LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 750-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — July 6, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Eldon R. Payne — 46 Travis Drive, Offutt AFB, NE

ISSUED TO — ADDRESS

T9N; R6E; Sec. 33; Lot 20 I.T. + 18I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
6	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER 2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 750-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 North; Range 6east ; Section 33
Block _____; Lot 18 & 20 I.T.; Addition approx 11 acs -
Street Address _____

2. Property Use: Residential _____ /XX/ ; Commercial _____ / /
No. of Bedrooms 2. Describe: One family frame dwelling
Other Use _____ / /
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank /XX/ ; Other / /

4. Distance to public sewer: _____ ft.

Eldon R Payne
Signature of Applicant (Owner or Lessee)

46 TRAVIS DR, OFFUTT AFB, NEB
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/6/76. Date Frwd. 1/6/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 1-6-76. Date Frwd. 1-6-76. ACTION: Approved ☒ Disapproved ☐ Signature: Reid Moss 1/6/76

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 750-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9 North ; Range 6 east ; Section 33 ; Block ; Lot 518 20 I.T.; Addition _____.
Street Address _____.

2. Property Use: Residential _____ XX ; Commercial _____ ☐
No. of Bedrooms 2 Describe: One family frame dwelling
Other Use _____
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Eldon R Payne
Signature of Applicant (owner or lessee)

46 TRAVIS DR, OFFUTT AFB Neb.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-7-76 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 5/6/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-7-76 by: James Woodley

FORM HD- 43(73) 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 475-6221)

FILE NO. 750-C

PROPERTY WHERE SOIL TESTED:

Owner: ELDON R. PAYNE

Location: Township 9 ; Range 6 EAST
Section & ¼ Sect. 33 SW¼ LOTS 18 + 20

Address 46 TRAVIS DR, OFFUTT AFB Neb. 68113

Property Dimensions: ____ ft. x ____ ft.
Area: 10+ acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: Nov 7, 75 to Nov 9, 75. Weather: Precip. ~~50~~ Temp. 50°

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	26	11-7	5:30	11-8	5:58	11-8	5:58	6	6:28	5 3/8	30	10/16 3/8	48
2	30	11-7	5:35	11-8	6:00	11-8	6:00	6	6:30	5 3/8	30	10/16 3/8	48
3	28	11-8	5:45	11-9	6:58	11-9	6:58	6	7:28	5 ¼	30	12/16 ¾	40
4	28	11-8	5:49	11-9	6:59	11-9	6:59	6	7:29	5 7/16	30	9/16	53
5	26	11-8	5:53	11-9	7:02	11-9	7:02	6	7:32	5 ¼	30	12/16 ¾	40
6	25	11-8	5:57	11-9	7:04	11-9	7:04	6	7:34	5 ½	30	8/16 ½	60
7	20	11-8	6:01	11-9	7:07	11-9	7:07	6	7:37	5 7/16	30	9/16	53

Sum of Percolation Rates
Average of Rates: 48.8
Mean of Rates: 50

Elden R Payne
Signature of Person Conducting Test

Address 46 TRAVIS DR, Offutt AFB, Neb.
Phone: 291-9045

(Do not write below this line)

