FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 435-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 N; Range 6 E; Section 19 NW
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential ✓ ☐; Commercial _____ ☐
   No. of Bedrooms 4. Describe: _____
   Other Use _____ ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ✓; Other ☐

4. Distance to public sewer: _____ ft.

Eugene Rezac
Signature of Applicant (Owner or Lessee)

Denton Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/6/74. Date Frwd. 5/7/74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. _____. Date Frwd. 5-7-74. ACTION: Approved ☑ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Dick Arnold

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 435-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 6E ; Section 19 NW ; Block _____ ; Lot _____ ; Addition _____.
Street Address _____.

2. Property Use: Residential ✓ ☐ ; Commercial _____ ☐
No. of Bedrooms 4 Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Eugene Rezac
Signature of Applicant (owner or lessee)

Denton Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: NW by: 6-14-74
Date: / by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 3/6/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-14-74 by: James Weverka

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 435-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N
Section & ¼ Sect. 19 NW
Property Dimensions: ___ ft. x ___ ft.
Area: 100 acres. (Attach sketch of property showing hole location).

Owner Eugene Rezac
Address Denton Nebr.

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Dates of Tests: 5-4-74 to 5-5-74. Weather: Precip. 0 Temp. 60° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	5/4	1 PM	5/5	10 35 AM	5/5	10 30 AM	12"	12 20 PM	11"	30M	1/4	
2	"	"	"	"	"	"	"	"	"	9 1/2	"	1	
3	"	"	"	"	"	"	"	"	"	11	"	1/2	
4	"	"	"	"	"	"	"	"	"	8 3/4	"	1 1/4	
5	"	"	"	"	"	"	"	"	"	10 3/4	"	1/4	
6	"	"	"	"	"	"	"	"	"	11 1/4	"	1/2	

Robert D Johnson
Signature of Person Conducting Test

Address 2818 N° 3rd
Phone: 432-3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 48 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: May 6, 1974

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 435-C

SPECIFICATIONS

DATE: _____

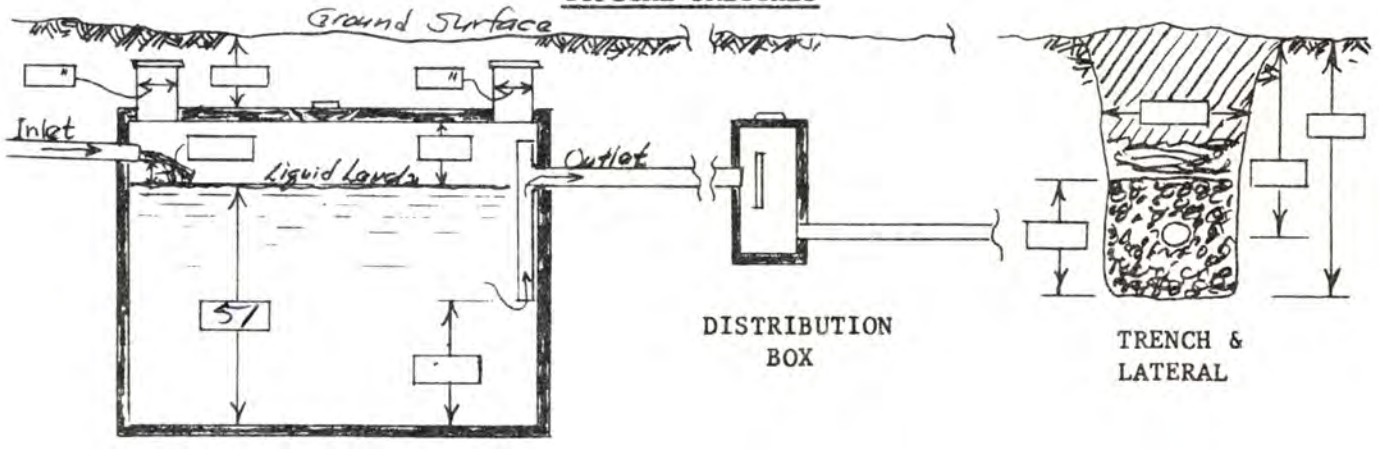
A. BUILDING SEWER:
1. Material Cement; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 75 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1250 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Precast)
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line 150 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Precast)
No ☐
3. Dimension: Length 24 in.; Width 18 in.
Depth 12 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Concrete
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 315 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in.
4. Filter Material: road gravel.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to requ

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 5001 W. Denton Rd.

