LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2862-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JEFF WALKER 2850 SUMNER LINCOLN, NE 68502 — ISSUED TO / ADDRESS

T9N; R5E; Sec. 26; Bk 1; Lot 5; Winsor Ridge Addition — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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: R.J. NUERNBERGER, Lancaster County Treasurer — 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 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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2862-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 26 ;
   Block 1 : Lot 5 : Addition Winsor Ridge
   Street Address _____

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

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

4. Distance to public sewer: NA ft.

Jeff Walker
Signature of Applicant (Owner or Lessee)

2850 Sumner Lincoln 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/12/89. Date Frwd. 7/13/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-13-89. Date Frwd. 7-13-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 7/13/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Chapman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-12-89 by: rm Sewer line & tank OK
Date: 1-3-90 by: rm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-4-90 By: Ron Maynard

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

FORM 23-43

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 5 ; Section & ¼ Section 26 .
Property Dimensions: _____ ft. x _____ ft. Area: 20 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: Jeff Walker
Address: 2850 Sumner

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	28"	7/8	10:AM	7/9	10:AM	7/9	12:00	6	12:30	5	30	1	
2	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
3	"	"	"	"	"	"	"	"	"	4	"	2	
4	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	
5	"	"	"	"	"	"	"	"	"	5	"	1	

John L Stuhmyer
Signature of Person Conducting Test

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

Address 4235 N.W. 57th Phone 470-2262

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: July 12, 1989

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

Gerrold E. 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 ☒

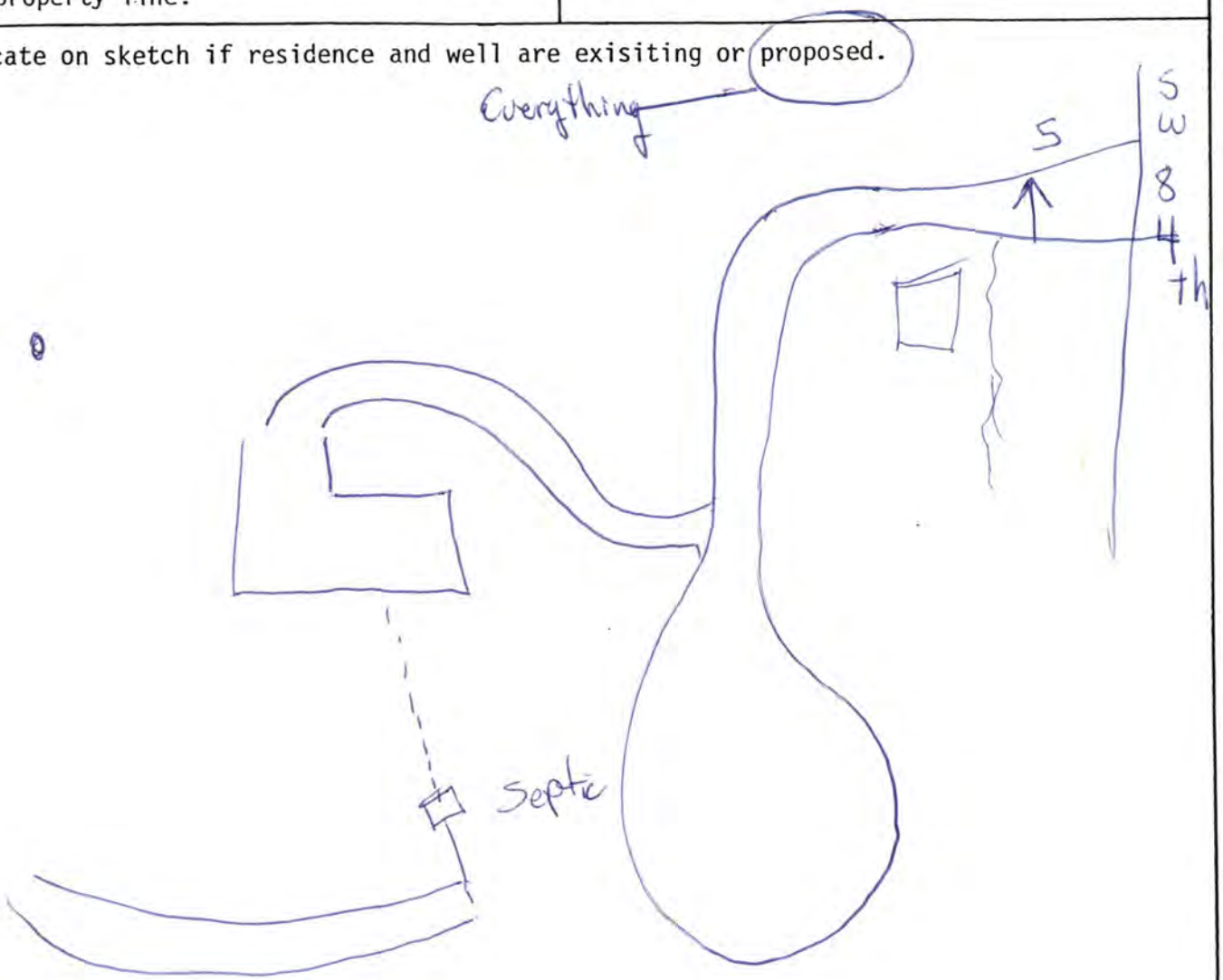
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks:_____

