LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1821-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

FEBRUARY 25, 1982
THIS PERMIT EXPIRES

RACHAEL SHERWOOD RT 1, BOX 313, 2251 W. ROKEBY ROAD
ISSUED TO ADDRESS

T9N, R6E, SECTION 33, LOT 29it
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 1921-C

DATE: 8/13/81

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 33 ;
   Block _____ : Lot 291 I.T. : Addition _____
   Street Address 2251 W. ROKEBY RD

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

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

4. Distance to public sewer: N/A ft.

Rachael Sherwood
Signature of Applicant (Owner or Lessee)

RT 1 Box 313, 2251 W. ROKEBY RD.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/81. Date Frwd. 8/25/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood SEE NOTE

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N Sherwood

3. City or County Engineer: Date Rec'd. 8/25/81. Date Frwd. 8/25/81. ACTION: Approved ☑ Disapproved ☐ Signature: Gary L. Worrell Dep.

REMARKS OR REASONS FOR DISAPPROVAL Not to be located in 100 year flood plain unless flood proofed - Gary L.

Site Visits:
Date: 8/28/81 by: D.S. plumbing systems
Date: 10-21-94 by: mm water & site septics
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 33 .
Property Dimensions: _____ ft. x _____ ft. Area: 5.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-11-81 to 8-12-81 . Weather: Precip. 0 Temp. 89° .

OWNER: RACHAEL SHERWOOD

Address: 2251 W ROKEBY RD
RT 1 Box 313

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	37"	8/11	11 AM	8/12	11:00	8/12	3:10	6"	3:40	5"	30 MIN	1"	30 SEC 1.0
2	36"	↓	↓	↓	↓	↓	3:11	6"	3:41	5"	↓	1"	30 SEC 1.0
3	36"						3:12	6"	3:42	4 7/8"		1 1/8"	27 SEC 1.125
4	36"						3:13	6"	3:43	5"		1"	30 SEC 1.0
5	36"						3:14	6"	3:44	4 3/4"		1 1/4"	24 SEC 1.25
6	36"	↓	↓	↓	↓	↓	3:15	6"	3:45	5"	↓	1"	30 SEC 1.0
													6.375

Sum of Percolation Rates: 171
Average of Rates: 29 SEC :.5 MIN
Mean of Rates: 27 SEC

Mary N. Sherwood
Signature of Person Conducting Test

Address 620 GARFIELD Phone 435-2400

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Leary Silty Clay Loam
Date: August 13, 1981

Approved Percolation Rate (a)
A. 28 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 ☒

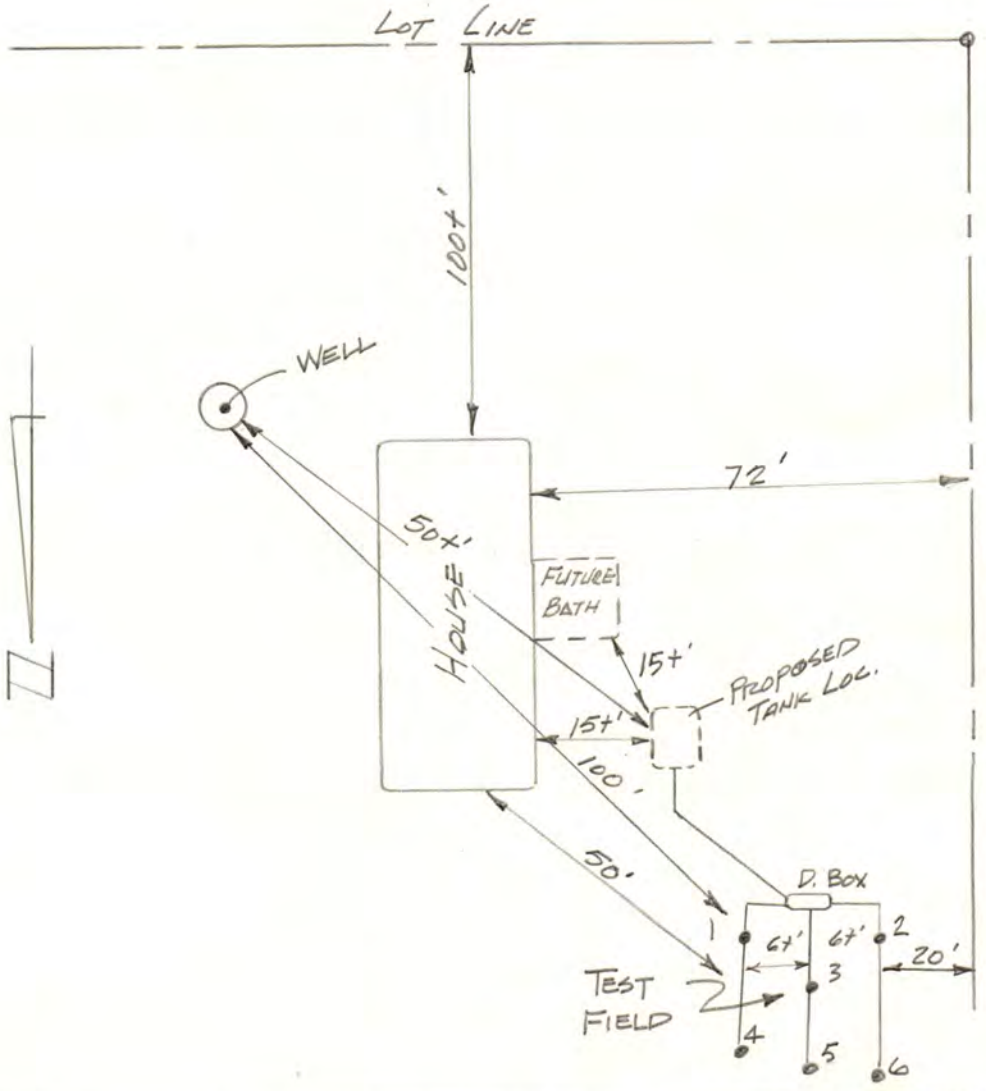
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: August 13, 1981

