LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040301

Issued 07/13/94
Expires 01/13/95
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T9N R7E SEC 20
COUNTRY ACRES BLK 2 LOT 5

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

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"

RECEIVED JUL 1 1 1994

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: 6-28-94

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 20 ;
Block 2 ; Lot 5 ; Addition COUNTRY ACRES
Street Address CRAVE Rd. & Trotter Rd

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Abandon Polishing Pond & install laterals to Septic Tank - 278' total lateral ½ rock (159' new with 120' being installed Eastern in abandoned Pond area)

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL >	$ 400	00

Tom Osborne by Brad Southwick
Signature of Applicant (owner or lessee)

Lincoln Ne 17201 S. 72 Hickman Ne 68332
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: J.C.H.
Date: 7/25/95 by: J.C.H.
Date: 7/26/95 by: J.C.H.
7/26/95 by J.C.H. Need updated drawing

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/9/97 by: Jerrold Wood

DEC 9 1997

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-25-95

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip 68516
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 9 in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 15 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line > 50 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: (2) PVC
   Number available outlets: 50
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 2' + 56' ft.

D. Absorption Field

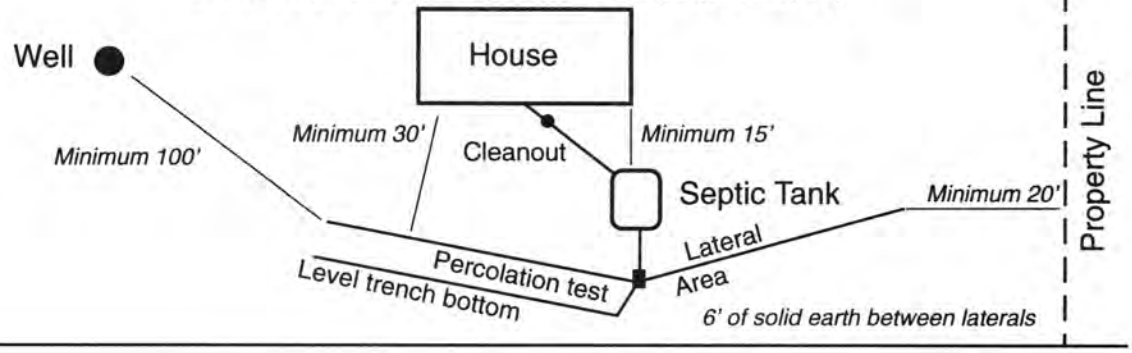
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 92 ft.
   88 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 39 in
4. Filter material: Road Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line > 100 ft.
   Stream _____ ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

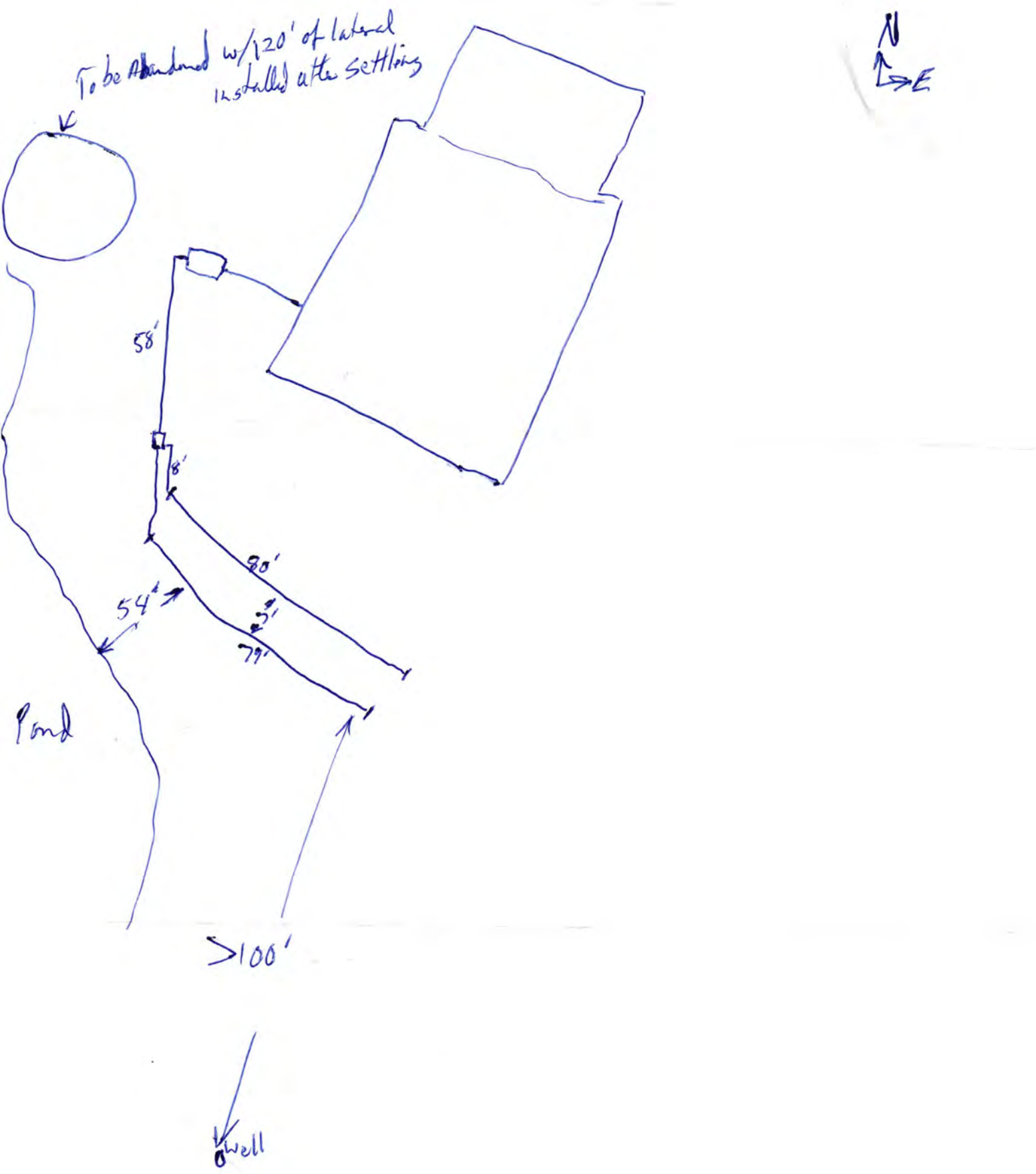
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

