LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380104601

Issued 08/16/93
Expires 02/16/94
Revenue Code 18754

Establishment
ELAINE WILLEY
T12N R7E SEC 33
LOT 7

FEES: $150.00

TOTAL $150.00

Permittee
ELAINE WILLEY
RR0003
BOX 00183
LINCOLN NE 68507

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 8-16-93

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. 12N ; Range 7E ; Section 33 ;
   Block _____ : Lot 7 I.T. : Addition _____
   Street Address RR #3 Box 183, 15900 N 56th Lincoln

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

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

4. Distance to public sewer: N/A ft.

Elaine Wellman
Signature of Applicant (Owner or Lessee)

RR #3 Box 183 Lincoln 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/16/93. Date Frwd. 8/16/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/16/93. Date Frwd. 8/16/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spier

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blaylock

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-28-93 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-28-93 By: Ron Maynard

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

FORM 23-43

Division of Housing & Environmental Health

SOIL ABSORPTION TEST DATA REPORT

ITY WHERE TESTED: Lot 7 Owner: Elaine Willey
ition: W1/2 NW1/4 Sec 33
Sec & ¼ Sect. T12N RTE Address: Rt 3 Box 183
erty Dimens: ft. x ft.
Area 7.8 acres. (Attach sketch of property showing hole location).
l Type: Silty Clay ☐ ; Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ ; Clay Loam ☒ ; Sandy Clay ☐
of Tests: 8/1/93 to 8/2/93. Weather: Precip. 0 Temp. 80 F

PERCOLATION TEST DATA TABLE

b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
	Pre-Saturation Period				Percolation readings					Results		
	Start		End		Start			End				
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
36"	8/1	12:30 PM	8/1	4:30 PM	8/2	11:30 AM	6"	12:00 PM	4½	30 min	1½	20 1"
36"	8/1	12:30 PM	8/1	4:30 PM	8/2	11:30 AM	6"	12:00 PM	4½	30 min	1½	20 1"
36"	8/1	12:30 PM	8/1	4:30 PM	8/2	11:30 AM	6"	12:00 PM	4	30 min	2	15 min = 1"

Sum of Percolation Rates 55 min 3"
Average of Rates: 19 min 1"
Inches per minute: 19 - 1"

Gary Pruett
ture of Person Conducting Test
Preister Well Co &
s Preister Backhoe & Trenching
Humphrey & Cornelea NE
923-0833 923-0303

(Do not write below this line)

REVIEWING ACTION

S: Sharpsburg Silty Clay Loam

Approved Percolation Rate(s)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

August 16, 1993

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. _____

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

REVIEWING ACTION

Remarks: _____

Date: August 16, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 809 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

269
3 | 809
6
20
18
29

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: 10-28-93

FILE NO. _____

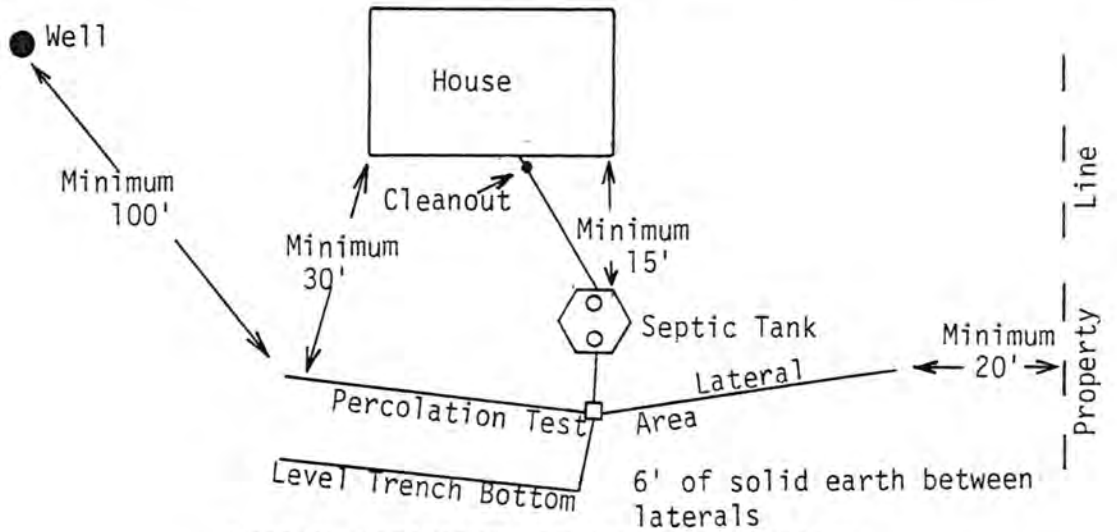
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plas; Diameter 4 in.
2. Distance above basement floor 5 FT in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 110 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 400 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments ____.
2. Capacity 1750 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Rinker Concrete Co)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 4 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 7.6 in in.
8. Distances to:
Well or Suction Line >50 ft ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Plas; Number - available outlets ____.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 4X6 ft.

