LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1441-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 23, 1979 — THIS PERMIT EXPIRES

Tartan Construction Co. — ISSUED TO

4723 Prescott Ave., Lincoln, NE 68506 — ADDRESS

T9N, R7E, Section 33 E½ of the SE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2823

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1441-C

DATE: 10-23-78

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: Twp. T9N ; Range 7E ; Section 33 ;
   Block _____ : Lot _____ : Addition E½ of the SE¼
   Street Address N 298.35' of the N 596.71' of the So. 1893.71' of the E 730'

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.

Tartan Construction by Robert O. Agustin Sr.
Signature of Applicant (Owner or Lessee)

4923 Prescott
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/23/78. Date Frwd. 10/23/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/23/78. Date Frwd. 10/23/78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 10-23-78. Date Frwd. 10-23-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-15-78 by: [illegible] *
Date: 5-14-79 by: [illegible]
Date: 5-7-79 by: [illegible]

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

*5-14-79 James Weverka
There may be a problem with seepage water getting into pond and thereby causing an overflow

INSTALLATION FINAL WRITTEN APPROVAL*
Date: 5-14-79 By: James Weverka

Lagoon must be sealed [illegible]

4

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 474-1541)

Jenny Hood

FILE NO. 1441-C

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: _____
Address: _____

Dates of Tests: 10-1-78 to 9-30-78. Weather: Precip. 0 Temp. 70°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	9/30	2 PM	10/1	9 30 AM	10/1	9 30 AM	12"	1 30 PM	6½	30m	½	.5
2										6½		½	.5
3										6¾		½	.5
4										4½		¾	.75
5										4¾		¾	.75
6										4		½	.5
													3.58

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wt

DATE: 10-23-78

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mangum
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 ☐

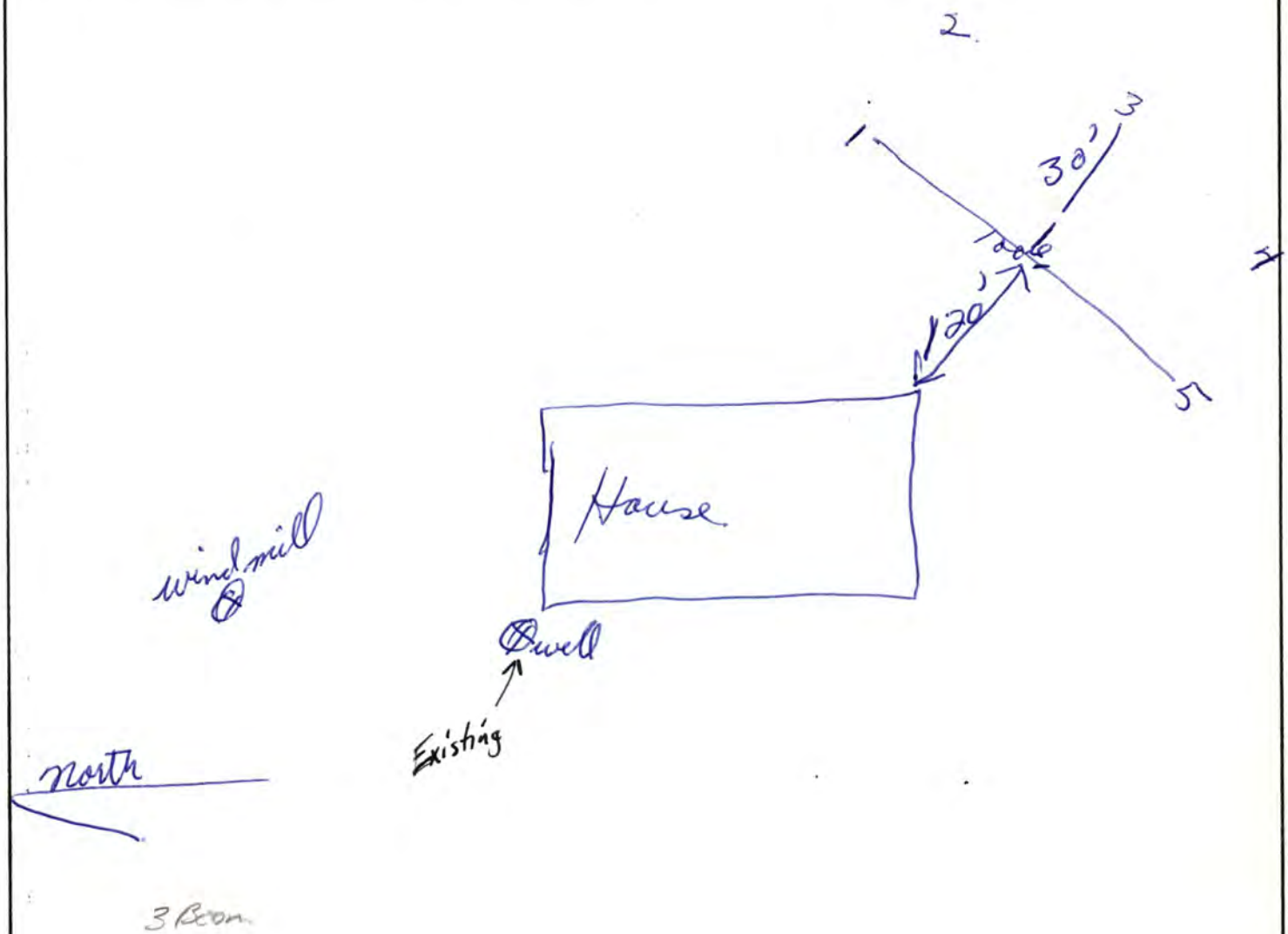
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: _____

