LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 855-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

MARK . MCMANAMAN — ISSUED TO

4201 N. 148th Lincoln, NE 68527 — ADDRESS

T9N; R8E; E½ of W½ of ½; Sec. 12 18501 Pioneers — LEGAL DESCRIPTION

REMARKS:

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: AH — DATE: 6-26-89 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

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. 2855-C

DATE: JUNE 21, 1989

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 12 ; E½ OF W½ OF NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 18501 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.

Mark A. McManaman
Signature of Applicant (Owner or Lessee)

4201 N. 148th (786-3374) Lincoln, NE 68527
Address work 477-5268

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/21/89. Date Frwd. 6/21/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-21-89. Date Frwd. 6-21-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumann

3. City or County Engineer: Date Rec'd. 6/22/89. Date Frwd. 6/22/89. ACTION: Approved ☒ Disapproved ☐ Signature: Tamyk Worrell

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 7/24/89 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/22/89 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. _____

1 MARK

PROPERTY WHERE SOIL TESTED: E 1/2 W 1/2 NE 1/4

Location: Township 9 ; Range 8 ; Section & ¼ Section 12 .
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).

Scil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .

Dates of Tests: 12-10-88 to 12-11-88 . Weather: Precip. _____ Temp. 35°.

OWNER: Mark McManaman

Address: 3241 So. 76th

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"	12-10	1:30	12-11	1:00	12-10	1:00				30	1	
2	↓	↓	↓	↓	↓	↓	↓				↓	3/4	
3												3/4	
4												1	
5												3/4	
6	↓	↓	↓	↓	↓	↓	↓				↓	1"	

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

Donald Jones
Signature of Person Conducting Test

Address 2700 VAN Phone 464-0633

(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): Wymore Silty Clay Loam

Date: January 18, 1989

Jerrold C. Wood
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.

REVIEWING ACTION

Remarks:_____

Date: June 21, 1989

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 798 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

Mark McManaman RT 1 Box 28 Walton NE

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: _____

FILE NO. _____

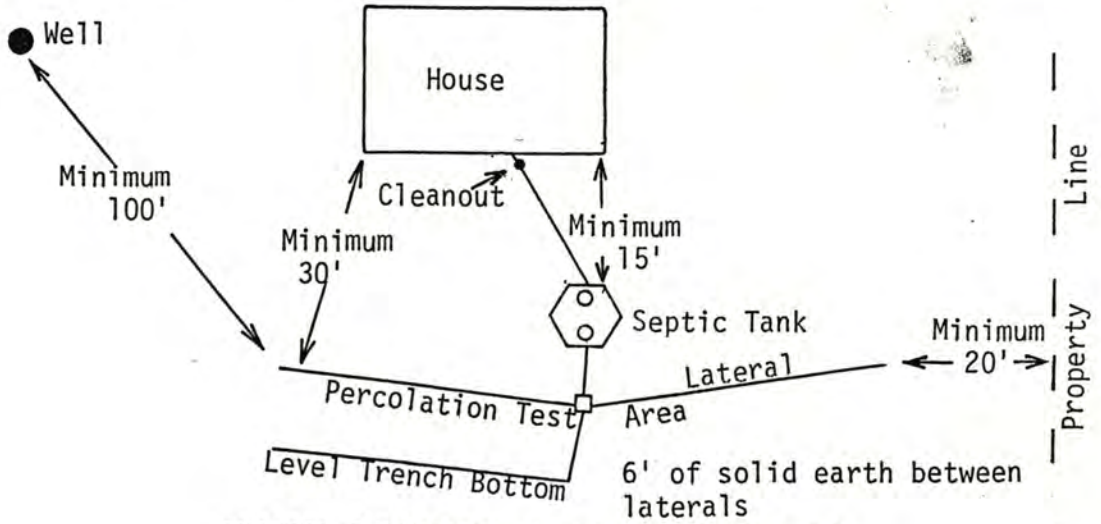
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 77 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
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 18 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100' ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 12' ft.

