016

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St Marys Avenue Phone (402) 471-7800

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.

☐ Evaluation of the Individual Water System Date: 4/23/92

☑ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 2; BLOCK ____

LOT ____; ADDITION IKIRU EAST; Street Address 8900 Pioneers

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System between house & water course Year Installed 1969

	NAME	ADDRESS	PHONE
Present Owner:	J & V Skold	8900 Pioneers	488-5869
Tenant/Buyer:			
Return to:			

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

Signature of Applicant John Skold Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 27, 1992 Received $150.00 Check ☒ Cash ☐

COMMUNITY WATER PRELIMINARY STATUS--DATE APRIL 28, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☒	Date 4/28/92 by J.C.H.
Bacteria	☐	☐	Provisional: ☐	Date _____ by ____
Nitrate	☐	☐	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 COMMUNITY WATER SYSTEM

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE APRIL 28, 1992

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

FILE NO. 98

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 11, 1969
THIS LICENSE OR PERMIT EXPIRES

John Skold by Donald Magee
LICENSEE OR PERMITTEE

ADDRESS

T 9N; R 7; Section 2; Lot 8; Ikuri East
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
15207 MH 9-29		30.00

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. 98

DATE: 8 April 69

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 7; Section 2;
Block ____; Lot 8; Addition ____;
Street Address 1 Iowa East.

2. Property Use: Residential ____ [✓]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____
Other Use ____ [✓]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [✓]; 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.)

Donald Mayer for John Stahl
Signature of Applicant (owner or lessee)

63rd Burlington
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: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 4/11/69
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/26/69 by: Jerrold C. Hood

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. 98

PROPERTY WHERE SOIL TESTED: Lot 8 Skinner East Owner: John Kbolel
Location: Township _____ T9N R7
Section & ¼ Sect. 2 Address _____
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 ☐

Dates of Tests: 3 april to 4 april. Weather: Precip. more Temp. 45 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	3/4/69	0800	3/4/69	100	3/4/69	100	30	136	29	36	1	36/1
2	36	3/4/69	0800	3/4/69	100	3/4/69	100	30	136	29	36	1	36/1

Sum of Percolation Rates 36/1
Average of Rates:
Mean of Rates:

Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: ~~Permit to be issued~~

Approved Percolation Rate(s)
A. 36 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 11, 1969

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. 98

SPECIFICATIONS

DATE: April 69

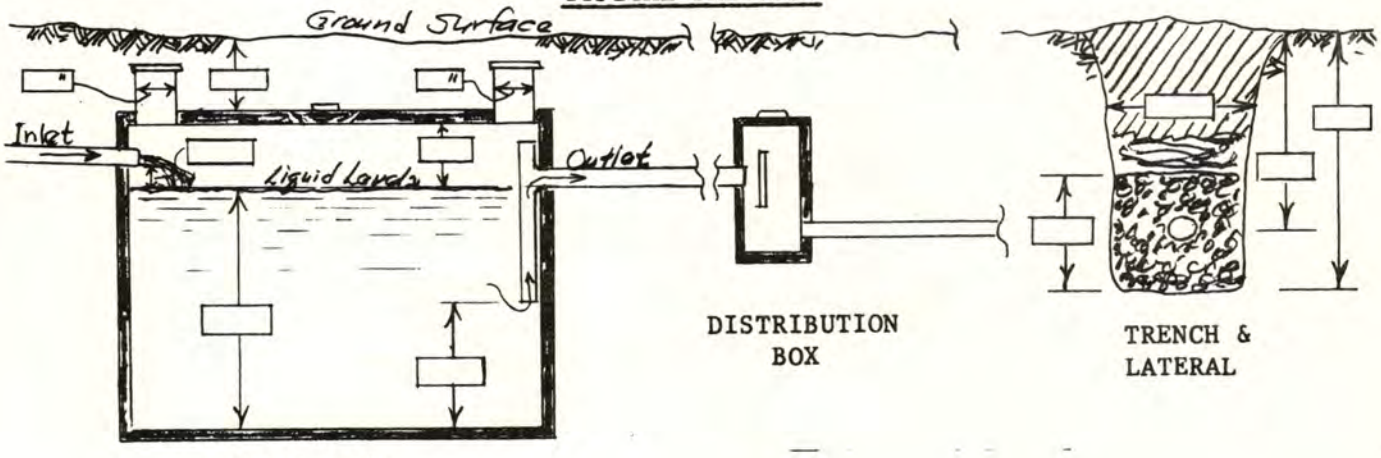
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Concrete Steel) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade 18 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☑
Depth of outlet below inlet 2 in.
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 200 ft.

