LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380104901

Issued 08/16/93
Expires 02/16/94
Revenue Code 18754

Establishment
ROBERT ZIEMER
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 2 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee
ROBERT ZIEMER
6201 FLEETWOOD DR
LINCOLN NE 68516

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 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: 471-7800

A

FILING FEE: $ 150

FILE NO. _____

DATE: _____

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 7E ; Section 13 ;
   Block 2 : Lot 4 : Addition Hidden Valley Acres
   Street Address _____
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ (experimental) ; Other ☐
4. Distance to public sewer: _____ ft.

Robert L. Ziemer
Signature of Applicant (Owner or Lessee)

6201 Fleetwood Dr.
Address
Lincoln, Ne. 68516
488-8734

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/13/93. Date Frwd. 8/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/13/93. Date Frwd. 8/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spur
3. City or County Engineer: Date Rec'd. 8-13-93. Date Frwd. 8-13-93. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-25-93 by: P.D 9:00 am
Date: 10-25 by: P.D 3:00 pm
Date: 10-26-93 by: P.D

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

* Experimental

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-26-93 By: [signature]

Provisional approval only

FORM 23-43

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-9 to 8-10-93 Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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	28-30	8-9	6:30	8-10	7:10	8-10	10:10	5 3/4	11:10	6	60		
2								5 1/4		5 1/4		-	
3								6		6		-	
4								6 1/8		6 1/8		-	
5								14 1/2		16 1/8		1 5/8	
6								14		14		-	
7								14 3/4		15 3/4		1	
8								12 3/4		13		1/4	

Larry Schwank
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☐

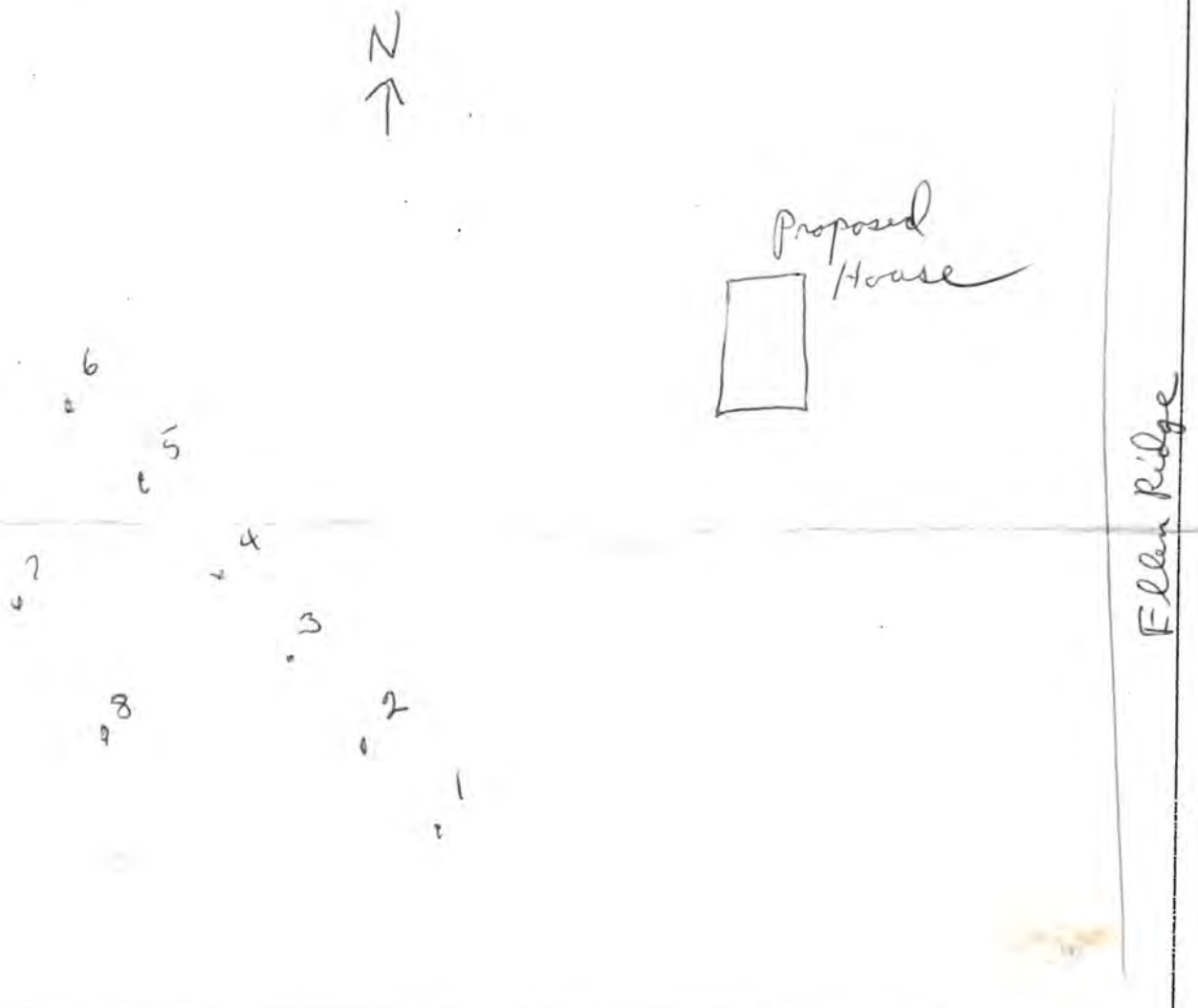
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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: 471-7800

