LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
Lincoln, NE 68510-1514

NON TRANSFERABLE

PERMIT

Permit No. 96390049201

SEWAGE SYSTEM REPAIR

Issued 03/14/96
Expires 09/14/96
Revenue Code 18754

Establishment

JOHN BOLTON
T9N R7E SEC 10
PIONEERS HEIGHTS BLK 2 LOT 3
4825 MANDARIN CIRCLE

FEES: $50.00

Permittee

JOHN BOLTON
4825 MANDARIN CI
LINCOLN NE 68516

TOTAL $50.00

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 3-5-96

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 10 ;
Block 2 ; Lot 3 ; Addition PIONEERS HEIGHTS
Street Address 4825 MANDARIN CIR

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: ~~REPAIR~~ REPLACE LATERALS

5. Work to be done by: Owner ☐ ; or Contractor ☒ , LARRY SCHWARCK
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2250 00

John R. Bolton
Signature of Applicant (owner or lessee)

4825 MANDARIN CIR.
Address

(Do not write below this line)

REVIEWING ACTION

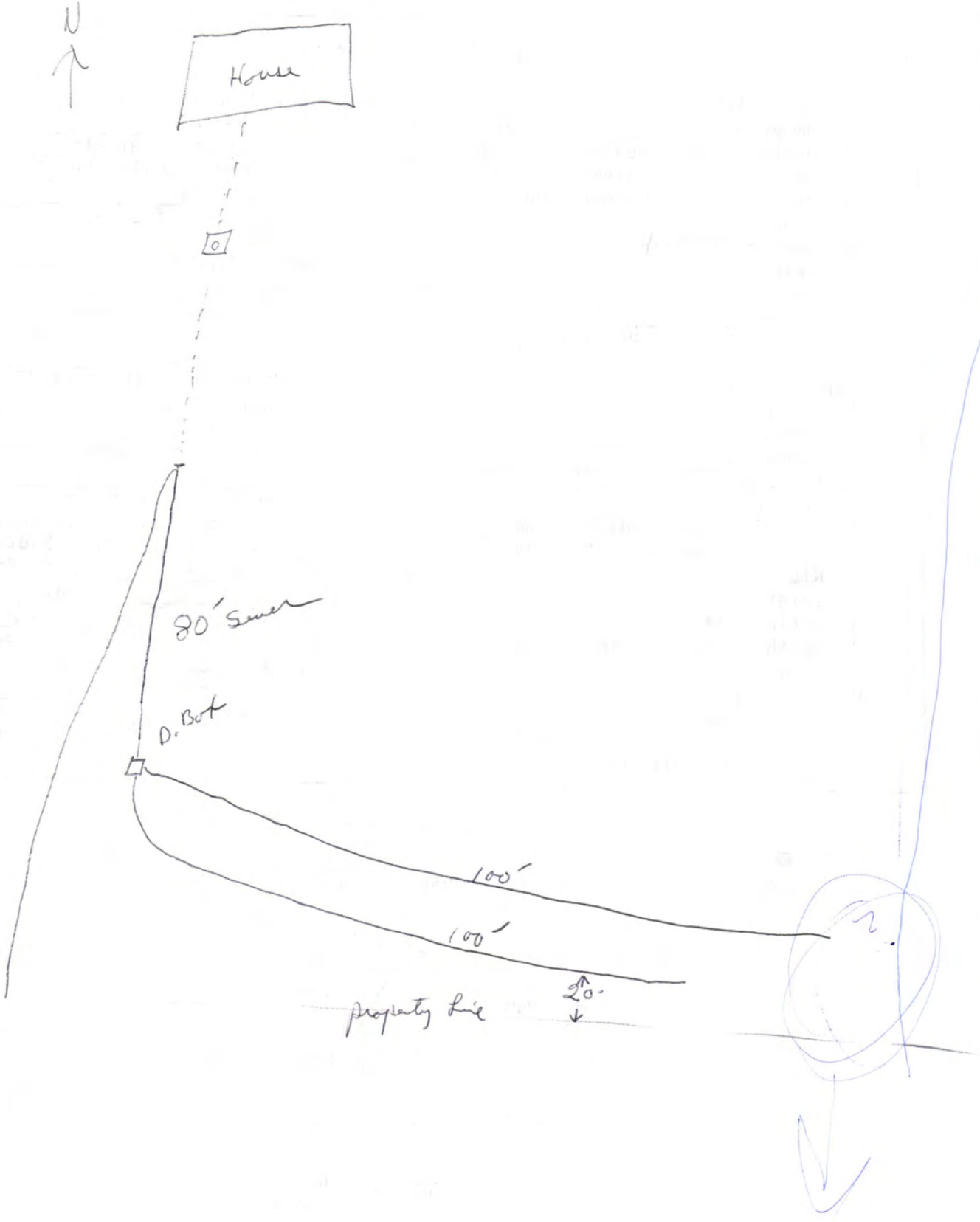
1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 3/4/96 by: J. C. H.
Date: 3/5/96 by: J. C. H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/22/96 by: J. C. Hood

