LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1340-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 13, 1978 — THIS PERMIT EXPIRES

Jack A. Sinn Route 2, Ceresco, NE — ISSUED TO / ADDRESS

T12N, R7E, Section SE¼ of 5 — 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 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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. _____

DATE: June 9, 1978

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. 12 ; Range 7 ; Section 5 SE¼;
   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 ☒ Lagoon

4. Distance to public sewer: _____ ft.

Jack Lewis
Signature of Applicant (Owner or Lessee)

RT 2 Ceresco, 68017
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-12-78. Date Frwd. 6-12-78. ACTION: Approved ☒ Disapproved ☐ Signature: James Weverka
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-13-78. Date Frwd. 6-13-78. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson
3. City or County Engineer: Date Rec'd. 6-13-78. Date Frwd. 6-13-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-17-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-20-78 By: James Weverka

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 7 ; Section & ¼ Section 5 SE.
Property Dimensions: _____ ft. x _____ ft. Area: 151 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: June 2 to June 3 . Weather: Precip. 0 Temp. 75 .

OWNER: Jack Sinn

Address: RT 2 Ceresco

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	34	6-2	1800	6-3	2000	6-3	2000	28 5/8	2030	28 4/8	30	1/8	240
2	"	"	"	"	"	"	2001	25 4/8	2031	25 4/8	"	2/8	120
3	"	"	"	"	"	"	2002	26 1/8	2032	26 3/8	"	1/8	240
4	"	"	"	"	"	"	2003	29 3/8	2033	29 1/8	"	3/8	80
5	"	"	"	"	"	"	2004	28 3/8	2034	28 1/8	"	1/8	240
6	"	"	"	"	"	"	2005	26 3/8	2035	26 2/8	"	2/8	120

Sum of Percolation Rates: 1040
Average of Rates: 173
Mean of Rates: 160

Jack Sinn
Signature of Person Conducting Test

Address RT 2 Ceresco Phone 7852554

(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 ☒

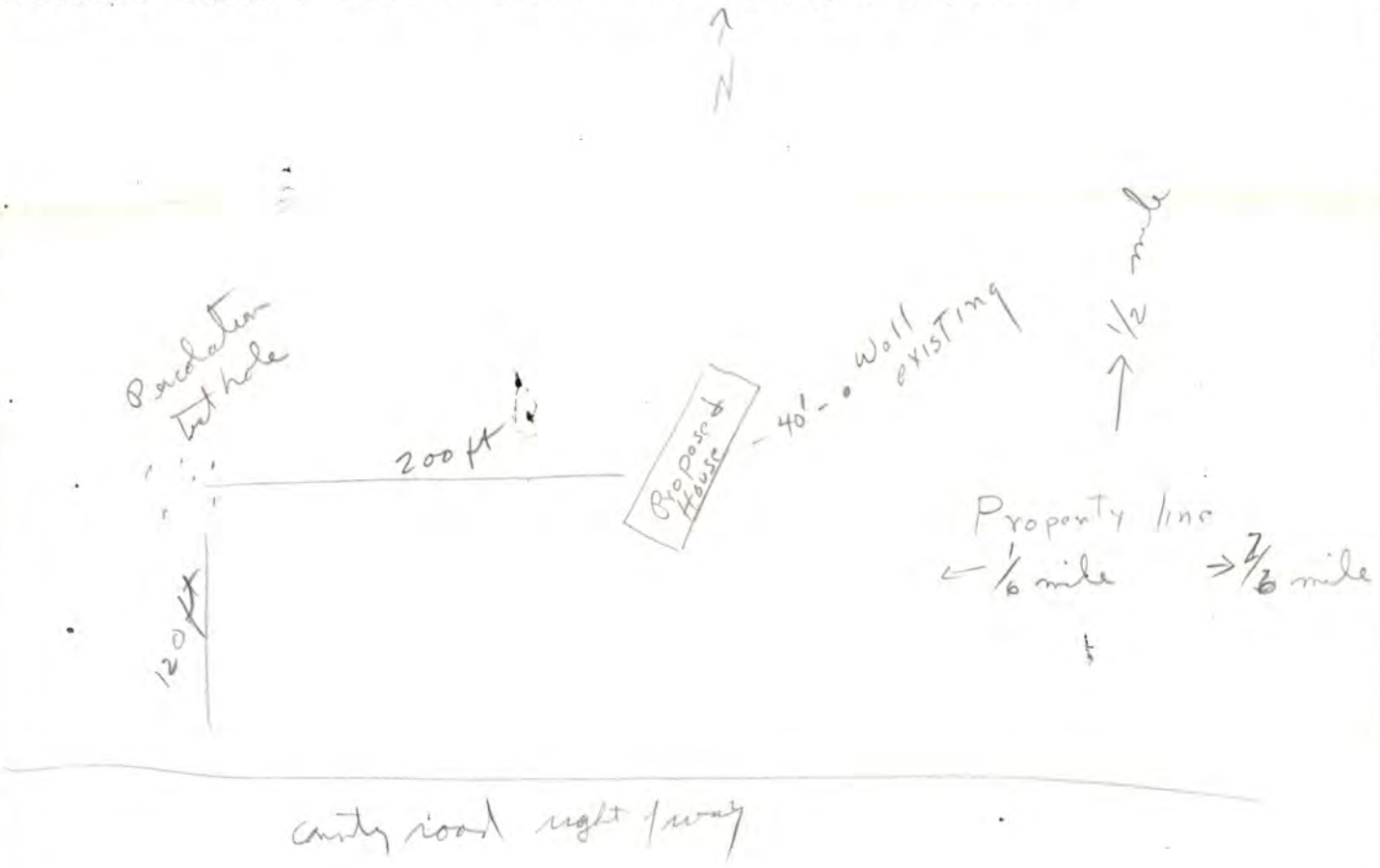
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska . 68502
Phone: 474-1541

