CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1304

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 28, 1978

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

LaVern L. Stolte, 607 Rockhurst Drive, Lincoln, NE 68510

LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Section 23

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
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

APPLICATION
HEALTH

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1304

DATE: 4-6-78

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: SEE ATTACHED Twp. 9N ; Range 7E ; Section 23 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

607 Roadrunner Dr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/28/78. Date Frwd. 4/28/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/28/78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Joseph Bertrand

3. City ~~or County~~ Engineer : Date Rec'd. 4-28-78. Date Frwd. 4-28-78. ACTION: Approved ☒ Disapproved ☐ Signature: M Sorig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/3/78 by: L.C.H.
Date: 11/13/78 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/6/80 By: Jerrold C. Hood

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

FORM HD- 43(73) 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 475-6221)

FILE NO. 1304

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
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 ☐

Owner: State P+K
Address _____

Dates of Tests: 4-3-78 to 4-4-78. Weather: Precip. T Temp. 60° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	4/3	5 PM	4/4	5 PM	4/4	5 PM	12"	6 PM	8 3/4	30M	2 1/4	
2										10 1/2		3/4	
3												0	
4										11 1/4	60	1/4	
5												0	
6										Water Hole			
						water still in holes					3-4 5-6		

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432 3593

(Do not write below this line)

REVIEWING ACTION

REMARKS: Pawnee Clay Loam

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

DATE: _____

_____
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: 474-1541

D

DATE: _____

FILE NO. 1304

SPECIFICATIONS AS BUILT

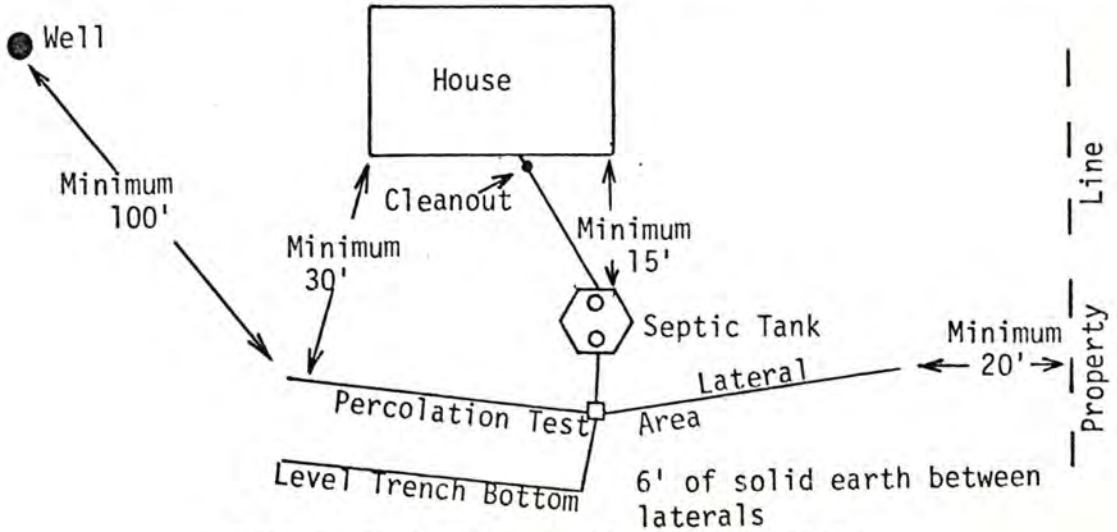
A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 11.
5. Distances to:
Well or Suction Line 125 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc; No. of compartments _____.
2. Capacity 1000 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 2 in.
8. Distances to:
Well or Suction Line 100 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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

