CITY OF LINCOLN NEBRASKA

FILE NO. 1411 — DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

March 11 1979 — THIS LICENSE OR PERMIT EXPIRES

Kustom Kreations, Ltd — LICENSEE OR PERMITTEE

1720 SW. 50th Street, Lincoln, NE 68532 — ADDRESS

T9N, R6E, Section 21, Block 4, Lot 1, Addition Ridgewood — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
[illegible]018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH

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: 474-1541

A

FILING FEE: $30.00

FILE NO. 1411

DATE: 9-11-78

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 4 : Lot 1 : Addition Ridgewood
   Street Address

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.

Kustom Kreations Ltd
Signature of Applicant (Owner or Lessee)
by Charles E Horn
1720 SW 50th Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/11/78. Date Frwd. 9/11/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. . Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature: Wilbur J. Haase

3. City ~~or County~~ Engineer : Date Rec'd. 9-11-78. Date Frwd. 9-11-78. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 4-17-79 by: jw
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-24-79 By: James Weverka

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

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: 474-1541

B

FILE NO. 1411

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: 9-7-78 to 9-8-78. Weather: Precip. 0 Temp. 90°.

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		Elapsed	Water	
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.)	Time (Min.)	Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	9/7	6PM	9/8	4PM	9/8	4PM	12"	7 3/4	4"	30M	1/2	
2										3 1/2		5/8	
3										6 1/2		1 1/4	
4										2		3/4	
5										2		3/4	
6										6 1/2		3/4	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 432 3595

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 11, 1978

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 ☐

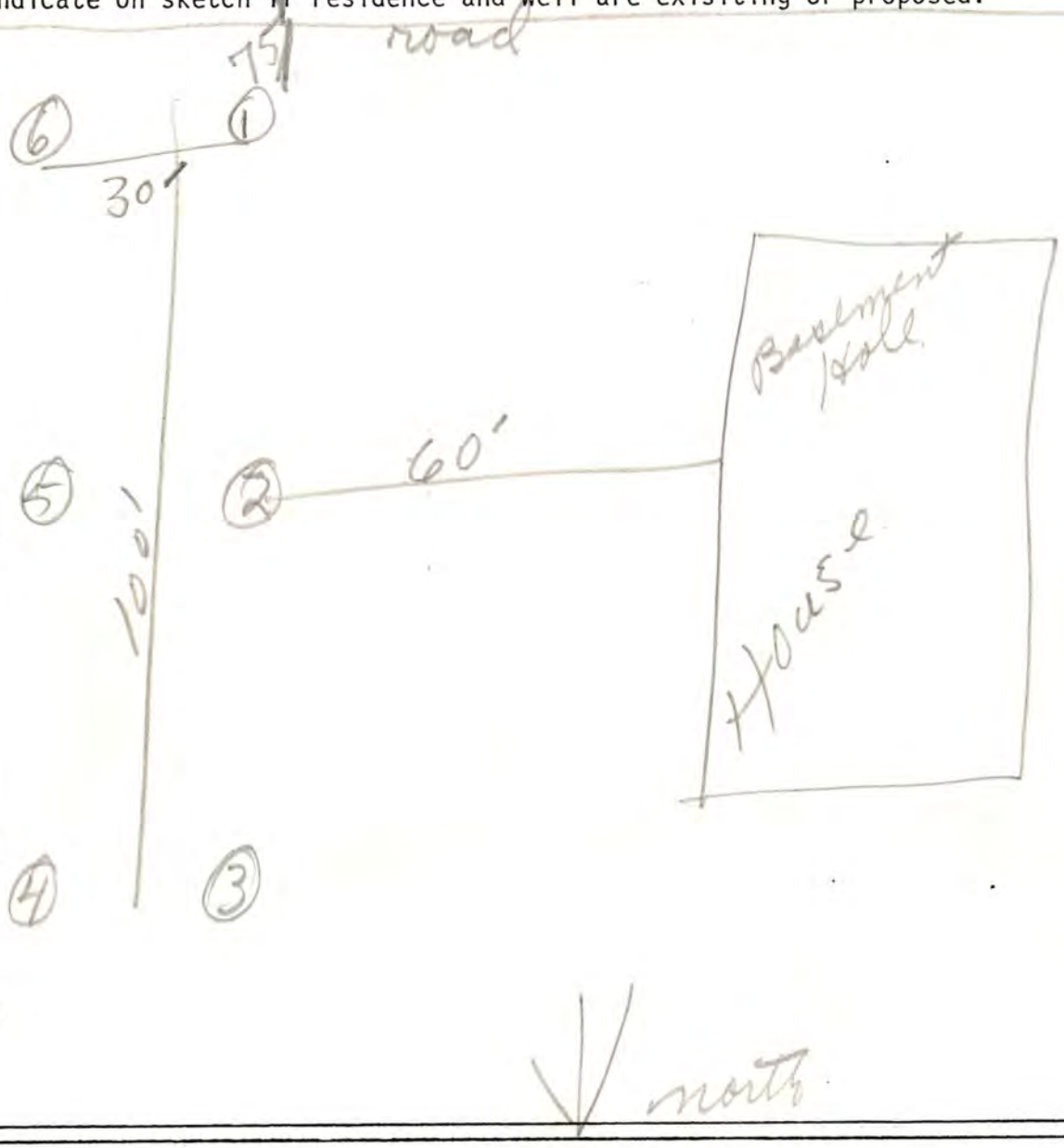
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1411

