LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2140-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 12, 1985 — THIS PERMIT EXPIRES

CAROL A. WILSON — ISSUED TO

10919 W. YANKEE HILL RD. DENTON, NE 68339 — ADDRESS

T9N; R5E; Sec NW¼ of 28 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
[illegible]	10/5/84	30.00

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 2140-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-11-84

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 5E ; Section NW¼ of 28 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Sewage Lagoon

5. Work to be done by: Owner ☒ ; ~~or~~ and Contractor ☒ , Shaw Construction
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1,500

Carol A. Wilson
Signature of Applicant (owner or lessee)
10, 919 N. Yankee Hill Rd.
Denton NE 68339
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10-12-84
Filing Fee: $ 30.00

2. Site Visits:
Date: 10/24/84 by: L.C.H.
Date: 11/14/84 by: L.C.H. need fence, signs
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: _____ by: _____

* LAGOON TOO LARGE, MR. WILSON STATED HE WOULD ADD WATER WHENEVER NEEDED.
10/24/84

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:_____

FILE NO._____

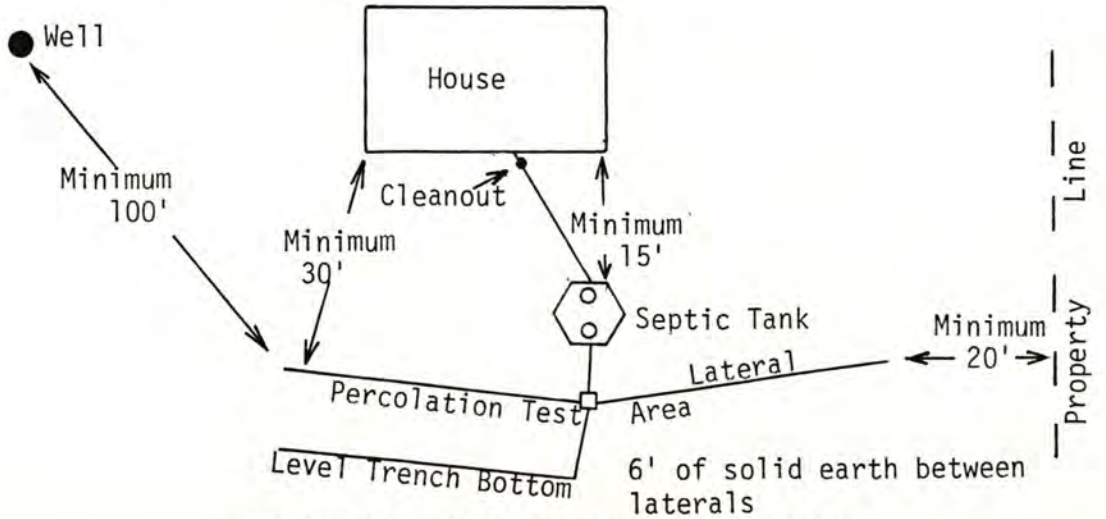
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
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_____in.
8. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

