LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380125901

Issued 12/05/94
Expires 06/05/95
Revenue Code 18754

Establishment
TODD ZEILINGER
T9N R6E SEC 21
RIDGEWOOD ESTATES BLK 3 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
TODD ZEILINGER
4810 W CLAIRE AV
LINCOLN NE 68523

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: _____

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 21 ;
   Block 3 : Lot 1 : Addition Ridge Wood EASTATES
   Street Address 2600 WEST RIDGEWOOD BLVD.

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

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

4. Distance to public sewer: _____ ft.

SEND TO

Todd Zeilinger by Melvin F Wagner
Signature of Applicant (Owner or Lessee)
MELVIN F WAGNER

4810 West Claire
Address LINCOLN NE 68523
797-2365

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/29/94 . Date Frwd. 11/30/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/30/94 . Date Frwd. 11/30/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Kaplan

3. City or County Engineer : Date Rec'd. 11-30-94 . Date Frwd. 11-30-94 . ACTION: Approved ☒ Disapproved ☒ Signature: Glenn Rabe

REMARKS OR REASONS FOR DISAPPROVAL Pre-existing well.

Site Visits:
Date: 3/23/95 by: J.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/28/95 By: Jerrold C. Hood

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: _____ ft. x _____ 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: 8-10 to 8-11-93. Weather: Precip. 0 Temp. 56.

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	24	8-10	8:30	8-11	9:00	8-11	9:30	12	9:30	11	60	1	
2	"									10 7/8		1 1/8	
3	"									10		2	
4	"									11 1/4		3/4	
5	"									10 3/4		1 1/4	
6	"									11		1	
7	"									10 7/8		1 1/8	
8	"									11 1/8		7/8	

Melvin J Sagner
Signature of Person Conducting Test

Address 4810 WEST CLAIRE Phone 432-5698

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: November 29, 1994

Approved Percolation Rate (a)
A. 53 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

MAR 28 1995

D

DATE: 23 MARCH 95

FILE NO. _____

SPECIFICATIONS AS BUILT

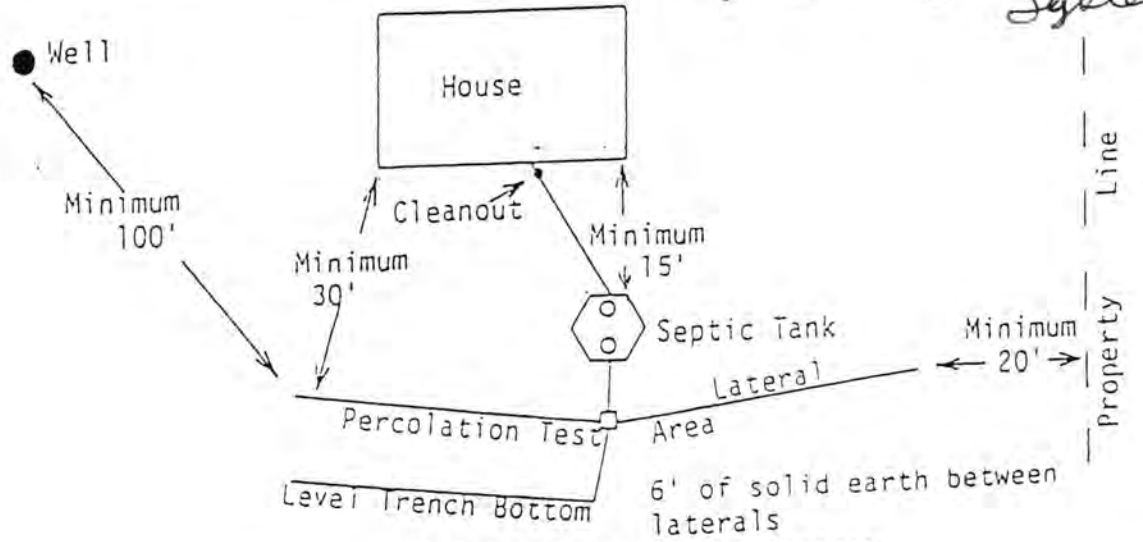
A. BUILDING SEWER:
1. Material PLASTIC Diameter 4 in.
2. Distance above basement floor 48 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 27 ft. 2
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 50 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 100 ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1200 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE-CAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 2 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 60 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company HAN-COR)
3. Distance from Septic Tank 45 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 5; Length of each line 100, 100, 100, 80, 60 ft.;
Total length of laterals 440 ft.;
Distance between lateral lines 17 ft.
3. Trench dimensions: Width 36 ft.;
Slope 4-5 in/100 ft.; Average Depth 20 in.
4. Filter Material: GRAVEL
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 104 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line NA ft.

Todd Zeilinger System



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

RECEIVED MAY 3 1 1995

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 2600 West Ridgewood Blvd, Lincoln, NE

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Ridgewood

Directions to Property TURN OFF DENTON HWY ~~SE~~ SOUTH ONTO SW 27TH, GO ½ MILE THEN TURN EAST INTO RIDGEWOOD DEVELOPMENT, 1ST HOUSE ON THE NORTH SIDE.

