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: $_____

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. 9 N ; Range 7E. ; Section 13 ; SEE ATTACHED
   Block_____: Lot_____: Addition_____
   Street Address 6200 So 98th.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms_____. Describe_____

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

4. Distance to public sewer: _____ft.

Mayn Customs Home
Donn R Mann
Signature of Applicant (Owner or Lessee)
6101 80 25th
Lincoln, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/90. Date Frwd. 7/18/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/18/90. Date Frwd. 7/18/90. ACTION: Approved ☐ Disapproved ☐ Signature: Walter J Stout
3. City or County Engineer: Date Rec'd. 7-18-90. Date Frwd. 7-18-90. ACTION: Approved ☒ Disapproved ☐ Signature: Donn Mann

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER

Site Visits:
Date: 8-7-90 by: mm
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-8-90 By: Ron Mayer

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: ½ mi So of Old Cheney on 98th

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: 10-25 to 10-26-58. Weather: Precip. — Temp. 58°.

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	32"	10-25	10:AM	10-26	8:00 AM	10-26	12:00	8¾	1:00 pm	9¾	60	1	
2	"							19¼		20¾		1½	
3	"							11½		12½		1	
4	"							16⅛		17¼		1⅛	
5	"							15¼		16¼		1	
6	"							9¾		10¼		½	

Larry Schwarck Trenching
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

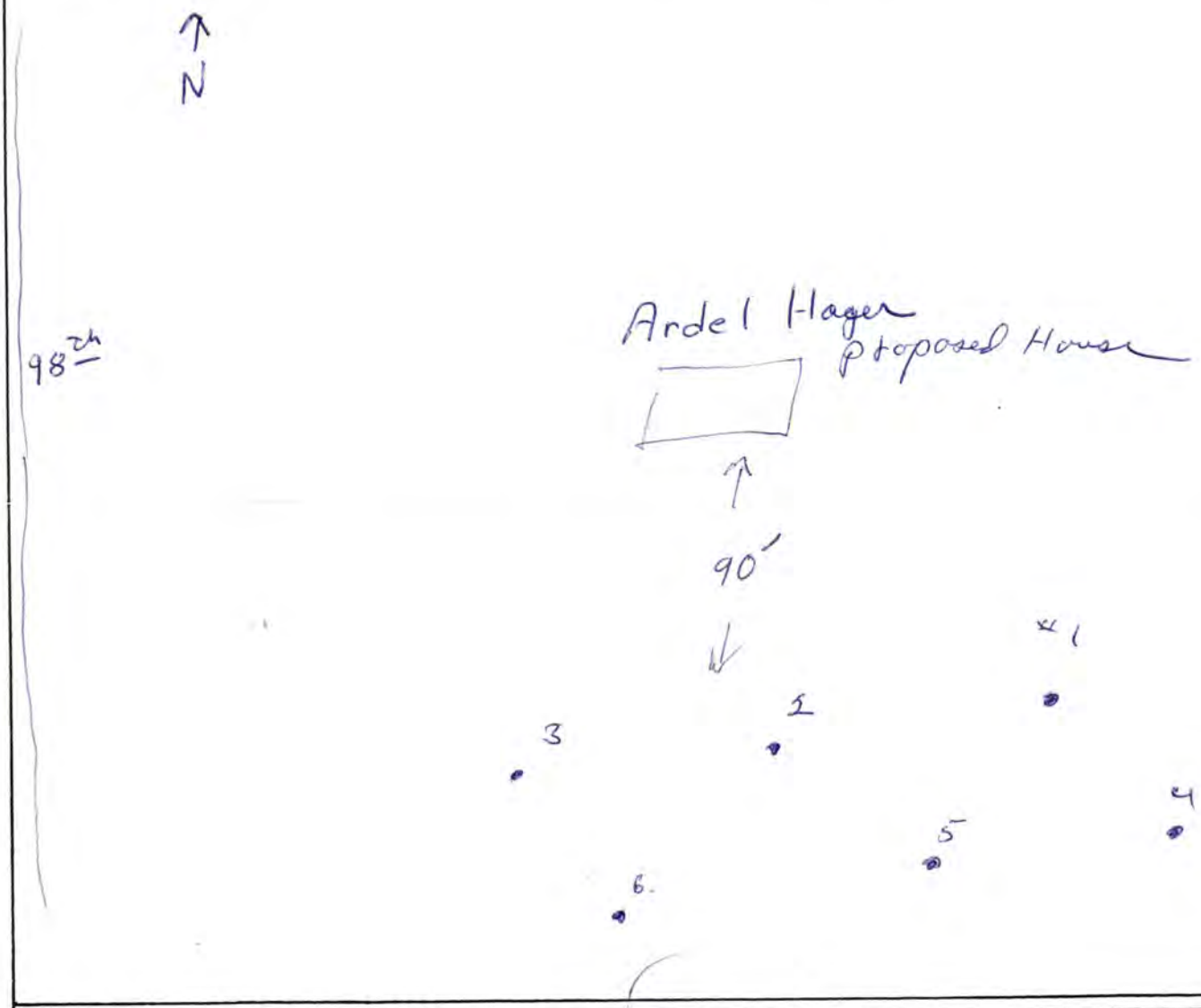
Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 31, 1958

