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. 90390064901

Issued 10/15/90
Expires 04/15/91

ESTABLISHMENT

KYLE GOWIN
T9N R5E SEC 11
LOT 1
16950 OLD CHENEY RD

FEES: Permit 016754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

KYLE GOWIN
PRC001
BOX 00049
WALTON NE 68461

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/23/7	PAID

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: $ 150.00

FILE NO. _____

DATE: 10-18-90

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. 9N ; Range 8E ; Section 11 ;
   Block _____ : Lot 1 It : Addition _____
   Street Address 16950 OLD CHENEY Road

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

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

4. Distance to public sewer: _____ ft.

Kyle M. Erwin
Signature of Applicant (Owner or Lessee)

RT. 1 Box 49 WALTON Ne. 68461
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/18/90. Date Frwd. 10/18/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: J. Wilson for Paul Bouma

3. City or County Engineer: Date Rec'd. 10/18/90. Date Frwd. 10/18/90. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-9-91 by: [signature] lift station & tank only.
Date: 2/15/91 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/15/91 By: Jerrold C. Hood

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8E ; Section & ¼ Section 11 .
Property Dimensions: 250 ft. x 242 ft. Area: 1.39 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: Oct. 2 to 3 . Weather: Precip. Clear Temp. _____

OWNER: Kyle Gowin

Address: RT1 Box 49 WALTON 68461
16950 OLD CHeney RD.

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	30"	Oct 2	10:00	Oct 2	2:00	Oct 3	10:00		2:00		30	3/4"	
2	30"	"	"	"	"	"	"	"	"		"	1/4"	
3	30"										"	3/4"	
4	24"										"	1"	
5	24"										"	1 1/4"	
6	24"										"	1/4"	

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

Kyle M. Gowin
Signature of Person Conducting Test

Address 16950 OLD Cheney Rd Phone 782-8058

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 18, 1990

Jerrold C. Heeb
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 ☒

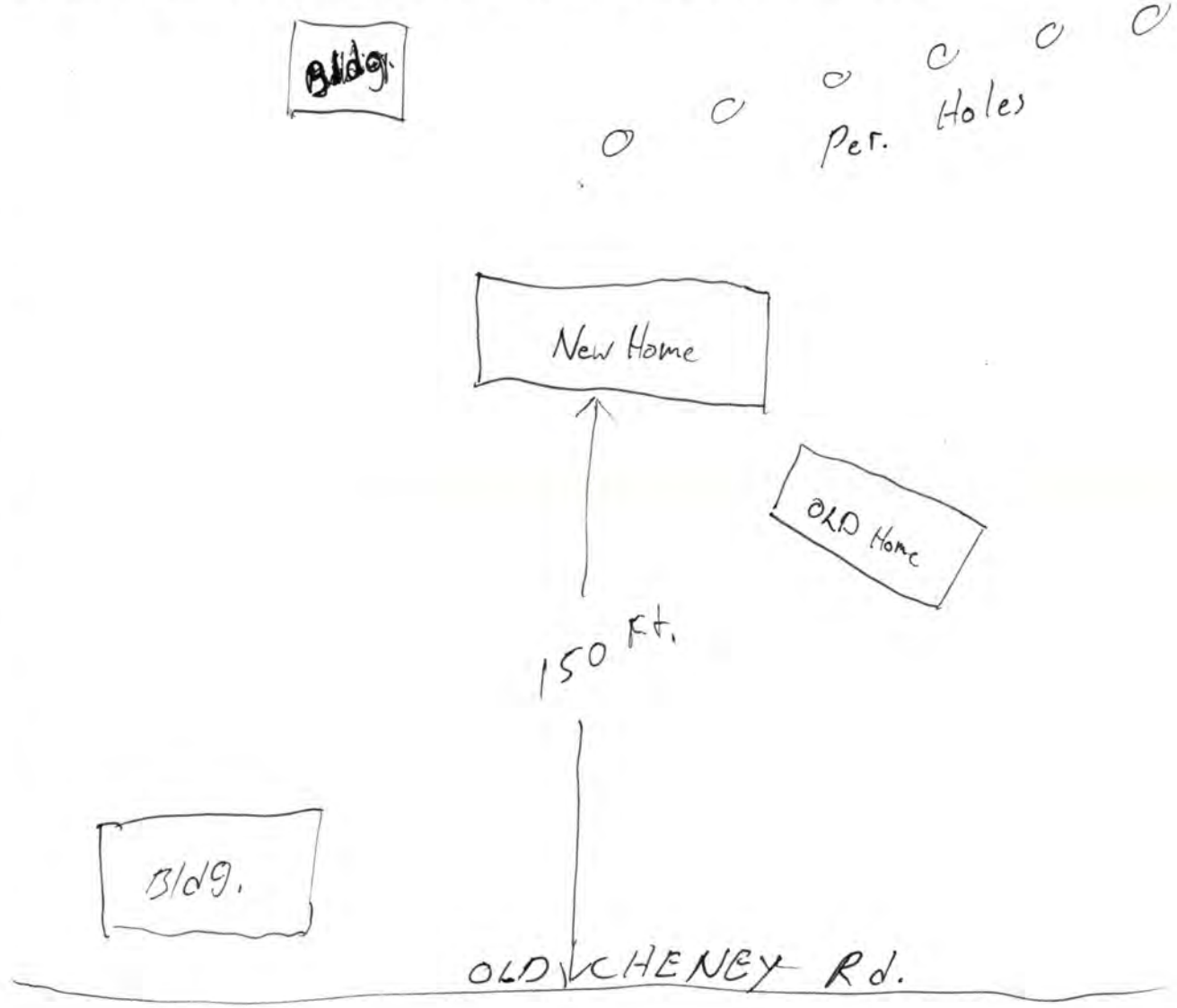
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