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.

_____
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: 11-26-78 (9N, R7E, 33)

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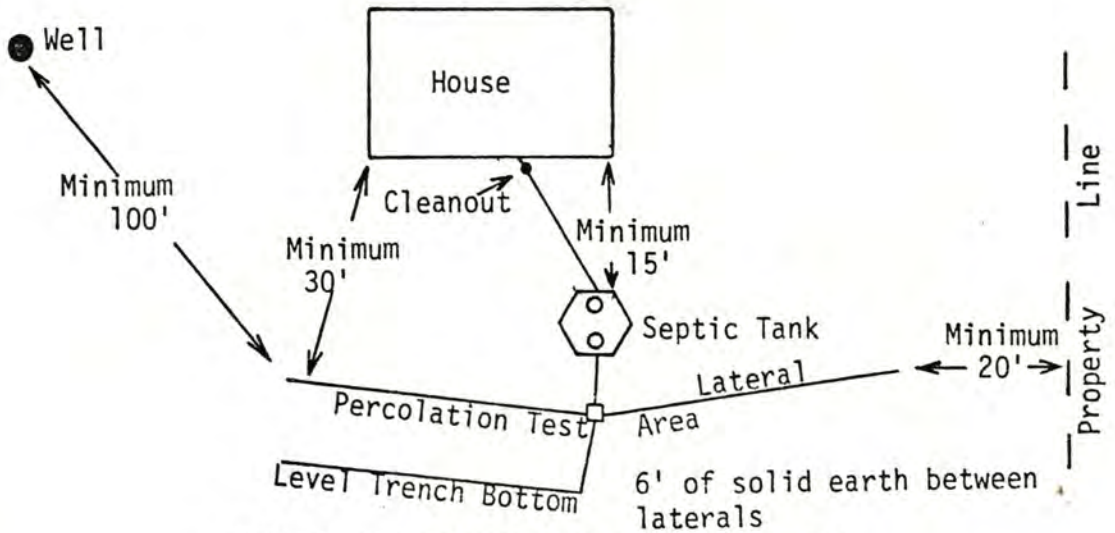
SPECIFICATIONS AS BUILT Tartan Construction Darrel Dragon

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 150 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line Rural Water ft.
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ 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 ____ in.
8. Distances to:
Well or Suction Line ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

009

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.

Legal Description of Property: Street Address 10901 So 70 Street Lincoln NE (16)

Twp 9N Range 7E Section 33 1/4 SE 1/4 Block ___ Lot 3 Addition ___

Directions to Property South on 70th St.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Behind house to the West Year Installed 78 or 79

	NAME	ADDRESS	PHONE
Present Owner:	Darrell Logen	10901 So 70th Lincoln, NE Lot 5160	423-8077
Tenant/Buyer:	Brad & Val Johnston	5300 Aylesworth Lincoln, NE Lot 5204	464-1429
Return to:	Capitol Title	~~5300 Aylesworth Ave~~	434-3737 FAX

Signature of Applicant Valerie Johnston Address 5300 Aylesworth Ave Lincoln NE Lot 5204 Date 9/1/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/5/96
Initials J.C.H.
Amount $150.00
Check No. 5213

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/6/96

RURAL WATER DISTRICT WATER

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 9/18/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON FENCE. LOCK ON GATE. SMALL AMOUNT OF VEGETATION MOWED. SOME TREES CLEARED BACK FROM LAGOON. all corrected 9/18/96 J.C.H. ~~LAGOON APPARENTLY PRE DATES REGULATIONS. HENCE APPROVAL IS PROVISIONAL.~~ NO EVIDENCE OF MALFUNCTION See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT WATER

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/18/96

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

AS BUILT DRAWING OF SYSTEM

DATE 11-26-78 INSTALLER Paulsen Gilbert

