LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380092001

Issued 10/02/92
Expires 04/02/93
Revenue Code 18754

Establishment
MICHAEL E ANDERSON
T9N R6E SEC 3
PARK RIDGE HEIGHTS 1 BLK 1 LOT 1
600 TOWER ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MICHAEL E ANDERSON
5227 CAMERON CT
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

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

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: $_____

FILE NO._____

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 6E ; Section 3 ;
   Block 1 : Lot 1 : Addition Park Ridge Heights 1st Addn.
   Street Address 600 Tower Rd

2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: 200'-400' ft.
   I was told by neighbor Line is to high to hook to

Michael E. Anderson
Signature of Applicant (Owner or Lessee)

5227 Cameron Ct., Lincoln 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/92. Date Frwd. 9/29/92. ACTION: Approved ☒ Disapproved ☐ Signature: Lerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/29/92. Date Frwd. 9/29/92. ACTION: Approved ☐ Disapproved ☐ Signature:_____
3. City or County Engineer: Date Rec'd. 9-29-92. Date Frwd. 9-29-92. ACTION: Approved ☐ Disapproved ☐ Signature:_____

REMARKS OR REASONS FOR DISAPPROVAL SEE ATTACHED LETTER FROM STATE HEALTH

Site Visits:
Date: 5/18/93 by: L.C. Hood
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/18/93 By: Lerrold Hood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 600 Tower Rd. - L 1 BK 1 Park Ridge Heights 1st Add.

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 220 ft. x 509 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/26 to 9/27. Weather: Precip. 2 Days prior Temp. 60s.

OWNER: Michael E. Anderson

Address: 5227 Cameron CT. Lincoln 68512

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	34	9/26	5:15pm	9/27	10am	9/27	10am	12"	2pm	12 3/8	30	1/8	
2	34	9/26	5:15pm	9/27	10am	9/27	10am	12"	2pm	17 1/2	30	5 1/2	
3	34	9/26	5:20pm	9/27	10:05am	9/27	10:05am	12"	2pm	17 1/2	30	1 3/4	
4	33	9/26	5:20pm	9/27	10:05am	9/27	10:05am	12"	2pm	14 5/8	30	1/4	
5	33	9/26	5:25pm	9/27	10:10am	9/27	10:10am	12"	2pm	14	30	1/4	
6	34	9/26	5:23pm	9/27	10:10am	9/27	10:10am	12"	2pm	12 1/4	30	0	

Michael E. Anderson
Signature of Person Conducting Test

Address 5227 Cameron CT Phone _____
Lincoln, Nebr. 68512

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: September 28, 1992

Approved Percolation Rate (a)
A. 24 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: 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.