Date: July 12, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 500 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Jeff Walker

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: 471-7800

D

DATE: Jan 3, 1990

FILE NO. _____

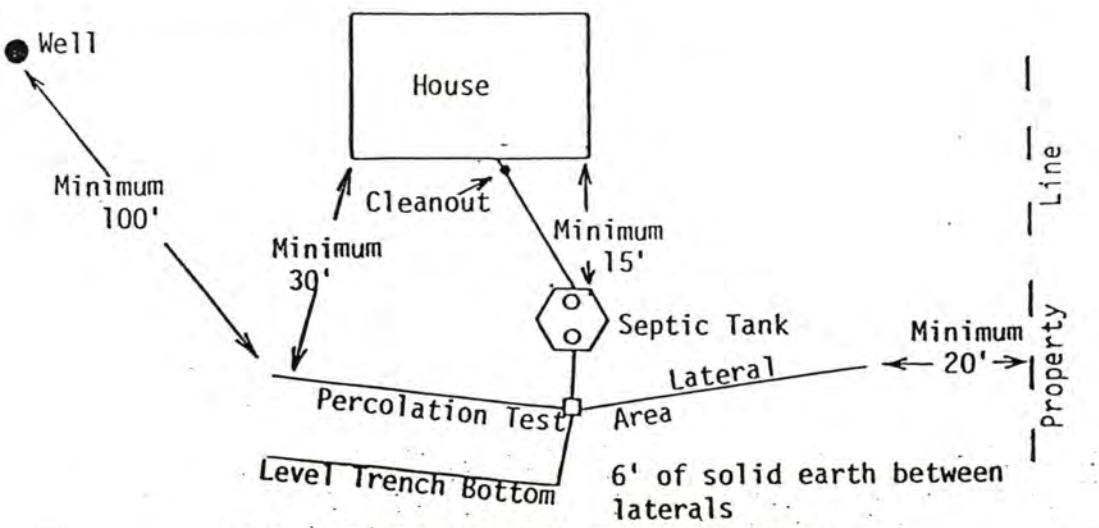
SPECIFICATIONS AS BUILT

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 60 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
2. Capacity 1000 gal 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 10" in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Precast)
3. Distance from Septic Tank 26 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 16" or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100', 12', ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4' ft.;
Slope 1" in/100 ft.; Average Depth 24 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 9-11-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 26; BLOCK 1

LOT 4&5; ADDITION Windsor Ridge West; Street Address 8700 SW 81st Street Ct. Denton NE

Directions to Property Call borrower wk # 464-8234 or coborrower wk # 472-3504

Location of Well ask borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System ask borrower Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Jeff & Gretchen Walker	8700 SW 81st Street Ct.	See wk #s above
Tenant/Buyer:	" " "		
Return to:	Vistar Bank/Cathy Mueller	P.O. Box 5306 Lincoln NE	465-7505

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Cathy Mueller Address Vistar Bank

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 12, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/12/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/12/90 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Leland C. Hook R.S. DATE September 14, 1990

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

'90 SEP 13 P3:32

REPORTED

'90 SEP 12 A10:43

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156966

DATE COLLECTED 9 (MO.) 12 (DAY) 90 (YEAR) 9:34 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JEFF WALKER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 26 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

Call 471-8029 as soon as possible!

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

Call 471-8029 as soon as possible!

