LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1647-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 17, 1980 — THIS PERMIT EXPIRES

Charles Fraas, Route 1, Box 81, Denton, NE 68339 — ISSUED TO / ADDRESS

T9N, R5E, Section 24 SE — 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

2832

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

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. 1647-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 24 SE ;
   Block _____ : Lot _____ : Addition SEE ATTACHED
   Street Address DENTON RT 1 BOX 81

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.

Charles Ives
Signature of Applicant (Owner or Lessee)

R.F.D. #1, Box 81, Denton, Nebraska
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/17/80. Date Frwd. 4/17/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/17/80 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer : Date Rec'd. 4-17-80. Date Frwd. 4-17-80. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/7/80 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/7/80 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

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PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 5 ; Section & ¼ Section 24 SE
Property Dimensions: 260 ft. x 838 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4 13 80 to 4 13 80 . Weather: Precip. NONE Temp. 56 . GROUND WAS EXTREMELY WET

OWNER: CHARLES FRAAS

Address: DENTON RT 1 BOX 81

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	36	4/13	7:00AM	4-13	12AM	4/13	3:30PM	28½	4:PM	29¼	30	¾	
2	—	4/13	—	—	—	—	—	27⅞	4:PM	28⅛	—	¾	
3	—	4/13	—	—	—	—	—	27⅛	—	28¼	—	1⅛	
4	—	4/13	—	—	—	—	—	25⅞	—	27⅛	—	1¼	
5	—	4/13	—	—	—	—	—	28⅛	—	29¼	—	1¼	
6	—	4/13	—	—	—	—	—	28½	—	29⅜	—	⅞	

Charles Fraas
Signature of Person Conducting Test

Address DENTON RT 1 Phone 797 3655

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: April 16, 1980

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Wood
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 ☐

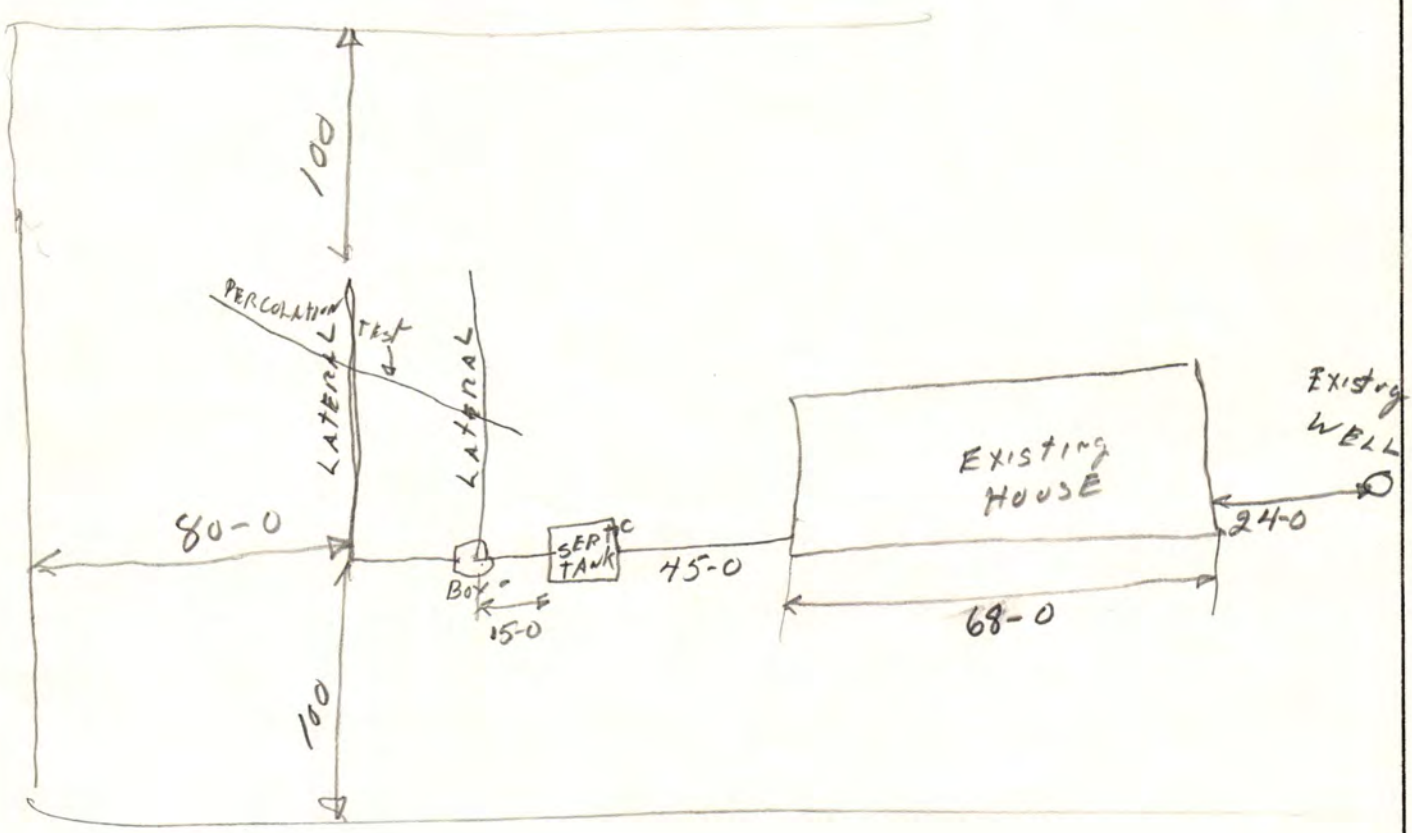
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: April 16, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 350 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1000 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: _____

