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1 of

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 10101 S. 27

CR 3910 Twp 9 Range 6 Section 36 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well S.W OF HOME Approx 150 FT Tap Location: Inside ☐ Outside ☐

Location of Sewage System S. E. of HOME Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	BONNIE ZETTERMAN		
Tenant/Buyer:	DALE SONENBERG	10101 S. 27, ROCA, NE 68430	328-9632
Return to:			

Signature of Applicant D. Sonenberg Address ___ Date 01/13/99

HEALTH DEPARTMENT USE ONLY

FAX #

RECEIVED

Date 1/14/99
Initials CW
Amount $150.00
Check No. 588457654 money order

DATA ENTRY

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

PRELIMINARY STATUS--By John Chen **DATE**: ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☑ .2 ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☑
Disapproved ☐

Additional Site Visits

Date 1/19/99 by JR
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: If the septic tank has not been pumped recently, it should be checked to see if it is needed.

See Attached Letter ☐

FINAL STATUS

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

Approved by John Jhies REHS/RS 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

Property Walk
N
SHED
Trees
SEPTIC
APPOX
110 YARDS
FROM HOUSE
TERRACE
TERRACE
POOL
HOUSE
WELL HEAD
Approx
100 FT SW of
House
W
S

FILE NO. 117

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 6, 1970 — THIS LICENSE OR PERMIT EXPIRES

James Rakers — LICENSEE OR PERMITTEE

4540 Pioneers — ADDRESS

T 9N: R 6E: Section NE¼ 36 — 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
143 110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
16813 MS 69		3.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 117

DATE: August 6, 1969

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 6E; Section NE¼36
Block _____; Lot _____; Addition _____;
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 4 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

James Pakes By E. Tanner
Signature of Applicant (owner or lessee)

4540 Pioneer
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
Date: 11-24-69 by: DCH
Date: 11-25-69 by: DSS

4. Date: Approved [X]; Disapproved [ ]: 8/6/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-29-69 by: Stephen J. Schaller

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 117

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 6E; Section NE¼36;
Block ____; Lot ____; Addition ____;
Street Address ____.

2. Property Use: Residential ____ ☒; Commercial ____ ☐ 6mi South 27th & 1 St.
No. of Bedrooms 4. Describe: ____

Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: ____ft.

James Rakers & Tanner
Signature of Applicant (owner or lessee)

4540 Pioneer
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/6/69. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8/6/69. Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: Date Rec'd. 8/6/69. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8/6/69. Signature: Chas. Seals - Bob Simmons

3. City Engineer: Date Rec'd. ____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8-7-69. Signature: D Simpson

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 117

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___F.

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)
		Datta Taken from next lot North (Heckles ?)											

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: August 6, 1969

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

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 117

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material TILE; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 2.
5. Distances To:
   Well or Suction Line ___ft.;
   Stream ___ft.; Pressure Line ___ft.;
   Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material CON; No. of compartments 1.
2. Capacity 1500 gals.; Liquid depth 71 in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 5 in.
   Over Outlet; diam. 5 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 ___in.
8. Distances To:
   Well or Suction Line +50 ft.;
   Stream ___ft.; Pressure Line ___ft.;
   Property Line ___ft.

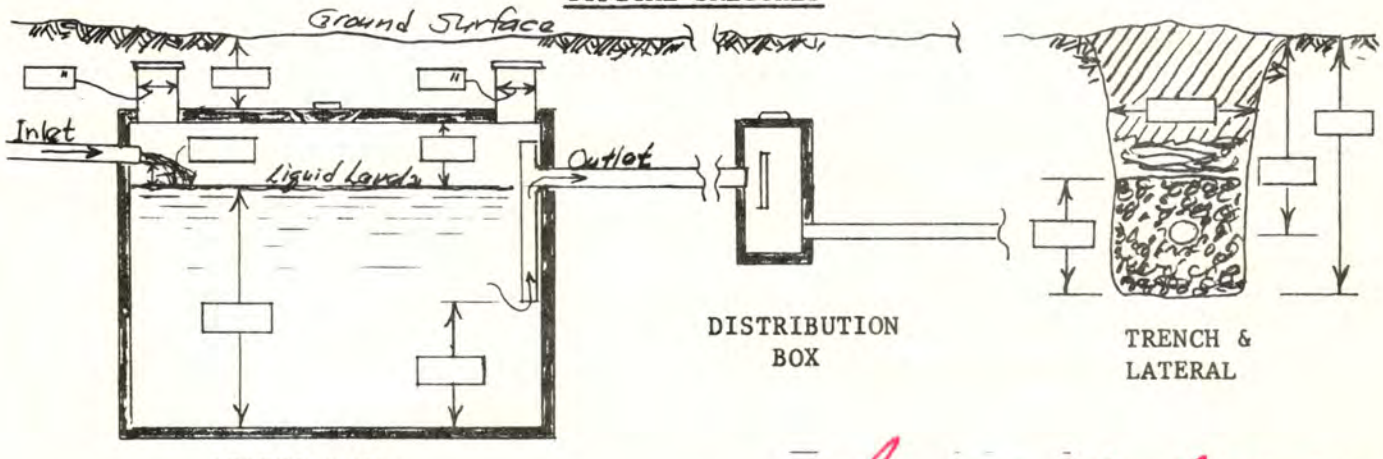
C. DISTRICTION BOX

1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 28 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

