# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE SYSTEM REPAIR

No. 95390046701

Issued 08/23/95
Expires 02/23/96
Revenue Code 18754

Establishment

DAN SCHULTZ
T9N R7E SEC 35
LOT 6

FEES: $50.00

TOTAL $50.00

Permittee

DAN SCHULTZ
10601 S 98 ST
LINCOLN NE 68526

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 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: 8-22-95

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 6 I.T. ; Addition _____
Street Address 10601 So. 98

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

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

4. Description of proposed alteration, extension or repair: extend lateral 150' plus addition of Dist Box

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 | $ | 7400 00 |

Dan Schultz Brad Southwick
Signature of Applicant (owner or lessee)

10601 So. 98TH ST. 17201 S. 72
Address
LINCOLN, NEBR. Hickman, Ne 68372

(Do not write below this line)

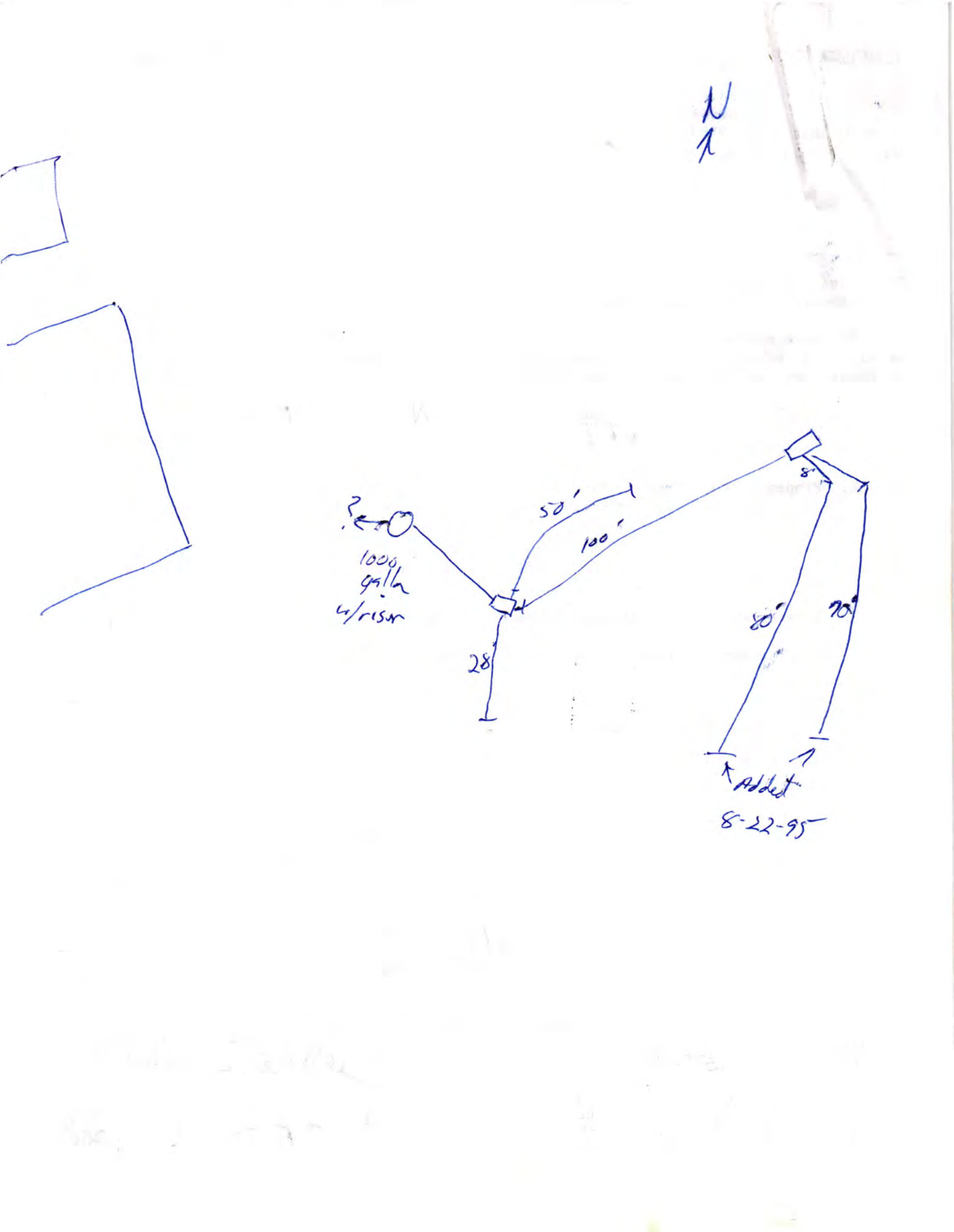
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 8/22/95 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/5/95 by: J. C. Hood


N
1000 gal
w/riser
50'
100'
28'
8'
80'
70'
Added
8-22-95

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1765-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — March 15, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

Al Suhr — 3730 La Salle St., Lincoln, NE 68506

ISSUED TO — ADDRESS

T9N, R7E, Section S½ S½ NE¼ of 35.