See attached

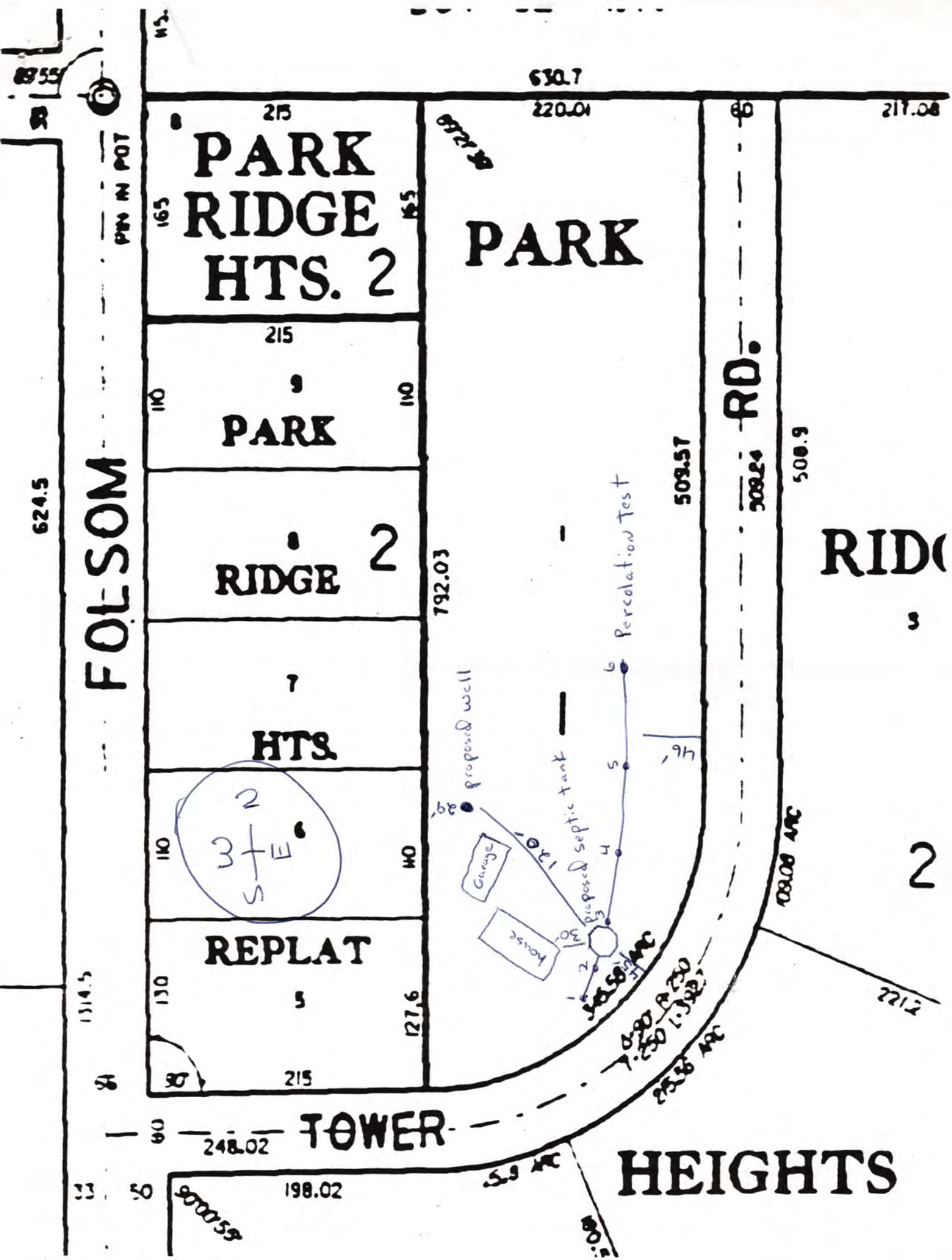
REVIEWING ACTION

Remarks:_____

Date: September 28, 1992

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 677 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


PARK RIDGE HTS. 2
PARK
PARK
RIDGE 2
HTS.
REPLAT
PARK
RIDGE
2
FOLSOM
RD.
TOWER
HEIGHTS
630.7
220.01
217.08
215
165
215
110
110
792.03
503.57
508.9
624.5
1314.5
130
127.6
90
215
248.02
198.02
proposed well
Garage
proposed septic tank
Percolation Test
100.00 ARC
SITE
2

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: 5-18.93

FILE NO. _____

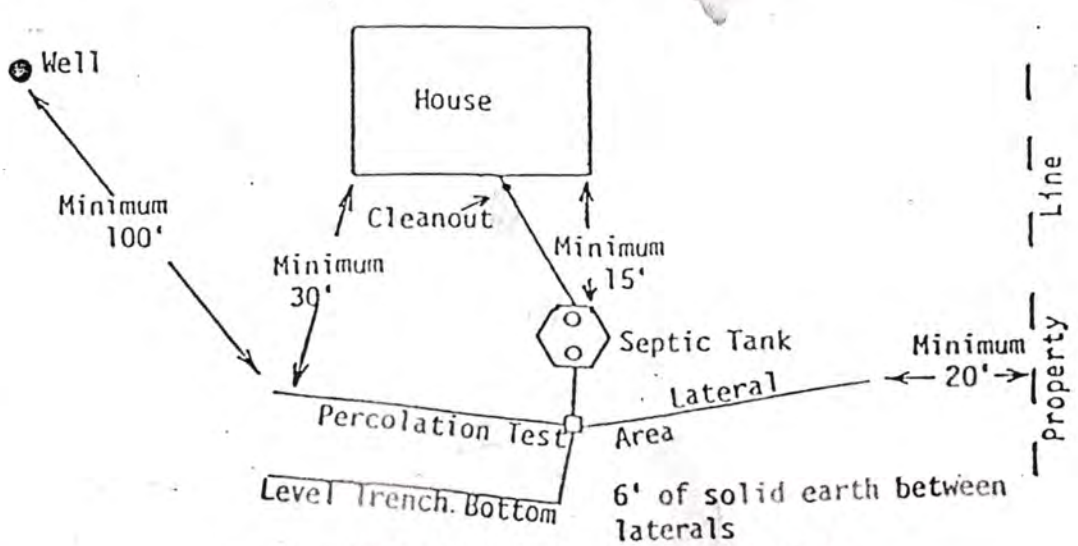
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch. 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 35' ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 150 ft.; Stream — ft.; Pressure Line — ft.; Property Line 93 ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. — in. Over Outlet; diam. — in. Riser Above ☑ Below ☐ Grade 4 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to: Well or Suction Line 175 ft.; Stream — ft.; Pressure Line — ft.; Property Line 54' ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐ (Company ?)
3. Distance from Septic Tank 20' 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". Material: fiberglass ☐; plastic ☑, concrete ☐; other _____.
2. Lateral Lines: Number 3; Length of each line 100, 100, 90, _____, _____ ft.; Total length of laterals _____ ft.; Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.; Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel Depth of Material 14 in.
5. Distances to: Well or Suction Line 120 ft.; Stream — ft.; Pressure Line — ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9906040002

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.

LCR 1880

Legal Description of Property: Street Address 600 Tower Road Lincoln NE 68522

Twp 9N Range 6E Section 3 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Park Ridge Heights 1st Addition

Directions to Property From West Pioneer and Folsom Road North on Folsom 2nd house on right

Location of Well Behind garage Tap Location: Inside ☒ Outside ☐

Location of Sewage System East of house Year Installed May, 1993

	NAME	ADDRESS	PHONE
Present Owner: NCR 35179	Michael E Anderson	600 Tower Rd. Lincoln NE 68522	421-7095
Tenant/Buyer: ACR 63544	Anthony L. Curtis	5512 Channel Dr. Lincoln NE 68516	423-2371
Return to:	Sheryl Oldham	State Title 4500 So. 70th Suite 102 Lincoln NE 68516	434-5039 FAX 434-5040

Signature of Applicant Sheryl Oldham Address State Title Date 5/5/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5/6/99
Initials CW
Amount $150.00
Check No. 2671

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/10/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 4.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: ACCUMULATION OF MANURE (HOGS) CLOSER THAN 100 FEET FROM THE WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 5/27/98 MANURE AND PEN REMOVED. HOGS GONE. J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/3/99

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

PL
331'
54'
PL
35'
House
10'
10'
15'
12'
15'
Lateral 100'
Lateral 100'
Lateral 90'
175'
Water Well
PL
600'
N
PL