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. 91380071101

Issued 06/04/91
Expires 12/04/91

ESTABLISHMENT

TIM LINDSTROM
T9N R6E SEC 17
3RD ADD HITCHING POS BLK 1 LOT 3
5701 RODEO CIRCLE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

TIM LINDSTROM
5321 S 51 ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/6/91	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: $ 150

FILE NO. _____

DATE: 5 - 30 - 91

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 6E ; Section 17 ;
Block 1 : Lot 3 : Addition THIRD ADDITION HITCHING POST HILLS
Street Address 5701 RODEO CIRCLE

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 Tim Lutz
Signature of Applicant (Owner or Lessee)

5321 SOUTH 51ST ST., LINCOLN, NEBRASKA
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/4/91 . Date Frwd. 6/6/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/6/91 . Date Frwd. 6/6/91 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 6-6-91 . Date Frwd. 6-6-91 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/21/00 by: D.C.H.
Date: 4/5/00 by: D.C.H.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 300 ft. x 300 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 5-29 to 5-30-91. Weather: Precip. ½" overnite Temp. 75°

X OWNER: TIM LINDSTROM

Address: 5321 S. 51ST

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./ Day)	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.	32	5-29	12:30	5-30	9:00	5-30	10:30	8 ¼	11:00	9	30	¾	
2.								8		8 ⅞		⅞	
3.								7 ½		8 ⅛		⅝	
4.								6 ¾		6 ⅞		⅛	
5.								7 ⅝		8 ⅛		½	
6.								6 ⅛		6 ⅝		½	

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

Larry Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: June 4, 1991

Approved Percolation Rate (a)
A. 53 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 ☒

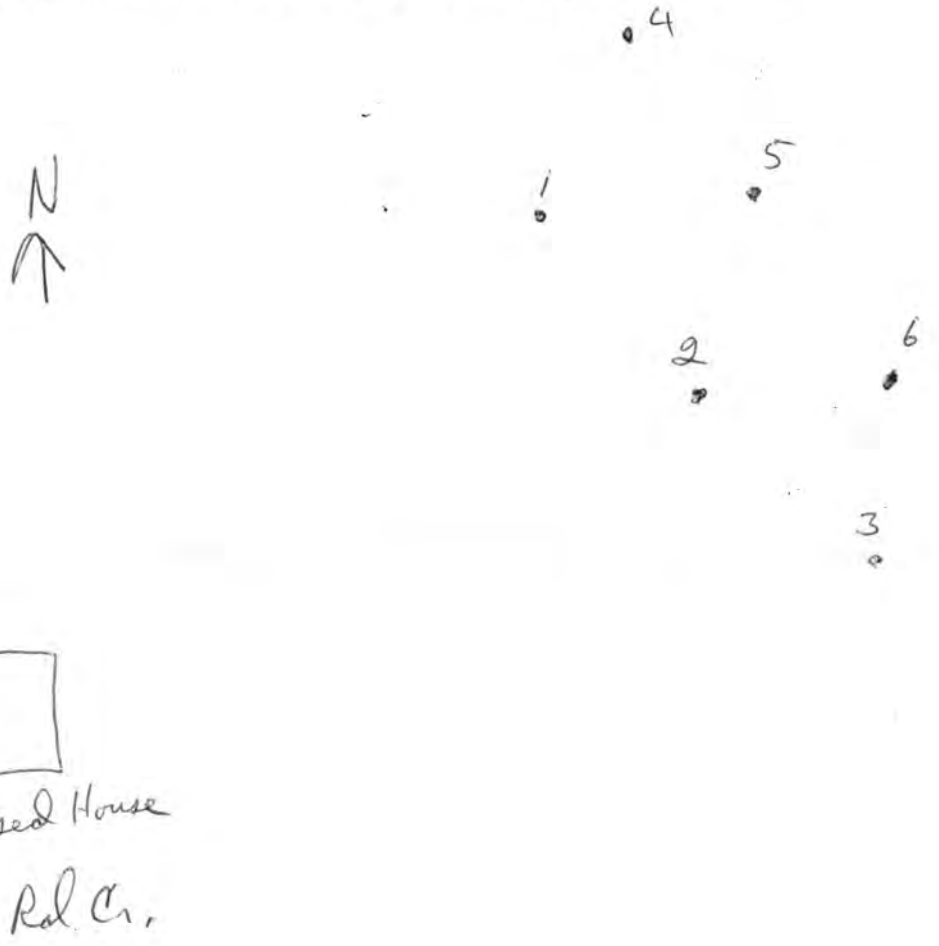
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

