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. 456-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. 12N ; Range 7E ; Section 5 ; Block ____ ; Lot ____ ; Addition _____.
Street Address 5501 Ashland Rd.

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms 4
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).

Gerald Kelpsch
Signature of Applicant (owner or lessee)

2824 Torchlight Lane
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5-19-75 by: JW
Date: 5-27-75 by: JW
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 6/4/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-27-75 by: James Wevelsa

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. 456-C

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

DATE: 6-3-74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12 N; Range 7 E; Section 5
Block _____; Lot _____; Addition _____
Street Address 5501 ASHLAND RD

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 4. Describe: _____
Other Use ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Distance to public sewer: 1 mile ft.

Gerald Helgoth
Signature of Applicant (Owner or Lessee)

2824 Torchlight LANE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/4/74. Date Frwd. 6/4/74.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____.
ACTION: Approved ☐ Disapproved ☐
Signature: _____

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 6-5-74.
ACTION: Approved ☑ Disapproved ☐
Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

received
J Harsch

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 475-6221)

FILE NO. 456-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 N; Range 7
Section & ¼ Sect. NE¼ 5
Property Dimensions: 600 ft. x 480 ft.
Area: 7 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Gerald Helgoth
Address 2824 Twilight Lane

Dates of Tests: 4 9 74 to 4-10-74. Weather: Precip. no Temp. 60's F

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	4-9	3.45	4-10	3.45	4.10	3.45	7	7.45	2¼	240	18¾	13 min 1"
2	36	4-9	3.47	4-10	3.47	4.10	3.47	6	7.47	2½	240	13	18 min 1"
3	36	4-9	3.49	4-10	3.49	4.10	3.49	6½	7.49	4½	240	2	120 min 1"
4	36	4-9	3.51	4-10	3.51	4.10	3.51	6	7.51	0	240	6	40 min 1"
5	36	4-9	3.53	4-10	3.53	4.10	3.53	6¼	7.53	1¼	240	15	16 min 1"
6	36	4-9	3.55	4-10	3.55	4.10	3.55	6	7.55	¼	240	17¼	14 min 1"

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

Gerald M Helgoth
Signature of Person Conducting Test

Address 2824 Twilight
Phone: 475-7169

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 3, 1974

Gerrald C. Hoob
Signature of Reviewing Official

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. 456-C

SPECIFICATIONS

DATE: _____

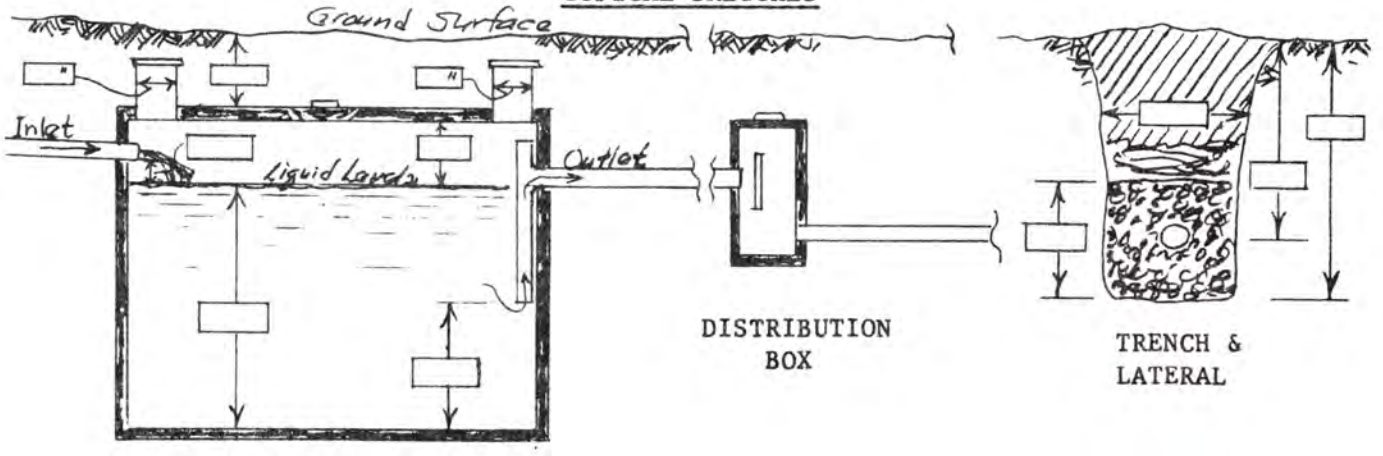
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 150 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 60 ft.;
Stream ¼ mi ft.; Pressure Line ___ ft.;
Property Line 150 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass; No. of compartments _____.
2. Capacity 1500 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade _____ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet 6 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ¼ mi ft.; Pressure Line 100 ft.;
Property Line 150 ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ___ in.; Width ___ in.
Depth ___ in.
4. Distance from Septic Tank ___ ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 36 in.
Number 3; Length of each line 100 ft
Total length of Laterals 200 ft.;
Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other fiberglass
Distance between lateral lines 8 ft.
3. Trench Dimensions: Depth 36 in.; Width 18 in.
4. Filter Material: gravel.
Depth of material from trench bottom 6 in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ¼ mi ft.; Pressure Line 150 ft.
Property Line 100 ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES