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: September 11, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 334 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

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: 474-1541

D

DATE: 4-17-79

FILE NO. _____

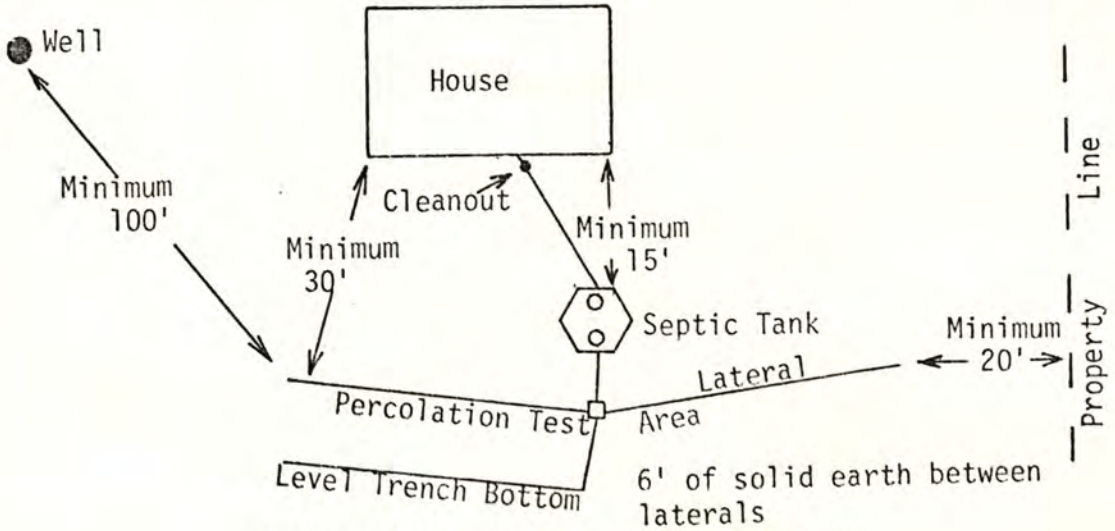
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ 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 CONCRETE; No. of compartments 1.
2. Capacity 1000 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☒ Grade 15 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 15 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream 75 ft.; Pressure Line _____ ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
3. Distance from Septic Tank 20 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or
Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 36, 100, 100, _____, _____ ft.;
Total length of laterals 236 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1½-2 in/100 ft.; Average Depth _____ in.
4. Filter Material: ROAD GRAVEL
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

