LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380102601

Issued 07/14/93
Expires 01/14/94
Revenue Code 18754

Establishment
TORY JEPSON
T9N R6E SEC 21
RIDGEWOOD BLK 4 LOT 6
8101 SW WOODBEERY DRIVE

FEES: $150.00

TOTAL $150.00

Permittee
TORY JEPSON
1801 RIDGEHAVEN CT
APT 1
LINCOLN NE 68505

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 PAID CASH

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 4 : Lot 6 : Addition Ridgewood
   Street Address 8101 S.W Woodberry Dr.
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: NA ft. EXPERIMENTAL SYSTEM

Tory L. Tyson
Signature of Applicant (Owner or Lessee)

1801 Ridgehaven Ct #1
Address Lincoln NE 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/14/93. Date Frwd. 7/14/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Norm
3. City or County Engineer: Date Rec'd. 7-14-93. Date Frwd. 7-14-93. ACTION: Approved ☒ Disapproved ☐ Signature: KJ Mott

REMARKS OR REASONS FOR DISAPPROVAL ALREADY HAS WELL

Site Visits:
Date: 11/24/93 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 11/24/93 By: Jerrold C. Hood

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

* EXPERIMENTAL SYSTEM HENCE APPROVAL IS PROVISIONAL

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

Test Taken At SW. 27th + Denton Rd
1 mile So. in Ridgewood

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 21.
Property Dimensions: _____ ft. x _____ ft. Area: 3+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 5-28-93 to 5-29-93 . Weather: Precip. 0 Temp. 80°.
Holes 1-4-5-6 had water in From Pre-Test

OWNER: Mark D. Jepson
Address: 1801 Ridgehaven Ct. No. 1
Lincoln, NE. 68505 467-1189

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	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	5 7/8"	30m	1/8"	
2	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	5 7/8"	30m	1/8"	
3	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	5 3/4"	30m	1/4"	
4	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	5 7/8"	30m	1/8"	
5	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	6"	30m	0"	
6	36"	5-28	6:30 pm	5-29	3:00 pm	5-29	3:00 pm	6"	3:30 pm	5 7/8"	30m	1/8"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638
Precast Products INC.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
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

D

DATE: 11/24/93

FILE NO. Jepsen Home

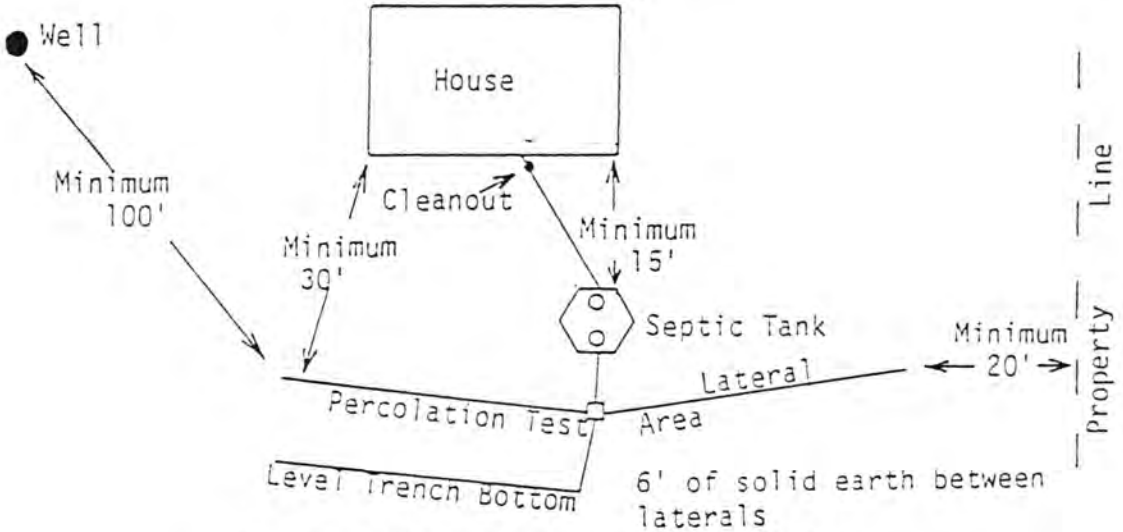
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1 in basement
5. Distances to: Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

