LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1058-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 23, 1977 — THIS PERMIT EXPIRES

Larry Majeski — ISSUED TO

3201 Pioneers — ADDRESS

T9N, R7E, Section 35, Addition S½ of S½ of NE¼ LOT 5 I.T. — 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. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1058-C

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

DATE: May 20-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 7E ; Section 35
Block ____; Lot 5 I.T. ; Addition S½ of S½ of NE¼
Street Address ~~Unplatted~~

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

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

4. Distance to public sewer: ____ ft.

HARRY MAJESKI
Signature of Applicant (Owner or Lessee)

EDEN REALTY
3201 PIONNERS
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/23/77. Date Frwd. 5/23/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-9-79. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 4-9-79. Date Frwd. 4-9-79. ACTION: Approved ☐ Disapproved ☑ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1058-C

DATE: May 20-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 35 ; Block ; Lot ; Addition S½ of S½ of NE¼.
   Street Address Tract 1.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

LARRY MATESKI
Signature of Applicant (owner or lessee)

EDEN REALITY
3201 PIONEER
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 9/5/90 by: J.C.H.
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 5/23/77
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: by:

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)

FILE NO. 1058-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N : Range 7E
Section & ¼ Sect. 35 S½ of S½ of NE¼
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: LARRY MAJESKI
Address: 3201 PIONNER

Dates of Tests: May 18-77 to May 19-77 Weather: Precip. ____ Temp. ____

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	28	May 18	10:30	May 19	11:30	May 19	1:30	17¼	2:00	17⅞	30	⅝	
2								18		18⅞		⅞	
3								24¼		25¼		1	
4								25½		26½		1	
5								19¾		20⅝		⅞	
6								20¾		21½		¾	

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

Signature of Person Conducting Test

Address 3300 N53
Phone 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: Soils map states Dawnee Clay loam + Colo (flooded phase). A installers description of soil would mean there are inclusions of alluvial soil

Approved Percolation Rate (a)
A. 34 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: May 23, 1977

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1058-C

SPECIFICATIONS

DATE: _____

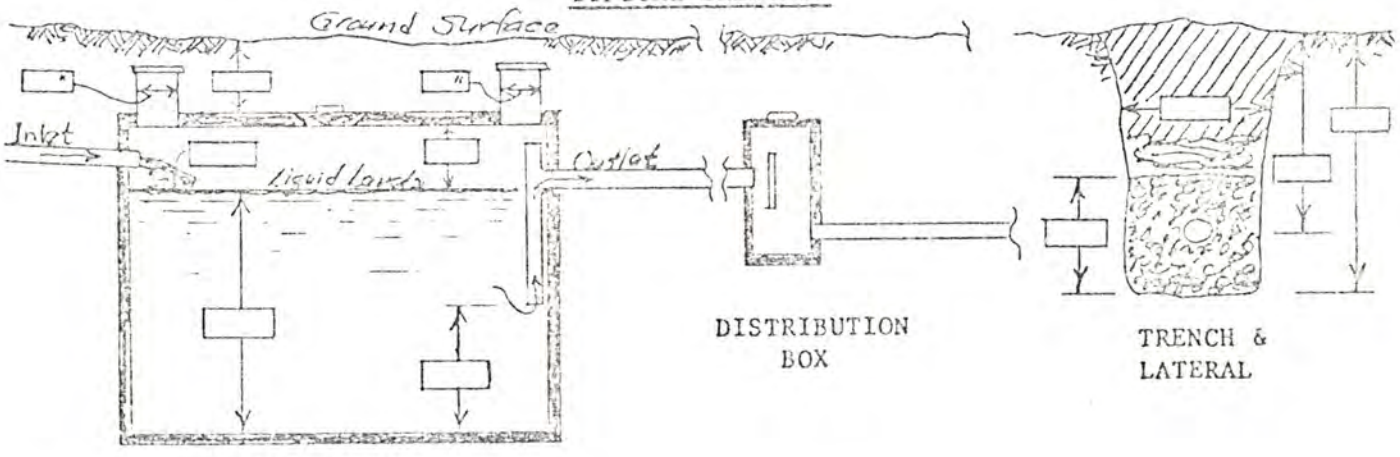
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft. Total length of Laterals 133 ft.; Slope Level in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant

