# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1116-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

January 22, 1978
THIS PERMIT EXPIRES

Dennis Brown
ISSUED TO

5440 Hillsdale Drive, Lincoln, NE
ADDRESS

T9N, R7E, Section 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

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. 1116-C

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

DATE: 7-21-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: S 179.92' of E 958.95' of S½, S½, NE¼ together with the N 60' of the E 958.95' of the N½, SE¼, sec 35, T9N, R7E Lancaster Co Ne

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

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.

Jerry Call for Dennis Bocom
Signature of Applicant (Owner or Lessee)

5440 Hillsdale Drive
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/22/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/22/77 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8-2-77 . ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8-2-77 . Signature: A Williamsen

3. City or County Engineer : Date Rec'd. 8-2-77 . ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8-2-77 . 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. 1116-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.

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

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

Jerry Carl for Dennis Brown
Signature of Applicant (owner or lessee)

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-29-77 by: ww
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 9/22/77
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-29-77 by: Ron Magnuson

#3

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. 1116-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: July 19-77 to July 20-77 Weather: Precip. 0 Temp. 90

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 | 7/19 | 5 30 PM | 7 20 | 5 PM | 7/20 | 5 PM | 12" | 8 PM | 6¾ | 30 M | 1¼ | |
| 2 | | | | | | | | | | 7½ | | 1 | |
| 3 | | | | | | | | | | 7½ | | 1 | |
| 4 | | | | | | | | | | 7 | | 1 | |
| 5 | | | | | | | | | | 6 | | ½ | |
| 6 | | | | | | | | | | 4¼ | | ¾ | |
| | | | | | | | | refill holes at 1234 | | 6 30 | | | |

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone 432 3595

(Do not write below this line)

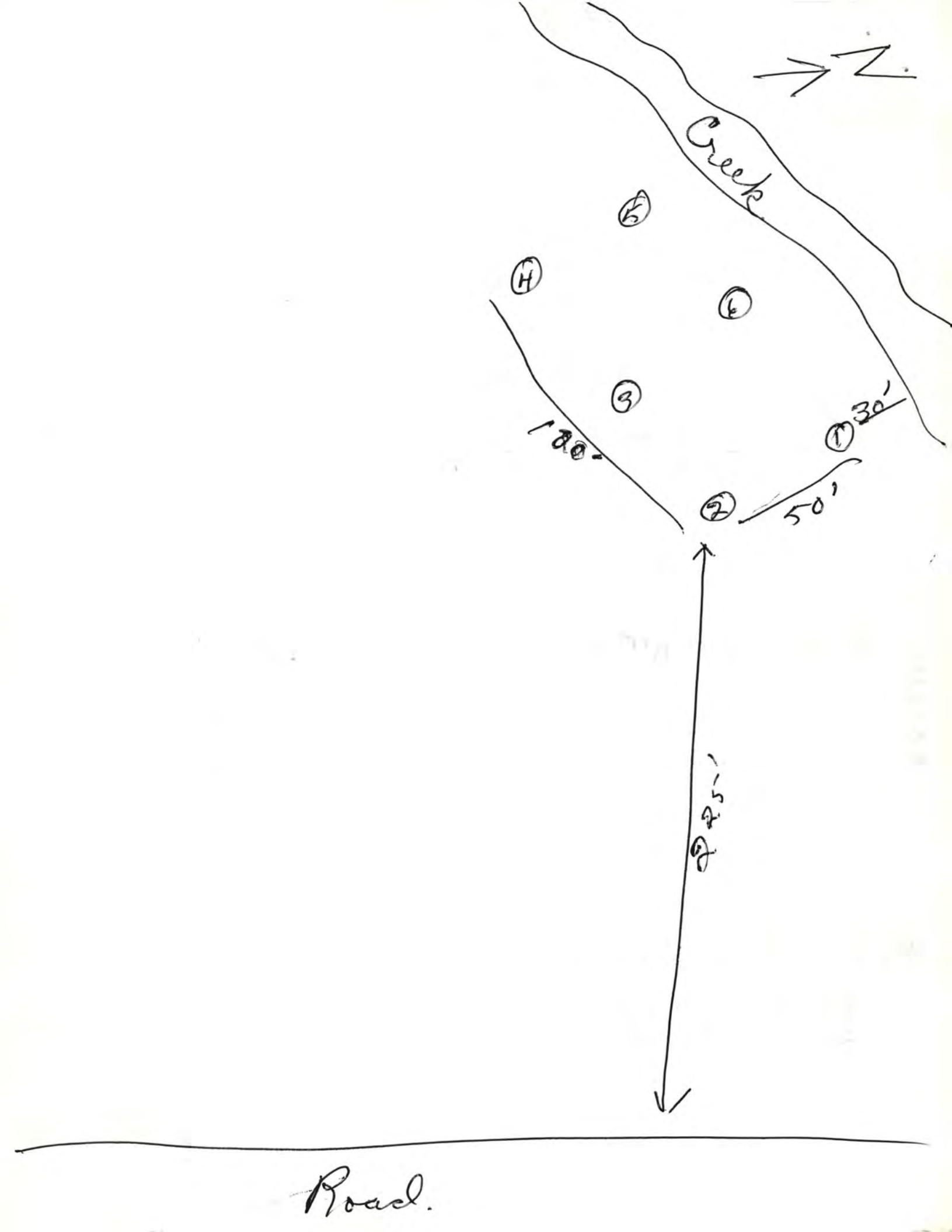
REVIEWING ACTION

REMARKS: Colo?

DATE: July 22, 1977

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


N
Creek
5
H
4
3
180'
1
30'
2
50'
275'
Road.

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. 1116-C

## SPECIFICATIONS

DATE: _____

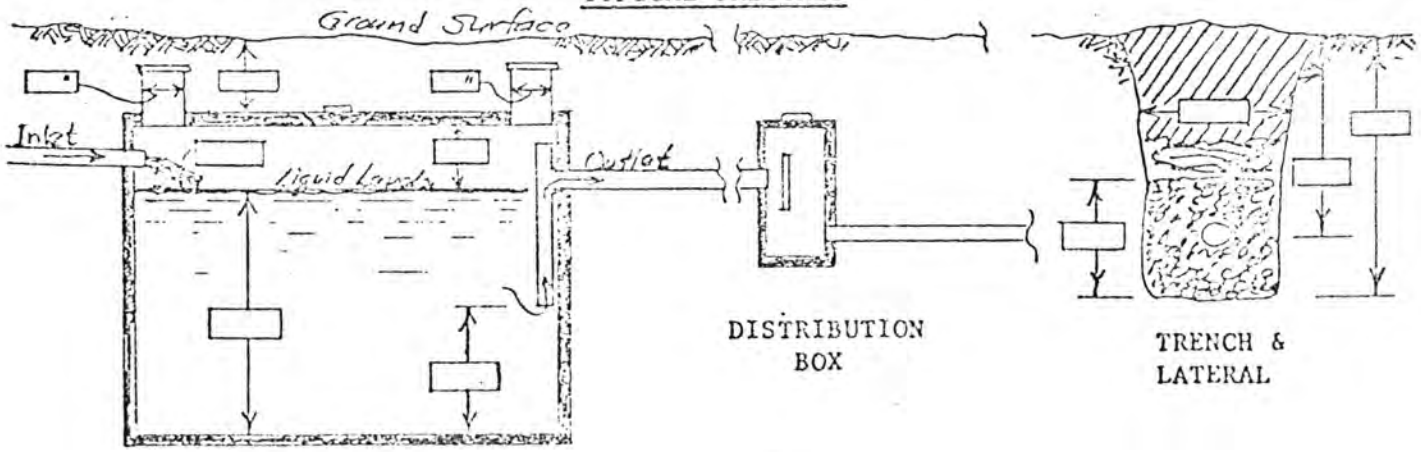
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pac Cast Step Co) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pac Cast Step Co) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

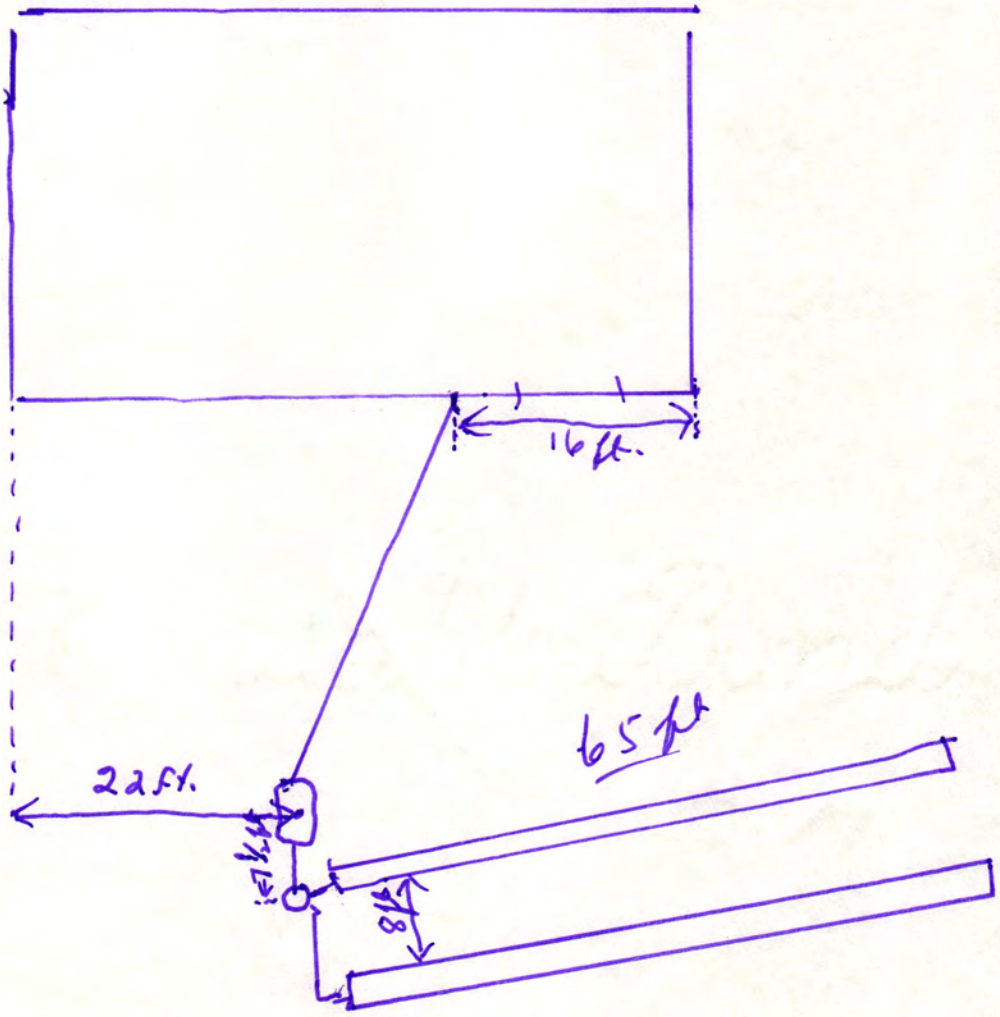
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Hoot Moon
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 129 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Hoot Moon Material: concrete ☐; fiber asbestos ☐; clay ☒; other _____ Distance between lateral lines ___ft.
3. Trench Dimensions Depth ___in.; Width 44 in.
4. Filter Material: Broad Gravel. 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

_____
Signature of Applicant

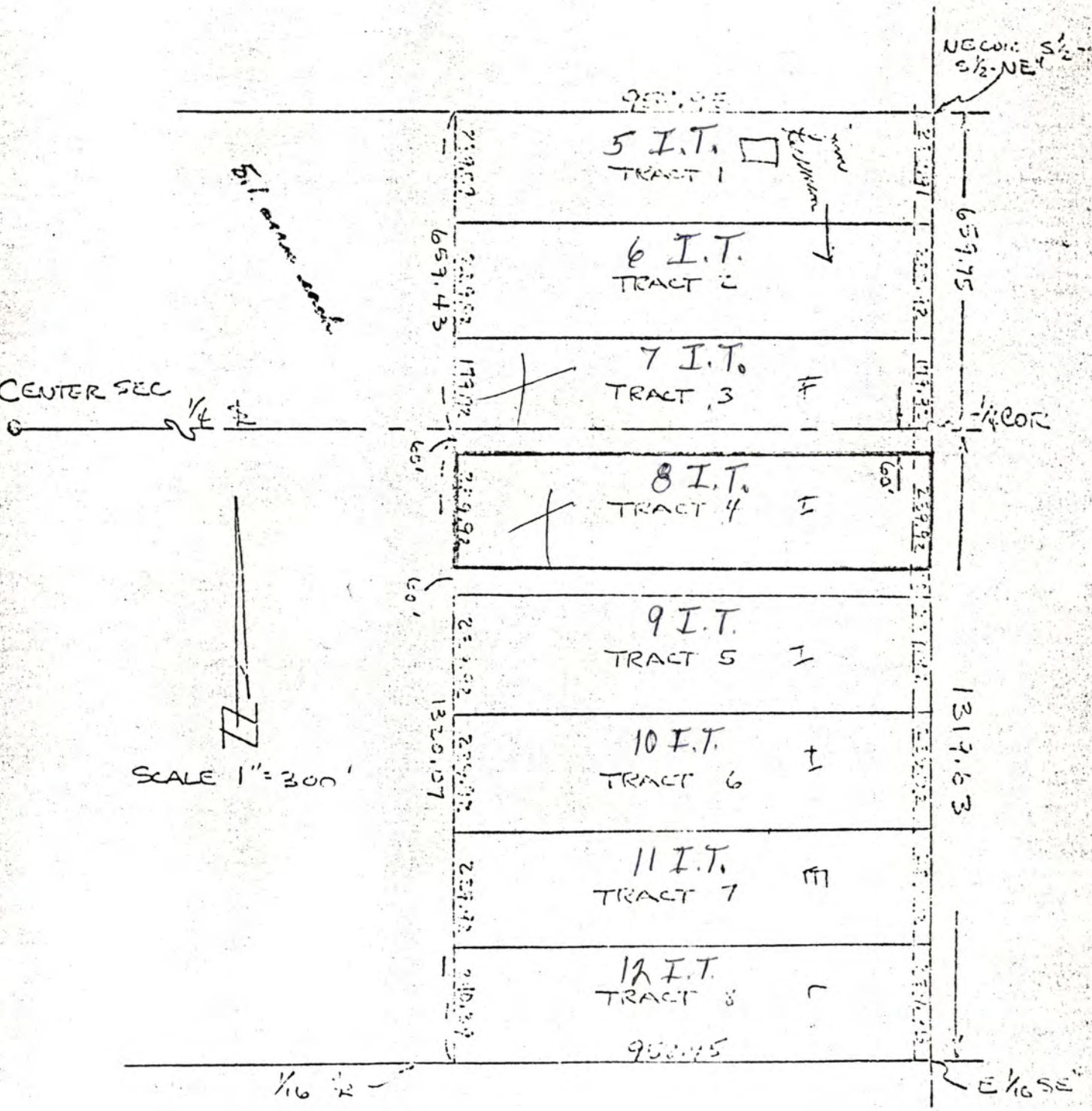



North

W Reid Hart

Survey of: IRREG TRACTS situated in

E 1/2 Section 35 T 9 N, R 7 E of 6th P.M.




I hereby certify I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

NEBRASKA REGISTERED

19 77

012

# 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: 3/16/92

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

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

LOT 7; ADDITION _____; Street Address 10701 S. 98th St

Directions to Property Contact borrower

Location of Well Contact borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System Contact borrower Year Installed ____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Michael Arthur | 10701 S. 98th St Lincoln | 421-8287 |
| Tenant/Buyer: | | | |
| Return to: | Rick Stinogel | P.O. Box 81231 Lincoln 68501 | 434-4683 |

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

Signature of Applicant Richard E. Stinogel Address 1230 "O" St. Lincoln

==========

*HEALTH DEPARTMENT USE ONLY*

Date Received MARCH 17, 1992 Received $150.00 Check ☒ Cash ☐

---

LANCASTER COUNTY RURAL WATER DISTRICT #1

PRELIMINARY STATUS--DATE 3/20/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved: | ☒ | Date 3/20/92 by L.C.H. |
| Bacteria | ☐ | ☐ | Provisional: | ☐ | Date _____ by ____ |
| Nitrate | ☐ | ☐ | Disapproved: | ☐ | Date _____ by ____ |

Comments: _____

See Attached Letter ☐

---

FINAL STATUS

LANCASTER COUNTY RURAL WATER DISTRICT #1

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 20, 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: Oct 4-90

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

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

LOT 7; ADDITION Lt 2 Blk 2; Street Address 10701 So 98th

Directions to Property South of Cheney on So 98th 1½ miles Approx

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

Location of Sewage System S.E. of Corral - Barn - North & West. Year Installed 1978

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Dennis Brown | 10701 So 98th | ____ |
| Tenant/Buyer: | Mike Arthur | 3232 So 39th | 489-8932 |
| Return to: | Marge Tubach | 3910 South St | 488-4663 |

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

Signature of Applicant Michael Arthur Address 3232 So 39 Lincoln Ne

==========

*HEALTH DEPARTMENT USE ONLY*

Date Received OCTOBER 9, 1990 Received $150.00 Check ☒ Cash ☐

---

Public Supply PRELIMINARY STATUS--DATE 10-9-90

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved: | ☒ | Date 10-9-90 by rm |
| Bacteria | ☐ | ☐ | Provisional: | ☐ | Date _____ by ____ |
| Nitrate | ☐ | ☐ | Disapproved: | ☐ | Date _____ by ____ |

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

---

FINAL STATUS

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

APPROVED BY Ron Mynard DATE 10-9-90

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