Approved Percolation Rate (a)
A. 60 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: 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: 8-3-90 6200 N. 98th

FILE NO. 1/3 of Oldham 98th, on E. side
19N 7E - 13

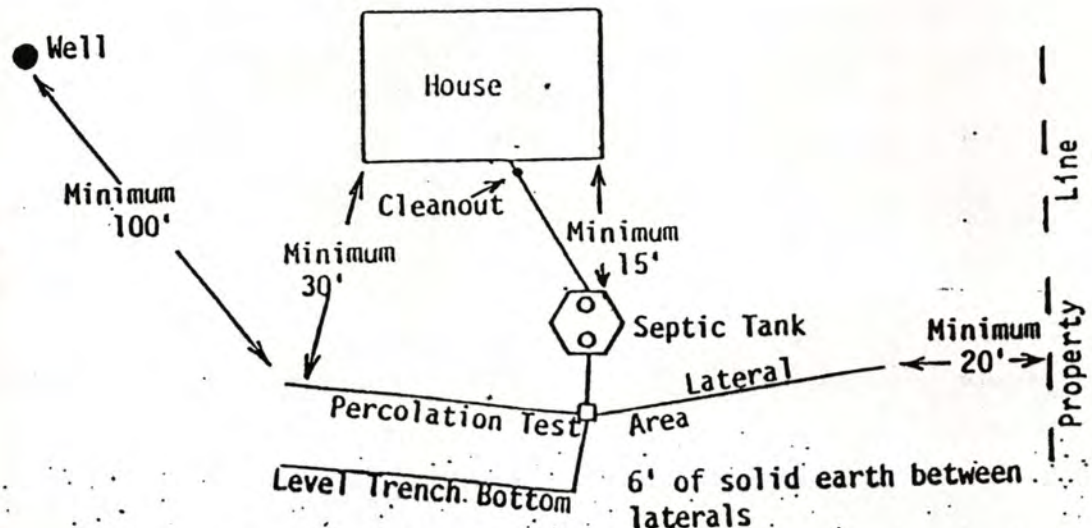
SPECIFICATIONS AS BUILT

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 76 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 Precast; No. of compartments ____.
2. Capacity 1250 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 4" in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; 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 5; Length of each line 100, 100, 100, 100, 40 ft.;
Total length of laterals 440 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

006

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: 10-29-91

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP. ___; RANGE ___; SECTION _____; BLOCK ___

LOT ___; ADDITION _____; Street Address 6200 S. 98th St. Lincoln NE

Directions to Property Cable Hollow

Location of Well NA - Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE Corner Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Ardel & Marilyn Harger	6200 S. 98th St. Lincoln	Hm 796-3242
Tenant/Buyer:			
Return to:	Vister Bank-RE Lending	PO Box 5306 Lincoln 68505	465-7505

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

Signature of Applicant Cindy Mueller Address Vister Bank

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 30, 1991 Received $75.00 150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT #1

PRELIMINARY STATUS--DATE 10/30/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 10/30/91 by LCH
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT #1

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

APPROVED BY Lynette L. Nore R.S. DATE OCTOBER 30, 1991

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

015

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: 9-25-92

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 5; BLOCK ____

LOT 15; ADDITION _____; Street Address 6200 South 48th

Directions to Property _____

_____

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Ask owner Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Ardel C. & Marilyn L. Herger	6200 S. 98th	hm# 486-3842
Tenant/Buyer:	— Same —	Lincoln NE 68526	wk# 423-4435
Return to:	Vistar Bank	P.O.Box 5306 Lincoln NE 68505	

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

Signature of Applicant Cindy Mueller Address Vistar Bank

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 28, 1992 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/29/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 9/29/92 by D.C.H.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Wallace C. Hood R.E.H.S. DATE SEPTEMBER 29, 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

005

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

→ Mailed on 12/8/95 - copy included.

Legal Description of Property: Street Address 6200 S 98th Street, Lincoln 68526

Twp 9N Range 7E Section 13 1/4 NW 1/4 Block ___ Lot 15 Addition 6th PM

Directions to Property Lot 15 NW ¼ of Sec 13, T9N, R7E of 6th PM LLCN out E Astreet to 98th - South to 6200

Location of Well on property (NO RURAL WATER) Tap Location: Inside ☒ Outside ☐

Location of Sewage System on property Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Ardel Harger	6200 S 98th Street Lincoln NE 68526	H 486-3842
Tenant/Buyer:			W-423-4435
Return to:			

Signature of Applicant Ardel Harger by PAC Address 6200 S 98th Street Lincoln NE 68526 Date 12/8/95

HEALTH DEPARTMENT USE ONLY

Date Received 12/12/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS–By Jerrold C. Hood **DATE:** 12/11/95

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
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 RURAL WATER DISTRICT

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/12/95

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380061601

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
DONN R MANN
TWN R/E SEC 13
6200 S 98 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
DONN R MANN
6101 S 25TH ST
LINCOLN NE 68512

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/20/90	PAID

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

Larry Schwarck

8-7-90

