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. 89380003101

Issued 09/15/89
Expires 03/15/90

ESTABLISHMENT

TERRY LINDSTROM
T9N R6 SEC 17
BLK 1 LOT 1
HITCHING POST 3RD

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

TERRY LINDSTROM
5321 S 51 ST
LINCOLN NE 68516

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

89380003I

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

FILE NO. -

DATE: 9-7-89

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:

X 1. Legal description of property: Twp. 9N ; Range 6 ; Section 17 ;
Block 1 : Lot 1 : Addition Hitching Post 3rd Add
Street Address

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: — ft.

X Terry Lindstrom Birchwood Buildin
Signature of Applicant (Owner or Lessee)

5321 So. 51st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/14/89 . Date Frwd. 9/18/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/15/89 . Date Frwd. 9/15/89 . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 9-18-89 . Date Frwd. 9-18-89 . ACTION: Approved ☒ Disapproved ☐ Signature: BE Michelson

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 11-6-89 by: sm need drawing
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-22-89 By: Ron Morgan

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 327 ft. x 400 ft. Area: 3.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-6-89 to 9-7-89. Weather: Precip. 3/4 over nite Temp. 85°

X OWNER: _____

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	30	9-6	10:30 AM	12:00 PM	9-7	2:00 AM	9-7	10 1/2	2:30 PM	11 1/4	30	3/4	
2								9 1/2	~~10~~	10	30	1/2	
3								6 5/8		7 3/4		7/8	
4								7 3/4		8 3/8		5/8	
5								6 1/8		8 3/8		2 1/4	
6								11 7/8		13		1 1/8	

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

Larry Jakubanek Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 30 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 ☒

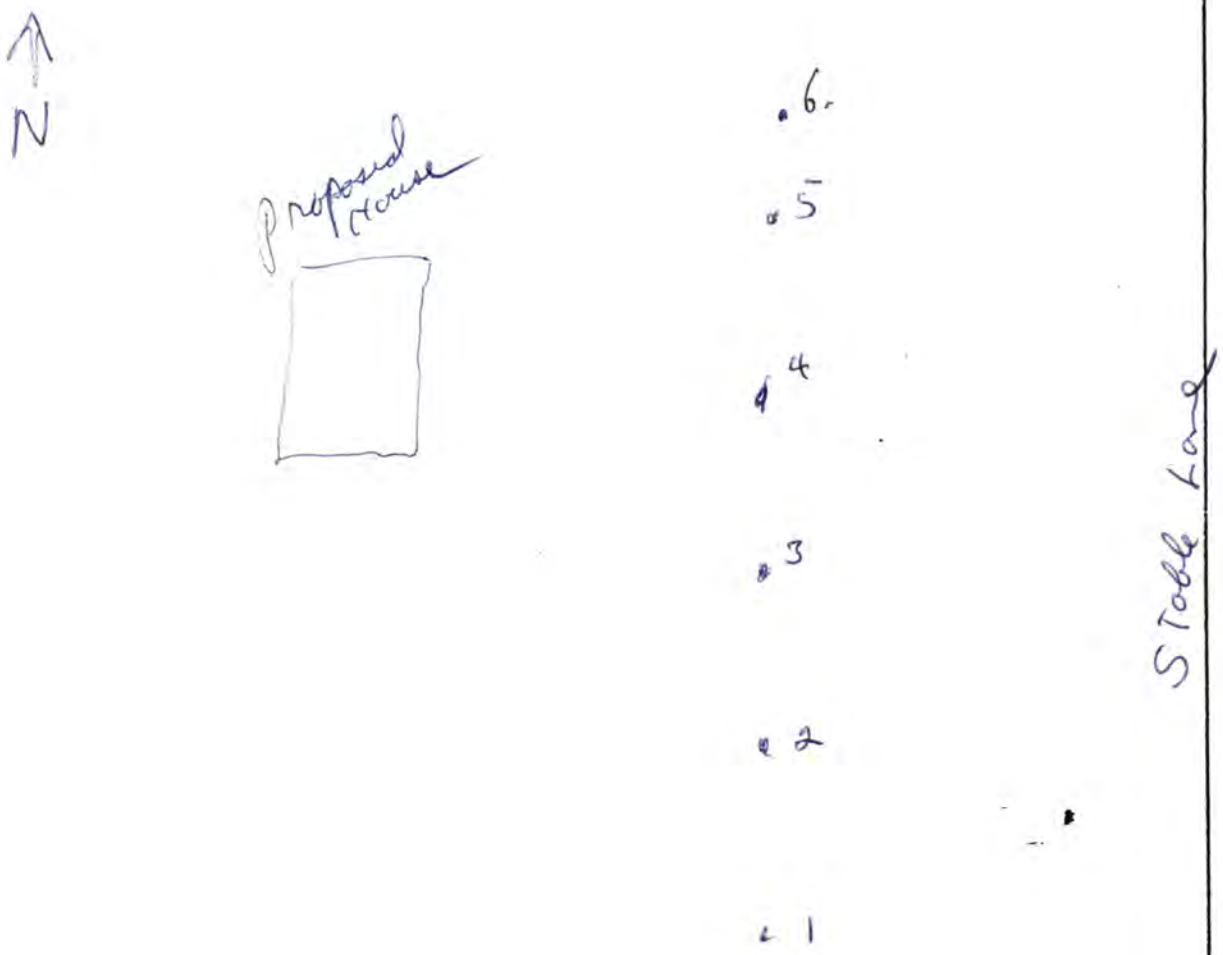
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: September 14, 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 750 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED NOV 2 8 1989

