LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2154-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 9, 1985 — THIS PERMIT EXPIRES

STAN KUBICEK, BRAD SOUTHWICK, 701 E. 4TH STREET, HICKMAN, NE 68372
ISSUED TO — ADDRESS

T9N; R7E; Sec 32; Bk 2; Lot 4; The Highlands
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: JM — DATE: 11-9-84 — AMOUNT: 60.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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

FILING FEE: $ 60.00

FILE NO. 2154-C

DATE: 10-23-84

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 32 ;
   Block 2 : Lot 4 : Addition THE HIGHLANDS
   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.

STAN KUBICEK Brad Berthold
Signature of Applicant (Owner or Lessee)

Hickman Neb.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/84. Date Frwd. 11/9/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/9/84. Date Frwd. 11/9/84. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 11/9/84. Date Frwd. 11. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT WATER

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/20/84 By: Jerrold C. Hood

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. 2154-C

PROPERTY WHERE SOIL TESTED: Block 2 Lot 4 THE HIGHLANDS

Location: Township 9N ; Range 7E ; Section & ¼ Section 32.
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: 2-14 to 2-15 '84. Weather: Precip. _____ Temp. 40's.

TEST CONDUCTED FOR ~~OWNER~~: SAMPSON-SHRINER & ASSOCIATES

Address: SUITE A 123 So. 84th LINCOLN, NE

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	30	2/14	9:30	2/15	10:30	2/15	1:15	20 1/4	1:45	20 3/4	30	1/2	60
2	30							16 7/8		17 1/2		5/8	48
3	30							19 1/2		20 1/4		3/4	40
4	36							23		23 3/4		3/4	40
5	30							16 1/4		16 1/2		1/4	120
6	36							31 7/8		32 3/8		1/2	60

Brad Southwick
Signature of Person Conducting Test

Address Heckman Rd Phone 792-2462

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: March 27, 1984

Approved Percolation Rate (a)
A. 53 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 ☐

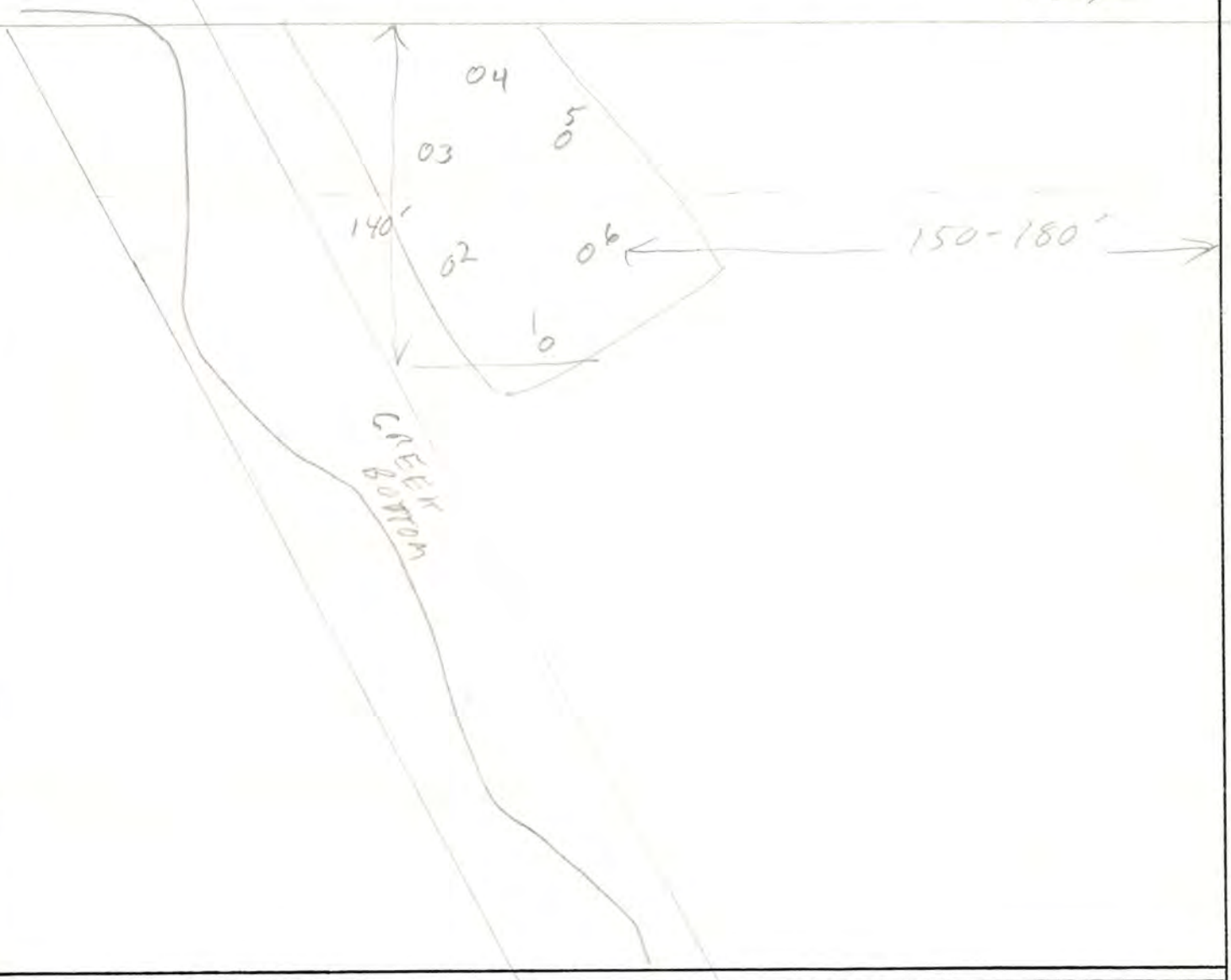
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: NOVEMBER 9, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 234 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
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: 11-5-84

