CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1287

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 5, 1978

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

KUSTOM Kreations, Ltd., by Charles Aron, 1720 S.W. 50th, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 21, Block 4, Lot 3, 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
624-1535		

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. 1287

DATE: 4-5-78

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 3 : Addition RIDGEWOOD ADDITION
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ~~Lagoon~~ ; Other ☒ mound

4. Distance to public sewer: _____ ft.

Kustom Kustom LTD. by Charles E Arnn
Signature of Applicant (Owner or Lessee)

1720 S.W. 50th Lincoln, Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/78 . Date Frwd. 4/5/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/5/78 . Date Frwd. 4/5/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Bob Sims

3. City ~~or County~~ Engineer : Date Rec'd. 4-5-78. Date Frwd. 4-5-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-23-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

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

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. _____

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	4 58 PM	9/8	4 15 PM	9/8	4 15 PM	12"	7 45 AM	6½	30 M	½	
2										8½		0	
3										6¾		½	
4										6¼		½	
5										6		¼	
6										7½		¼	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 4323595

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 60 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 ☐

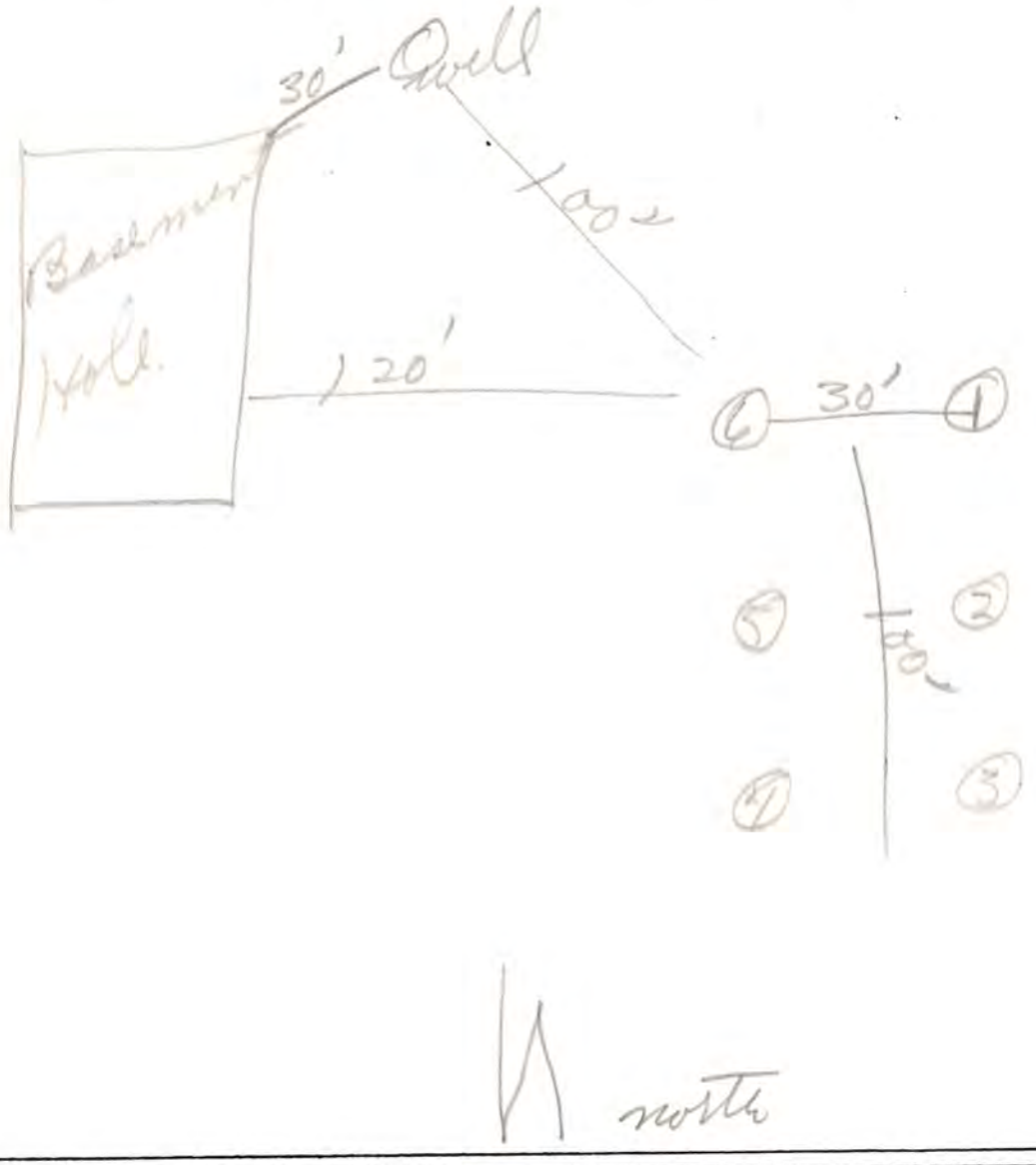
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed____ sq.ft.