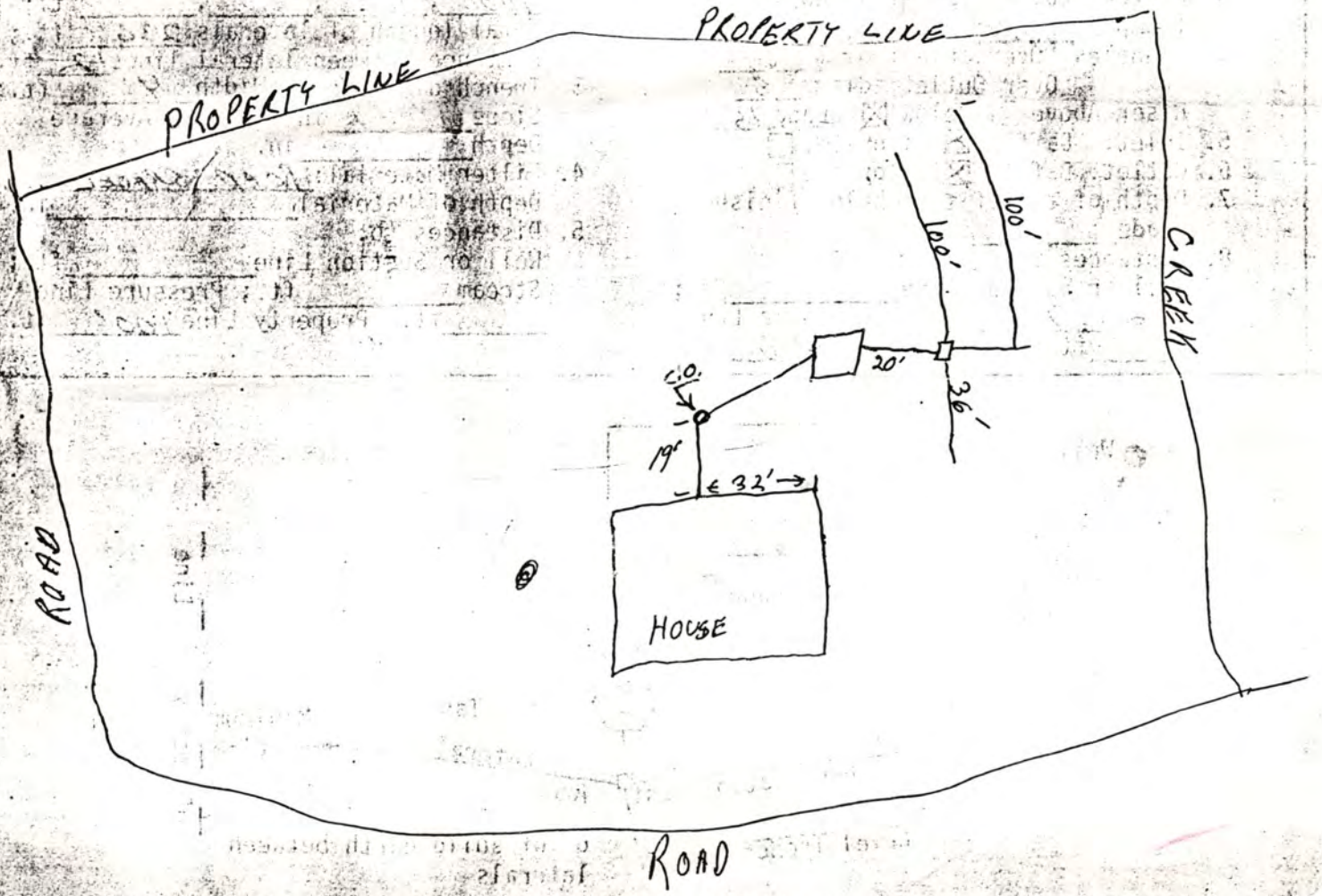
DATE 4-16-94-17/79

INSTALLER BIG CLYDE SANITATION
BRAD SOUTHWICK

T9 R6 SEC 21

BK 4 LOT # 1

RIDGEWOOD
ESTATES



002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN

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 2200 W. Foothills Rd
Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 4 Lot 1 Addition Ridgewood
Directions to Property 1 Mi So of SW 27th & W. Denton Rd

Location of Well See map attached Tap Location: Inside ☑ Outside ☐
Location of Sewage System See map Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Steven & Kim Miers	6000 So 56 Lincoln NE 68516	437-6251
Tenant/Buyer:	Frank & Twila Jordan	5555 Wilderness View Lincoln 68512	423 0794
Return to:	State Title Services	1023 Lincoln Mall Lincoln NE 68508	434-5020

Signature of Applicant Julie K. Jordan Address 5555 Wilderness View Lincoln NE 68516 Date 11/6/95

HEALTH DEPARTMENT USE ONLY

Date Received 11/07/95 MS Received $150.00 Check ☑ Cash ☐ #6646

PRELIMINARY STATUS--By JChen **DATE:** 11/9/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒ 11/9/95	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 2.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF the tank has not been pumped recently, it should be checked to see if it is needed. No evidence of surface discharge. House is vacant.

See Attached Letter ☐

FINAL STATUS

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

Approved by John JChen Date 11/15/95

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.