# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2556-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 9, 1988 — THIS PERMIT EXPIRES

ROBERT D. KOSER — ISSUED TO

5101 COLBY LINCOLN, NE 68504 — ADDRESS

T9N; R8E of 6 PM; Sec NE¼ 2 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 60.00 | $ | $ | $ 60.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| | 110.16 | 148.14 | 6-2 |

| RECEIPTED BY | DATE | AMOUNT |
|---|---|---|
| MC | 9-10-87 | |

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 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. 2556-C

DATE: 9-9-87

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. 9 No. ; Range 8 E 6th PM; Section NE¼ 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: _____ ft.

SB2 SYSTEM
EXPERIMENTAL

Robert D. Kosen
Signature of Applicant (Owner or Lessee)

5101 Colby
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/87 . Date Frwd. 9/10/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-10-87 . Date Frwd. 9-10-87 . ACTION: Approved ☒ Disapproved ☐ Signature: Neal Baum

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Lynn Johnson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/2/87 by: L. C. H. Tank & liner only Need 2nd cleanout in line
Date: 10-5-87 by: pm patrol & checks sand mound
Date: 10/7/87 by: L. C. H. Complete

INSTALLATION FINAL WRITTEN APPROVAL X
Date: 10/7/87 By: Jerrold Hood

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

X NEW CONCEPT, PROVISIONAL APPROVAL

FORM 23-43

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: 471-7800

**B**

FILE NO. 2556-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North Range 8 ; Section & ¼ Section NE 1/4. Section 2
Property Dimensions: 612 ft. x 1278 ft. Area: 20± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-5-87 to 9-6-87. Weather: Precip. _____ Temp. _____.

OWNER: ROBERT D. KOSER
Address: 176th & VAN DORN

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 | 36 | 9-5 | 12:45 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 5 | ~~24~~ 30 | 1 | 30/1 |
| 2 | 36 | 9-5 | 1245 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 5 | ~~24~~ 30 | 1 | 30/1 |
| 3 | 36 | 9-5 | 1245 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 5 | ~~24~~ 30 | 1 | 30/1 |
| 4 | 36 | 9-5 | 1245 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 5 | ~~24~~ 30 | 1 | 30/1 |
| 5 | 36 | 9-5 | 1245 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 4½ | ~~24~~ 30 | 1½ | 30/1.5 |
| 6 | 36 | 9-5 | 1245 | 9-6 | 4:45 | 9-6 | 11:45 | 6" | 3:45 | 5 | ~~24~~ 30 | 1 | 30/1 |

Robert K. Koser
Signature of Person Conducting Test

Address 5101 Colby Phone 467-1195

Sum of Percolation Rates: 6.5
Average of Rates: 1.08
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty clay Loam
Date: SEPTEMBER 9, 1987