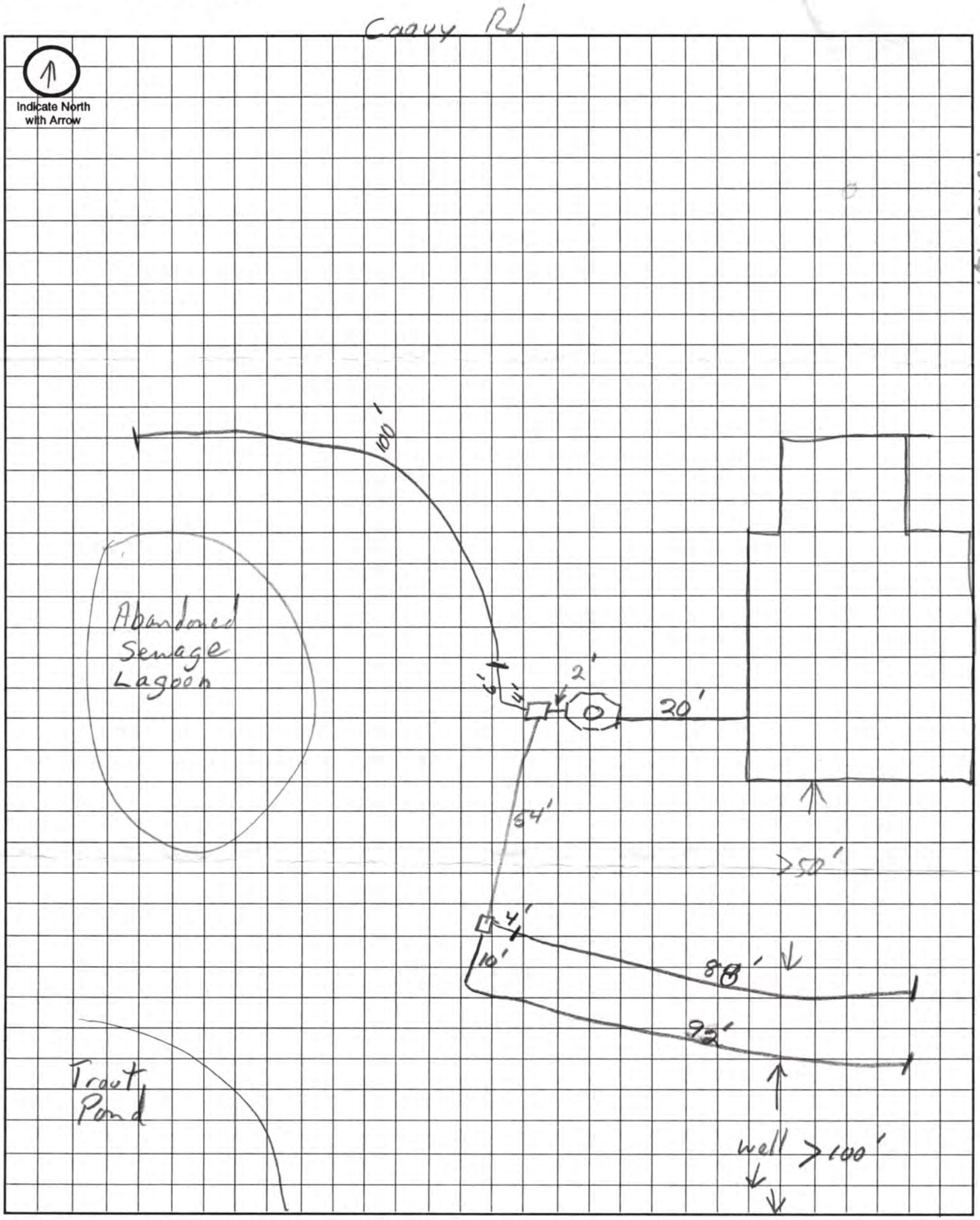
Individual Sewage System Design (Example)



