LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2179-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 25, 1985 — THIS PERMIT EXPIRES

JOHN MILLER — ISSUED TO

6010 QUEENS DRIVE LINCOLN, NE 68516 — ADDRESS

T9N; R8E; Sec 9; Lot Frac of 2; W½ W½ NE¼; 14101 Pioneers — 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
[illegible]	9/25/85	

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. 2179-C

DATE: 3-24-85

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 N ; Range 8E ; Section 9 ;
   Block N/A : Lot Rear pt of 2 Addition W½ W½ NE¼
   Street Address 1401 pioneers
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.

John Miller
Signature of Applicant (Owner or Lessee)

6010 Queens Place Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/85. Date Frwd. 3/26/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Noob
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-27-85 Date Frwd. 3-27-85 ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. 3-26-85. Date Frwd. 3-26-85. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 5-23-85 by: rm (Covered without Inspection)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 471-7800

B

FILE NO. 2179-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 8 ; Section & ¼ Section 9 .
Property Dimensions: _____ ft. x _____ 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: 3-24 to 3-25-85 . Weather: Precip. - Temp. 55° .

OWNER: John Miller

Address: 6010 Queens Drive 68516

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"	3/24	10:00 AM	3/25	8:00 AM	3/25	8:30 AM	8"	9:00 AM	8½	30	½"	
2			"					8"		9½		1½	
3			"					8"		9⅛		1⅛	
4			"					8"		8¾		¾	
5			"					8"		8½		½	
6			"					8"		8½		½	
7			"					8"		8½		½	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 423-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 25, 1985

Approved Percolation Rate (a)
A. 34 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

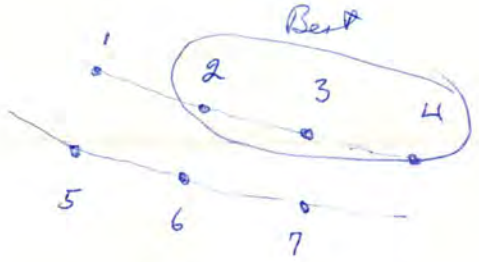
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2179-C

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

N ↑

Rural Water Hook up.



Proposed House

REVIEWING ACTION

Remarks: _____

Date: March 25, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 796 sq.ft.

Jerrold C. Hook
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: 5-23-85

FILE NO. _____

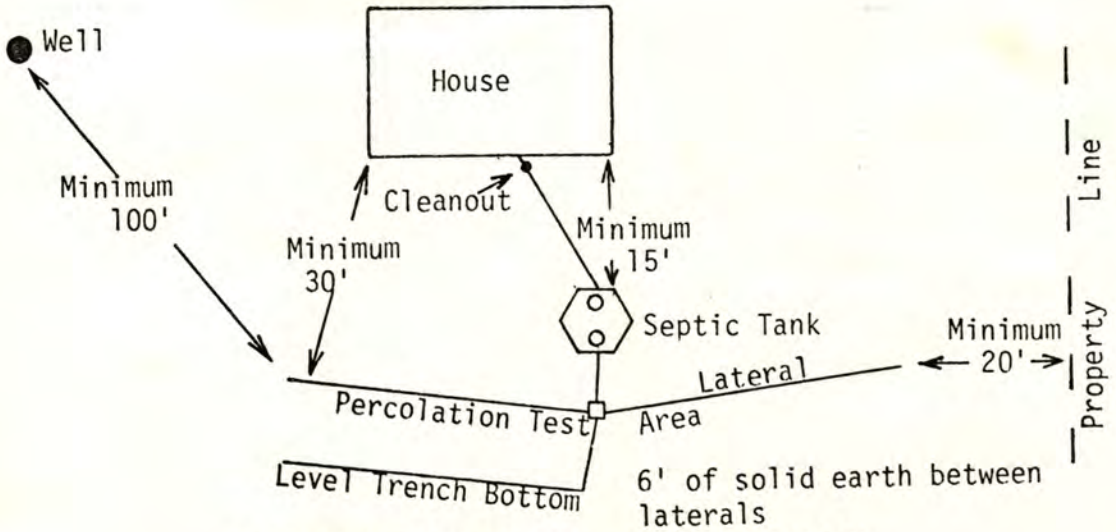
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 97' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity Pre Cast 1000 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 10" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 9' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ~~4~~ or
Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 70, _____, _____ ft.;
Total length of laterals 270 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width 3 ft.;
Slope 3" in/100 ft.; Average Depth 30" in.
4. Filter Material: Rock / Gravel
Depth of Material 15 in.
5. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