9N R7E S35

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:_____

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 35;
Block_____; Lot 5; Addition_____
Street Address R7

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Find Tank to clean out Checkover System

5. Work to be done by: Owner ☐; or Contractor ☐, Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project: under $100

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Richard Sievers owner Nov.

Big Clyde Sanitation
Signature of Applicant (owner or lessee)

Box 183 Walton, Nebr. 68461
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ NO FEE

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

11

Travel
Door
#112,201 Axe
Reuter Cooper
Attendant Box
Lot Road
Lot Road

92012101O

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: 1-16-92

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 35; BLOCK ___

LOT 5 & 13; ADDITION NE 1/4; Street Address 10551 S. 98th STREET

Directions to Property 1 MILE SOUTH OF CHENEY, NE ON 98th STR.

1ST DRIVEWAY SOUTH OF ROKEBY RD. ON WEST SIDE

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System EAST OF FRONT PAST RAIL FENCE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	ERNEST E GOSWICK	10551 S. 98	423-7529
Tenant/Buyer:			
Return to:	J. MINNICK COMMERCIAL FED.	5555 E "O" ST LINCOLN NE	

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

Signature of Applicant Ernest E. Goswick Address 10551 S. 98

==========

HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 16, 1992 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT PRELIMINARY STATUS--DATE JANUARY 17, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 1/17/92 by L.C.H.
Bacteria	☐	☐	Provisional:	☒	Date ___ by ___
Nitrate	☐	☐	Disapproved:	☐	Date ___ by ___

Comments: RECORDS INDICATE THAT ALTHOUGH THIS SEWAGE SYSTEM WAS UNDER PERMIT IT WAS NEVER INSPECTED AT THE TIME OF INSTALLATION, HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTION. I.E 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:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.S. DATE JANUARY 17, 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

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: 9/1/90

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 35; BLOCK ___

LOT 5 & PT 13; ~~ADDITION~~ NE¼; Street Address 10551 So. 98TH STREET

Directions to Property 1 MILE SOUTH OF CHENEY, NE. ON 98TH STR. DRIVEWAY IS ON RIGHT-HAND SIDE (WEST) OF ROAD.

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System EAST OF FRONT DOOR, PAST SPLIT RAIL FENCE Year Installed ___
WILL HAVE FLAG ON IT

	NAME	ADDRESS	PHONE
Present Owner:	RICHARD D. & MARGARET E. SIEVERS	10551 So 98	474-5404 423-2734
~~Tenant~~/Buyer:	ERNEST E. & LOUISE F. GOSWICK	8120 MYRTLE	486-1152
Return to:	ELLEN WALSH HIGH, HOME REAL ESTATE, 3910 SOUTH STREET 68506		488-4663 421-7262

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

Signature of Applicant x Ellen Walsh High Address HOME REAL ESTATE 3910 SOUTH STR. 68506

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 4, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/5/90

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☐	Date 9/5/90 by L.C.H.
Bacteria	☐	☐	Provisional: ☒	Date ___ by ___
Nitrate	☐	☐	Disapproved: ☐	Date ___ by ___

Comments: RECORDS INDICATE THAT ALTHOUGH THIS SEWAGE SYSTEM WAS UNDER PERMIT IT WAS NEVER INSPECTED AT TIME OF INSTALLATION, HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐
NO EVIDENCE OF MALFUNCTION. IT APPEARS THAT SEPTIC LATERALS ARE EACH IN EXCESS OF 100 FEET LONG WHICH IS THE MAXIMUM RECOGNIZED LENGTH.

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE September 5, 1990

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

LARRY MACIEJEWSKI 483-4944