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
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D

DATE: _____

FILE NO. _____

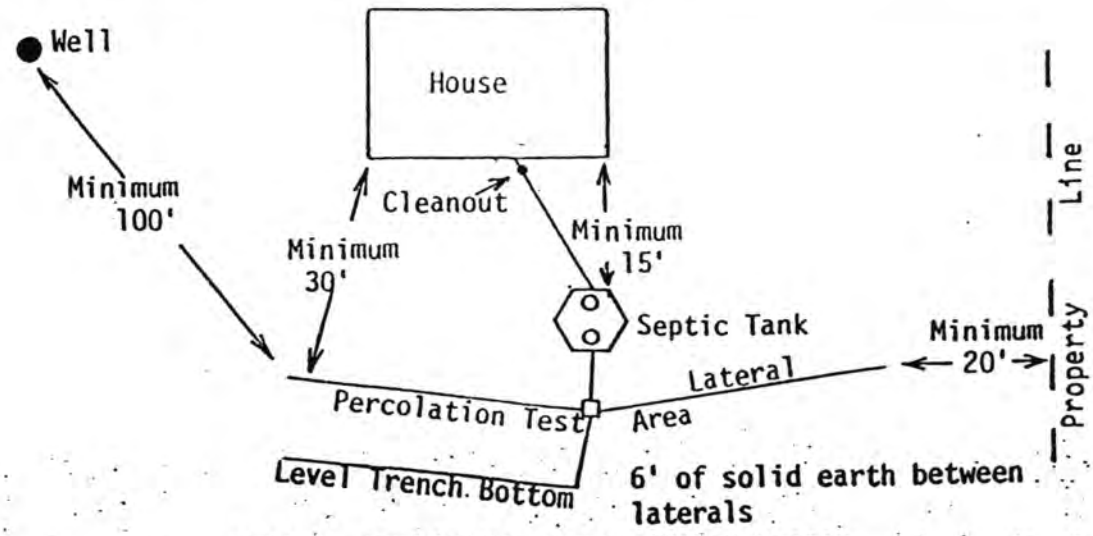
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160; Diameter ~~4~~ 4" in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 112 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 Precast; No. of compartments _____.
2. Capacity 1000 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 12 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 9 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, 90, 70, _____, _____ ft.;
Total length of laterals 260 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

005

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: 7-21-92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 17 ; BLOCK 1

LOT 1 ; ADDITION Hitching Post Hill's 3rd Addition ; Street Address 5701 Sandy Creek

Directions to Property _____

Location of Well West Side of Home Tap Location: Inside ☑ Outside ☐

Location of Sewage System South East of Home Year Installed ~~1990~~ 1989

	NAME	ADDRESS	PHONE
Present Owner:	Ed Gambardella		
Tenant/Buyer:	Duane & Pamela Holmes	1645 W. Garfield	
Return to:	Terry Lindstrom	6940 O Street Suite 300	467-3000

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

Signature of Applicant Terry M Lindstrom Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 21, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 22, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☒	Date 7/22/92 by J.C.H.
Bacteria	☒ P.D	☐	Provisional: ☐	Date _____ by _____
Nitrate <0.1 ppm	☒ 7-27-92	☐	Disapproved: ☐	Date _____ by _____