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: 474-1541

D

DATE: _____

FILE NO. _____

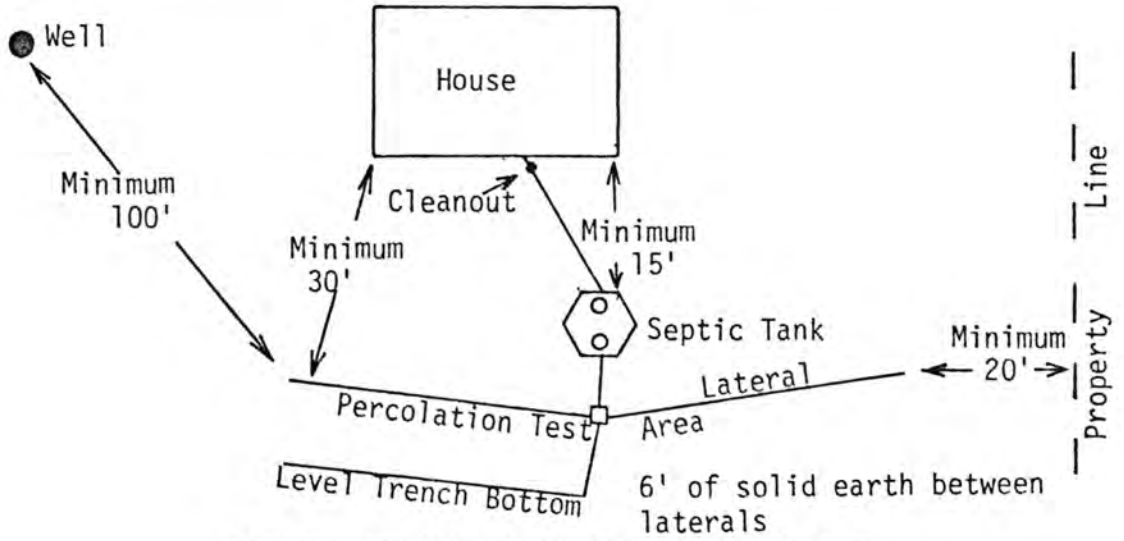
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 183 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 59 ft.; Stream — ft.; Pressure Line — ft.; Property Line 110 ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