FILE NO. _____

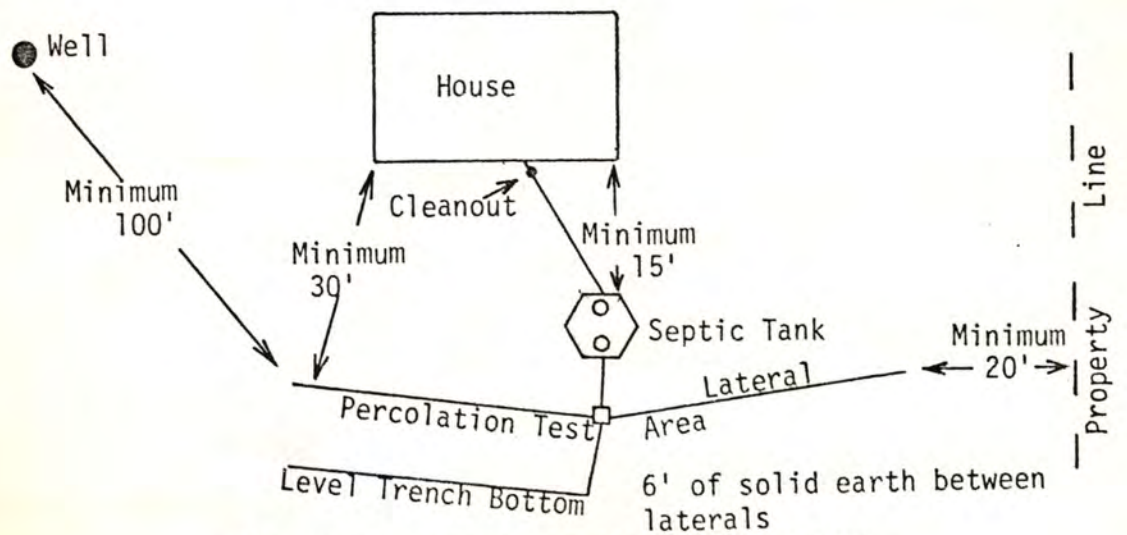
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 61 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 6½ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 72 , _____ , _____ ft.;
Total length of laterals 272 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Barn
aux Building
well
house.
Septic Tank
Laterals
S.W. 56th
1/2 mile.
W. Denton Rd
Hwy 77

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 8001 SW 56 St.

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

Twp 9 Range 5 Section 24 1/4 ___ 1/4 ___ Block ___ Lot 23 14/15 Addition ___

Directions to Property W Denton Rd to SW 56 St South on SW 56 St.