162 & OLD CHENEY ½ mi East North side

REVIEWING ACTION

Remarks: _____

Date: October 18, 1990

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 532 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Kyle Gowin

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: Jul 14

FILE NO. _____

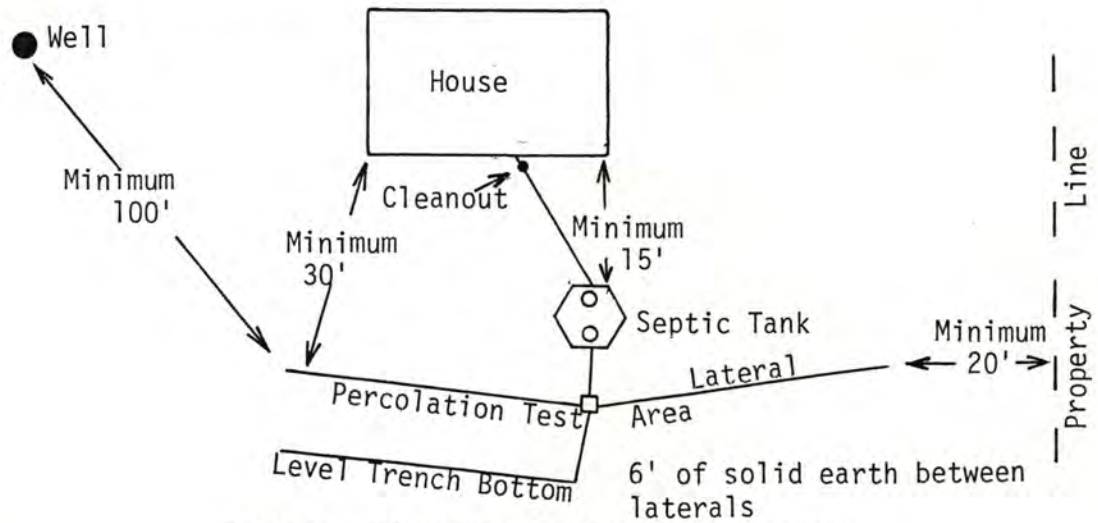
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter ____ in.
2. Distance above basement floor ~~6~~ in., or below basement floor 20 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gal 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 100' + 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 ____ ft.