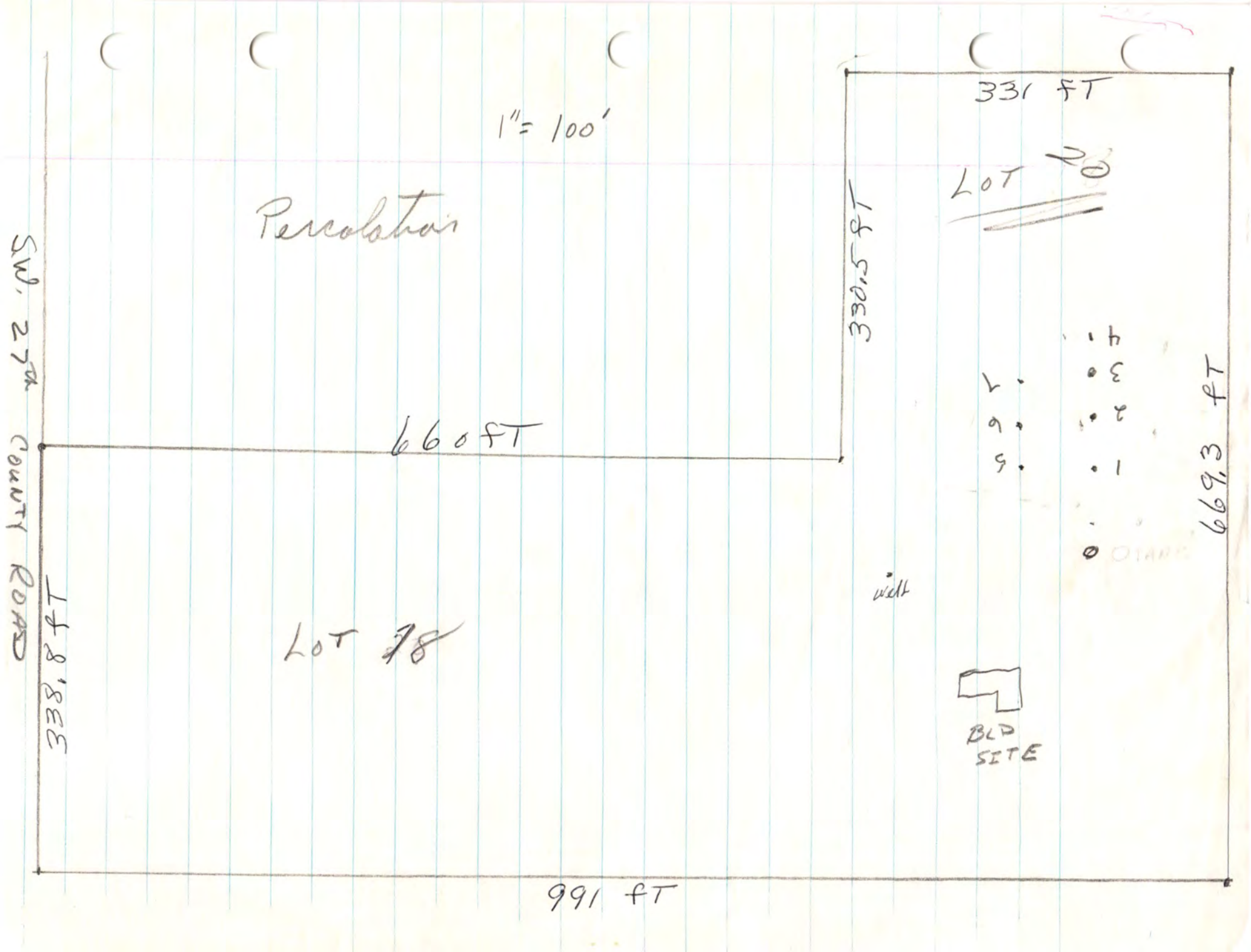
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: January 6, 1976

Gerald C. Hood
Signature of Reviewing Official


1" = 100'
331 FT
LOT 20
Percolation
330.5 FT
SW. 27th COUNTY ROAD
660 FT
669.3 FT
338.8 FT
LOT 78
991 FT
BLD SITE

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 750-C

SPECIFICATIONS

DATE: _____

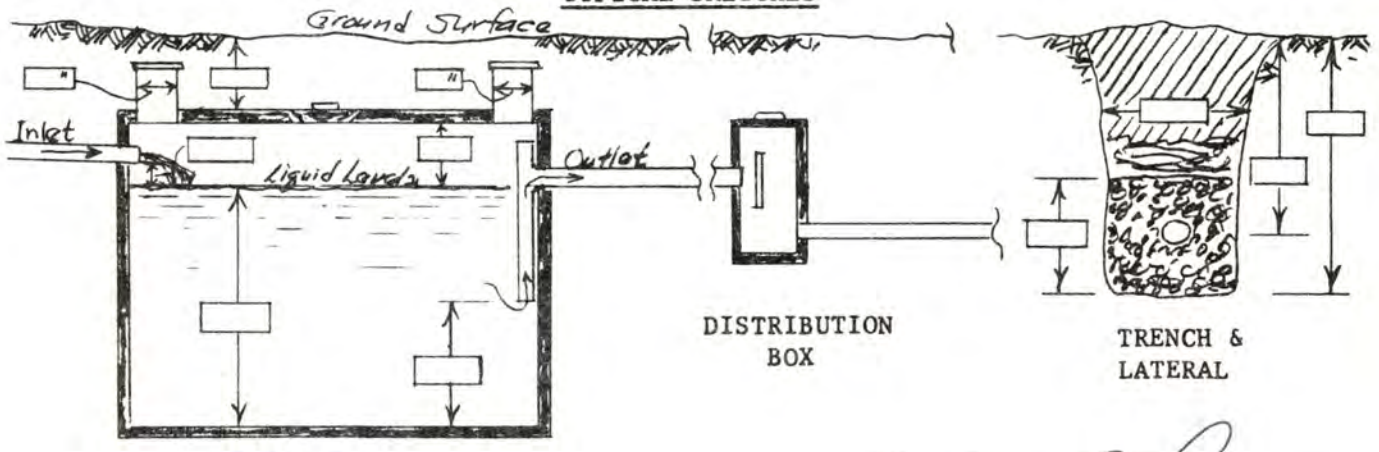
A. BUILDING SEWER:
1. Material CAST IRON Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line 175 ft.;
Stream UNK ft.; Pressure Line 275 ft.;
Property Line 120 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CEMENT; No. of compartments 1.
2. Capacity 750 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade _____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 250 ft.;
Stream ___ ft.; Pressure Line 350 ft.;
Property Line 125 ft.