Location of Well ___ Tap Location: Inside ☒ Outside ☐

Location of Sewage System ___ Year Installed ___

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Geraldine Fiaas	8001 SW 56	797 3655
Tenant/Buyer:	Terry Olson Deborah Olson	435 West Beal Lincoln, NE 68521	432-9283
Return to:	Jane Berg	3737 So 27th Lincoln Ne.	483 720 (Fax)

Signature of Applicant Terry Olson Deborah Olson Address 435 West Beal Lincoln, NE 68521 Date 3/11/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/13/03 Amount 200.00 Check No. 5387 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 3/14/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Water has hydrogen sulfide odor (rotten egg). This odor is due to "nuisance chemicals" in the water rather than health issues. Treatment may be necessary to remove odors if offensive to buyers. Septic tank should be checked to see if pumping is needed if it has not been done recently. No visible malfunctions noted. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 3/17/03

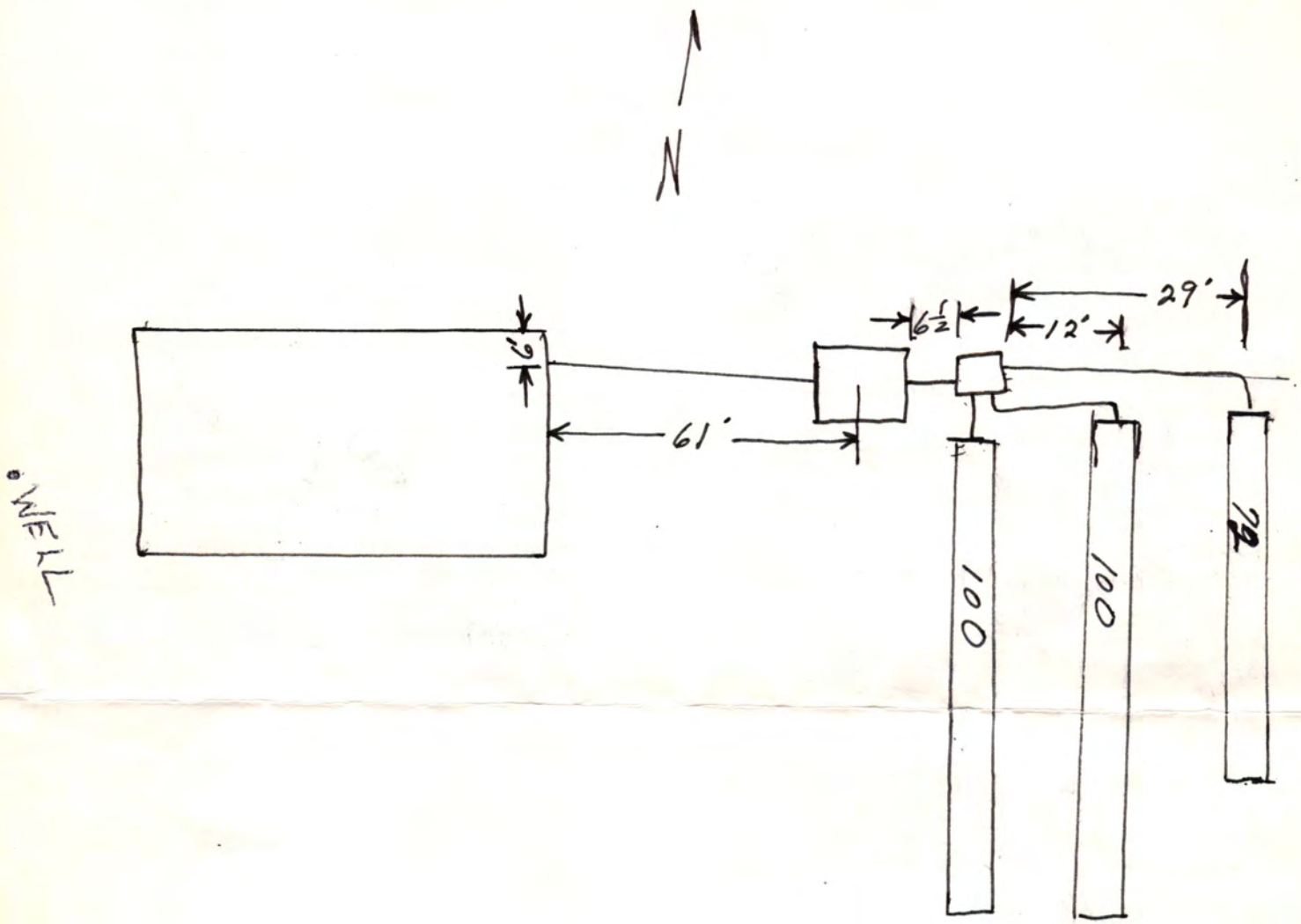
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



Capital City Trenching
by Harold L Casement
5-7-80