Date: _____

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 938 sq.ft.

_____ _____
Signature of Reviewing Official

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 6 91

System Location (Indicate correct number and street)
Address 5721 Rokeby Ct. (no rural route) City Lincoln NE, Zip

A. Building Sewer
1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: 80' ft.
4. Number of clean-outs: —
5. Distances to: well or suction line 100' ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank
1. Material: precast
   Number of compartments: ____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Risers: ☐ above ☐ below grade ____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

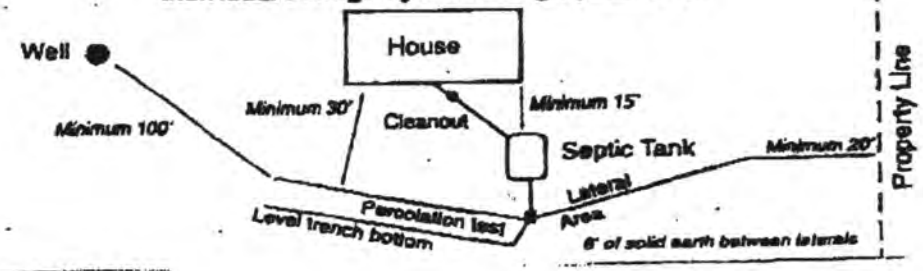
C. Distribution Box
1. Material: precast
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6 ft.

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: 110 ft. 110 ft.
   110 ft. 115'? ft. ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth ____ in
4. Filter material: Road Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 120'+ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