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

HEALTH

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 1165-C

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

DATE: _____

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

1. Legal description of property: Twp. SEE ATTACHED 9N ; Range 7E ; Section S½ S½ NE¼ 35
Block _____ ; Lot 6 I.T. ; Addition _____
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

ap. 753
17' easement signed + Rec'd

Al Suhr (by Danny Finley)
Signature of Applicant (Owner or Lessee)

7919 Broadview Dr. 3730 La Salle
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/15/77 . Date Frwd. 9/16/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9-16-77 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 9/16/77 . Date Frwd. 9/16/77 . 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. 1165-C

DATE: _____

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. SEE ATTACHED

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

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

Signature of Applicant (owner or lessee)

3730 La Salle
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10-31-77 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 9/15/77
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-77 by: James Wewecka

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. 1165-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N : Range 7E
Section & ¼ Sect. NE¼ 35
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: SEPT 14, 1977 to SEPT 15, 1977. 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 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 4 3/4 | 30 | 1 1/4 | |
| 2 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 4 3/4 | 30 | 1 1/4 | |
| 3 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 5 | 30 | 1 | |
| 4 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 4 1/2 | 30 | 1 1/2 | |
| 5 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 4 3/4 | 30 | 1 1/4 | |
| 6 | 30 | 9/14 | 9:00am | 9/14 | 1:00pm | 9/15 | 9:00am | 6 | 12:30pm | 4 3/4 | 30 | 1 1/4 | |

Danny Gray (United Service)
Signature of Person Conducting Test

Address 2425 So
Phone 475-1486

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Colo Silty Clay Loam. (S.C.S.)

DATE: September 15, 1977

Approved Percolation Rate (a)
A. 25 min./inch
B. ____ min./inch
C. ____ min./inch

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. 1165-C

## SPECIFICATIONS

DATE: _____

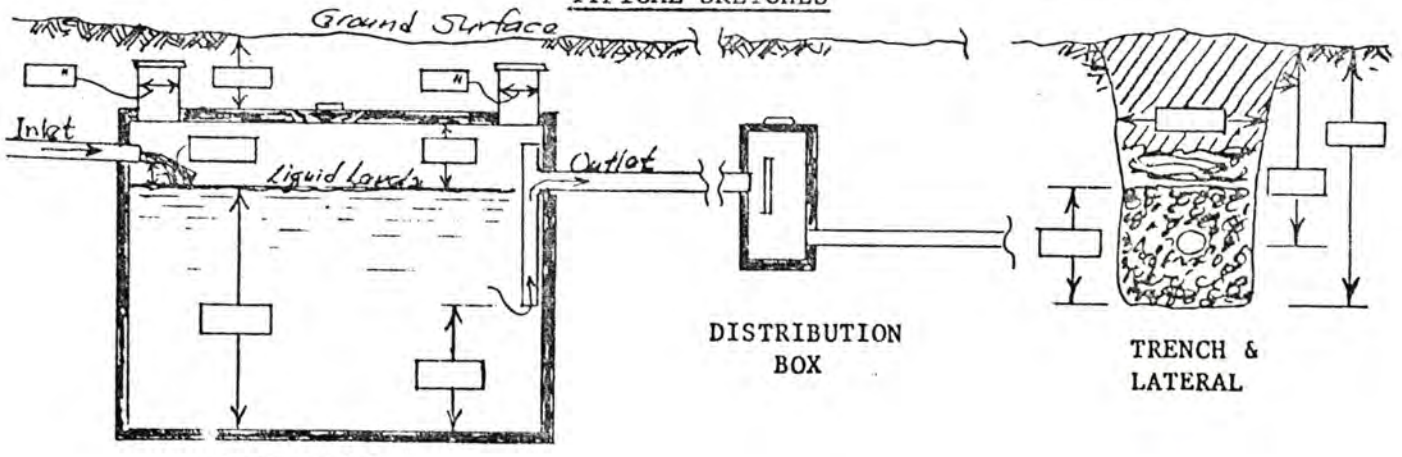
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

