LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

PAID

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380179701

Issued 07/08/98
Expires 01/08/99
Revenue Code 3157

FEES: $150.00

Establishment

LARRY W MORTEN
T9N R5E SEC 19 QTR SE
SW 1/4 OF SE 1/4
W SPRING RD-DENTON

Permittee

LARRY W MORTEN
19202 S 31 HWY
GRETNA NE 68028-7323

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007811

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

JUL 7 1998

A

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

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

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

☒ Septic System ☐ 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 W. SPRING RD City DENTON NE, Zip NE 68339
PARCEL (no rural route) (Street Address applied for)

Legal Description SW¼ NE¼ OF SE¼, SEC. 19, T9N, R5E, LANCASTER COUNTY
23.74 ACRES
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 W. & KAREN A. MORTEN Signature Larry W. Morten
Address 19202 S. HWY. 31 City/State/Zip GRETNA, NE 68028
☑ Check if owner designed system Home Phone 332-3798 Work Phone 332-5151

C. Contractor

Name OWNER Company Name _____
Address _____ City/State/Zip _____
☐ Check if contractor designed system Work Phone _____

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

Designer Name OWNER Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)
☐ Commercial Establishment/Other Facility Specify _____
Design flow in gallons per day _____ 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 7/7/98 Date frwd 7/8/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.8.98 Date frwd 7.8.98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-8-98 Date frwd 7-8-98 ACTION ☐ Approved ☐ Disapproved Signature _____

10/28/99 Mark changed drawing to 8½

Installation Final Written Approval
10/28/99 DRAWING RECEIVED
By John E Manies
Date Oct 28, 1999

Business Office Use Only
Date Rec'd 7/8/98
Amt Paid $150.00
Rec'd By cw Cash/Check No. 7264

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

JUL 7 1998

B

Permit Number:

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

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

* Address W. SPRING RD. (PARCEL "E") (no rural route) City DENTON NE, Zip 68339

Owner LARRY MORTEN Addresss 19202 S. HWY 31, GRETNA, NE 68028

Soil Type (SCS): SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 4/4/98 to 4/5/98 Weather: Precipitation N/A Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	4/4	1:30	4/5	12:30	4/5	4:30	6	4/5	5:00	30	3/4	40MIN/IN
2	29	"	"	"	"	"	"	6	"	"	"	5/8	48MIN/IN
3	32	"	"	"	"	"	"	6	"	"	"	1/2	60MIN/IN
4	30	"	"	"	"	"	"	6	"	"	"	1/2	60MIN/IN
5	31	"	"	"	"	"	"	6	"	"	"	5/8	48MIN/IN
6	32	"	"	"	"	"	"	6	"	"	"	3/4	40MIN/IN

Sum of Percolation Rates: 294 49.33

Average of Rates: 49

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: MELVIN EGGNER

Phone: 797-2365

Address 4910 WEST CLARK

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SHELBY CLAY LOAM, BURCHARD CLAY LOAM, JUDSON SILT LOAM, PAWNEE CLAY LOAM ALL IN AREA.

Signature of Reviewing Official Jerrold C. Hood Date JULY 8, 1998

FORM 23-101 10-96

* See attached survey

CEDAR HAVEN ESTATES PARCEL "E"