D

DATE: 10-26-93

FILE NO. 933801049

SPECIFICATIONS AS BUILT

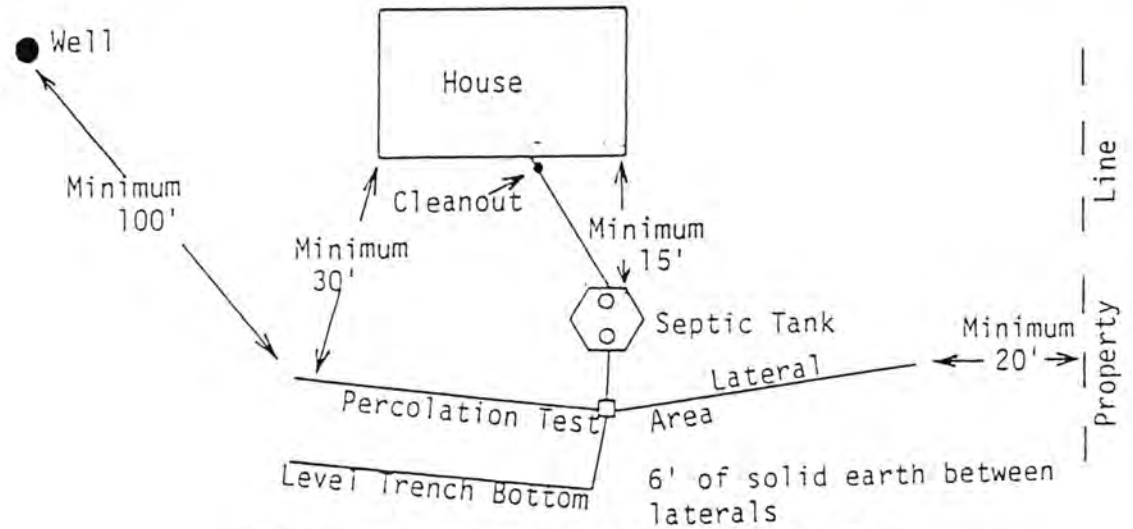
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 130 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1500 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 18 in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company ____)
3. Distance from Septic Tank (center) 25 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 Sch 40.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3; Length of each line 130, 130, 70, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 8 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24-36 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.

Rural Water



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

COPY

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

RECEIVED JAN 25 2005

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 6501 PRAIRIE RIM Rd LINCOLN 68526

Parcel ID 16 - 13 - 402 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 13 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition HIDDEN VALLEY ACRES

Directions to Property 106th & PINE LAKE RD - NORTH ON PRAIRIE RIM - 1/2 mile - WEST SIDE

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System STRAIGHT WEST FROM REAR HOUSE FAUCET Year Installed 1994

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT R. ZIEMER	6501 PRAIRIE RIM RD	488-0851
Tenant/Buyer:			
Return to:	TERESA DILLS	HOME REAL ESTATE 225 N. COTNER LINCOLN NE 68505	(Fax)

Signature of Applicant Robert R. Ziemer Address 6501 PRAIRIE RIM RD LINCOLN, NE 68526 Date 1/23/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/26/05 Amount #200.00 Check No. 5567 Initials NP

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

PRELIMINARY STATUS--By Jerrold C. Hood RURAL WATER DISTRICT #1 **DATE:** 1/26/05

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

Comments: APPROVAL IS PROVISIONAL BECAUSE THE SEWAGE SYSTEM IS CONSIDERED EXPERIMENTAL. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT #1

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

Approved by Jerrold C. Hood R.E.H.S. Date 1/26/05

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.