FORM 23-103 10-96


To be Abandoned w/120' of lateral installed after settling
N
E
58'
8'
80'
54'
5'
79'
Pond
>100'
Well

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400044601

Issued 08/16/94
Expires 02/16/95
Revenue Code 19851

Establishment
MRS. TOM OSBORNE
T9N R7E SEC 20

FEES: $75.00

TOTAL $75.00

Permittee
MRS. TOM OSBORNE
5400 TROTTER RD
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: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 45

FILE NO. _____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 20
   Block 2 : Lot 5 : Addition COUNTRY ACRES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 275 Ft.
4. Intended use of well Fill Pond

Mrs Tom Osborne
Signature of Applicant (owner or lessee)

5400 Trotter Road
Address Lincoln 68516

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 8/15/94. Date Frwd. 8/16/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/16/94. Date Frwd. 8/16/94. Action: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineers: Date Rec'd 8/16/94. Date Frwd. _____. Action: Approved ☑ Disapproved ☐ Signature: J. C. Hood

REMARKS OR REASONS FOR DISAPPROVAL 7-15-96 No samples collected. Sampling pt. not accessible P.D.

Site Visits:
Date: 7-15-96 by P.D.
Date: _____ by _____
Date: _____ by _____

Nitrate Level _____ PPM
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

RECEIVED AUG 1 0 1994

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 20 T. 9 R. 7 Block ___ Lot ___ Addition _____

Owner Tom Osborne Address 5400 Tather Road Lincoln 68516

LOG OF WELL	
Depth Ft. to	Description
0-2	topsoil
2-55	clay, yellow brown
55-78	clay, blue
78-99	sand, blue, medium
99-114	clay, blue
114-118	shale, yellow & red
118-156	shale, blue
156-164	shale, lt. gray
164-208	sandstone & shale
208-229	sandstone, yellow
229-240	shale, yellow

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 233

Date Completed 6/29/94

Casing: Length, Ft. 223; Dia.In. 5

Wall Thickness, Inch SDR21; type PVC

Screen: Length, Ft. 10 Dia.In. 5

Type WDP PVC, slot Size .020

Drop Pipe: Length, Ft 200' Dia.In. 2"

Water Level, Surface to top of water, Ft.:

Static 147, Pumping _____

Yield: 30 ggm, Measured ☐, Est. ☒

Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Joe Kelly (Signed)

Address Rt. 1 Dorchester, NE

Date 7/10/94

REMARKS _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4

ASAP ✓

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 5700 Trotter Rd

Twp 9N Range 7E Section 20 1/4 ___ 1/4 ___ Block 2 Lot 5 Addition County acres

Directions to Property South of Pine Lake Rd on So 56th Street on West side of street (56th)

Location of Well Community Wells Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest side of house Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Kenneth Krauss	5700 Trotter Road	423-0124
Tenant/Buyer:	Nancy Osborne		489-2723
Return to:	Paul Kardell-Century Realty	2855 So 70th St 68506	483-2951

Signature of Applicant X Nancy Osborne Address ___ Date 2/15/94

fax #'d ; # 4836640

HEALTH DEPARTMENT USE ONLY

Date Received 2/15/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 2/16/94

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 2/18/94 by J.C.W.

Date 6/28/94 by J.C.W.

Date ___/___/___ by ___

Comments: SEWAGE LAGOON NEEDS TO HAVE A SUBSTANTIAL 4 FOOT HIGH FENCE AROUND IT, A LOCK ON THE GATE, WARNING SIGNS ON THE FENCE. THE BERM ON THE WEST SIDE SHOULD BE BUILT UP A LITTLE MORE. SHOULD NOT BE TREES AROUND THE LAGOON AS IT GETS DOWN ON WIND ACTION ACROSS IT. IF THE TANK IS TO REMAIN IN PLACE THEN IT MUST BE A AEORATED TANK OR OTHERWISE THE TANK MUST BE ABANDONED. See Attached Letter ☐

FINAL STATUS

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

Approved by ___ 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.