JUL 7 1998

C

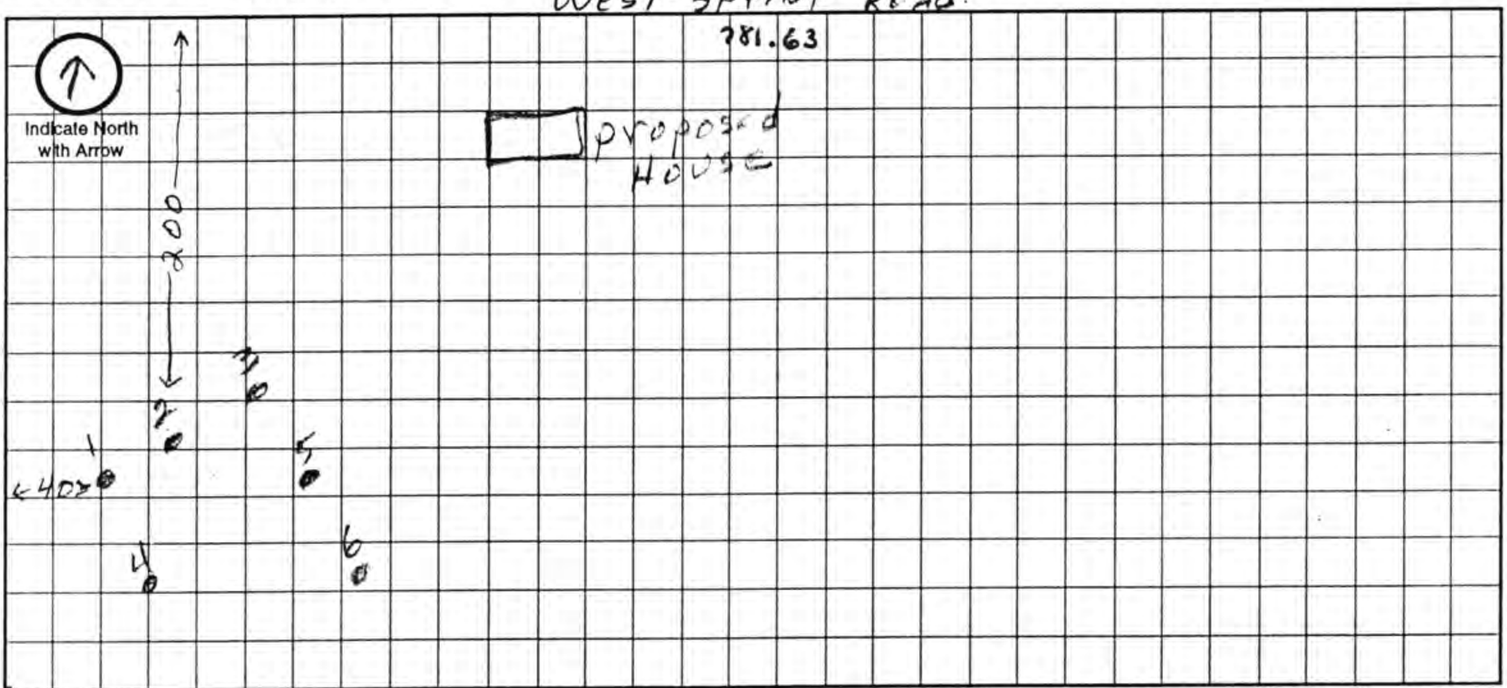
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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.

WEST SPRING ROAD



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) W. SPRING RD. City DENTON NE, Zip 68339
(STREET ADDRESS APPLIED FOR)

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ______

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 49 (min. per inch) Soil Type: ______ Land Slope: ______ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other ______

Total Square Feet of Field Required: 921 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: ______

Capacity of Septic Tank 1000 gals Number of Absorption Beds: ______ Number of Distribution Laterals per Bed ______

Total Length of Laterals 307 230 ft. Number of Trenches ______ Trench Width 36 48

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 SELF [signature] Date 7/6/98

Installer SELF [signature] Date 7/6/98

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date Oct 7-99

System Location (Indicate correct number and street) Larry Morton
Address 13031 W. Spring Rd. (no rural route) City Lincoln NE, Zip Cedar Haven Est.

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line over 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line over 30 ft.

B. Septic Tank

1. Material: Cement
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade N.A. in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 4 in.
8. Distances to: Well or suction line over 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 170 ft.

D. Absorption Field

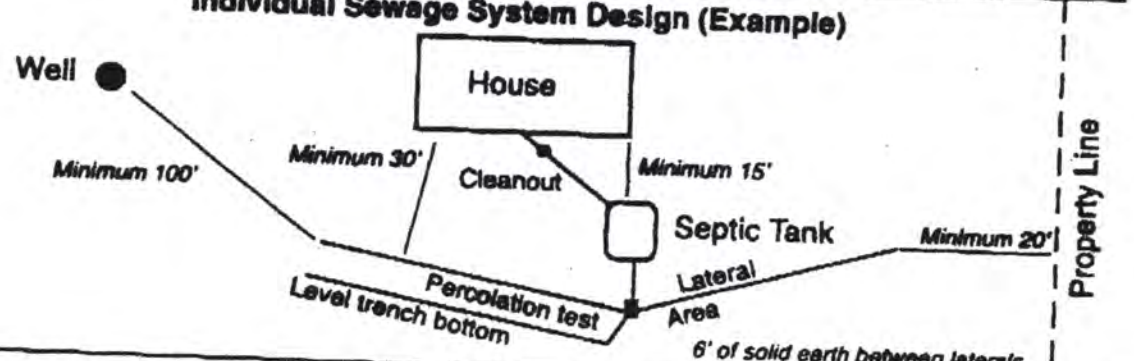
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4 in
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 10 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line over 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