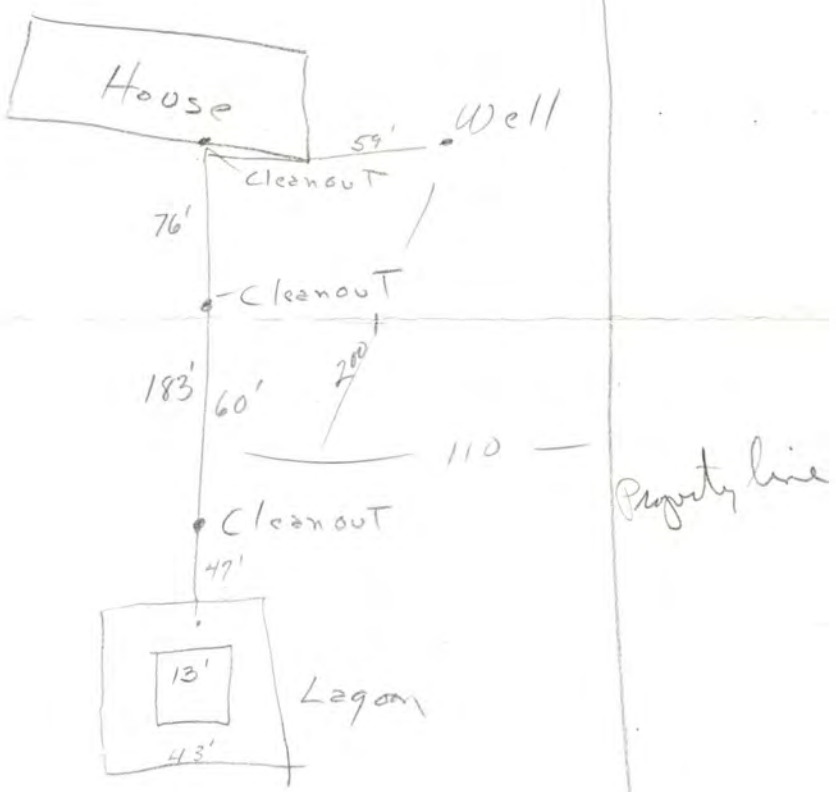


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE Oct 17, 78 INSTALLER John Mahrt, Fremont

Jack Sim Ceresco.



Closing Date: Oct 11, 1995

Lincoln-Lancaster County Health Department

034

3140 "N" Street, Lincoln, Nebra

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/

This form must be completed and returned to request a real estate transfer inspect

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

2248

Legal Description of Property: Street Address 4500 Little Salt Rd Davey, NE

Twp 8N Range 7E Section 5 1/4 ___ 1/4 ___ Block ___ Lot 24 Addition ___

Directions to Property Hwy 77 North from Cornhusker Hwy approx 12 miles then west on Little Salt Rd approx. 1/2 mile. Home "Sold" Sign in driveway

Location of Well South of house (20-30 ft. Tap Location: Inside ☐ Outside ☒

Location of Sewage System west of house (Lagoon) Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Todd & Sondra Otto	4500 Little Salt Rd	
Tenant/Buyer:	Robert & Gloria Brockley	5218 Prescott Lincoln, NE	
Return to:	State Title Services % Lynn Linder		

Signature of Applicant Rich O'Neill Address Home Real Estate 3910 South St Lincoln, NE 68506 Date 10/2/95

If questions call me at 432-7424

HEALTH DEPARTMENT USE ONLY

Date Received 10/2/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald E. Hood **DATE:** 10/3/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 10/23/95 by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.7 ppm	☐ ___ ppm	Disapproved ☒ Corrosive	Date ___/___/___ by ___

Comments: LAGOON APPEARS TO BE SLUDGED UP, NEEDS TO BE CLEANED OUT, VEGETATION CUT, GRASS KILLED OUT AT WATERS EDGE. PROBABLY NEED FENCE POSTS WHERE FENCE CURLS OVER. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mangum R.S. Date 11/16/95

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.

* Installation of this lagoon predates County regulations.

004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-78[illegible] Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

This form must be completed and returned to reques

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: July 27, 1993

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 7E; SECTION 5; BLOCK ____

LOT 24; ADDITION ____; Street Address Rural Route 2 Box 31 Ceresco, NE

Directions to Property 77 to Little Salt W. 1st House on N. Side

Location of Well SW Corner of house Tap Location: Inside [ ] Outside [ ]

Location of Sewage System apprx. 100 yards West in pasture Year Installed 1983 (tank sim)

	NAME	ADDRESS	PHONE
Present Owner:	Bob & Mary Danley	RR 2 Box 31 Ceresco, NE	785-2155
Tenant/Buyer:	Todd & Sondra Otto	RR 1 Box 4 Ceresco, NE	665-2271
Return to:	Mark K, Eckles	100 W. Fletcher Ave. Lincoln	435-7233

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

Signature of Applicant Mark K. Eckles (FIRST SECURITY NAT'L BANK) Address 100 W. FLETCHER AVE. LINCOLN, NE 68521

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HEALTH DEPARTMENT USE ONLY

Date Received 07/28/93 Received $150.00 Check [✓] Cash [ ] #10222

PRELIMINARY STATUS--DATE 7-29-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 7.29.93 by [illegible]
Bacteria	[X]	[ ]	Provisional:	[ ]	Date 9-1-93 by [illegible]
Nitrate	0.9ppm [X]	[ ]	Disapproved:	[X] (later corrected)	Date ____ by ____

Comments: ____

See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Ron Mayo, R.S. DATE 9-2-93

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

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