FILE NO. _____

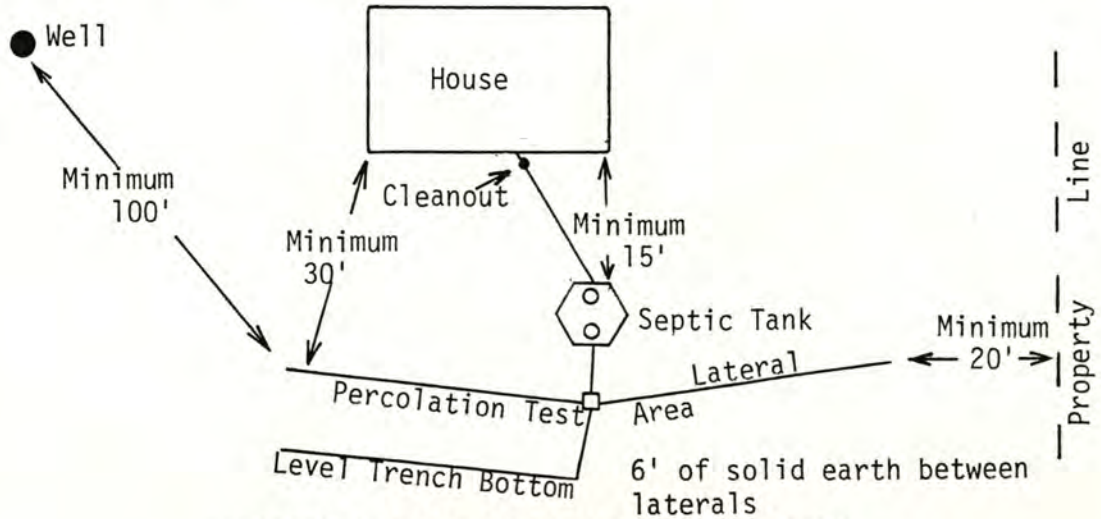
SPECIFICATIONS AS BUILT T9 R17 SEC32 BLK 2 LOT 4 HIGHLANDS

A. BUILDING SEWER: 3034 SEWER LINE
1. Material _____; 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 FIBER GLASS No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company CORK A GLASS)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 10 in.
~~Riser~~ Above ☐ Below ☐ Grade 15 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 15 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 96 ft.; Pressure Line _____ ft.; Property Line 32 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 15 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 97, 93, 46, _____, _____ ft.;
Total length of laterals 234 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4-5 ft.;
Slope 6 in/100 ft.; Average Depth 30 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 60 ft.; Pressure Line _____ ft.; Property Line 22 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

004

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: 2-8-92

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 32-9N ; BLOCK 2

LOT 4 ; ADDITION THE HIGHLANDS ; Street Address 10901 RAMONA CIRCLE / ROUTE # 8 LINCOLN,NE.

Directions to Property GO SOUTH ABOUT 3.8MILES FROM 56TH AND HIWAY # 2 TO BRAEMER ROAD.GO WEST ON BRAEMER ROAD(GRAVEL) ABOUT 200YARDS TO RAMONA CIRCLE.GO NORTH ON RAMONA CIRCLE TO BROWN CEDAR HOUSE ON WES SIDE OF ROAD.

Location of Well LANCASTER RURAL WATER # 1 Tap Location: Inside ☐ Outside ☐

Location of Sewage System ON N-W SIDE OF HOUSE:TANK IS NEAR PLAY SET Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	KUBICEK,ROBERT S. AND JOYCE M.	10901 RAMONA CR. LINCOLN	423-3970
Tenant/Buyer:	N/A : WE ARE REFINANCING		
Return to:	KUBICEK, ROBERT S. AND JOYCE M.	10901 RAMONA CR. LINCOLN,NE. 68506	

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

Signature of Applicant _____ Address 10901 RAMONA CIRCLE

ROBERT S. KUBICEK LINCOLN,NEBRASKA 68506

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 10,1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/10/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 2/10/92 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerald C. Hood R.E.H.S. DATE FEBRUARY 10,1992

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

AS BUILT DRAWING OF SYSTEM

DATE 11-7-84 INSTALLER SOUTHWICK SEWER & DRAIN

N↑