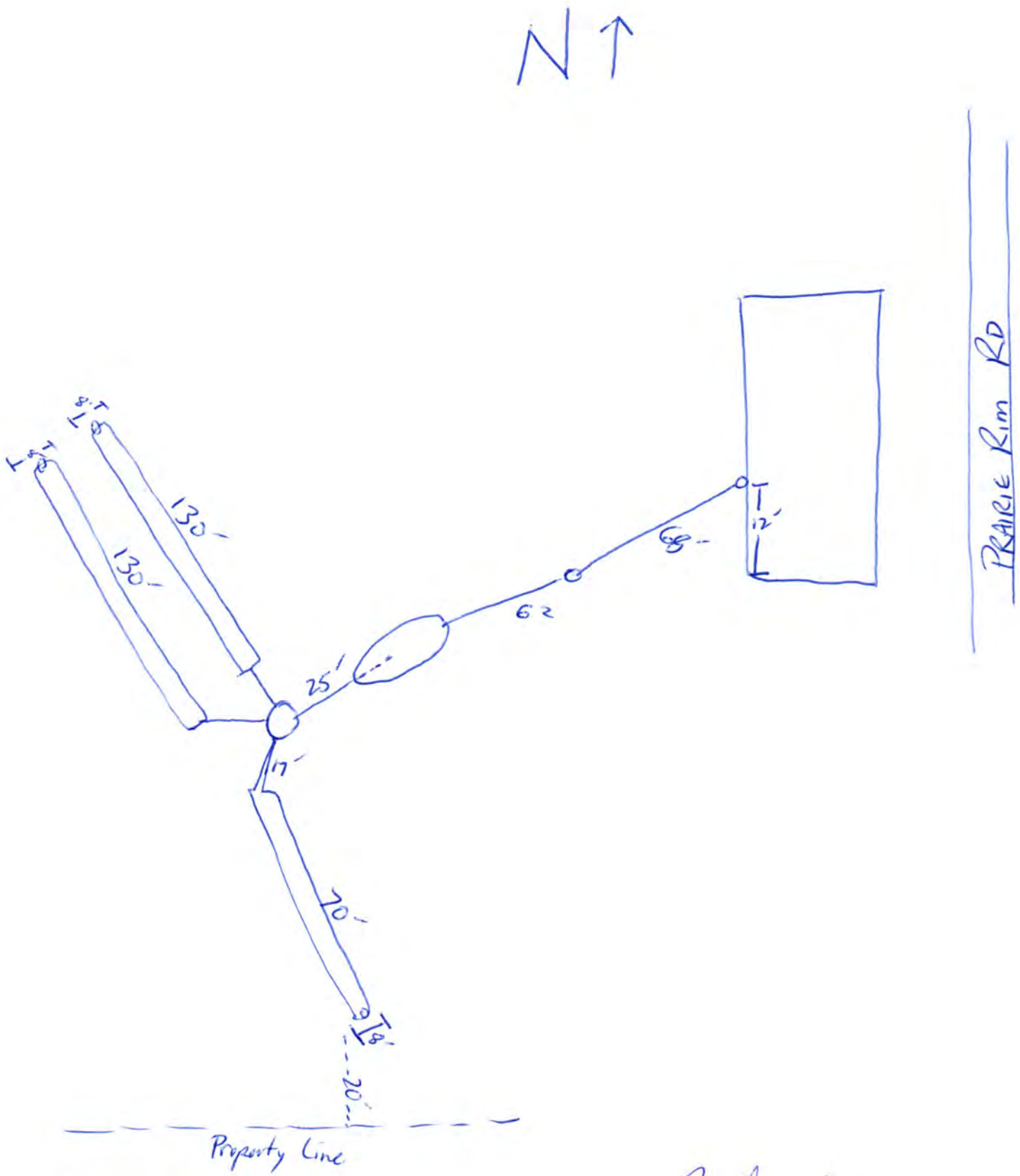
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

(?) 6501 Prairie Rim Rd

10-26-93

Larry Schwarck



2640 sq ft of Lateral
1500 gal tank

Rural water