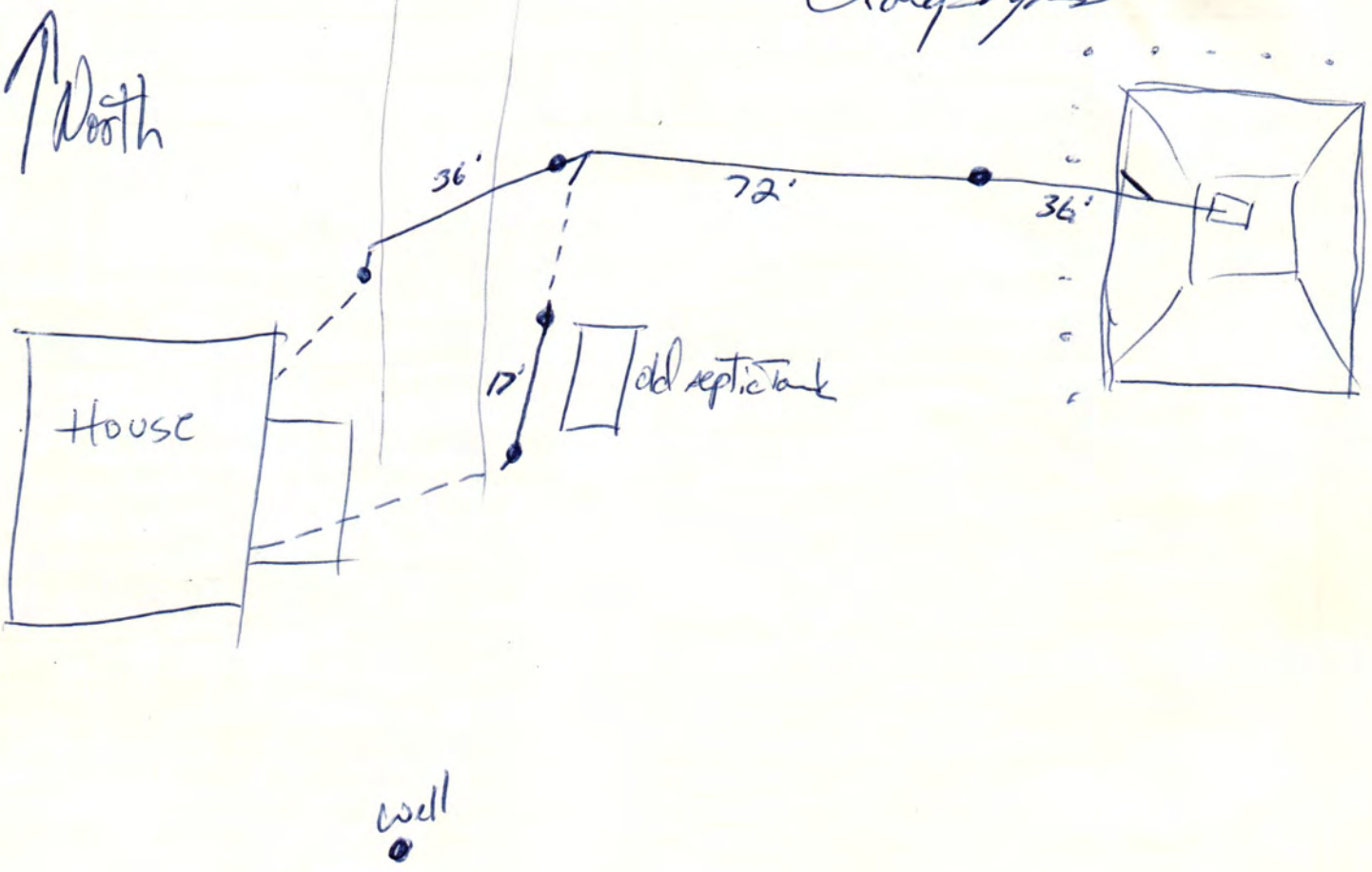
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE Nov. 14-1984 INSTALLER Crete Ldr Co.
Craig Snyder



Lincoln-Lancaster County Health Department

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.

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 10919 W. Yankee Hill Rd

Twp 9 Range 5 Section 28 1/4 ___ 1/4 ___ Block ___ Lot 17 Addition ___

Directions to Property WEST on Denton Rd. through Denton, South on 98th St WEST on WEST Yankee Hill Rd about 1 mile (first house on left)

Location of Well ___ Tap Location: Inside ☐ Outside ☑

Location of Sewage System ___ Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Charles Wilson	10919 W. Yankee Hill Rd Denton NE 68339	
Tenant/Buyer:	Scott & Lisa Johns	5601 Palace Ct #4 Lincoln NE 68516	421-8575
Return to:	Scott & Lisa Johns	5601 Palace Ct #4 Lincoln, NE 68516	

Signature of Applicant Lisa Johns Address 5601 Palace Ct #4 Lincoln, NE 68516 Date 2/15/94

HEALTH DEPARTMENT USE ONLY

#1713 FNBC

Date Received 2/15/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Wood **DATE:** 2/16/94

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☒ <0.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 1/28/94 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: FROST PROOF HYDRANT WITHIN 10 FOOT OF WELL. ELECTRICAL CONDUIT IS BROKEN, HOLE IN SCREEN OF AIR VENT. LAGOON HAS NO LOCK ON GATE AND NO WARNING SIGNS ON FENCE. See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.

'94 JAN 31 P4:34

REPORTED

'94 JAN 28 P12:05

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 154-1248

DATE COLLECTED 1 (MO.) 28 (DAY) 94 (YEAR) 11:18 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CHARLES WILSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 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
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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY Sel

FOR ACCOUNTING USE ONLY

LWN 88