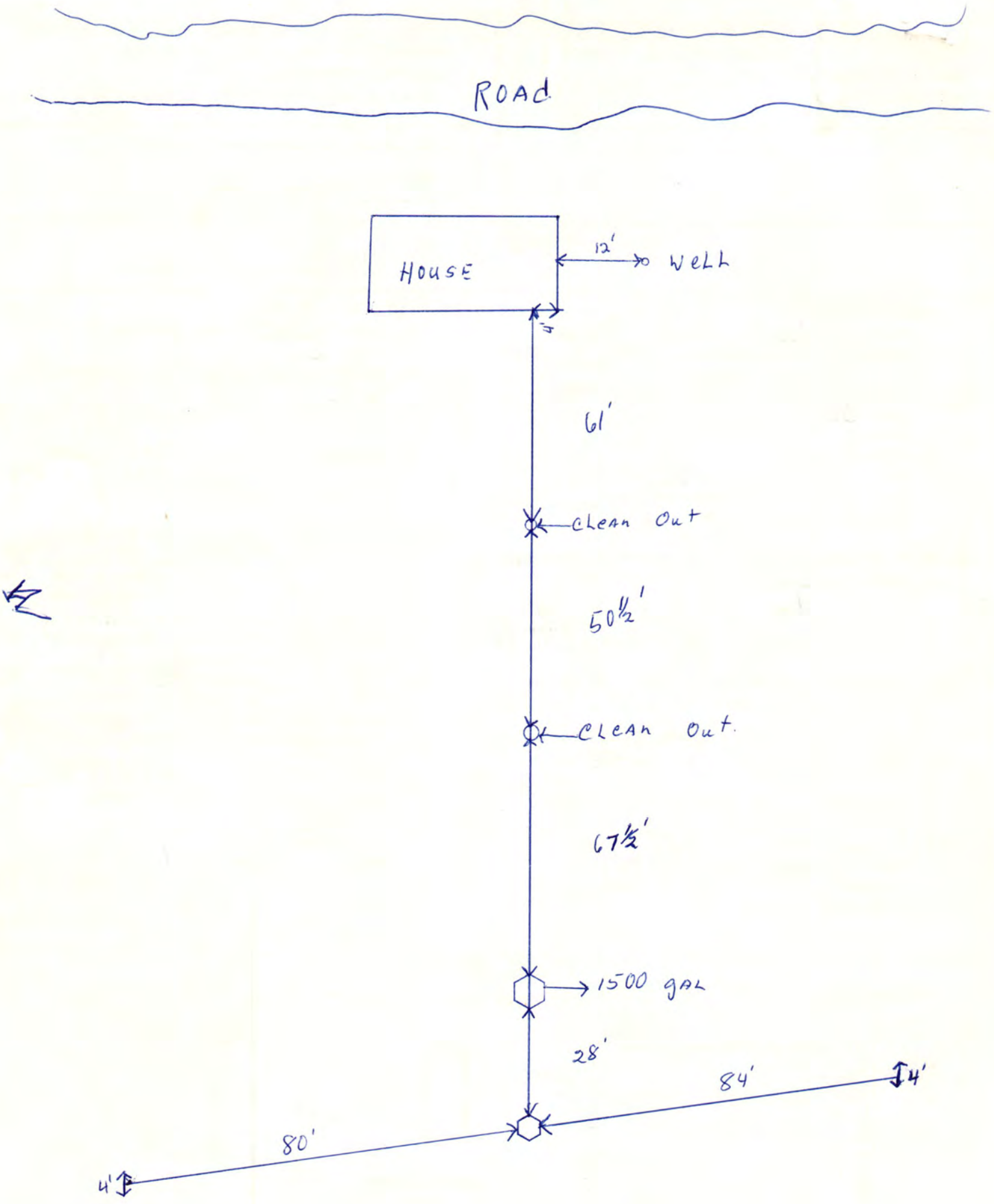
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 165 ft.; Slope 6 in/100 ft. Diameter of pipe 24 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 ___in.
5. Distances To:
   Well or Suction Line 100 ft.;
   Stream ___ft.; Pressure Line ___ft.
   Property Line 20 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



James Rahn & C. Tamm
Signature of Applicant


ROAD
HOUSE
12'
WELL
4'
61'
CLEAN OUT
50½'
CLEAN OUT.
67½'
1500 GAL
28'
84'
4'
80'
4'

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 Rt 1 Roca

Twp 9N Range 6E Section 36 1/4 NE 1/4 Block ___ Lot 75 Addition ___

Directions to Property South on 27th Street, 2nd house south of Rokeby Road, on the west side

Location of Well ___ Tap Location: Inside ☐ Outside ☑

Location of Sewage System ___ Year Installed 1969

	NAME	ADDRESS	PHONE
Present Owner:	Bonnie K & Lowell V. Zetterman	Rt 1 Roca, NE 68430	437-2594 (W) Bonnie 423-0510 (H) "
Tenant/Buyer:			
Return to:	Bonnie K. Zetterman	"	

Signature of Applicant Bonnie K Zetterman Address Rt 1 Roca, NE 68430 Date 5/26/93

HEALTH DEPARTMENT USE ONLY

Date Received 5/28/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/8/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/14/93

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.

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