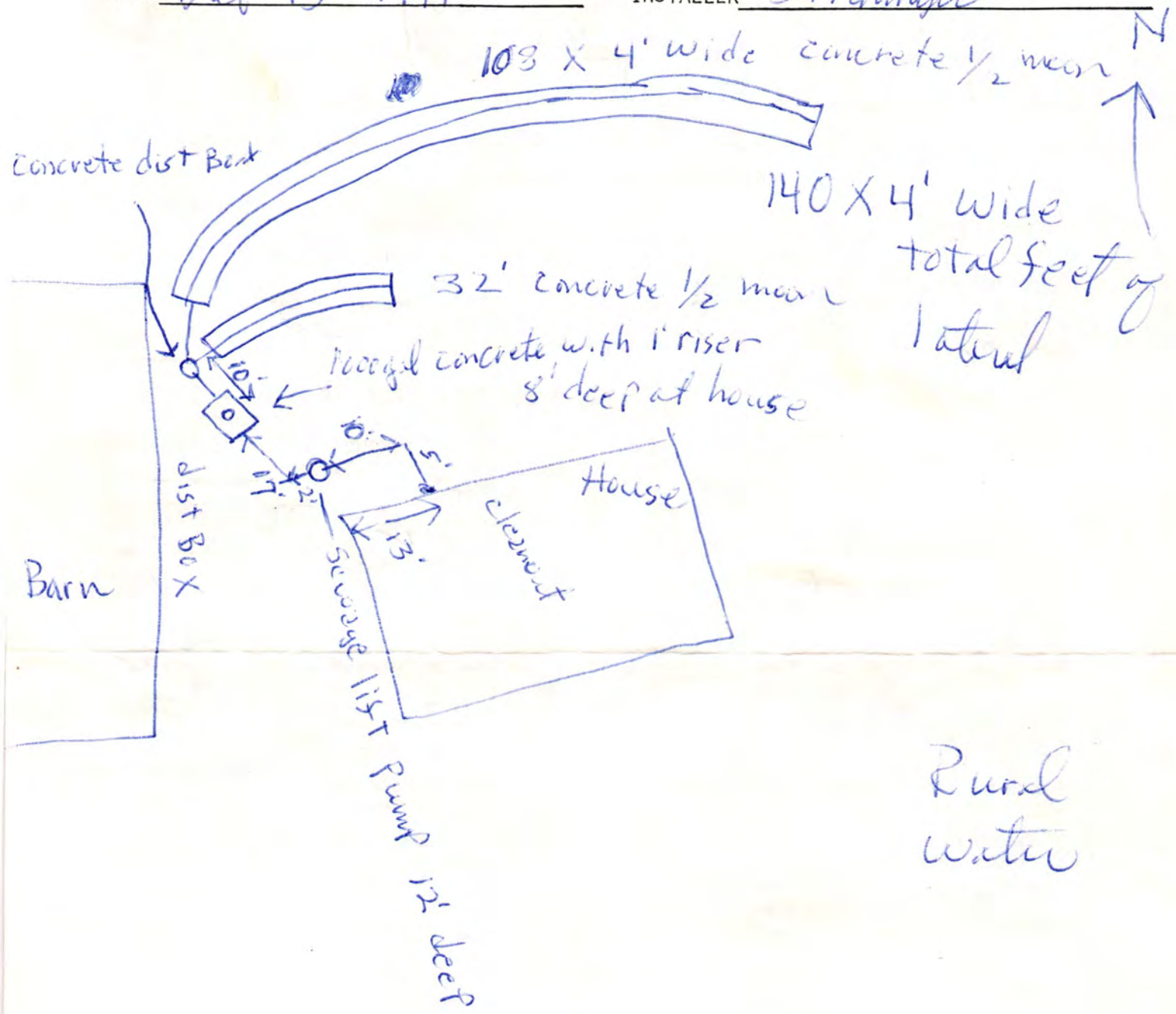
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 108, 32, ____, ____, ____ ft.;
Total length of laterals 140' ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4' ft.;
Slope 3 in/100 ft.; Average Depth ____ in.
4. Filter Material: Gravel
Depth of Material 20" 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 Feb 15 1991 INSTALLER Strahmyer



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 16950 OLD CHENEY RD.

Twp 9 N Range 8 E Section 11 1/4 SE 1/4 Block ___ Lot 1 Addition 6 P.M.

Directions to Property 1/2 mile From 162 - 176 on OLD CHENEY RD., 2ND House North SIDE

Location of Well Rural Water District No. 1 Tap Location: Inside ☐ Outside ☐

Location of Sewage System East Side of Astro BLD. Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Kyle & Linda Gowin	RT 1 Box 49 WALTON Ne. 68461	782-805[illegible]
Tenant/Buyer:			
Return to:	SAME		

Signature of Applicant Kyle M Gowin Address 16950 OLD CHENEY RD. RT 1, Box 49, WALTON, NE 68461 Date 6/22/95

HEALTH DEPARTMENT USE ONLY

Date Received 6/23/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 6/27/95

Rural Water Dist

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:

See Attached Letter ☐

FINAL STATUS Public Water Supply

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

Approved by Ron Marquart, RS Date 6/27/95

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.