LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 91380070201

Issued 05/20/91
Expires 11/20/91

ESTABLISHMENT
BRUCE PESTER
T9N R6E SEC 16
LOT 63

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
BRUCE PESTER
1905 W RIDGE RD
LINCOLN NE 68523

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/23/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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 16 ;
   Block _____ : Lot 63 I.T. Addition _____
   Street Address 2300 West Denton Rd.
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: ~~4 miles~~ _____ ft. WILL PUT IN WHATEVER PERC TEST INDICATES

Bruce D. Pester
Signature of Applicant (Owner or Lessee)

1905 West Ridge Rd. Lincoln, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/91 . Date Frwd. 5/2/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hook
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/2/91 . Date Frwd. 5/2/91 . ACTION: Approved ☒ Disapproved ☐ Signature: M. Goddard
3. City or County Engineer : Date Rec'd. 5-2-91 . Date Frwd. 5-2-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL LATERAL FIELD IS NEAR MAXIMUM DEPTH BECAUSE OF DEPTH OF BASEMENT, WOULD HAVE BEEN MORE DESIRABLE SHALLOWER.

Site Visits:
Date: 10/8/91 by: L.C.H.
Date: 10/9/91 by: L.C.H.
Date: _____ by: _____

Sewer, tank, one + a part lateral

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/12/91 By: Jerrold E. Hook

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 _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 855' ft. x 1,326 ft. Area approx 26 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☑; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-17-91 to 7-18-91. Weather: P.C. Precip. 0 Temp. 94.

OWNER: BRUCE PESTER

Address: _____

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	7-17-91	11:00A	7-18-91	11:00A	7-18-91	11:00A	24	11:30A	25	30	1	
2										24¾		¾	
3										25¼		1¼	
4										25		1	
5										25⅛		1⅛	
6										25¼		1¼	

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

Eugene L Rezac
Signature of Person Conducting Test

Address Box 77 Denton Ne. 68339 Phone 797-3555

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 3, 1991

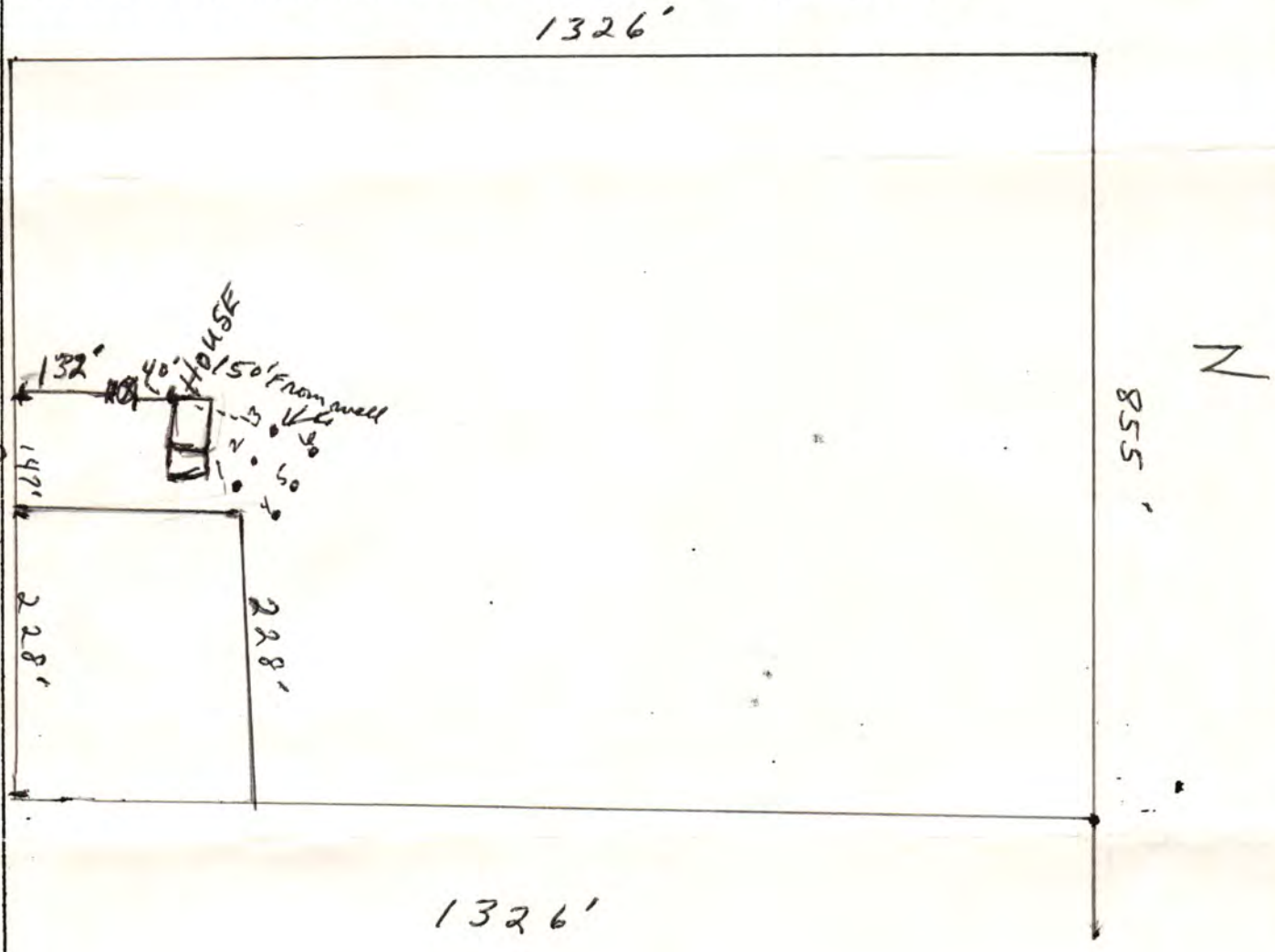
Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED SEP 0 3 1991 -