Gerald 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: 4-23-79

FILE NO. _____

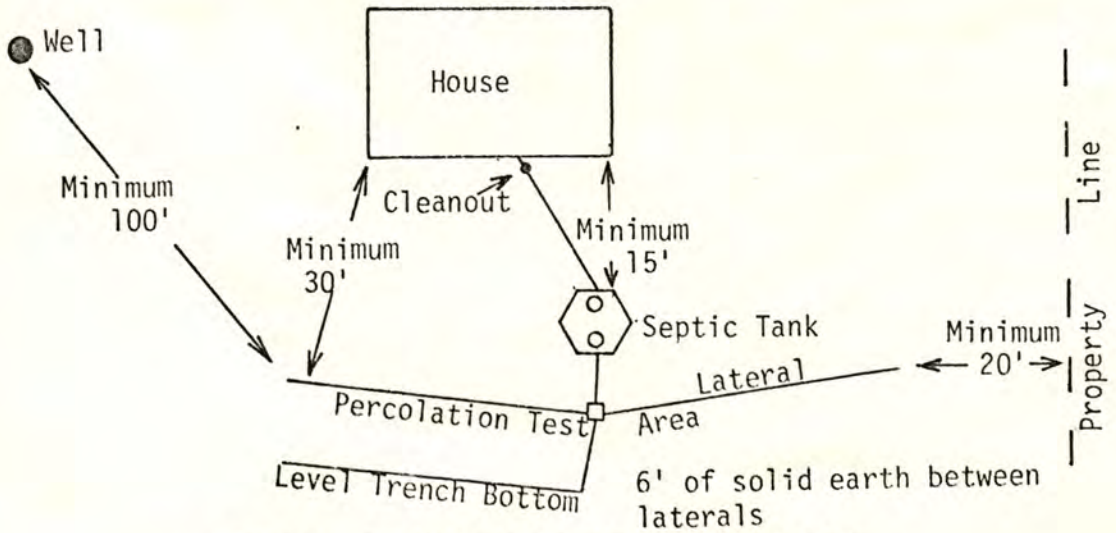
SPECIFICATIONS AS BUILT

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 1,000 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 18 in.
Riser Above ☐ Below ☒ Grade 10 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 28 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 75 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 15 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 2 ; Length of each line 100', 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 8 ft.;
Slope 3 in/100 ft.; Average Depth _____ in.
4. Filter Material: ROAD GRAVEL & SAND
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 75 ft.