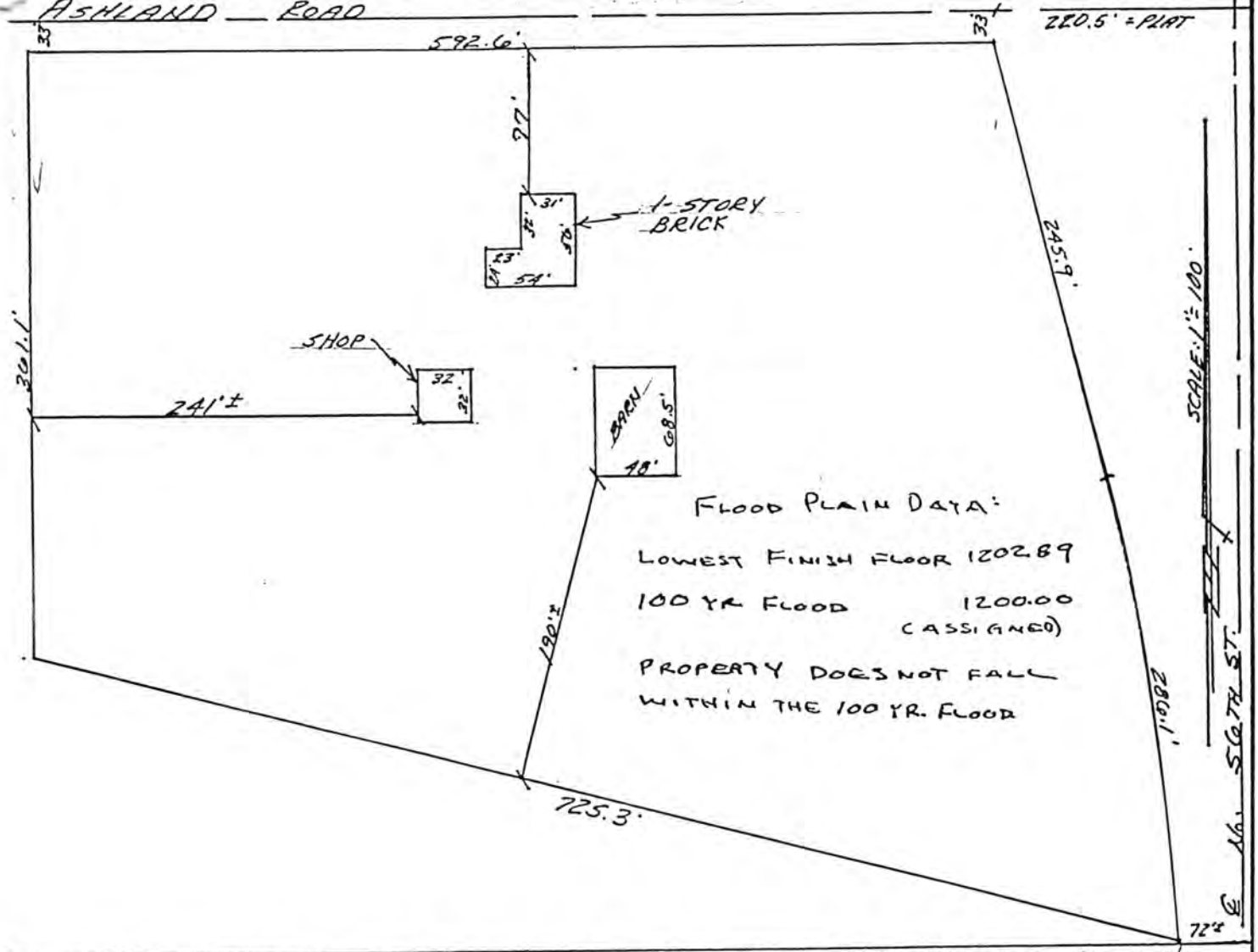


_____
Signature of Applicant

COLUMBUS

PROPERTY IMPROVEMENT LOCATION PLAT

5501 ASHLAND ROAD



FLOOD PLAIN DATA:

LOWEST FINISH FLOOR 1202.69

100 YR FLOOD 1200.00 (ASSIGNED)

PROPERTY DOES NOT FALL WITHIN THE 100 YR. FLOOD

LEGAL DESCRIPTION: Lot 20, I.T. in the NE/4 Section 5, T12N, R7E of the 6th P.M. Lancaster County, Nebraska.

DATE OF CERTIFICATE

9-25-87

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to

Mr. Steven King and Columbus Federal Savings

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Jesse W. Wininger

Professional Surveyors, Inc.

421 SO. 9TH - SUITE 101
LINCOLN, NE 68508
(402) 477-5255

JESSE W. WININGER, L.S.
PRESIDENT

PROJECT NO.
872356

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~~ $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5501 ASHLAND RD CERESCO, NE 68017

Twp 12 Range 7 Section 5 1/4 NE 1/4 Block ___ Lot 34 Addition ___

Directions to Property HWY 77 AND ASHLAND RD WEST SITE

Location of Well North of house 40 ft Tap Location: Inside ☐ Outside ☑

Location of Sewage System West of house Year Installed 88

	NAME	ADDRESS	PHONE
Present Owner:	STEVEN KING	5501 ASHLAND RD CERESCO NE 68017	310-3216-665-2002 (R525-62-84)
Tenant/Buyer:	HECTOR M PELAYO	301 N.W. 20TH LINCOLN NE 68528	438-1346-4995071
Return to:	HECTOR M PELAYO		

Signature of Applicant [signature] Address 301 N.W. 20 ST Date 12/31/02

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/31/02
Initials CW
Amount 200.00
Check No. 56.95

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 1/2/03

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Recommend checking to be certain that septic tank is not cracked and checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 1/7/03

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 - B

P22246-2

Revised/Reprint: 10-95

022

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: 9-15-92

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

Legal Description of Property: TWP. 12N; RANGE R7E; SECTION 5; BLOCK ____

LOT ____; ADDITION _____; Street Address 5501 Ashland Rd. Ceresco

Directions to Property North from Lincoln on Hwy 77 to Ashland Rd. (1 mile south of Ceresco). Turn west. 1st property on south side of Ashland Rd.

Location of Well North side of house in yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Steven L. & Karen L. King	5501 Ashland Rd. Ceresco	(402) 1665-2002 W437-4373
Tenant/Buyer:			
Return to:	ABOVE	ABOVE	

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

Signature of Applicant Karen L. King Address 5501 Ashland Rd. Ceresco

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HEALTH DEPARTMENT USE ONLY

Date Received 9-17-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-18-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒ Corrected	☒ Conduit	Approved:	☒	Date 9-18-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date 9-22-92 by ____
Nitrate	☒ 1.5	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

