LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 9938003801

Issued 09/27/99

Expires 03/27/00

ESTABLISHMENT

KEN & SUSAN GLENDENNING
T9N R8E SEC NW¼F

FEES: Permit 013754 $60.00

Total $60.00

PERMITTEE

KEN & S GLENDENNING
4149 BELLVILLE DR
LINCOLN NE 68801

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO 893800003801

DATE: 10-3-89

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. NW¼NE¼ 9N ; Range 8E ; Section 2 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: NONE ft. EXPERIMENTAL

Ken Glendenning
Signature of Applicant (Owner or Lessee)

4149 Bellville Dr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/30/89. Date Frwd. 10/31/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-2-89. Date Frwd. 11-2-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baum
3. City or County Engineer: Date Rec'd. 11/2/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Newman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-31-89 by: new tank & sewer line
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

893800038

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

RECEIVED SEP 9 1986

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

B

FILE NO. G.S. Job No. 5BL14

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8E ; Section & ¼ Section NW;NE.
Property Dimensions: 684.0 ft. x 1274.0 ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay [X] ; Silty Clay Loam [ ] ; Sandy Loam [ ] ; Silt Loam [ ] ; Clay Loam [ ] .
Dates of Tests: 6/21/86 to 6/23/86 . Weather: Precip. _____ Temp. _____ .

OWNER: Ken and Susan Glenndenning

Address: 4149 Selville Drive, Lincoln, NE

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				
Hole 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.)
DH-1	36	6/21	11:30	6/23	3:50	6/23	3:50	12.12	4:20	11.88	30	.24	125.00
DH-2	36	6/21	11:30	6/23	3:50	6/23	3:50	3.72	4:20	3.24	30	.48	62.50
DH-3	36	6/21	11:30	6/23	3:50	6/23	3:50	10.80	4:20	9.96	30	.84	35.71
DH-4	36	6/21	11:30	6/23	3:50	6/23	3:50	22.20	4:20	21.36	30	.84	35.71
DH-5	36	6/21	11:30	6/23	3:50	6/23	3:50	3.72	4:20	3.36	30	.36	83.33
DH-6	36	6/21	11:30	6/23	3:50	6/23	3:50	12.48	4:20	12.36	30	.12	250.00

Sum of Percolation Rates: 592.25
Average of Rates: 98.71
Mean of Rates: _____

Julia Shroop
Signature of Person Conducting Test
Geotechnical Services, Inc.
Address 4921 N. 57th Street, Lincoln, NE Phone 466-8154

(Do not write below this line)

REVIEWING ACTION

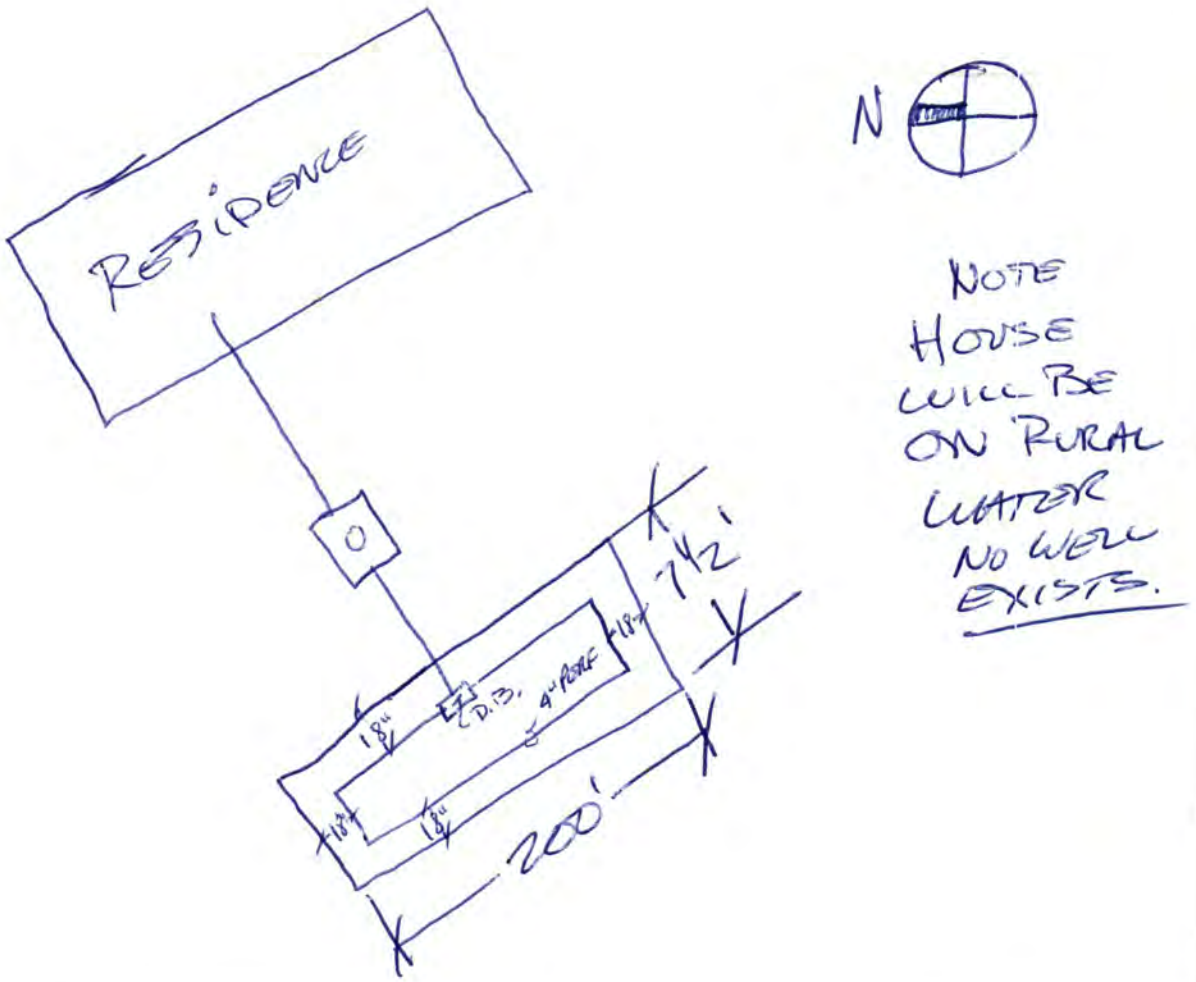
Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____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: 471-~~7800~~ 8000