Sewage to drawing on back of form



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

SURVEY RECORD

OFFICE PH.: 466-3637
MOBIL PH.: 475-1506

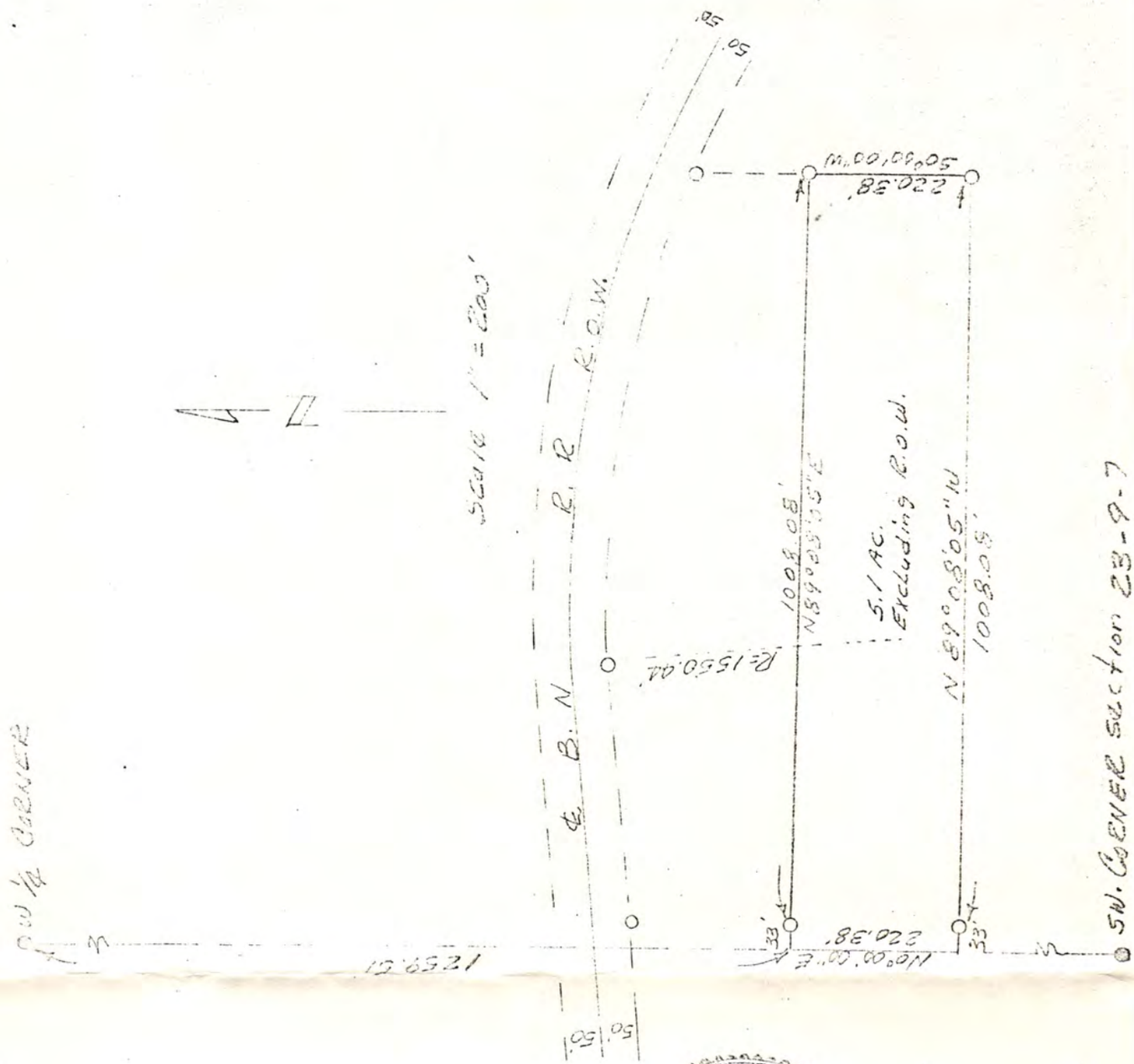
Lancaster County, Nebraska

Darrel W. Simonds & Associates, Inc.
ENGINEERS - LAND SURVEYORS
6900 Leighton Avenue -:- Lincoln, Nebraska 68507

SHEET 1 OF _____

Survey of A tract of land in the Southwest Quarter
(More fully described on sheet 2)
Section 23 T 9 N, R 7 E of 6th P.M.

Survey No. _____ (To be assigned by Co. Surveyor) Date Dec 23 19 77 Weather Cold



LINCOLN, NEBRASKA
SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Bars were set at points marked 0. All dimensions are in feet and deci mals of a foot.

0 = MONUMENTS FOUND

Hewlett-Packard Distance Measuring Instrument used.

Signed this 23rd day of December 19 77

Name Darrel W. Simonds

DARREL W. SIMONDS

Surveyor's License: NEBR. L.S. 161
IOWA L.S. 4967

022

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

Legal Description of Property: Street Address 8140 So. 84th St. Lincoln, NE.
Twp 9N Range 7E Section 23 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐
Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	SHERYL PIERSON AND RICK MATTHES	8140 S. 84th St.	WK. PHONE 434-5200
Tenant/Buyer:			
Return to:			

Signature of Applicant Sheryl Pierson Address ___ Date 8/1/95

HEALTH DEPARTMENT USE ONLY

Date Received 08/02/95 Received $150.00 Check ☒ Cash ☐ #605516

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/7/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 8/9/95 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 50.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: NO WARNING SIGNS ON FENCE. BUSHES AND VOLUNTEER TREES AND CATAILS AROUND LAGOON. Corrected 8/9/95 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/9/95

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.