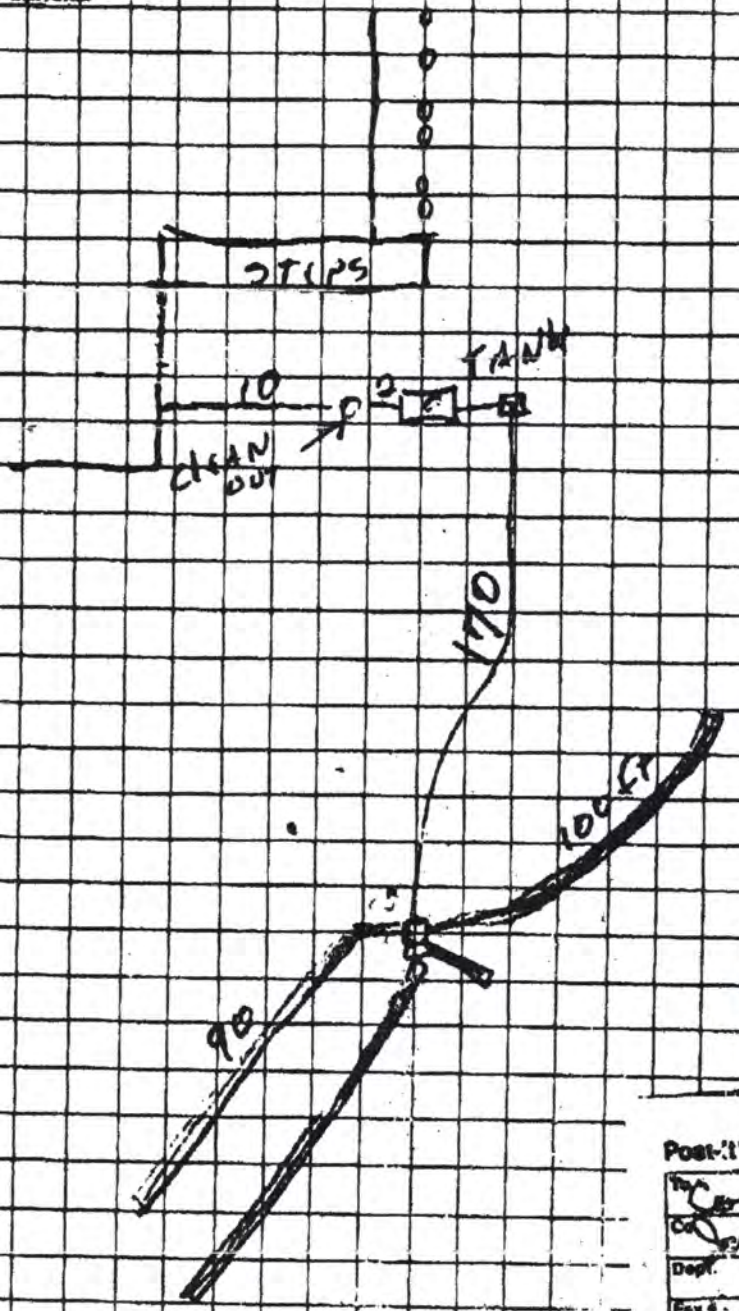
IRM 23-103 10-96

10/27/1999 20:51 14027977475 GAGNER PAGE 03

As Built Drawing

Larry Morton 13031 W. Spring Rd.

Indicate North with Arrow



Received 10/28/99 JM

Post-it™ brand fax transmittal memo 7371 | # of pages ▸ 2

To Counter Health	From Larry Morton
Co. Gray Wood	Co. Mel in
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-7475

Approximate Scale: _____ ft. = _____ grid lines

10/27/1999 20:51 14027977475 GAGNER PAGE 01

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 13031 W. Spring Road Denton NE 68339

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 19 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 3 miles West of Denton on Denton Road left AT 119th for 3/4 mile Right AT Spring Rd for 3/4 mile with side of road

Location of Well West side of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1998?

Site Hazards (dogs, etc.) NO

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Tim Van Ert	3415 W. Garfield Lincoln NE 68522	402-438-6170
Return to:	Tim Van Ert	3415 W. Garfield Lincoln NE 68522	402-438-6170 (Fax)

Signature of Applicant Tim Van Ert Address 3415 W. Garfield Lincoln NE 68522 Date 10/08/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/09/03 Amount 200.00 Check No. 6627 Initials ___ IN the MAIL

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 10/14/03

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☐ 16 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction of septic system found. Water conservation and dispersion of laundry effluent will increase the life of the system and help to prevent exceeding the system capacity. Area exists for expansion if problems occur. See Attached Letter ☐

Septic Tank should be checked if it has not been checked or pumped recently (within 2 years)