1EL
3/454
3
18
15.0

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 ~~484~~ 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: 8-28-81

FILE NO. _____

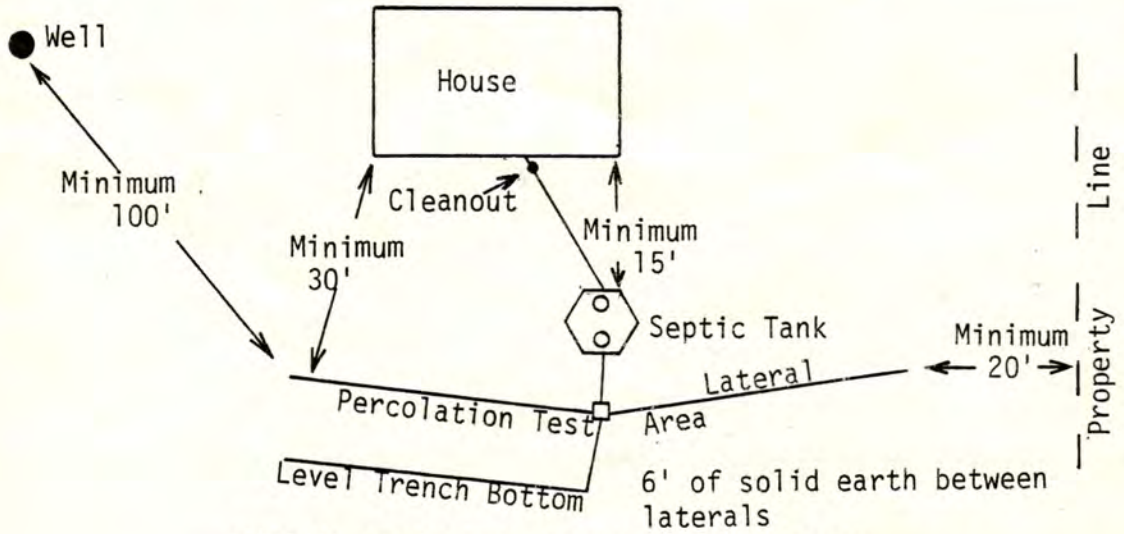
SPECIFICATIONS AS BUILT

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 FIBERGLAS; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company CORRA-GLAS CO.)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 21 in.
8. Distances to:
Well or Suction Line 125 ft.; Stream _____ ft.; Pressure Line 70 ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 ft.