4825 Mondrian Ct.



009

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

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: _____

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION NE¼ 10; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	_____	4625 Standing Oak	481-6934
Tenant/Buyer:	_____	_____	435-7661
Return to:	_____	_____	_____

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

Signature of Applicant John R. Bolton Address 709 C ST

==========

HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 23, 1994 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/29/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 12/8/94 by CH
Bacteria	☒ 0	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒ 0.4PPM.	☐	Disapproved:	☐	Date _____ by ___

Comments: ELECTRICAL CONDUIT PLATE IS BROKEN ON WELL HEAD. SEWAGE SYSTEM PREDATES REGULATIONS. INDICATIONS WERE THAT SEPTIC TANK HAS NEVER BEEN PUMPED. IF SO IT SHOULD BE PUMPED. Consult state regulator regarding 3/8/96 PROVISIONAL APPROVAL BECAUSE PORTIONS OF SEWAGE SYSTEM PREDATE REGULATIONS AND THE AMOUNT OF LATERAL IS NOT BASED ON A SOIL PERCOLATION TEST.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Donald C. Hoar L.E.H.S. DATE MARCH 11, 1996

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

ASSIGN TO PAUL D. 001

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

2977

Legal Description of Property: Street Address 4825 MANDARIN CIR.

Twp 9N Range 7E Section NE¼ 10 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition PIONEER HEIGHTS

Directions to Property OUT 84TH ST, PAST PIONEERS 2 BLOCKS TO MANDARIN CIR

Location of Well BETWEEN FRONT DRIVEWAYS Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK YARD UNDER OLD GRINDSTONE Year Installed 1964?

	NAME	ADDRESS	PHONE
Present Owner:	JOHN & MARY BOLTON	4825 MANDARIN CIR LINCOLN, NEB	488-2375
Tenant/Buyer:	ROSS & LIZ WANDERLICH	721 FOLSOM LANE #75 LINCOLN, NEB	435-5770
Return to:	JOHN & MARY BOLTON	4825 MANDARIN CIR LINCOLN, NEB	488-2375

Signature of Applicant John R Bolton Address 4825 MANDARIN CIR LINCOLN, NEBR Date 8/28/97

HEALTH DEPARTMENT USE ONLY

Date Received 8/28/97 Received $150.00 ☒ Check ☐ Cash

#3900 Bolton + Wanderlich no #

PRELIMINARY STATUS--By P. DROZMANN **DATE:** 8/29/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.6 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: System repaired 3/96. Since portions of system predate regulations and no record of percolation tests conducted, per policy, only provisional approval can be granted

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drozmann Date 9/8/97

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.

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: 2-5-96

FILE NO. _____

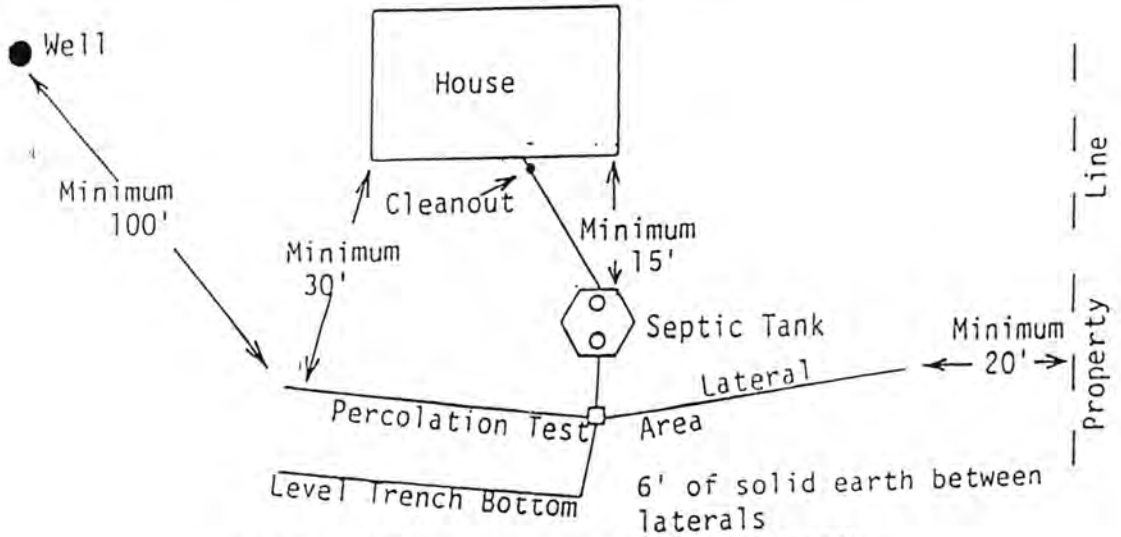
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C ; 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 ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade ____ in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material ____; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐
(Company ____)
3. Distance from Septic Tank ____ 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 8 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2-6 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN