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. 92380079401

Issued 01/16/92
Expires 07/16/92

ESTABLISHMENT

DAVID PAPE
T9N R6E SEC 17
HITCHING POST HILLS BLK 1 LOT 2
2ND ADDITION

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DAVID PAPE
1830 W BURNHAM ST
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
1/17/92	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: $150.00

FILE NO. _____

DATE: 01·14·92

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 17 ;
   Block 1 : Lot 2 : Addition SECOND W/IN HITCHING POST HILLS
   Street Address 5901 PALOMINO LN

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: NA ft. ~~WILL PUT IN WHATEVER SOIL PERCOLATION TEST INDICATES~~

DAVID PAPE % REZAC CONSTRUCTION
Signature of Applicant (Owner or Lessee)

1830 W BURNHAM LINCOLN NE 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/15/92 . Date Frwd. 1/16/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/16/92 Date Frwd. 1/16/92 ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 1/16/92 . Date Frwd. 1/16/92 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/22/92 by: [signature]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/7/92 By: Jerrold 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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 350 ft. x 500 ft. Area: 4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5/27/92 to 5/29/92. Weather: Precip. _____ Temp. 70°.

OWNER: David Pape
Address: 5901 Palomino Ln

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"	5/27	1300	5/28	1600	5/29	1430	12 3/4	1500	14 1/2	30	1 3/4	
2								11 3/4		13		1 1/4	
3								11 1/8		12 3/4		1 5/8	
4								8 5/8		10		1 3/8	
5								11		12 3/4		1 3/4	
6	30"							9 1/2		11 1/4		1 3/4	

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

David L Pape
Signature of Person Conducting Test

Address 5901 Palomino Ln Phone 437-9963

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 10, 1992

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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: 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 10, 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 618 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: 471-7800

D

DATE: _____

FILE NO. _____

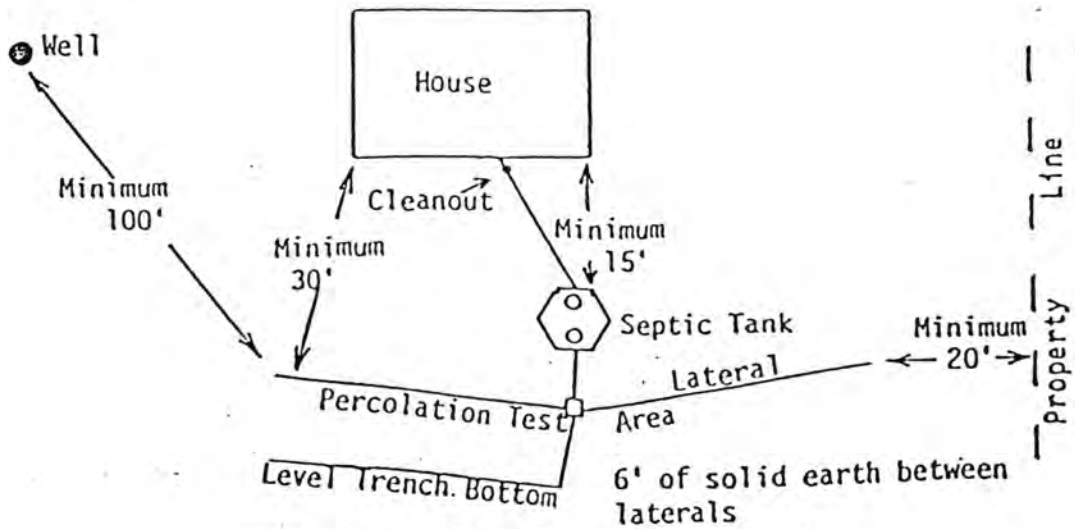
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2 .
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 3 .
2. Capacity 1500 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.