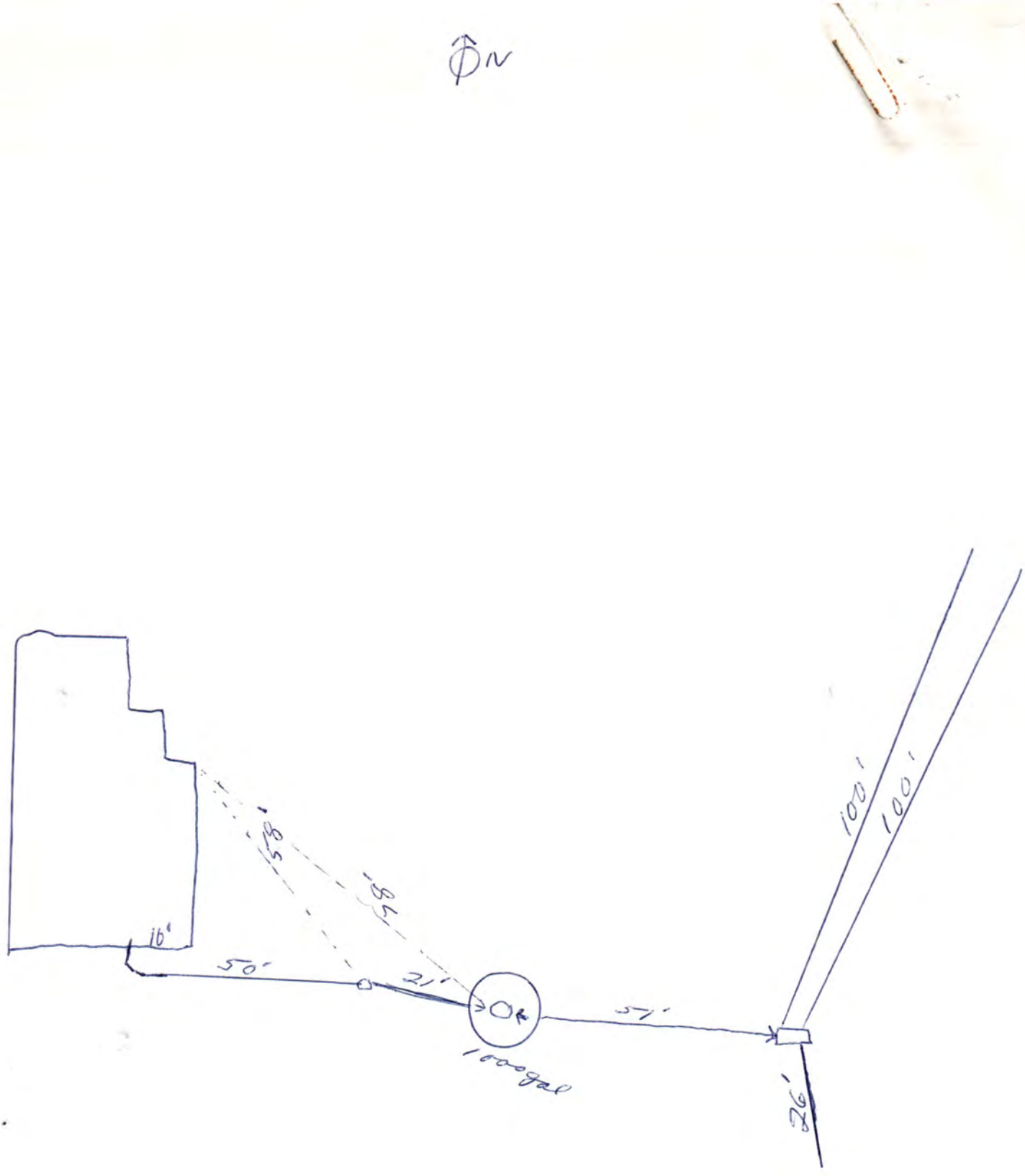
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

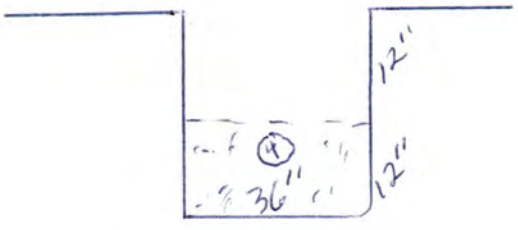
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 230 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 36 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: 25 minutes/inch

TYPICAL SKETCHES




_____
Signature of Applicant


N
16'
50'
21'
57'
100'
100'
26'
1000gal


12"
36"
12"

# 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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 33 ; BLOCK ____

LOT 6 ; ADDITION _____ ; Street Address 10601 South 98th Street

Directions to Property Hwy 2 to Cheney south to elevator then east to 98th. South on 98th to 10601. West side (English Tudor Style) # on mail box.

Location of Well rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southeast of house Year Installed 1978

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Thomas A. Curtis | 5421 South 76th Street | 486-3035 |
| Tenant/Buyer: | DAniel R. Schultz | 1988 Yorba Drive, Pamona, California 91768 | |
| Return to: | Woods Bros. Realty c/o Mary Lou | 3737 South 27th Street | 423-2373 |

10/31/77

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

Signature of Applicant Lawrence R. Jones for Daniel R. Schultz, Buyer Address 3737 South 27th

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*HEALTH DEPARTMENT USE ONLY*

Date Received 2/12/90 Received $75.00 Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 2/13/90

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved: | ☒ | Date 2/13/90 by JCS |
| 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. SEWAGE SYSTEM IS NOW 12 YEARS OLD. See Attached Letter ☐

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FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Lowell C. Noah DATE FEBRUARY 15, 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