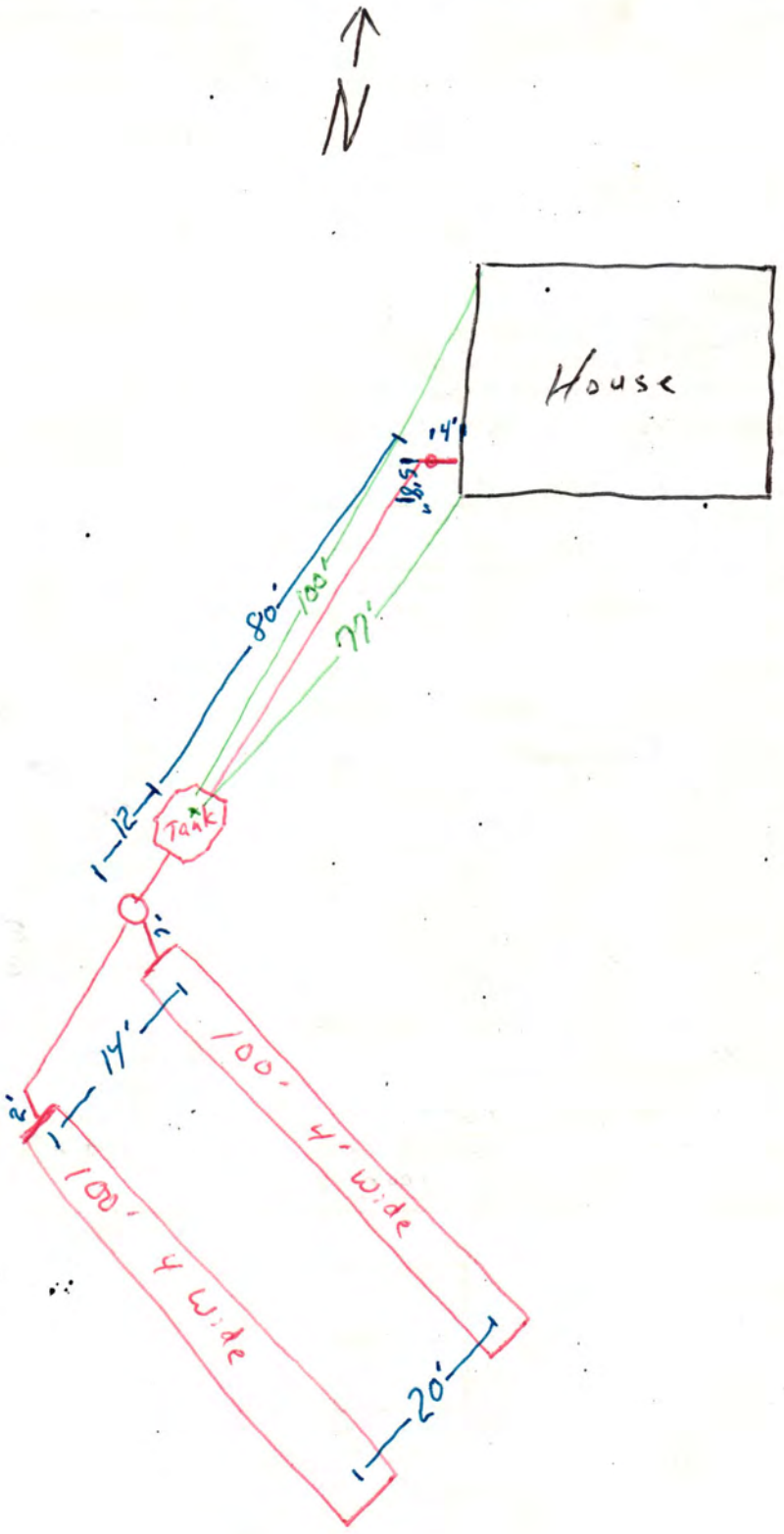
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100', 100', ____, ____, ____ ft.;
Total length of laterals 200' ft.;
Distance between lateral lines 14' ft.
3. Trench dimensions: Width 4' ft.;
Slope 2 in/100 ft.; Average Depth 3' in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Vogt T&T Excavating



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

Legal Description of Property: Street Address 18501 PIONEER BLVD

Twp 9N Range 8E Section 12 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition NORTH ½ NE 12-9-8

Directions to Property 185 & PIONEER

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTHWEST Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	MALK MCMANAMAN	18501 PIONEER BLVD	781-2788
Tenant/Buyer:	LAURA LIMA	30472 ABINGTON COURT LAGUNA NIGUEL, CA 92677	(949) 495-7128
Return to:	JOHN MAHONEY	2200 S. 40 SUITE 101 LINCOLN NE 68506	489-5911

Signature of Applicant Laura Lima Address 30472 ABINGTON COURT LAGUNA NIGUEL, CA 92677 Date 7/11/01

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/11/01
Initials RW
Amount $200.00
Check No. Cash Rec't #4949

DATA ENTRY
Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/13/01
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: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. WESTERN MOST LATERAL APPEARS TO BE GETTING MORE WATER THAN THE EASTERN ONE. MIGHT BE WISE TO SEE IF THE DISTRIBUTION HAS BECOME TIPPED. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/13/01

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 - Business Office

Revised/Reprint: 10-95