Twp 9N Range 6E Section 19 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Yankee Hill Lake

Directions to Property S.W. Corner of W. Denton Rd & S. W 49th

Location of Well Immediate east of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System NorthWest of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Randy B. Kenton	5321 W. Denton Rd Rt. 1 Box 77E	W 474-3555 N 797-2995
Tenant/Buyer:	Same	Denton 68339-9732	
Return to:	President Federal Savings	440 South 13th Lincoln NE 68509	

Signature of Applicant [signature] Address 5321 W Denton Rd Rt. 1 Box 77E Denton NE 68339 Date 05/31/94

HEALTH DEPARTMENT USE ONLY

Date Received 6/1/94 Received $150.00 Check ☑ Cash ☐ #3677 Norlyn St

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/2/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 8/23/94 by RD
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 8/30/94 by J.C.H
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

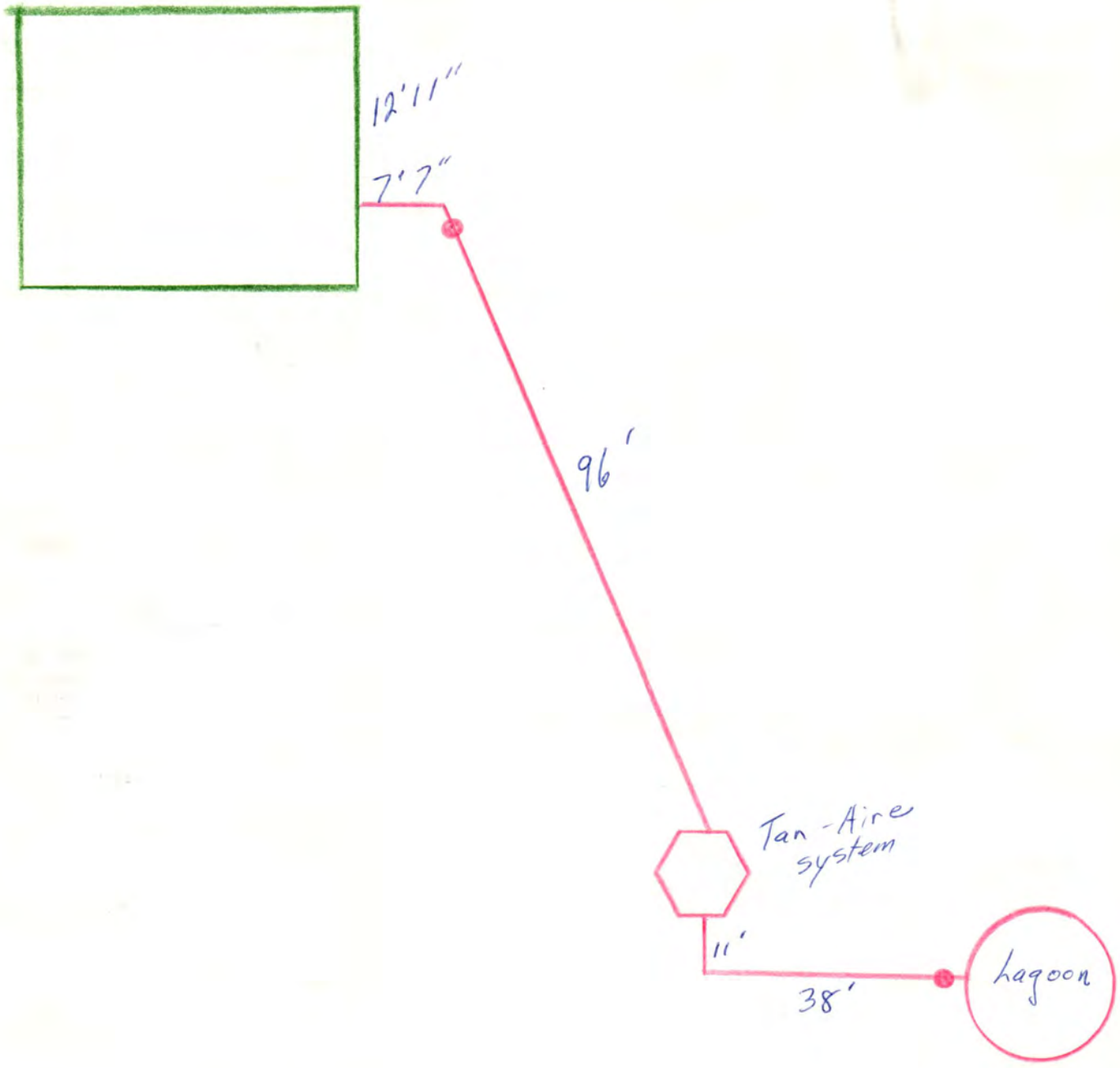
Comments: NEED LITTLE SAPLINGS CUT DOWN AROUND LAGOON, NEED VEGETATION MOWED. NEED FENCE TIGHTENED UP & NEED WARNING SIGNS ON FENCE. 8-23 Need signs yet P.D. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.D. Date 8/30/94

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.



N

Lagoon May be more than 5' deep

jw 6-14-74