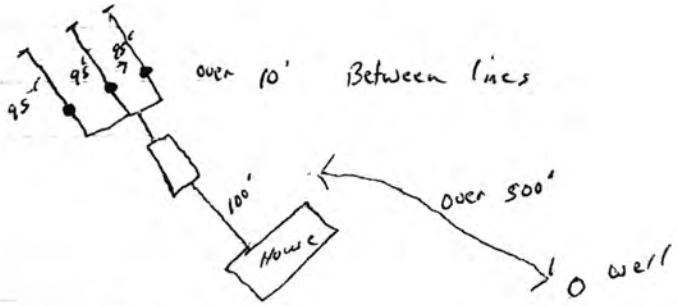
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4 or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 95, ____, ____, ____, ____ ft.;
Total length of laterals 280 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 36 FT ft.;
Slope ____ in/100 ft.; Average Depth 9 in.
4. Filter Material: Gravel
Depth of Material 2 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Preister Well Co & Preister Backhoe & Trenching
Humphrey & Cornelea, NE
923-0833 923-0303

Highway 77



Percolation test		19min/Per Inch
Square Feet of Absorbtion Area		210
4 Bedroom Home		4
Total Square Feet required		840'
Trench width		3'
absoration line		280'
3 lines	95' long	285'
5' extra		5

Black Dots ~~indicate~~ are where hole were located

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 15900 N56

Twp 12N Range 7E Section 33 1/4 ___ 1/4 ___ Block ___ Lot 7 IT Addition ___

Directions to Property 5 miles North from Interstate, Brick home with pillars East Side Right off Hi-Way 77

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mary Elaine Willey (Tom Bleecker)	15900 N56	785-3195
Tenant/Buyer:	Same		
Return to:	Ashland State Bank	2433 Silver Ashland, NE 68003	944-2111 Fax 944-2113

Signature of Applicant Mary E Willey Address 15900 N56 Lincoln, NE 68507 Date 7/15/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/18/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/15/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	raw ☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___
	<0.1 treated			

Comments: ___

See Attached Letter ☐

FINAL STATUS

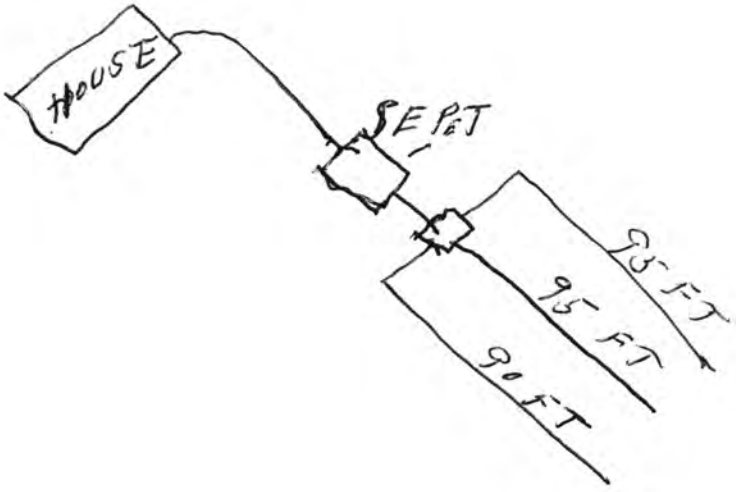
WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Ron Marquart Date 7/26/94

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.

AS BUILT DRAWING OF SYSTEM

DATE 10-28-93 INSTALLER Gilbert Prentice
Preister Well



N