00060600 1 ref

Lincoln-Lancaster County Health Department

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

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4335

Legal Description of Property: Street Address 8140 So. 84th Street

Twp 9N Range 7E Section 23 1/4 SW 1/4 Block ___ Lot 76 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Rick & Sheryl Matthes	8140 S. 84th St. Lincoln, NE 68516	423-8914
Tenant/Buyer:	Sheri D. Hampton	3411 Williamsburg Dr. Lincoln, NE	434-5650
Return to:	M. Wimer / Capitol Title	P.O. Box 6577 Lincoln, NE 68506	434-3713

WORK 434-5200

Signature of Applicant Marilyn L Wimer Escrow Agent Address P.O. Box 6577 Lincoln, NE 68506 Date 5/8/00

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	5/11/00 ✓	Date	___/___/___
Initials	✓	Case No.	___
Amount	$150.00 ✓	Initials	___
Check No.	1544 ✓		

PRELIMINARY STATUS--By Gerrold C. Hood **DATE:** 5/11/00

FAX: 434-3736 Tammy / called Pete

WAS SHORT ONE CONTAINER ON 5/11/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 5/12/00 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date 6/1/00 by L.C.H.
Nitrate	☒ 0.9 ppm	☐ ___ ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON LAGOON FENCE. NEED LITTLE EAST SIDE AND JUST OUTSIDE FENCE REMOVED. NEED WEED CONTROL INSIDE FENCE. 6/1/00 Corrected. L.C.H. See Attached Letter ☐

FINAL STATUS

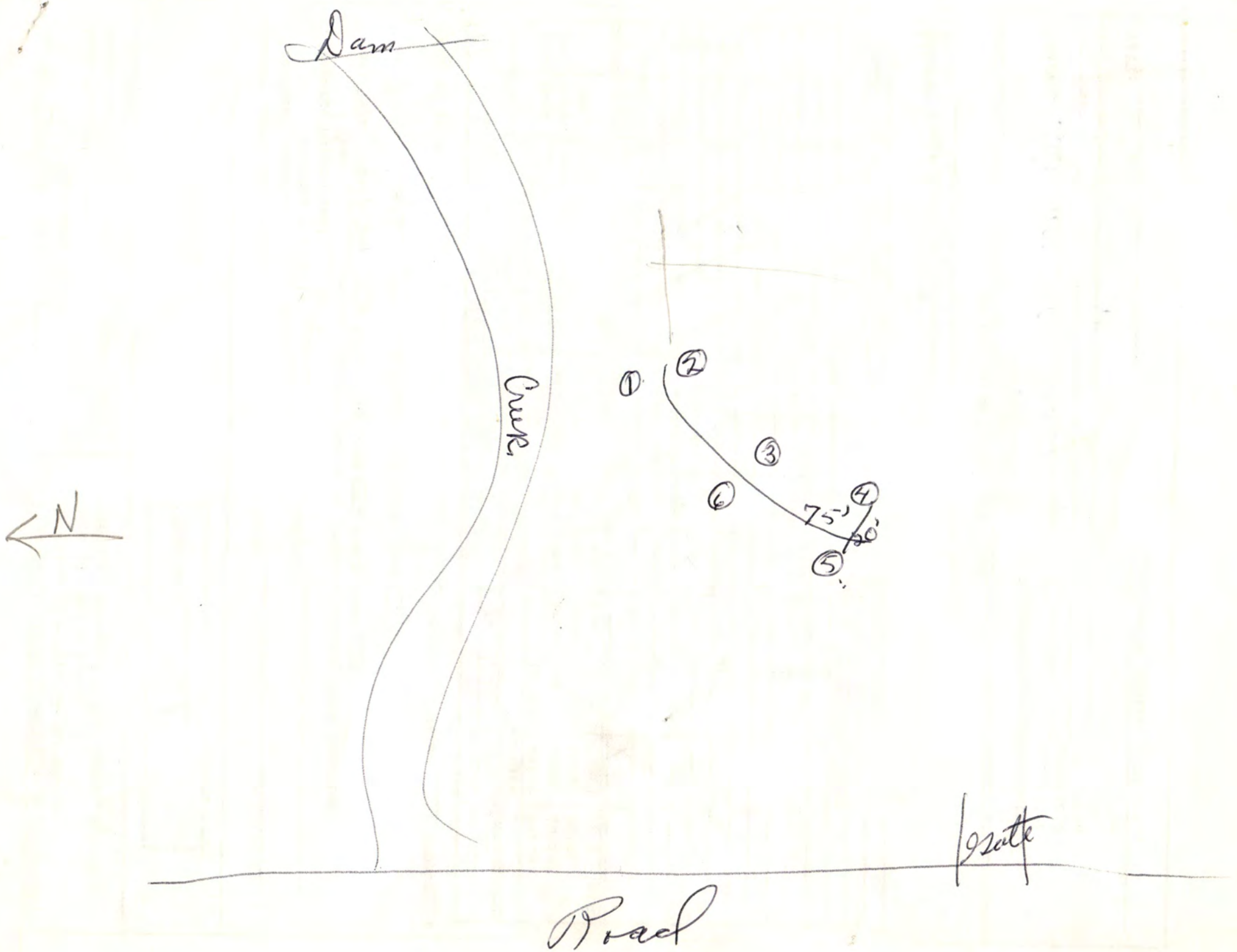
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Gerrold C. Hood R.E.H.S. Date 6/1/00

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: 10-95


Dam
Creek
N
1
2
3
4
5
6
75'
20'
Gate
Road

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____