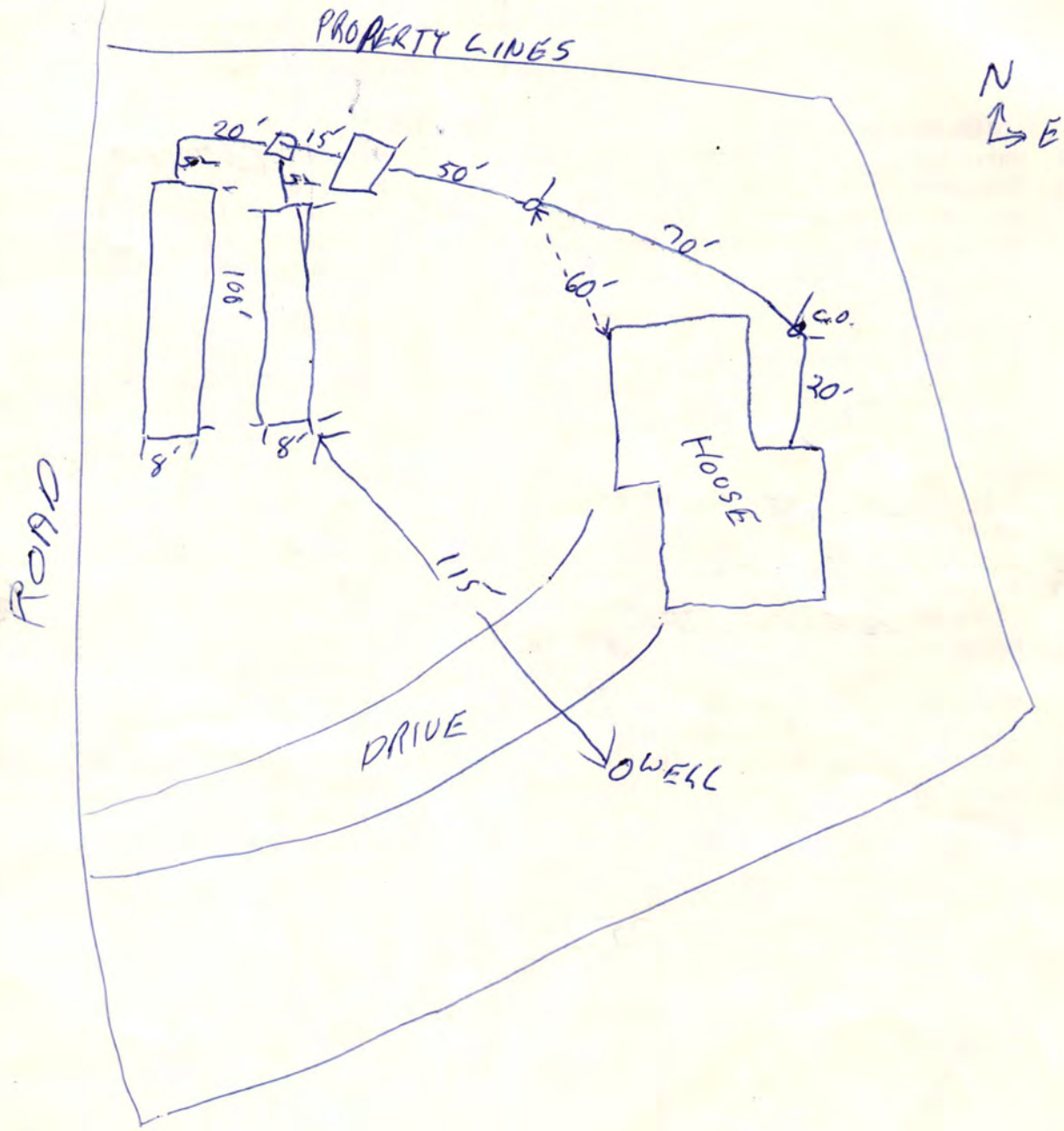
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 4-23-79 INSTALLER BIG CLYDE SANITATION
BRAD SOUTHWICK

T9 R6 SEC 21
BLK 4 LOT 3

RIDGEWOOD
ESTATES



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

Please Rush

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[XX] Evaluation of the Individual Water System Date: APRIL 5, 1993

[XX] Evaluation of the Sewage Disposal System [XX] Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 21; BLOCK 4