FINAL STATUS

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

Approved by Doug Smith Date 10/15/03

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: 9-00

JUL 7 1998

Official Survey Record

LANCASTER County, Nebraska

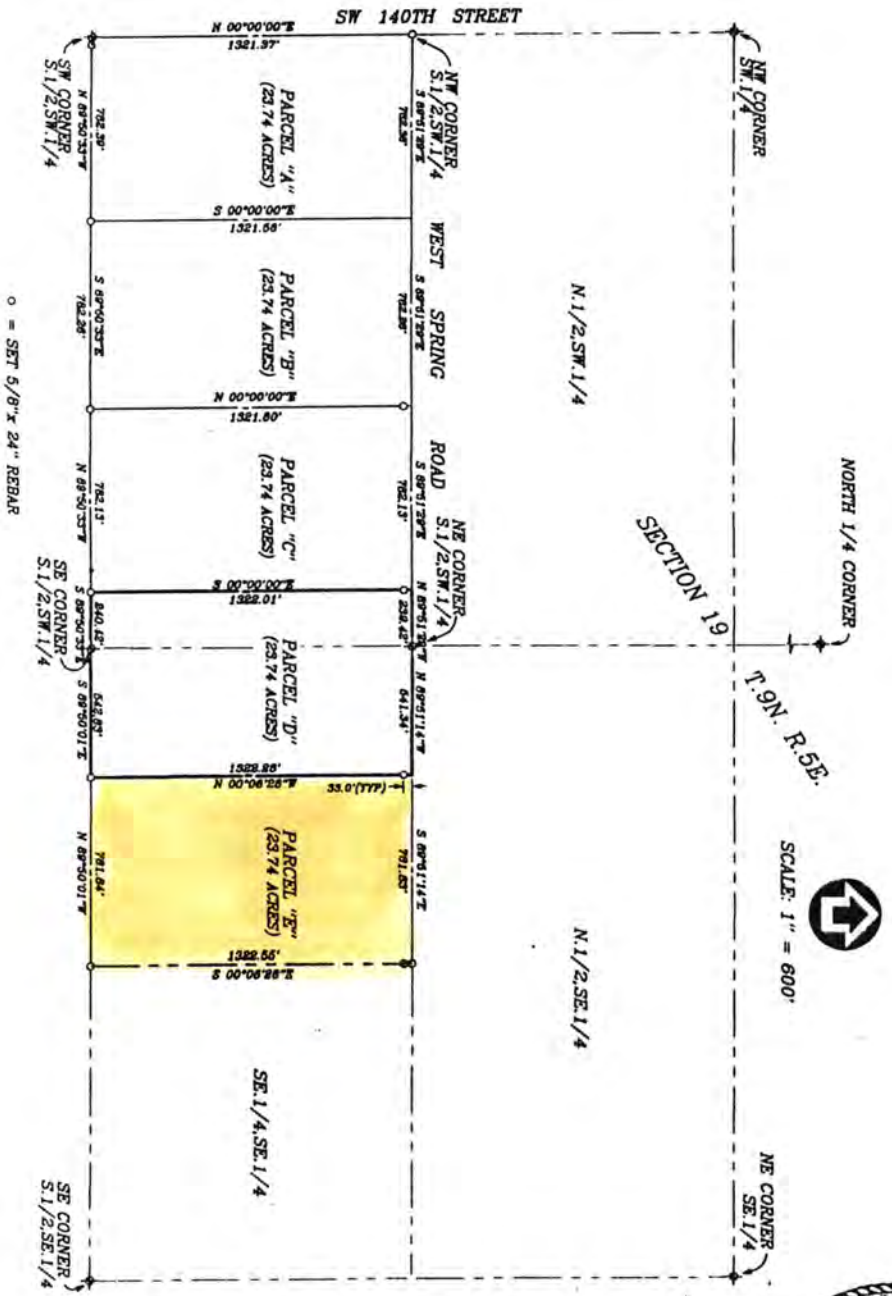
Phone (402) 434-268
Fax (402) 434-2687

ALLIED SURVEYING AND MAPPING, INC.
8120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of a 23.74 acre tract of land located in the ~~South One-Half of the~~ Southwest Quarter ~~and the South One-Half~~ of the Southeast Quarter of Section 19 T. 9 N., R. 5E of the 6th P.M.

Job No. 25856

April, 1998



SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 7th day of April, 1998

NAME Kerry W. Simonsen
KERRY W. SIMONSEN

Surveyor's License # 333
Nebraska L.S.

NEBRASKA REGISTERED LS-333 LAND SURVEYOR KERRY W. SIMONSEN (SEAL)