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. 92380084401

Issued 05/21/92
Expires 11/21/92

ESTABLISHMENT

JAMES CONNELL
T9N R6E SEC 19
YANKEE HILL LAKE 1ST BLK 2 LOT 4
7501 SW MALLARD CR

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

JAMES CONNELL
1027 PEACH ST
LINCOLN NE 68502

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/28/92	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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-21-92

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 19 ;
   Block 2 : Lot 4 : Addition Yankee Hill Lake 1st addition
   Street Address 7501 SW Mallard Cr.

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: not available ft. WILL INSTALL WHATEVER PERCOLATION TEST INDICATES

James R. Comell
Signature of Applicant (Owner or Lessee)

1027 Peach Lincoln Ne 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/21/92. Date Frwd. 5/28/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/28/92. Date Frwd. 5/28/92. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Talley

3. City or County Engineer: Date Rec'd. 05/28/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Wayne Waxman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/13 by: JK
Date: 8-21-92 by: P.D.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/29/92 By: John Johnson
DRAWINGS RECD

FORM 23-43

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. _____

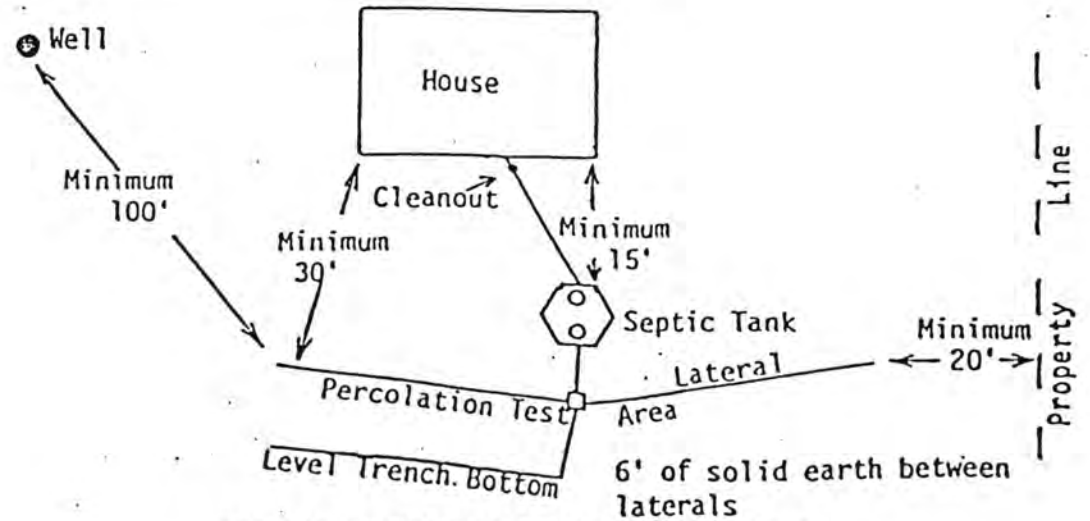
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 150 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 20+ ft.; Property Line 20+ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American)
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 8 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 18 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 20+ ft.; Property Line 20+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company American Concrete)
3. Distance from Septic Tank 8 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 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 8 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 20+ ft.; Property Line 20+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

8/21/92

Legal Description _____ Location _____

Owner/Requestor _____

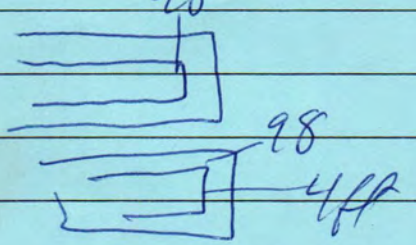
21ft. South
Sipple
fence

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
____ Loan approval
____ Consultation
____ Other (Specify)

REMARKS Laterals measure to 98ft. – 4 tonen



Gravel fSand
Laterals probed
18-24-30 inches of
gravel sand Undlined

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

8ft between Lakes

Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____

Date: _____

WA1002

006

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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: Street Address 7501 SW Mallard Cir

Twp 9N Range 6E Section 19 1/4 NW 1/4 ___ Block 2 Lot 4 Addition Yankee Hill Lake 1st Add

Directions to Property Go South on SW 49th off West Denton Road

Location of Well 25' west of SW corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 100' E of East side House Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	James Connell	7501 SW Mallard Cir Denton NE 68339	797-3597 476-6633
Tenant/Buyer:			
Return to:	James Connell WILL PICK UP	7501 SW Mallard Cir Denton NE 68339	

Signature of Applicant [signature] Address 7501 SW Mallard Cir Denton NE 68339 Date 10/19/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/20/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 10/20/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 10/22/93 by GH
Bacteria	☒ 0 /ml	☒ TNTC /ml	Provisional ☒	Date 11/5/93 by GH
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date 11/8/93 by GH

Comments: DEPRESSION CLOSE TO WELL. THE SEWAGE SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. GET GOOD ESTABLISHMENT OF GRASS TO PREVENT EROSION OVER FIELD. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/12/93

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.

079

Installed By Vogt T&T

7501 Malland

North →