LOT 3; ADDITION RIDGEWOOD; Street Address 8200SW 24TH, LINCOLN

Directions to Property WEST PIONEERS TO DENTON ROAD - DENTON ROAD TO SW 27TH - SOUTH ON SW 27 APPROX 1/2 MI - LEFT TOP OF HILL AT END OF BOULEVARD - RANCH WITH DOG KENNEL

Location of Well SW OF HOUSE BY SHRUBS **Tap Location:** Inside [ ] Outside [X]

Location of Sewage System NW OF GARAGE DOWN THE HILL **Year Installed** _____

	NAME	ADDRESS	PHONE
Present Owner:	NEIL CRAIG	8200 SW 24TH STREET	474-4567 WORK 423-6611 HOME
Tenant/Buyer:	REFINANCE		
Return to:	COLUMBUS FEDERAL	P O BOX 5866, LINCOLN, NE	464-4444 KAREN

Cedll after going

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Karen Gantzen **Address** Columbus Federal

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HEALTH DEPARTMENT USE ONLY

Date Received 04/06/93 Received $150.00 Check [X] #11259 Cash [ ]

PRELIMINARY STATUS--DATE APRIL 8, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 4/8/93 by J.C.H.
Bacteria	[X]	[ ]	Provisional:	[ ]	Date _____ by ___
Nitrate 3.5 P.P.M.	[X]	[ ]	Disapproved:	[X]	Date _____ by ___

Comments: SEWAGE SYSTEM IS LEAKING OUT AND MUST BE FIXED WHETHER A LOAN IS INVOLVED OR NOT. CURRENTLY IN VIOLATION OF LAW. EXPERIMENTAL SYSTEM See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [ ]	Approved: [ ]	Provisional Approval: [ ]

APPROVED BY _____ DATE _____

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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: Street Address 8200 S.W. 24th

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

Directions to Property _____

Location of Well Southeast of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System Northwest of house Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Neil + Mary Craig	8200 S.W. 24th Lincoln, NE 68523	423-2340
Tenant/Buyer:	Clay + Dawn Buell	8200 S.W. 24th Lincoln, NE 68523	423-2340
Return to:	Neil + Mary Craig	" " "	"

Signature of Applicant Mary L. Craig Address 8200 S.W. 24th Lincoln, NE 68523 Date 7/09/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/9/98
Initials _____
Amount $150.00
Check No. 123

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/9/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ _____ /ml
Nitrate	☒ 4.4 ppm	☐ _____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: SEWAGE SYSTEM IS RUNNING OUT.

See Attached Letter ☐

FINAL STATUS

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

Approved by _____ Date___/___/___

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

COPY

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.

Tenant # 423-2340

Legal Description of Property: Street Address 8200 S.W. 24th Street

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

Directions to Property West Denton Road to SW 27, South to W. Ridgewood Road, East to SW 24, Sign on Property - Call Tenant 1st, then go direct, lockbox on door.

Location of Well South of house, in landscaping Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of Garage & North Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Neil & Mary Craig	International Aid Home for Children 11850 Brookville Road Indianapolis, IN 46239	317/862-7100
Tenant/Buyer:	Dean & Patricia Prochaska	5441 Bristolwood Place Lincoln, NE 68516	421-1649
Return to:	PAT WOLF	Home Real Estate 225 N Cotner, Suite 101 Lincoln, NE 68505	450-8133

Signature of Applicant Pat Wolf, Home Real Estate Address 225 N. Cotner Date 3/19/99

FAX 436-3399 Lincoln, NE 68505

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03/23/99
Initials ls
Amount $ 150
Check No. 1160

DATA ENTRY

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

P7726-77

P7726-18

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/23/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ _____ /ml
Nitrate	☒ 3.8 ppm	☐ _____ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Lower (west) drainfield seepage bed of this experimental system is failing. Sewage on ground surface is a violation of regulations - must be corrected

See Attached Letter ☐

FINAL STATUS

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

Approved by _____ Date___/___/___

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