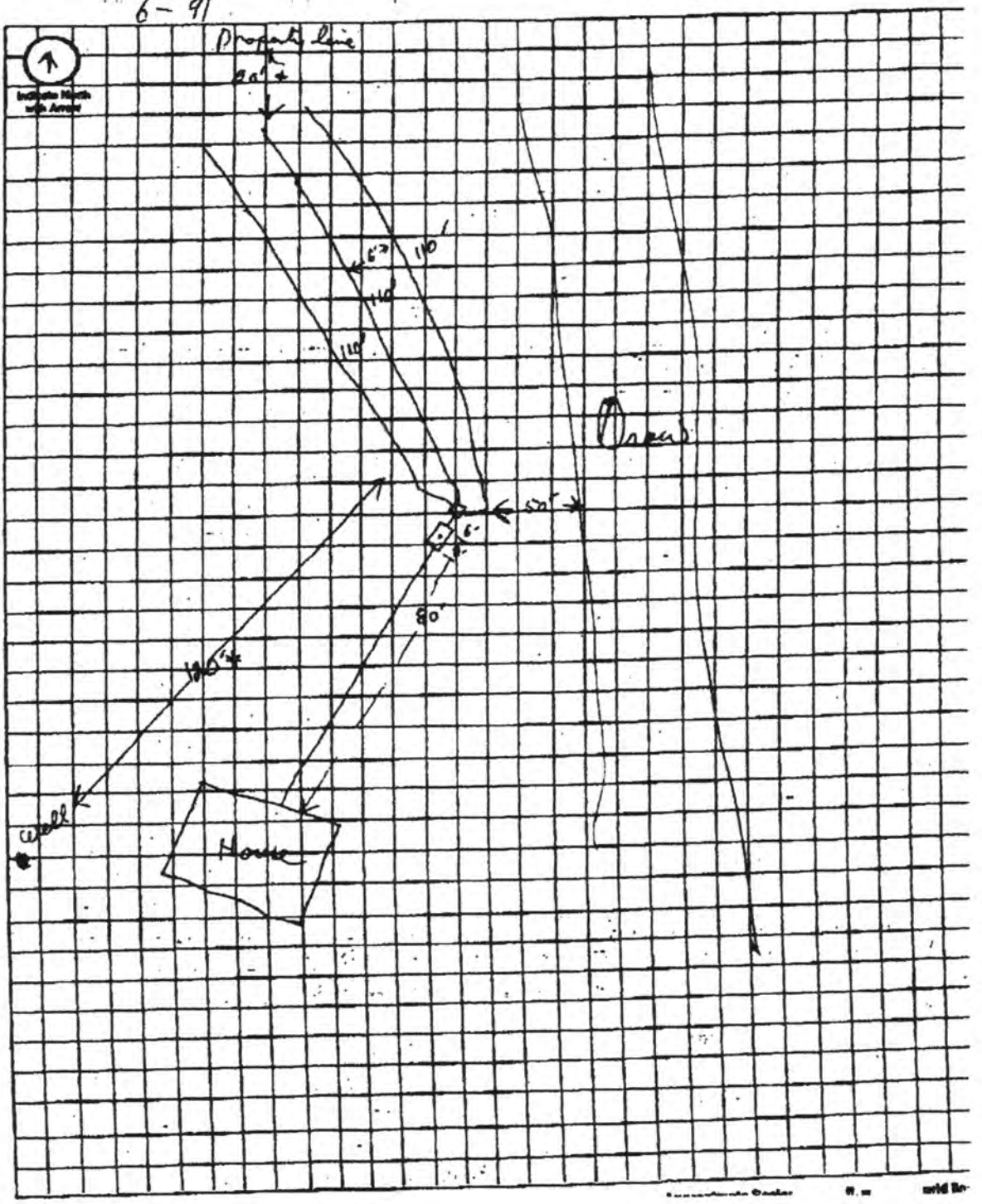
Individual Sewage System Design (Example)



FORM 33-188 10-88

As Built Drawing by Larry Schwarck 5701 Rodeo

6-91



COLI Nos 3/21/00

P15228-18

000417003 MF

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.

Legal Description of Property: Street Address 5701 Rodeo Circle

LCR1210 Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Hitching Post Hills 3rd Addn.

Directions to Property Old Cheney to SW 12th - So to W. Pleasant Hill Road - No on Rodeo Cir

Location of Well West of house - Backyard Tap Location: Inside ☐ Outside ☐

Location of Sewage System North West of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	NCR 39854 ENAME? CHARLES Hodgson	5701 Rodeo Circle Omaha 68107	421-6399
Tenant/Buyer:	Emmons	98 Polaris Drive Lake In The Hills, IL 60102	847-854-7704
Return to:	Loeck-Woods Bros.	7141 "A" Lincoln NE. 68510	434-3872

Signature of Applicant X William L. Emmons Address ___ Date 3/20/00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 3/20/00
Initials TW
Amount #150.00
Check No. #525

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/21/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 4/5/00 by L.G.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: EFFLUENT FLOWING OUT AT TANK AND END OF ONE LATERAL. HAVE A PERMIT BUT NO INDICATION AN INSPECTION WAS EVER MADE. TANK PUMPED 3/22/00 AND LATERALS SUCTIONED NO FLOW AND LAND COMPLETELY DRY 4/5/00. See Attached Letter ☐

FINAL STATUS BECAUSE OF LACK OF INSPECTION RECORDS AND PREVIOUS PROBLEM APPROVAL IS PROVISIONAL.

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/17/00

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