Location of Well EAST OF GARAGE Tap Location: Inside ☐ NONE Outside ☐ WELL - ?

Location of Sewage System NORTH OF HOUSE (BEHIND) Year Installed SEWAGE - '95

	NAME	ADDRESS	PHONE
Present Owner:	Todd Zeilinger	527 NW 7th St. Lincoln	438-2805 797-2000
Tenant/Buyer:	Same		
Return to:	Crete State Bank	P.O. Box 66 Crete, NE	826-2121

Signature of Applicant Todd Zeilinger Address 527 NW 7th St. Lincoln, NE 68528 Date 5 / 1 / 95

HEALTH DEPARTMENT USE ONLY Bank Money Order 91443

Date Received 5/31/95 Received $150.00 Check ☒ Cash ☐ CW

PRELIMINARY STATUS–By Jerold C. Nissen **DATE:** 6/5/95

CHLORIDE 34 P.P.M.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected	Approved ☒	Date 6/22/95 by JN
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 5.6 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: DEPRESSION AROUND WELL

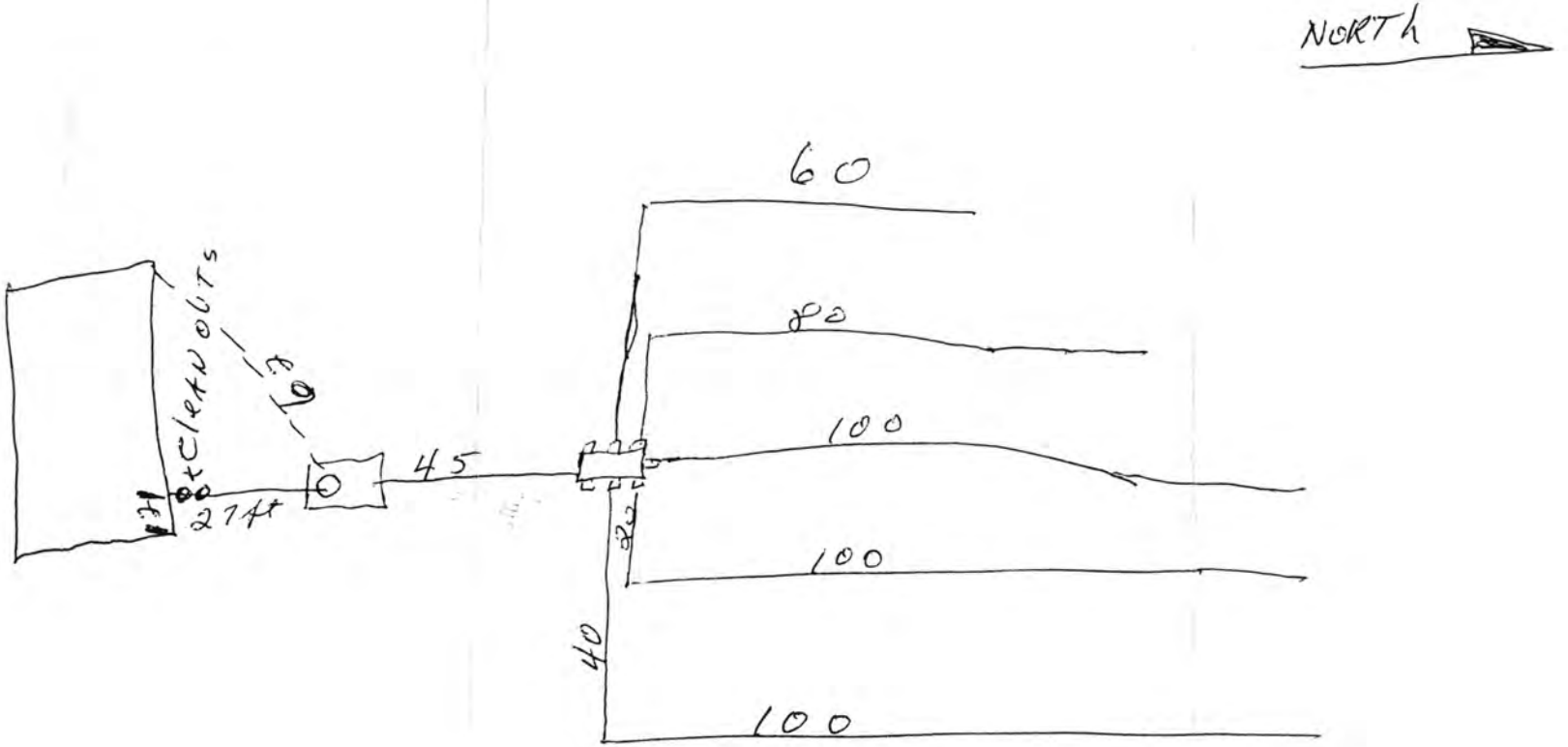
See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard, R.S. Date 6/28/95

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.



Wagner Const. Co.