D

DATE: 9-25-84

FILE NO. _____

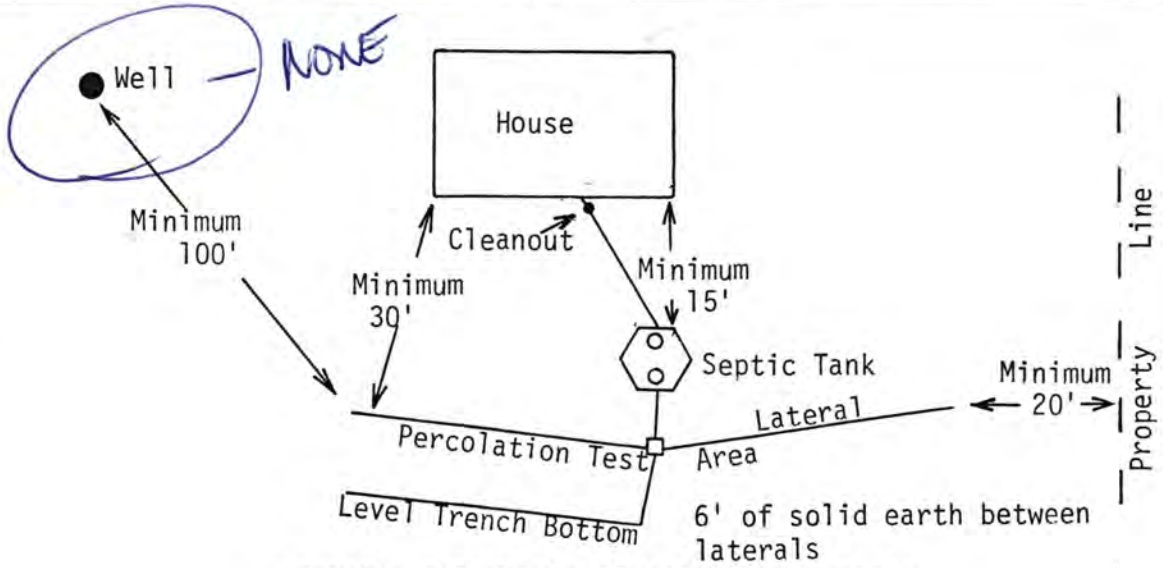
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 4" in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line N/A ft.; Stream N/A ft.; Pressure Line 150' ft.; Property Line 300' ft.