NEW WELL

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 9/12/90 9:34A.M. (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 26, T9N, R5E, BLK 1, LOT 345 WINSOR RIDGE WEST (29-41)

NAME AND ADDRESS OF OWNER JEFF WALKER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: COUNTY (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 19357 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL

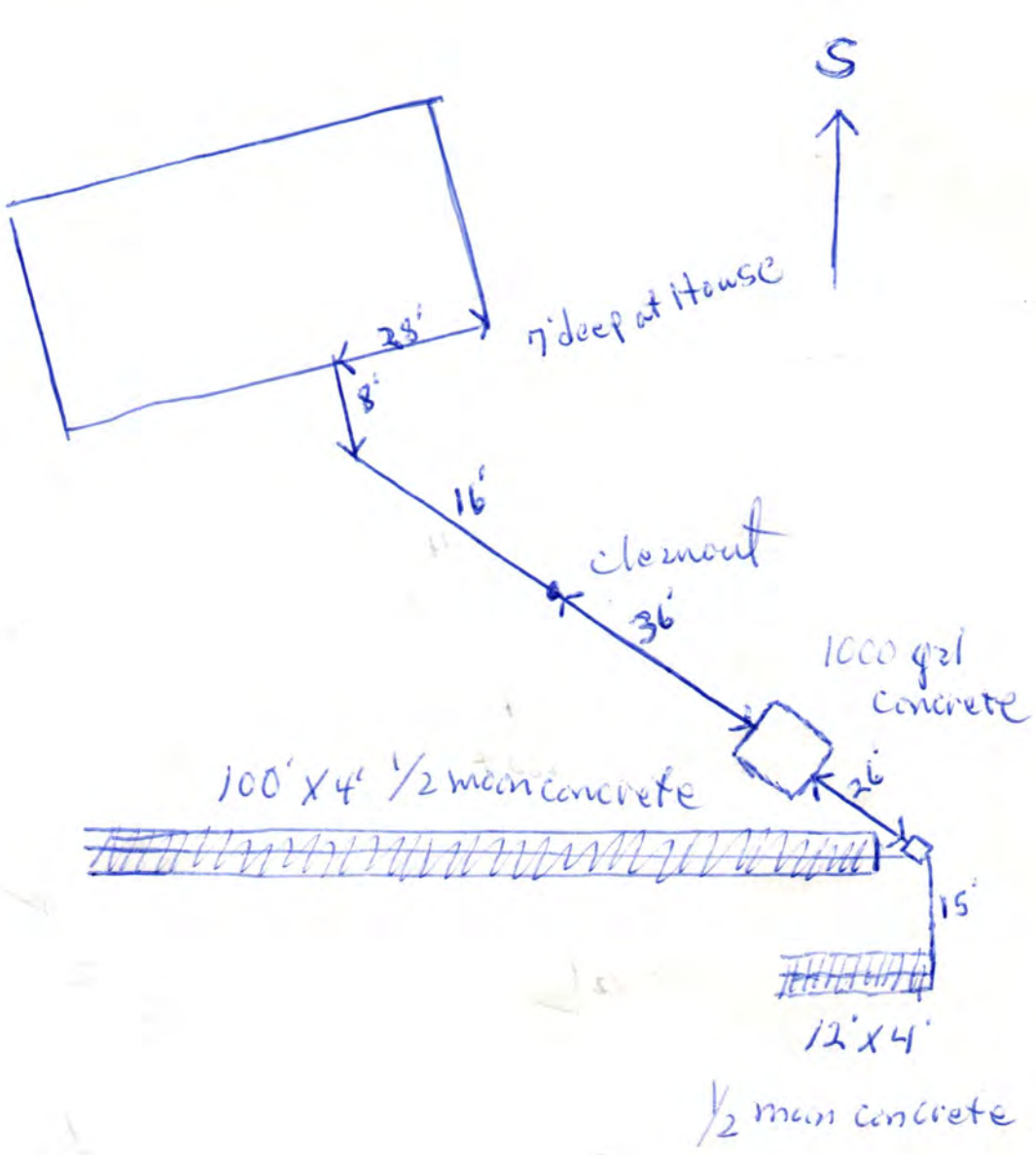
LAB. PROCEDURE MF (69-75)

ANALIZED BY [signature] (76-79)

OUT

SEP 12 A10:43 '90

SEP 13 P2:00


S
38'
7' deep at House
8'
16'
cleanout
36'
1000 gal
concrete
2'
100' x 4' 1/2 man concrete
15'
12' x 4'
1/2 man concrete