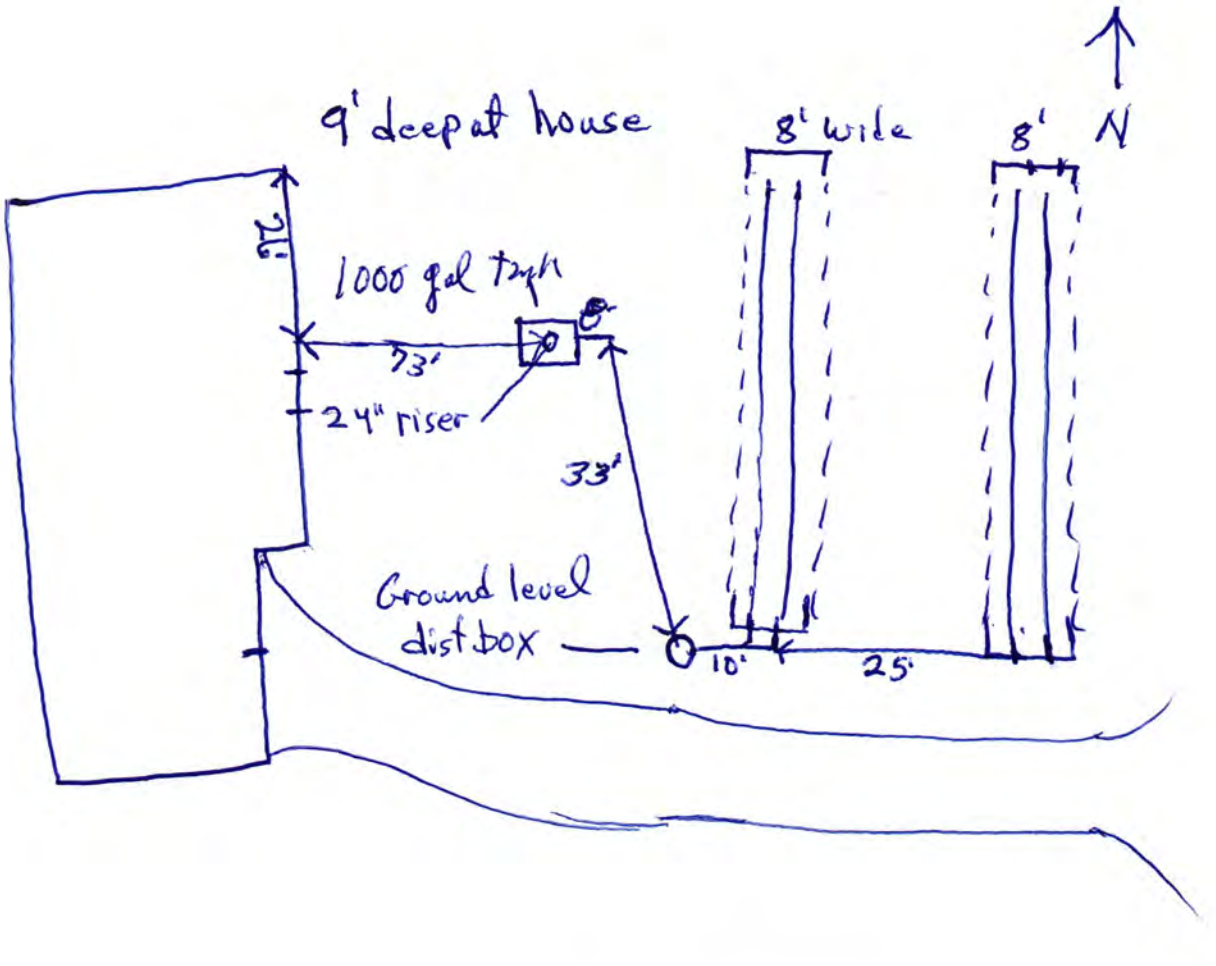
B. SEPTIC TANK:
1. Material Concrete; No. of compartments One.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company Pre-cast Step)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☒ Below ☐ Grade 8 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to: Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☑ No ☐ (Company Pre-cast Step)
3. Distance from Septic Tank 33 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 ____. 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 20 ft.
3. Trench dimensions: Width 8' ft.; Slope 2-3 in/100 ft.; Average Depth ____ in.
4. Filter Material: Road Gravel Depth of Material 20 in.
5. Distances to: Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


9' deep at house
8' wide
8'
N
21'
1000 gal tnpk
73'
24" riser
33'
Ground level
dist box
10'
25'

well

Submit Only If Contingency Removed

007

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 8101 W. Woodberry Rd.

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

Directions to Property W Denton Rd to S.W. 27th, South 3/4 mi to Ridgewd Then East to Clow East and Bear North again to Woodberry

Location of Well 2ND Right LANE ROAD Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	First Commerce Bank Shares Inc		
Tenant/Buyer:	Robert McCullough	2650 Woods Blvd Lincoln, NE 68502	421-2308
Return to:	Sandra HARDEK	Woods Bros Realty 3201 Pioneer Blvd 68502	430-7080

Signature of Applicant David McCullough Address 2650 Woods Blvd Date 1/22/96

HEALTH DEPARTMENT USE ONLY

Date Received 03/05/96 Received $150.00 Check ☑ # 4091 Cash ☐

PRELIMINARY STATUS--By Jerold C. Hood **DATE:** 3/11/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 2.6 /ml	☐ _____ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0 ppm	☐ _____ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: APPROVAL IS PROVISIONAL ON SEWAGE SYSTEM BECAUSE IT IS OF AN EXPERIMENTAL VARIETY. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY See Attached Letter ☐ IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

FINAL STATUS

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

Approved by Jerold C. Hood R.E.H.S. Date 3/15/96

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.