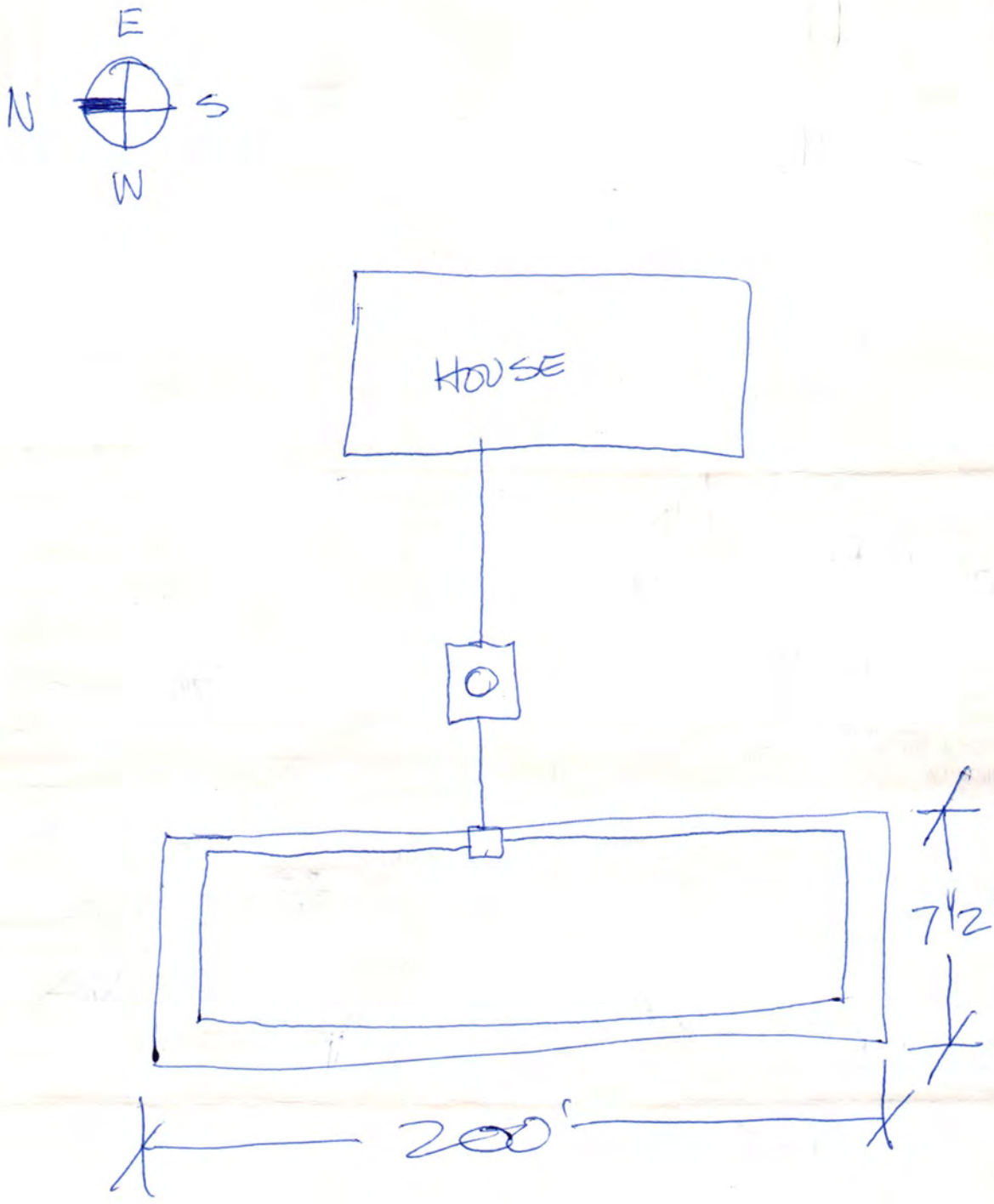
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments ONE.
2. Capacity 1,200 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 24" in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 36" in.
8. Distances to:
Well or Suction Line N/A ft.; Stream N/A ft.; Pressure Line 300 ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 15 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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines: 742' x 200'
Number ____; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 7½' ft.; Slope ____ in/100 ft.; Average Depth 28 in.
4. Filter Material: GRAVEL
Depth of Material 12" in.
5. Distances to:
Well or Suction Line N/A ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


E
N
S
W
HOUSE
7½'
200'

990527005 hf

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.

old LCR 22b new LCR 4046

Legal Description of Property: Street Address 16951 Van Dorn St. Walton, NE 68461

Twp 9 Range 8 Section 2 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition ___

Directions to Property East on Van Dorn to 16951

Location of Well Rural WATER System Tap Location: Inside ☐ Outside ☐

Location of Sewage System So. and West of house Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Ken & Susan Glendenning	3917 N. 153rd Court #320 Omaha, NE 68116	
Tenant/Buyer:	Marshal Juma	3050 POINTE CIR. Lincoln, NE 68506	489-0771 890-0782 (cell)
Return to:	Marshal Juma	3050 POINTE CIR. LINCOLN, NE 68506	489-0771

Signature of Applicant Marshal Juma Address 3050 POINTE CIR LINCOLN, NE 68506 Date 5 / 26 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5 / 26 / 99
Initials JEB
Amount 150.00
Check No. 1907

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

PRELIMINARY STATUS--By Tom Baer **DATE:** 5 / 26 / 99

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Rural water system supplies of potable water. Provisional approval only for sewage system. Final inspection of drain field was not performed by this Department, Recommend pumping septic tank if needed See Attached Letter ☐

FINAL STATUS

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

Approved by Tom Baer Date 5 / 26 / 99

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