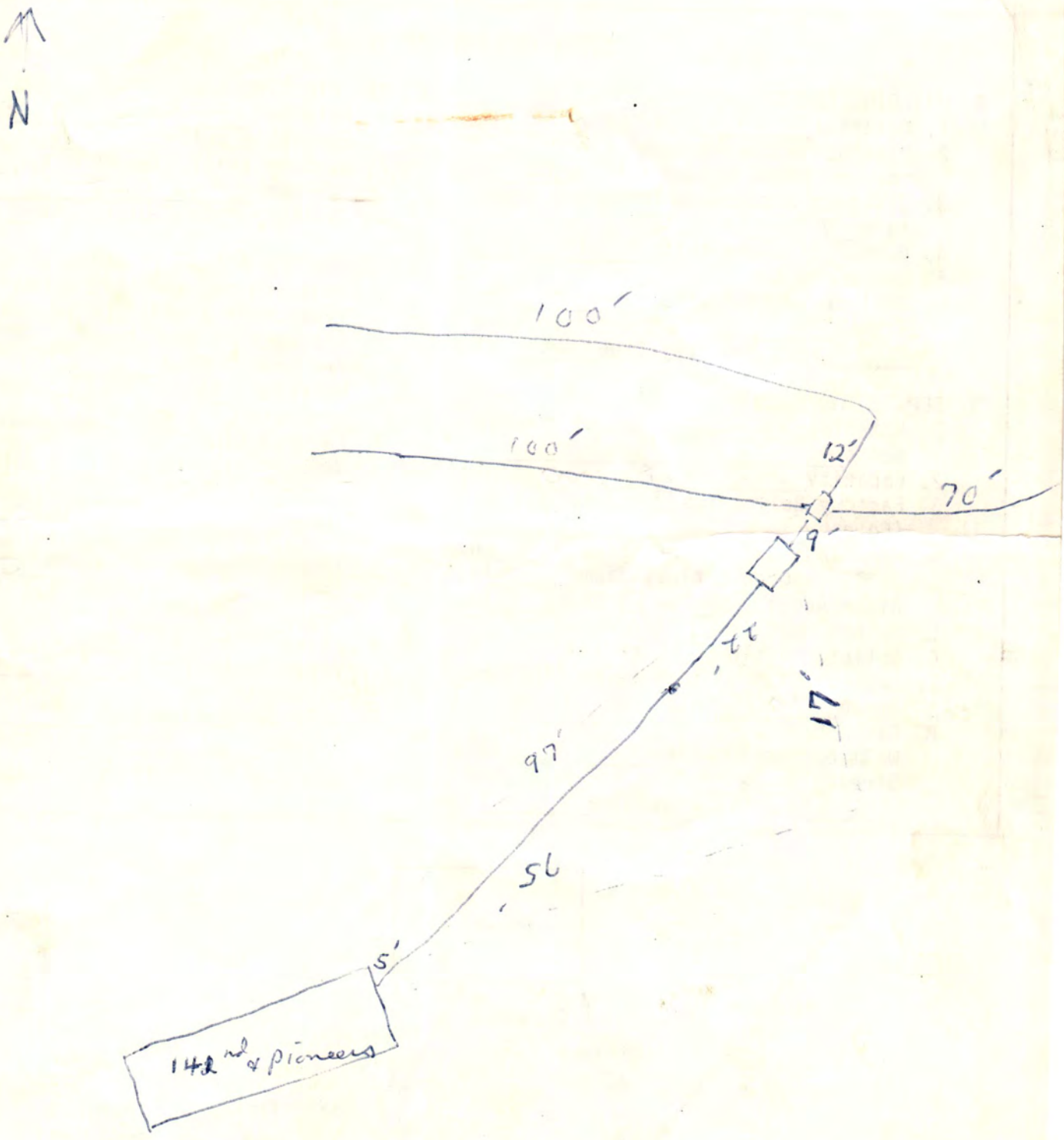


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-23-85 INSTALLER L. Schwarck

141st Pioneer, T4N, R8E, 9



001

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: 1-31-92

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT 12; ADDITION _____; Street Address RR#1 Box 83A Walton NE

Directions to Property Yard corner

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

Location of Sewage System Ask owner Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	John & Karen Mueller	RR#1 Box 83A Walton NE	his w.p. 341-3204 her w.p. 474-1555
Tenant/Buyer:	Same		hm# 488-8322
Return to:	Cathy Mueller, Vista Bank	P.O. Box 5326	

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

Signature of Applicant Cathy Mueller Address Vista Bank 465-7532

==========

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 3, 1992 Received $75.00 (150.00) Check ☒ Cash ☐

RURAL WATER DISTRICT

PRELIMINARY STATUS--DATE 2/4/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 2/4/92 by L.C.H.
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: RECORDS INDICATE THIS SEWAGE SYSTEM WAS NOT INSPECTED PRIOR TO COVERING HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTION. SUNKEN SPOTS OVER LATERALS SHOULD BE FILLED IN. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SEWAGE SYSTEM IS NEARLY 7 YEARS OLD. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Reynold C. Nagel R.E.H.S. DATE FEBRUARY 4, 1992

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