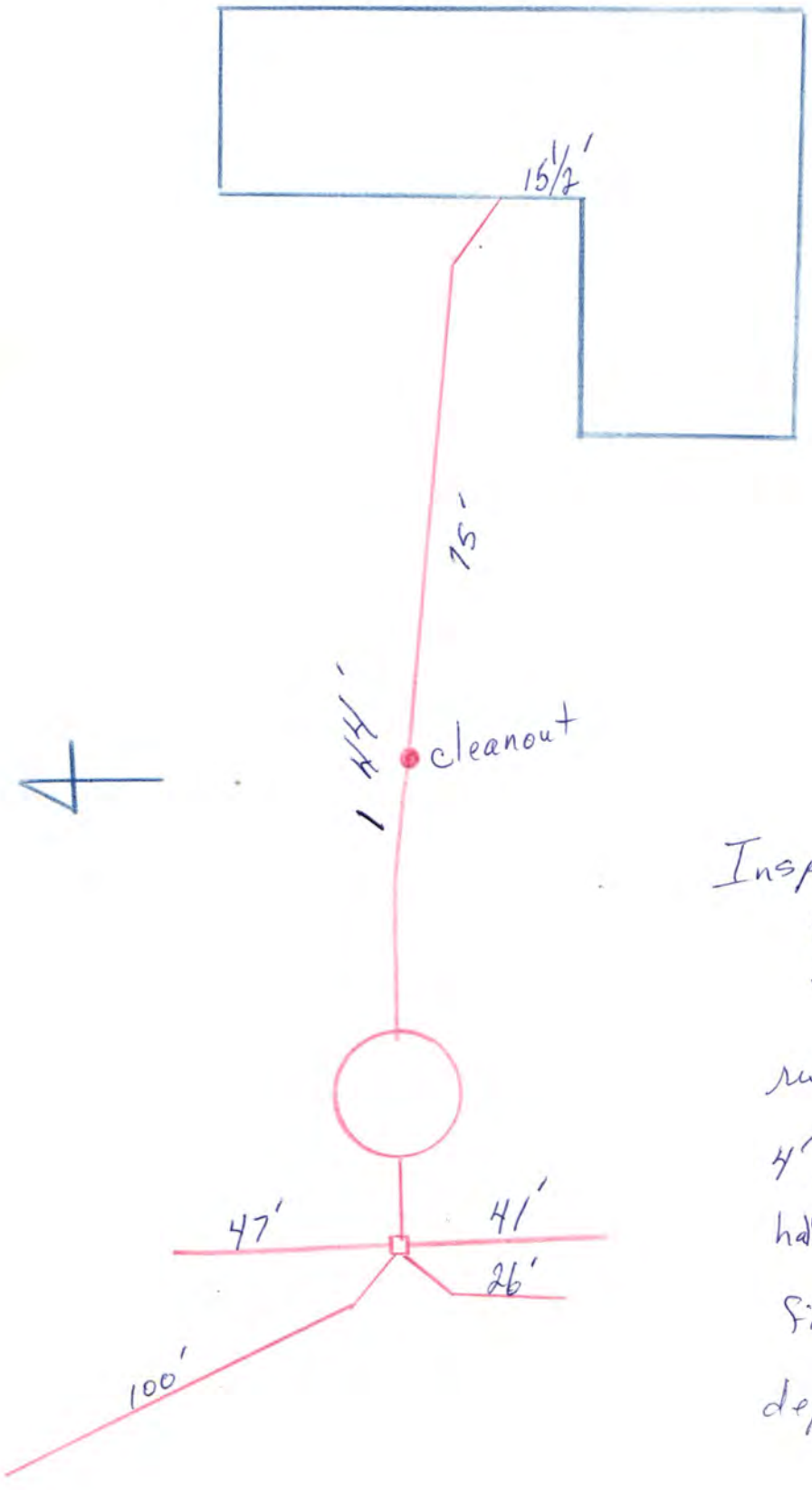
FINAL STATUS

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

APPROVED BY Ron Mayfield, RS DATE 9-25-92

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



Inspected
5-19
5-28 by jw

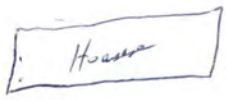
riser on tank

4' wide laterals

half moons

fiberglass system

depth 2' - 4 1/2'



well

100 feet.

1 0

30ft 30 fee

2 0 24ft 0 5

30 ft 30 ft.

3 0 3 ft. 0 6

30ft

4 0