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

4/96' 241

Remarks:_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 967 sq.ft.

Gerald E. 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: 471-7800

D

DATE: 10-9-91

FILE NO. _____

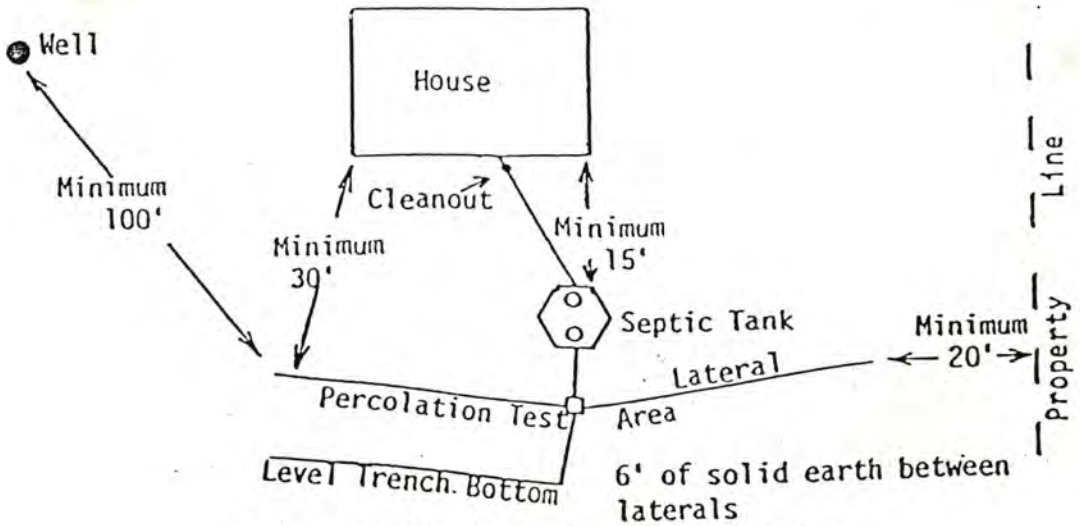
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 92 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade 2 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 54 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company American Concrete)
3. Distance from Septic Tank 43.6 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 88 , 80 , 76 , _____ , _____ ft.;
Total length of laterals 244 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 1 in/100 ft.; Average Depth 60 in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

009

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 ~~2600~~ 2300 W. Denton Rd

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot 63 Addition ___

Directions to Property 2 mls West of Hwy 77 + W. Denton Rd

Location of Well SW of Home Tap Location: Inside ☐ Outside ☒

Location of Sewage System NE of Home Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Bruce + John Peete		
Tenant/Buyer:	E. James Woods		
Return to:	Paul DeVries Woods Bros 3201 Pioneer	Lincoln Ne 68502	430-9554 434-3600

Signature of Applicant [signature] Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 7/8/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/10/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.5 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: MIGHT BE SLIGHT DEPRESSION AROUND WELL DIFFICULT TO TELL, PUT A LITTLE DIRT AROUND WELL. SEPTIC LATERALS SHOULD NOT BE FARMED OVER. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. See Attached ~~Letter~~ FORM ☒

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/12/96

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.

Bruce Pester
2300 w. Dexter Rd

Vogt T&T Excavating