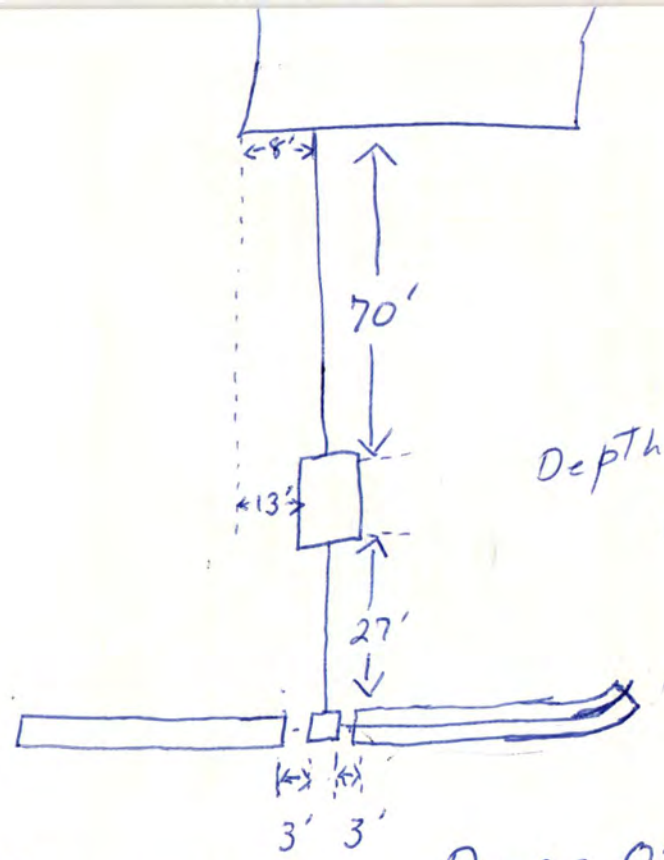
C. DISTRIBUTION BOX
1. Material CEMENT; No. available outlets 3.
2. Factory Built: Yes ☒, (Company _____) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 15 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 30 in. Number 3; Length of each line 5 ft Total length of Laterals 158 ft.; Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape _____ Material: concrete ☐; fiber ☒ asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom 6 in.
5. Distances To:
Well or Suction Line 250 ft.;
Stream UNK ft.; Pressure Line 375 ft.
Property Line 135 ft.
6. Percolation Rate: 48 minutes/inch

TYPICAL SKETCHES



Ellen R Layne
Signature of Applicant



← E

well

120'

Depth of Tank
12"

Drop = ~~1 1/2~~ "
Depth of Lateral
2 1/2'

Drop = 0"
Depth of Lateral
2 1/2'

N

↓

Strahmyer Exc.
5-7-76
Lane Cline

98090300 1

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 CR 3764 11000 SW 27th

Twp 9N Range 6E Section 33 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property Highway 77 to Saltillo rd, Turn West till SW 27th back NO approx 1 mile, East side of Rd - Dark Brown Ranch

Location of Well West side of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System No side of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Eldon Payne	11000 SW 27th 68523-9321	423 1727
Tenant/Buyer:	White	1526 Cheyenne	420 1699
Return to:	Keith White	1526 Cheyenne	420 1699

Signature of Applicant [signature] Address 1526 Cheyenne Date 8/17/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/17/98
Initials [initials]
Amount $150.00
Check No. 3777

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/17/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 0.5 ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 8/21/98 by J.C.H.
Date 8/26/98 by J.C.H.
Date 8/27/98 by J.C.H.

Comments: ELECTRICAL CONDUIT IS SEPARATED ON WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Roll down done 8/21/98 J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/31/98

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

Closing end of August.

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 10910 SW 27

Parcel ID 09-33-300-009-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 33 1/4 SW 1/4 Block ___ Lot ___ Addition (Lot 20 SW 33-9-6) 5 Acres

Directions to Property West Denton Rd to SW 27 - turn South - left side behind new log home

Location of Well 50ft [redacted] - SW of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 50ft North of house Year Installed ___

Site Hazards (dogs, etc.) Nice Dogs

	NAME	ADDRESS	PHONE
Present Owner:	Keith + Michelle White	10910 SW 27	
Tenant/Buyer:			
Return to:	[redacted] / Woods Bros / Kim Sonnie	Woods Bros 7100 S 29 Lincoln 68516 [redacted]	434-3600 (Fax) FAX - 434-3605

Signature of Applicant Rick Lottman Address 4401 Van Dorn Lincoln NE 68506 Date 8/8/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/8/03 Amount $200.00 Check No. 400321 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 8/4/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 1.4 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: See attached letter

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 8/14/03

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: 9-00