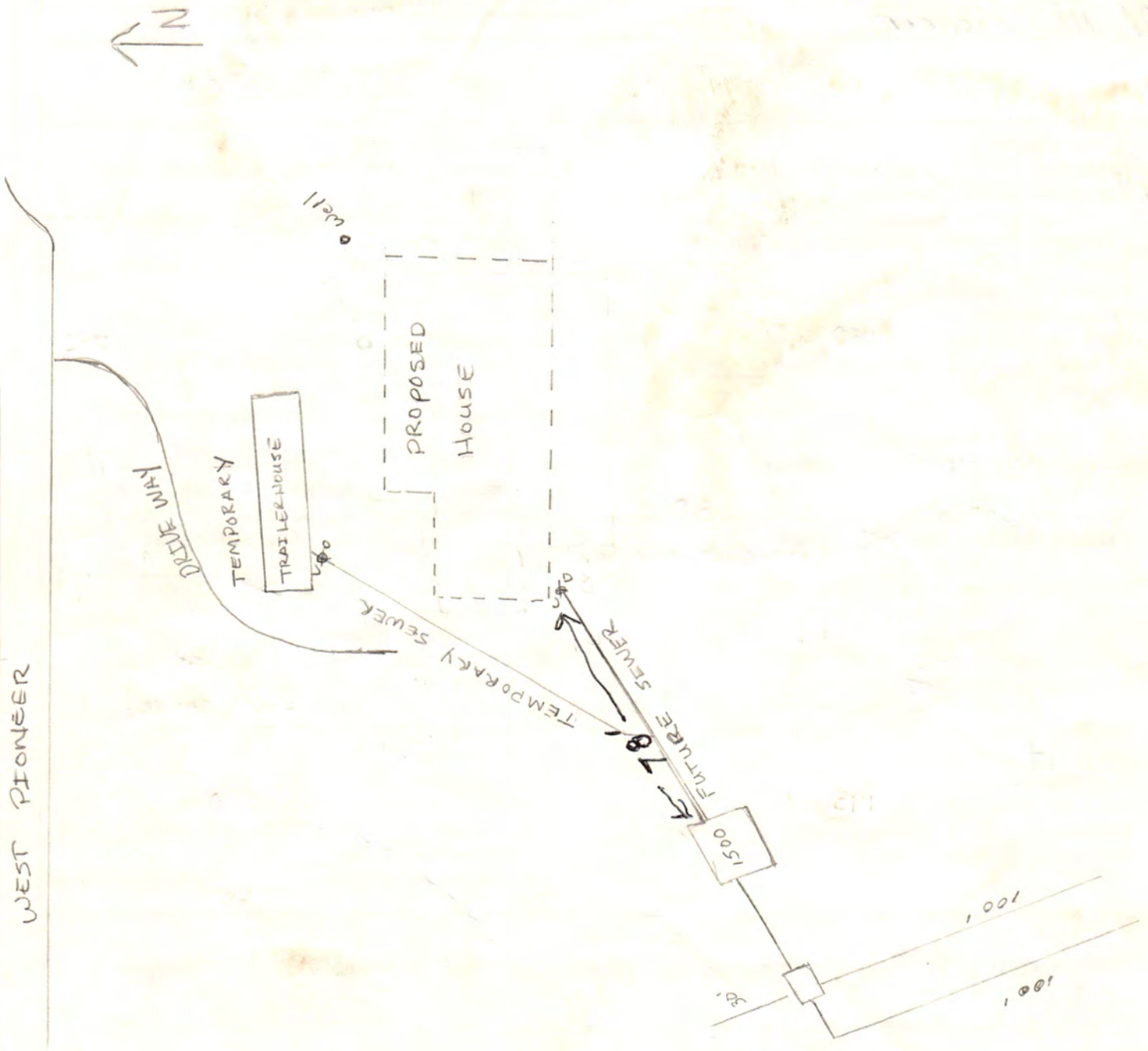
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 11/13/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95



At time of inspection, installer was told to add more gravel to lateral field, 2" more above half round was needed