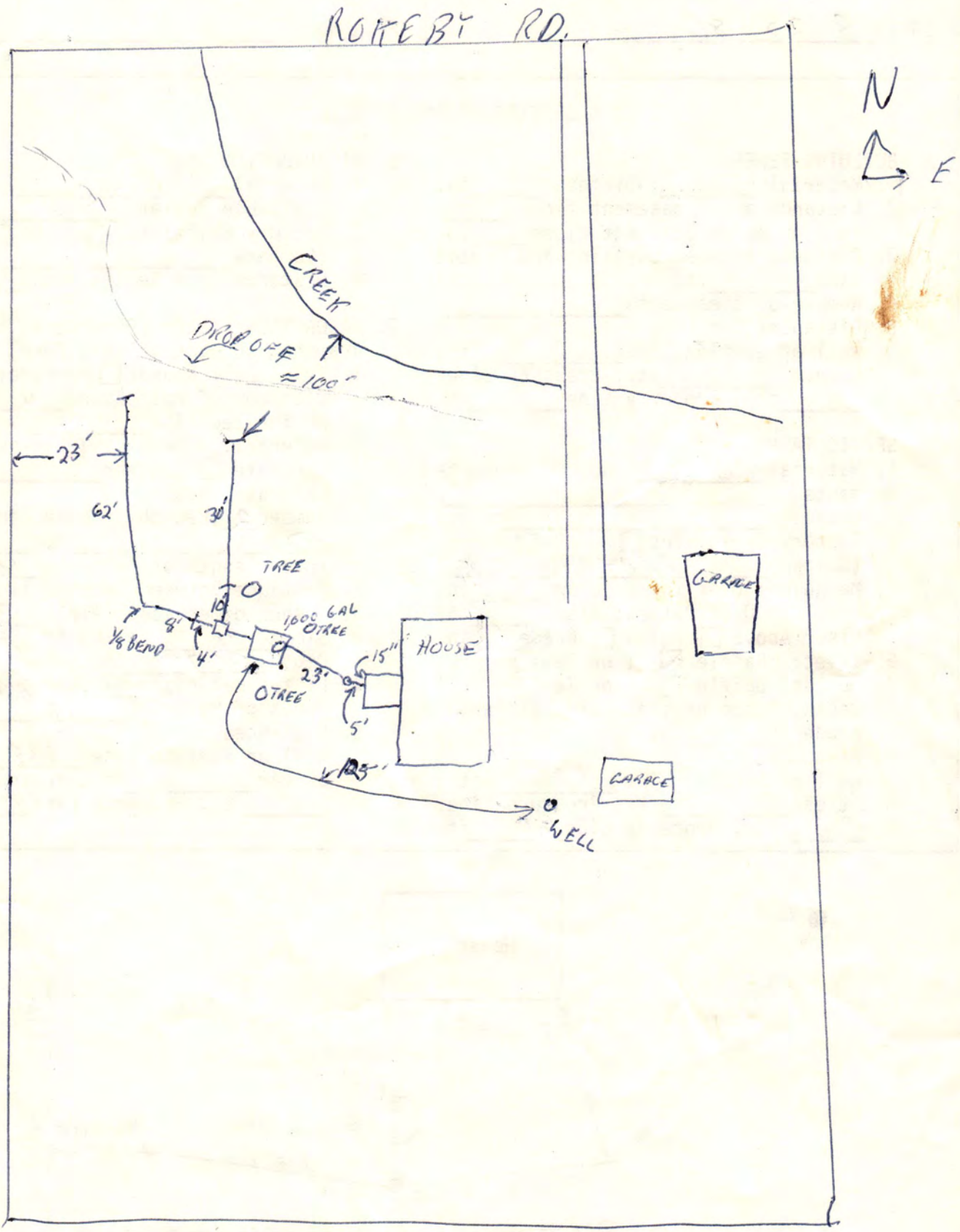
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 30, 70, _____, _____, _____ ft.;
Total length of laterals 100 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 3'7" in.
4. Filter Material: ROAD GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 138 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 23 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8-28-81 INSTALLER SOUTHWICK SERVICES
792-2462



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000180

(402) 441-8000

Permit: WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 03400104901

Issued 01/02/03
Expires 07/02/03
Revenue Code 3162

Establishment: DAVID J SHERWOOD
T9N R6E SEC 33 QTR NW
LOT 29
2251 W ROKEBY RD

FEES: $100.00

Permittee: DAVID J SHERWOOD
2251 W ROKEBY RD
LINCOLN NE 68523

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. 0340 01049

DEC 31 2002

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 2251 W Rokeby Rd City Lincoln, NE Zip 68523
(No Rural Route Please)
LCR 4988
Township 9N 33 Range 9 6E Section 33 1/4 Section NW
Block ____ Lot 29 Addition ____
Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe ____

3. Distance to Public Water Supply ____ feet.

Signature of Owner David J Sherwood Print Name DAVID J. SHERWOOD
Current Address 2251 W ROKEBY LIN NE 68523
Current Home Phone 402 420 2109 Work Phone ____

Signature of Contractor Joe Holly Print Name JOE HOLLY (HOLLY DRILLING C
Address 634 S HWY 15 DORCHESTER, NE 68343
Home Phone ____ Work Phone (402) 946 3871 Cellular Phone ____

Sewage Permit Applied for: ☐ Yes ☐ No ☒ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

N 40° 42' 37.39
W 96° 45' 11.31

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received Date forwarded	1/3/03 1/3/03	ACTION Signature:	☒ Approved Carol C. Hood	☐ Disapproved
2. Building & Safety	Date received Date forwarded	1/2/03 1/2/03	ACTION Signature:	☐ Approved	☐ Disapproved
3. City Engineer	Date received Date forwarded	1/2/03 1/2/03	ACTION Signature:	☒ Approved	☐ Disapproved

REMARKS OR REASONS FOR DISAPPROVAL: IF WELL IS IN FLOOD PLAIN, WELL HEAD MUST BE ELEVATED 12" ABOVE BASE FLOOD ELEVATION -MP

Site Visits
Date: 1/13/03 By DS.
Date: ____/____/____ By ____
Date: ____/____/____ By ____

Nitrate Level 1.9 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other ____

Installation Final Written Approval
Date: ____/____/____ By ____

Business Office Use Only
Received: Date: 12/31/02 Amount #100 cc Check No. 2540 Initials ____

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector