JUL 2 8 1999

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 9805 ROKEBY RD

Twp 9N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Center of garden area, laterals run S.E. from there Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	BOB & ANITA AHRENS	68-4821	486-2543
Return to:	Capitol Title	4645 Normal Blvd, Lincoln ATTN: Tina Lindstrom	434-3737

Signature of Applicant Anita D. Ahrens Address 4928 Bancroft #B Date 7/21/99

Larry Corbett: Woods Brothers Lincoln NE 68506

434-3800

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	07/28/99	Date	___/___/___
Initials	ns	Case No.	
Amount	150.00	Initials	
Check No.	3580		

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/29/99

RWD #1

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☒ well not for use during drought	Approved	☐	Date___/___/___ by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date___/___/___ by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☒ water vegetation	Date___/___/___ by___

Comments: No permit or record of inspection can be found for this onsite sewage treatment system. A sudden change in vegetation (cattails in brome grass field) indicates a near failing or failing septic system. There was no sewage effluent See Attached Letter ☐ at the time of inspection, but the house has been vacant for several months. Thus, a provisional

FINAL STATUS Public Supply — Note: well must be physically disconnected from public supply. Dist. Box check is OK. approval lift

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

Approved by ___ Date___/___/___

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

SOUTHWICK SEWER & DRAIN

Brad Southwick
17201 S. 72nd Street
Hickman, NE 68372

Inspector: Brad Southwick Telephone #: 430-7606

Owner/Transferee: Lamar Heidecker (Deceased)

Address: 9805 Rokeby Rd.

GENERAL INFORMATION

1.) Age of house: 25
2.) Number of bedrooms: 3
3.) Was the property vacant at the time of this evaluation?
[X] yes. If yes, for how long: 6 mo.
[] no. If no, number of occupants: _____
4.) Are you aware if there has ever been a back-up in the house?
[X] yes If yes, please explain: 1984 Septic Tank Full
[] no
5.) Age of system: 25
6.) Date the system was last pumped: unknown
7.) Location of the system on the property: S.SE

ON-SITE WASTE SYSTEM INFORMATION

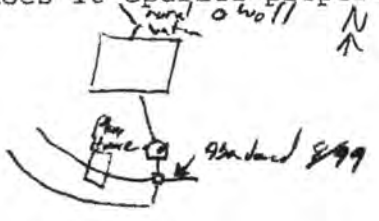
1.) Type of system:

[X] Septic tank
[] Septic tank with effluent holding tank and pump
[] Cesspool
[] Other: _____

Type of drainage area:

[X] 2 Leaching trench(es)
[] __ Drywell
[] __ Seepage pit(s)
[] Sand mound system
[] Unknown

2.) Approximate depth of tank below grade: 20 in
3.) Is there a garbage disposal hooked-up to the system?
[] yes [] no [X] unknown
4.) Is there a gray-water run-off or drainage system?
[] yes. If yes, please give location: _____.
[X] no
5.) Is any part of the system below a deck, pool, or driveway?
[X] yes. If yes, please give detail: Leach Trench under playhouse.
[] no
6.) If the system has an effluent holding tank and pump, does it have an alarm function?
[] yes. If yes, does it operate properly? [] yes [] no
[] no



- [X] [ ] Located, accessed, and opened the tank cover.
- [ ] [X] Introduced waste/water into system at 3-4 gpm for 20-30 minutes. water not Available
- [ ] [X] Opened 4" inspection port between house and tank to check for standing water and/or debris. NA
- [X] [ ] Pumped out tank, listening for back-flow into the tank from the outlet pipe.
- [X] [ ] Inspected the condition of the tank (for cracks, leaks, deterioration, or damage) and baffles/tees after the tank was pumped.
- [ ] [X] Properly closed the tank cover. Graded and reseeded the disturbed ground. risen lid
- [X] [ ] Probed the drainage area to determine its location and to check for excessive moisture, odor, and/or effluent.
- [X] [ ] Determined approximate distance between well casing and soil absorption system. Approximate distance: 100 +

  Is the distance between the well casing and soil absorption system within local code requirements?
  [X] yes [ ] no

Please explain all "no" answers: _____

CONCLUSIONS/OPINIONS

1.) Overall condition of the system:
[X] Acceptable
[ ] unacceptable

2.) Type and size of tank:
[X] Concrete [ ] Steel
[ ] Other: _____
Capacity: 1,000 gallons.
Is it adequately sized for the house? [X] yes [ ] no

3.) Condition of the tank, lid, and baffles/tees:
[X] Acceptable
[ ] Unacceptable

4.) Explain necessary repairs with estimated costs to correct:
House Vacant so true System operation could not be witnessed. However System does not have effluent to surface at this time so it is within Compliance with Local codes.
East Lateral (20') to be abandoned at cost of 200.00 a Septic Tank to be pumped at a cost of 150.00 (350.00 - 400.00 Est Cost)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1554-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 19, 1979 — THIS PERMIT EXPIRES

Vyrle Strayer by Pottyco — ISSUED TO

Route 8, Lincoln, NE — ADDRESS

T9N, R7E, Section 36 (Extend) — 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

20109-0977

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: 475-6221)

FILE NO. 1554-C

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

DATE: 6/15/79

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. 9 ; Range 7 ; Section 36 ;
Block ____ ; Lot ____ ; Addition ____
Street Address ____

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: Perc rate indicates 238' of lateral required, judgement will be made to determine condition of present lateral + tank. Dist. Box installed.

5. Work to be done by: Owner ☐ ; or Contractor ☒, Pottyco
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ over $400.00

Vyrle
SPRAYER BY Pottyco
Signature of Applicant (owner or lessee)

Route 8, Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6-15-79
Filing Fee: $30.00

2. Site Visits:
Date: 6-16-79 by: DM
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Ken Mayfield

* 4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

* Only 80 feet of the total 238 feet 3 ft. wide laterals were installed new. The remainder is pre-existing lateral.

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: 474-1541

B

FILE NO. 1554-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section 36.
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: 6/14 to 6/15. Weather: Precip. dry Temp. 100.

OWNER: SPRAYER JOB

Address: 98th & Rocaby Road

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	28	6/14	2:00	6/14	6:00	6/15	12:10	4"	12:40	3"	30	1"	
2	28	"	"	"	"	"	12:10	5¼	12:40	3¾	30	1½"	
3	30	"	"	"	"	"	12:15	5"	12:45	4⅛	30	⅞"	
4	30	"	"	"	"	"	12:15	5¼	12:45	4⅛	30	1⅛"	
5	30	"	"	"	"	"	12:20	4½	12:50	3¼	30	1¼"	
6	29	"	"	"	"	"	12:20	3½	12:50	2½	30	1"	

Don Routier Sprayco Inc."
Signature of Person Conducting Test

Address #1520 Pioneers Blvd. Phone 423-0121

Sum of Percolation Rates: 6.75
Average of Rates: 1.125
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): WTC next to Farmstead
Date: 6-15-79 Changing to PaC further down hill

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

James Weverka
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: 6-16-79

FILE NO. 1554C

SPECIFICATIONS AS BUILT

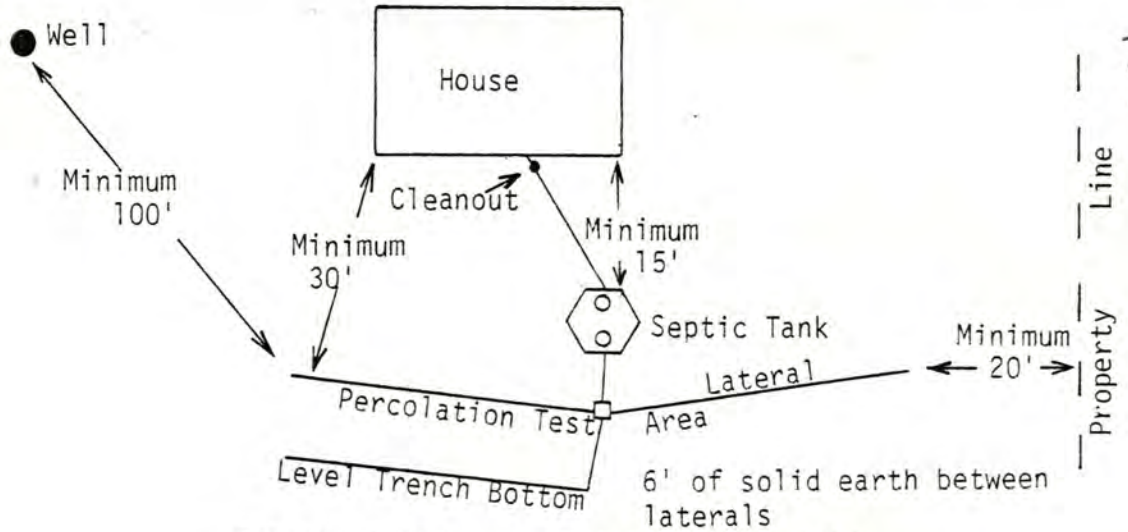
A. BUILDING SEWER:
1. Material ____; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 48 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line 100 ft.; Property Line 55 ft.

B. SEPTIC TANK:
1. Material cement; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 24 in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 50 ft.; Stream — ft.; Pressure Line 60 ft.; Property Line 50 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☒
Diameter of Half Round 18 or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3; Length of each line 80, 110, 48, ____, ____ ft.;
Total length of laterals 238 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width ____ ft.;
Slope 4 in/100 ft.; Average Depth 34 in.
4. Filter Material: gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line 190' ft.; Stream — ft.; Pressure Line 80 ft.; Property Line 80 ft.

ONE LINE TO THE EAST RUNS WITHIN 5' OF PROP. LINE



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 6-16-79 INSTALLER Bthyco Inc. by DR Pentico

N Robeby