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☒

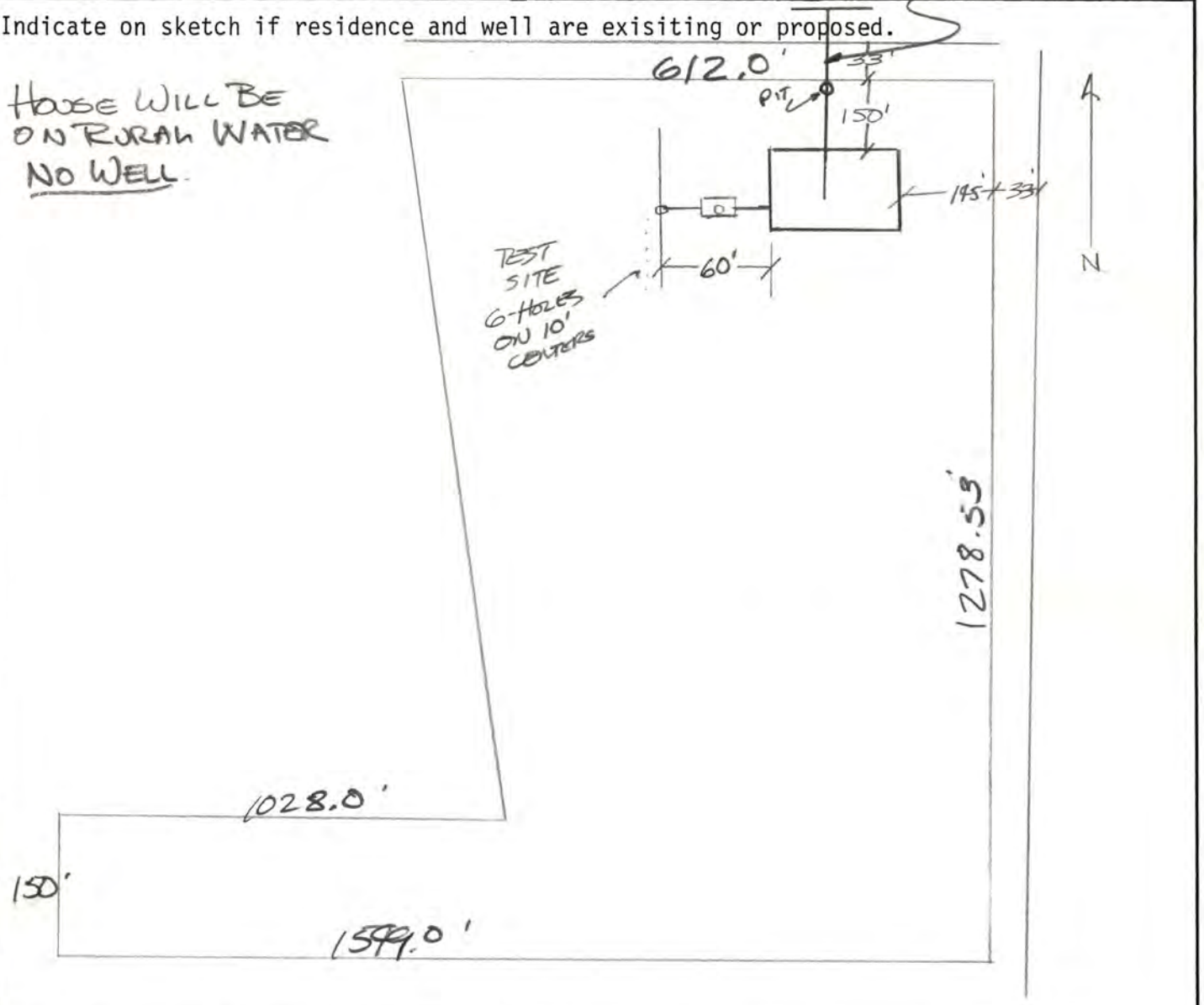
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2556-C

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




HOUSE WILL BE ON RURAL WATER
NO WELL

REVIEWING ACTION

Remarks: _____

Date: SEPTEMBER 9, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 181 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 725 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