Comments: SHOULD FILL IN OVER AREAS OF SETTLEMENT OVER SEPTIC LATERALS SO THAT SURFACE WATER WILL NOT STAND ON THEM. See Attached Letter ☐

FINAL STATUS

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

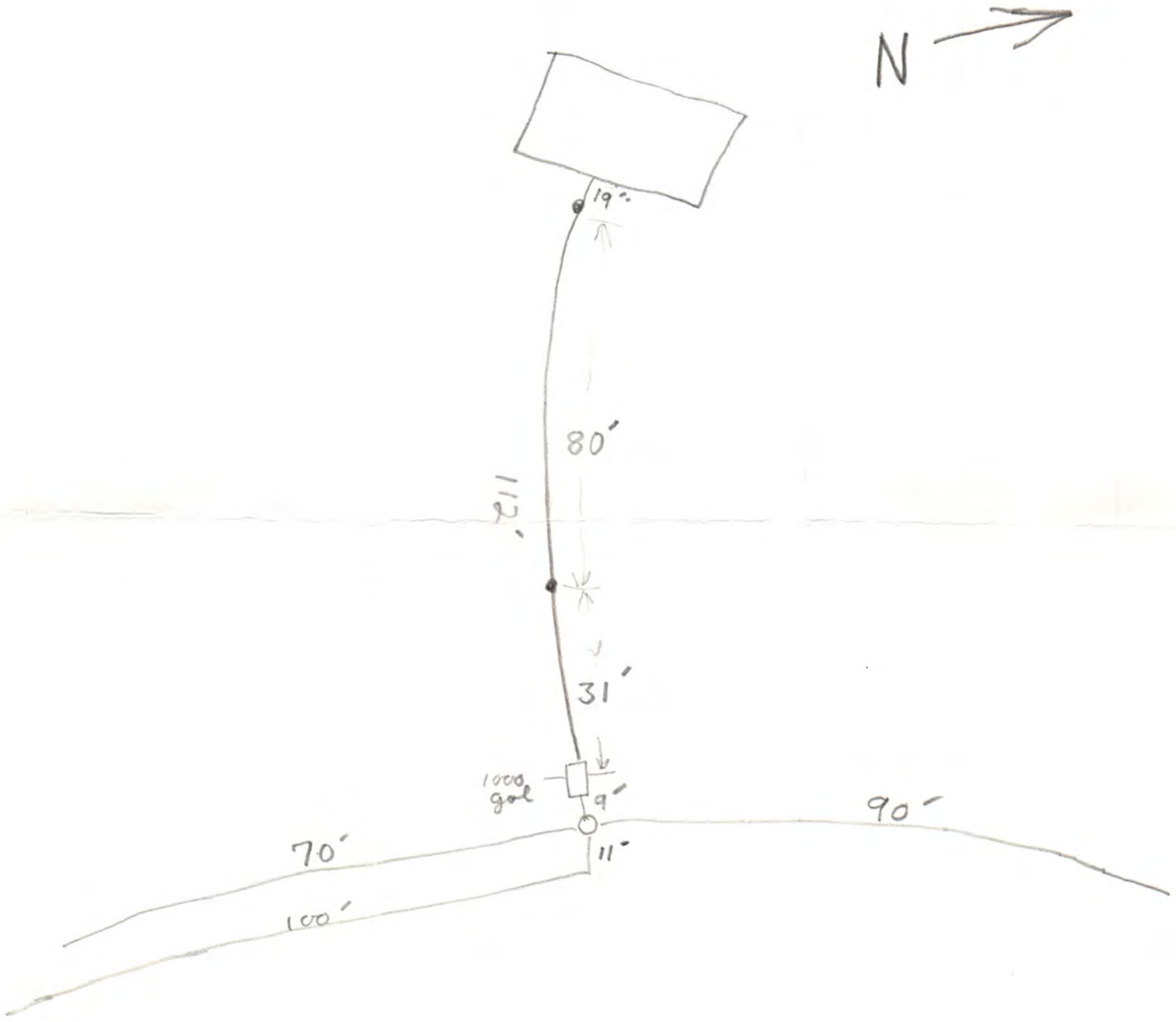
APPROVED BY Paul Drotzmann DATE 7-27-92

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

Larry Schwarck

11-6-89



5701 Saddle Creek Trail