LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1964-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

September 16, 1983
THIS PERMIT EXPIRES

Lyle Peterson % Paul Von Gillern Route #1 Box 336 or 3308 No. Cotner
ISSUED TO — ADDRESS

T9N, R6E, SECTION 18, LOT 5 IRREGULAR TRACT
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R. J. NUERNBERGER, Lancaster County Treasurer
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1964C

DATE: 3-16-83

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. T9N ; Range R6E ; Section 18 ;
   Block _____ : Lot 5 I.T. : Addition _____
   Street Address RT 1 # Box 336

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. ~~Will not on perc test indicates.~~

Lyle Peterson for Parkson Kilburn
Signature of Applicant (Owner or Lessee)

Rt 1 # Box 336 or 3308 Nebraska Blvd
Address

467-4792

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/16/83 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. 3-17-83 . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 3-17-83 . Date Frwd. " . ACTION: Approved ☐ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/11/83 by: JMN
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/11/83 By: JMN

REC'D MAR 25 1983

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 T9N ; Range R6E ; Section & ¼ Section NW¼ 18
Property Dimensions: _____ ft. x _____ ft. Area: 21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 3-18-83 to 3-19-83 . Weather: Precip. 0 Temp. 36 .

OWNER: Lyle D. Peterson
Address: Rt 1 Box 336

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"	3/18	9:00 AM	3/19	10:00 AM	3/19	10:00 AM	10"	3:15 PM	8 7/8"	60m	1 1/8"	60 1 1/8
2	"									9"		1"	1
3	"									8 1/4"		1 3/4"	1 3/4
4	"									8 1/2"		1 1/2"	1 1/2
5	"									9 1/4"		3/4"	3/4
6	"									8 7/8"		1 1/8"	1 1/8

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

Paul von Gillern
Signature of Person Conducting Test

Address 3308 N Cotner Blvd Phone 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: March 25, 1983

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

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: 5/11/83

FILE NO. 1964C

TRAILER HOUSE

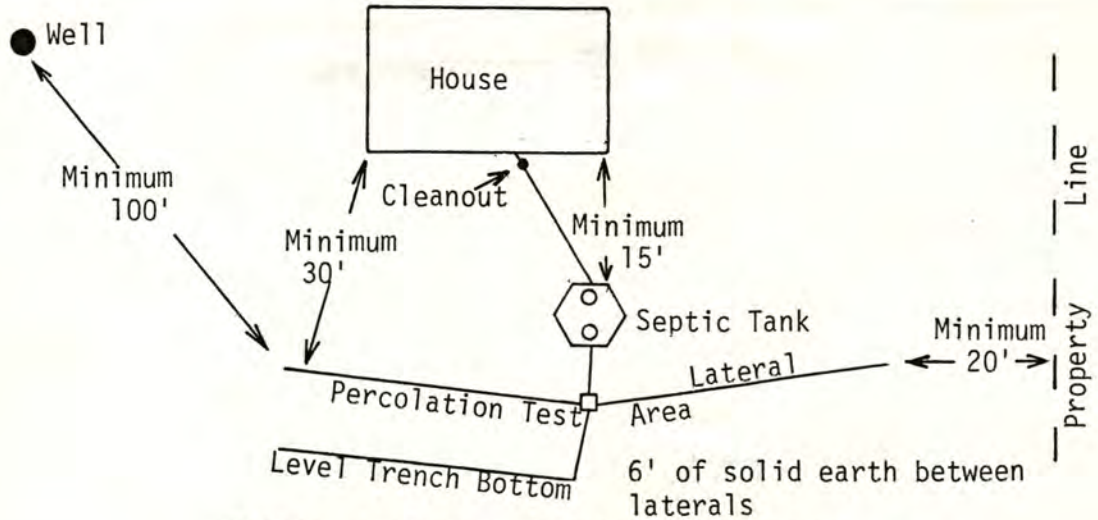
SPECIFICATIONS AS BUILT

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

B. SEPTIC TANK:
1. Material Fiberglass; No. of compartments _____.
2. Capacity _____ 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 NO well ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material plastic ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10' 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 _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 36, _____, _____ ft.;
Total length of laterals 236 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4' ft.;
Slope level in/100 ft.; Average Depth 3½' in.
4. Filter Material: gravel
Depth of Material _____ 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

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: ~~6th P.M.~~ Street Address 5031 West Old Cheney

Twp 9N Range ~~6E~~ Section 18 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property Take West Van Dorn to West 56th then south to West Old Cheney

Location of Well BY STORAGE SHED Tap Location: Inside ☐ Outside ☒

Location of Sewage System Northeast of House Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	Lyle + Susan Petersen	5031 West Old Cheney Lincoln NE 68502	~~H~~ 797 3055
~~Tenant~~/Buyer:	Mike + Carla Wachal	1634 Washington Lincoln NE 68502	477 0904
Return to:	Mike + Carla Wachal	1634 Washington Lincoln NE 68502	477 0904

Signature of Applicant Carla Wachal Address 1634 Washington Lincoln NE 68502 Date 12/04/94

HEALTH DEPARTMENT USE ONLY

Date Received 12/5/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Moore **DATE:** 12/5/94

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 12/19/94 by L.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: CONDUIT ON WELL HEAD IS BROKEN. CLEANOUT IN SEWER LINE IS BROKEN AND MISSING A CAP. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING. all done. 12/19/94 L.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Neumann Date 12/22/94

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.

980804018
tdf

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: CR 3731 Street Address 5031 W. Old Cheney Rd.

Twp 9N Range 6E Section 18 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition Rolling Meadows

Directions to Property _____

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

Location of Sewage System dont Know Year Installed _____

	NAME	ADDRESS	PHONE
NCR 30514 Present Owner:	Michael Wachel	5031 W Old Cheney Denton, NE	797-5131 440-3206
ACR 73132 Tenant/Buyer:	Diana + Doug Daugherty	1231 S.W. 10th	
Return to:	Diana Daugherty	1231 S.W. 10th Lincoln Ne 68522	476-1420 580-1420

Signature of Applicant Diana Daugherty Address 1231 S.W. 10th Date 7/7/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/7/98
Initials C.W.
Amount $150.00
Check No. 1658

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/8/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ <0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 7/22/98 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: DEPRESSION BY WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 7/22/98 Depression filled. 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 7/24/98

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

AS BUILT DRAWING OF SYSTEM

DATE 5/11/83 INSTALLER Harlan & Reckling