OCT 14 1987

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

**D**

DATE: 9-9-87

FILE NO. _____

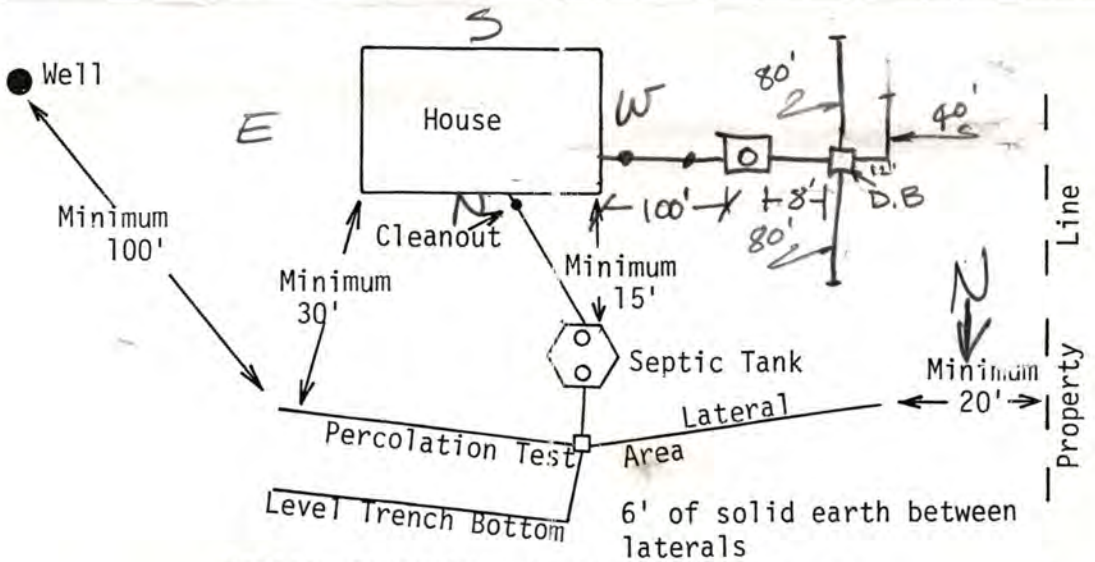
## SPECIFICATIONS AS BUILT

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 100' ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line N/A ft.; Stream 418 ft.; Pressure Line 275 ft.; Property Line 200 ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments ONE.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. 24" in. Over Outlet; diam. ____ in. Riser Above ☒ Below ☐ Grade 6" in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 20 in.
8. Distances to: Well or Suction Line N/A ft.; Stream 400 ft.; Pressure Line 200 ft.; Property Line 200 ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; 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 _____ or Perforated Pipe 10". Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 3; Length of each line 80', 80', 40', ____, ____ ft.; Total length of laterals ____ ft.; Distance between lateral lines 12' ft.
3. Trench dimensions: Width 24" ft.; Slope NONE in/100 ft.; Average Depth 34" in.
4. Filter Material: PROTECTIVE WRAP Depth of Material ____ in.
5. Distances to: Well or Suction Line N/A ft.; Stream 400' ft.; Pressure Line 400 ft.; Property Line 100' ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

# 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: 12/18/91

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

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION 2; BLOCK ___

LOT ___; ADDITION ___; Street Address ___

Directions to Property 17505 VAN DORN ST. WALTON, NE.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System WEST SIDE OF HOUSE Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | ROBERT + PEGGY KOSER | 17505 VAN DORN ST. | HO. 483-1068 |
| Tenant/Buyer: | ___ | ___ | WK. 467-4444 |
| Return to: | ___ | ___ | ___ |

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

Signature of Applicant First Commerce Savings, Inc By: Gary Cavanaugh Address BOX 80036 Lincoln, NE 68501

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*HEALTH DEPARTMENT USE ONLY*

Date Received DECEMBER 18, 1991 Received $150.00 Check ☒ Cash ☐

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RURAL WATER PRELIMINARY STATUS--DATE 12/23/91

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved: | ☐ | Date 12/23/91 by J.CH. |
| Bacteria | ☐ | ☐ | Provisional: | ☒ | Date ___ by ___ |
| Nitrate | ☐ | ☐ | Disapproved: | ☐ | Date ___ by ___ |

Comments: APPROVAL IS PROVISIONAL BECAUSE THIS TYPE OF SYSTEM IS CONSIDERED EXPERIMENTAL, NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

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FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE DECEMBER 23, 1991

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

007

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 17505 VanDorn

Twp 9N Range 8E Section 2 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property O Street to 176th, South to VanDorn

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

Location of Sewage System ___ Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Bob and Peggy Kuser | 17505 Van Dorn Walton 68461 | 467-4444 work |
| Tenant/Buyer: | Bob Lichtenberg | 4317 Progressive Ave Lincoln NE 68504 | 467-3664 |
| Return to: | State Title | 1023 Lincoln Mall | 434-5020 |

Signature of Applicant Robert Lichtenberg Address 4317 Progressive Ave Date 03/08/93

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**HEALTH DEPARTMENT USE ONLY**

Date Received ___/___/___ Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Gerald C. Hood **DATE:** 3/11/93

RURAL WATER DISTRICT

| 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:** SEPTIC SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MAL FUNCTION. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

**FINAL STATUS**

RURAL WATER DISTRICT

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

Approved by Gerald C. Hood R.E.H.S. Date 3/11/93

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.

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# Lincoln-Lancaster County Health Department

**3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 17505 Van Dorn

Twp 2 Range 9 Section 8 1/4 NE 1/4 Block 3 Lot ___ Addition ___

Directions to Property East "O" to 176th So 2 miles then Right 1 Blk on So Side

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System west of house, near corral area Year Installed 1987 (?)

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Bob & Linda Lichtenberg | | |
| Tenant/Buyer: | | | |
| Return to: | Capitol Title Attn: Marilyn Wimer | 4645 Normal Lincoln, NE 68506 | 434-3713 |

Signature of Applicant Margaret Thunemann Address 5041 So. 30 Lincoln, NE Date ___/___/___

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**HEALTH DEPARTMENT USE ONLY**

Date Received 07/17/96 Received $150.00 Check ☑ Cash ☐ #818

**PRELIMINARY STATUS--By** Paul Dorrzmann **DATE:** 7/19/96

Rural Water

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☐ |
| Bacteria | ☐ ____/ml | ☐ ____/ml |
| Nitrate | ☐ ____ppm | ☐ ____ppm |

| SEWAGE SYSTEM | | Additional Site Visits |
|---|---|---|
| Approved | ☐ | Date ___/___/___ by ___ |
| Provisional | ☒ | Date ___/___/___ by ___ |
| Disapproved | ☐ | Date ___/___/___ by ___ |

**Comments:** Onsite waste disposal system is considered experimental, hence approval is provisional. No evidence of malfunction at time of inspection

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Paul Dorrzmann Date 7/19/96

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.