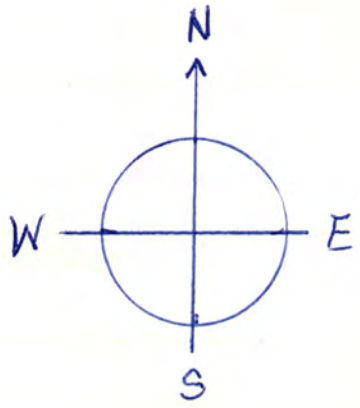
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast) No ☐
3. Dimension: Length 13 in.; Width 11 in. Depth 8 in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☑, No ☐ (If yes, show detailed plans.)

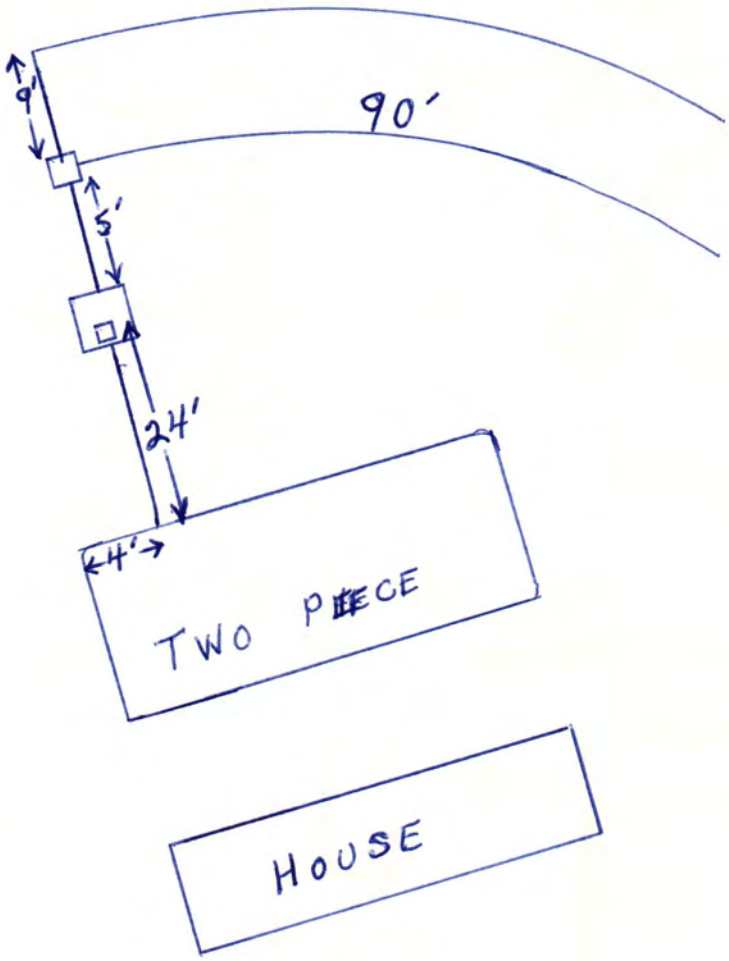
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade 18 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape Half Moon Material: concrete ☐; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 200 ft.
6. Percolation Rate: 34/1 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S


9'
90'
5'
24'
4'
TWO PIECE
HOUSE