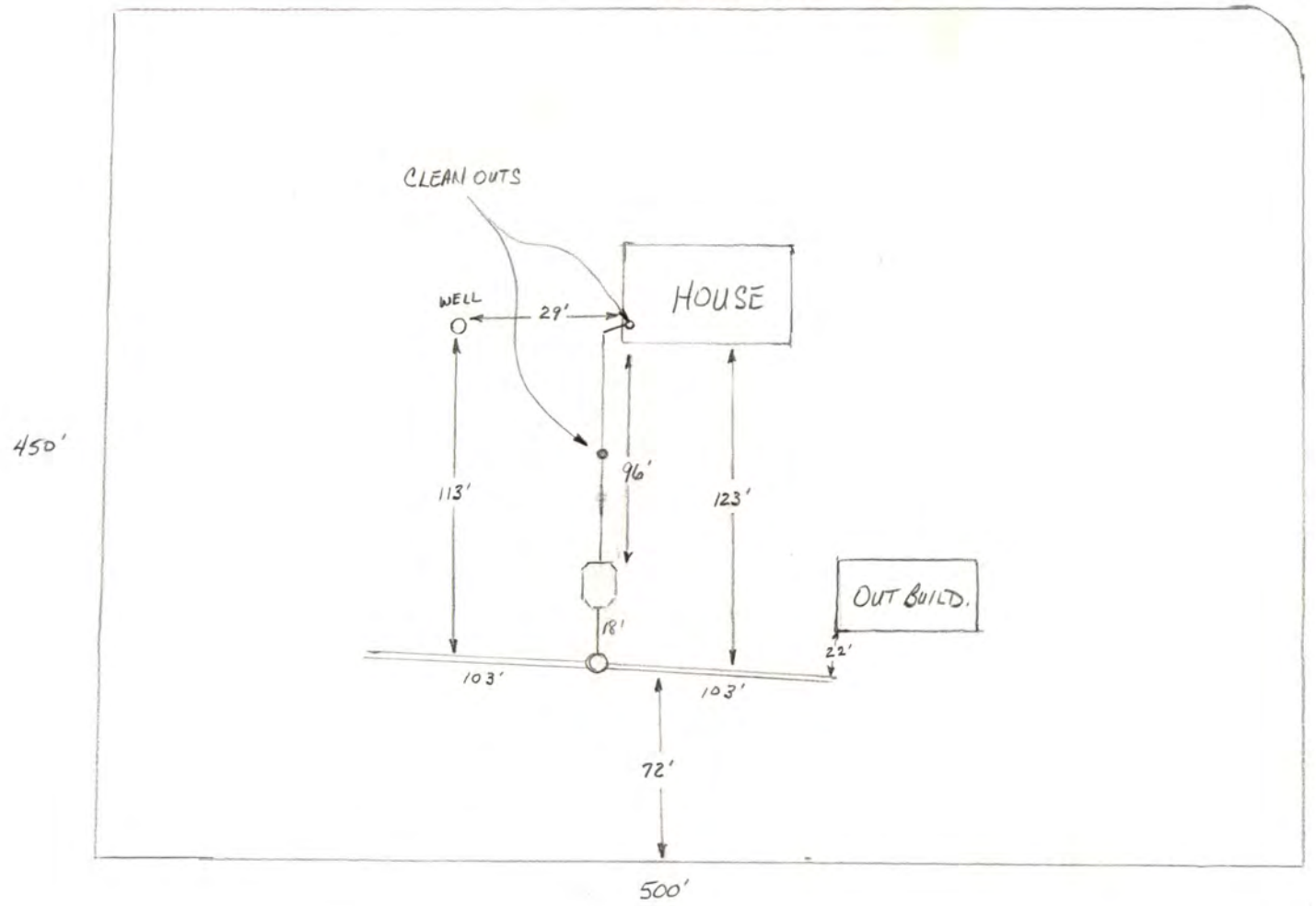
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 103' , 103' , _____ , _____ , _____ ft.;
Total length of laterals 206' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope _____ in/100 ft.; Average Depth 24 in.
4. Filter Material: _____ ,
Depth of Material 12" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

PALOMINO LN.



5901 PALOMINO LN.

9904 29002 MP

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.

~~old LCR 1519~~ New LCR 4016

Legal Description of Property: Street Address 5901 Palomino Lane

Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition Hitching Post Hills 2nd Addn

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

NCR 7235

	NAME	ADDRESS	PHONE
Present Owner:	David & Brenda Pape	5901 Palomino Lane Lincoln 68523	423-7355
Tenant/Buyer:	Kim & Shelley Wiley	250 Laredo Dr. Bismarck, ND 58504	701-221-3023
Return to:	Linda Carlson Home Real Estate Pine Lake 7211 So 27th Lincoln 68512		

Signature of Applicant Linda K Carlson for Kim Wiley Address _____ Date 4/16/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 04/20/99
Initials m
Amount 150 =
Check No. 6233

DATA ENTRY

Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By John Chen **DATE:** 4/21/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ____ /ml
Nitrate	☑ 1.3 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: If it has been several years since the tank was pumped, it should be checked to see if it is necessary.

See Attached Letter ☐

FINAL STATUS

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

Approved by John J Chen Date 4/27/99

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