LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380087901

Issued 07/17/92
Expires 01/17/93
Revenue Code 18754

Establishment
KEVIN WYNEGAR
T12N R7E SEC 35
LOT 7
9300 PAYMOND ROAD

FEES: $150.00

TOTAL $150.00

Permittee
KEVIN WYNEGAR
6444 BALLARD AV
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: 6-30-92

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. T12N ; Range R7E ; Section 35 ;
   Block _____ : Lot T.L.: Addition SE Quarter of section 35
   Street Address 9300 Raymond Rd

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.

Kevin Wyegan
Signature of Applicant (Owner or Lessee)

6444 Ballard Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/92. Date Frwd. 7/17/92. ACTION: Approved ☒ Disapproved ☐ Signature: Harold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/17/92. Date Frwd. 7/17/92. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Nelson

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-29-92 by: [illegible] need 40 south line
Date: 11-2-92 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-2-92 By: Ron Mayard

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township T12N ; Range R7E ; Section & ¼ Section 35 SE Quarter
Property Dimensions: 1730 ft. x 1319 ft. Area: 5.24 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-29-92 to 6-29-92 . Weather: Precip. 0 Temp. 85° .

OWNER: Kevin Wynegar

Address: 9300 Raymond 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				
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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1		6-29	11:30	6-29	6:30	6-29	6:30	11½	9:30 6-29				
2													
3													
4													
5													
6													

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 17, 1992

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

6-29-92

	6:30	7:00	7:30	8:00	8:30	Refilled to 8:30	9:00	9:30
1	11 1/2	12	12 1/2	12 3/8	13 1/4	11 3/4	12 1/8	12 1/2
2	9 7/8	10 1/2	11 1/8	11 3/8	12 1/4	10	10 1/2	11 1/4
3	13 5/8	14 1/8	15	15 5/8	16 1/4	14 1/4	14 7/8	15 1/2
4	13	13 3/4	14 1/2	15 1/4	16	13 1/4	13 3/4	14 1/2
5	12 1/2	13	13 1/2	14	14 3/4	12 1/4	13	13 5/8
6	13 1/2	14	14 3/4	15 1/4	16	13 3/4	14 1/4	15

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

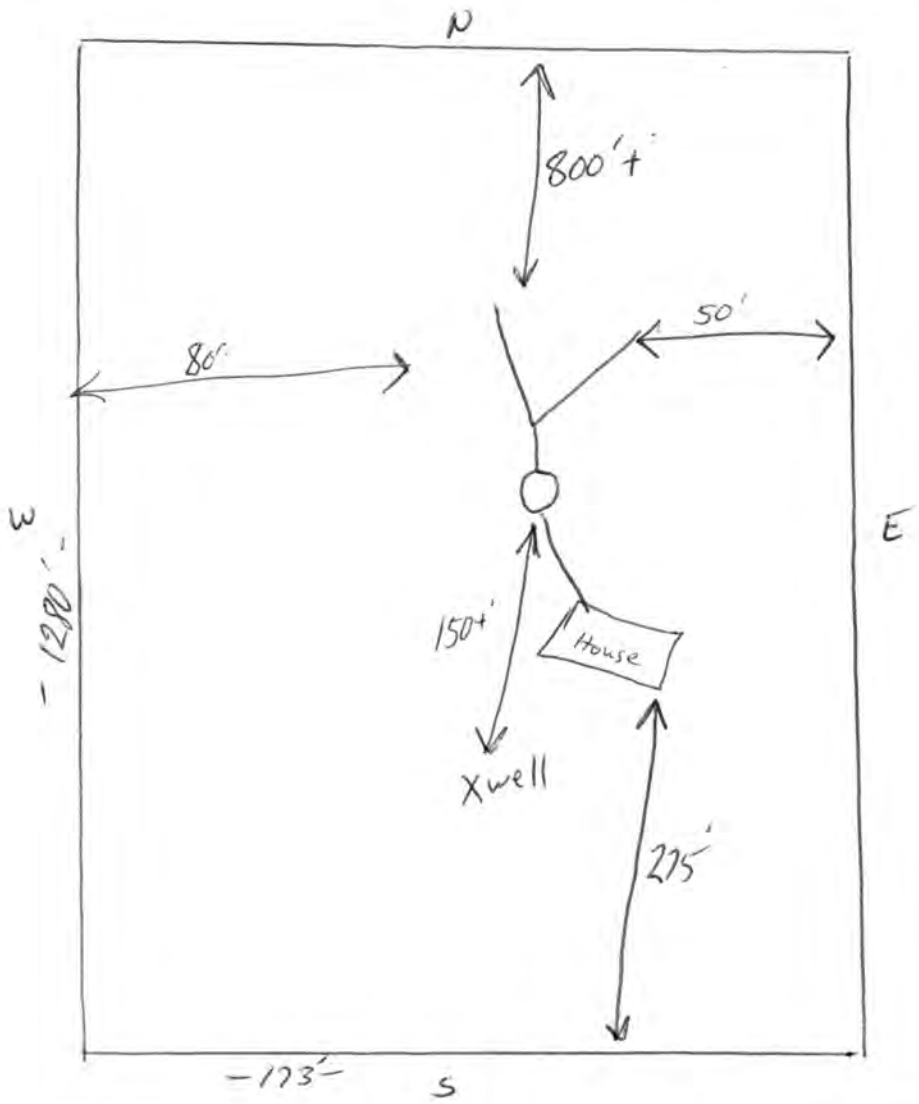
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

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 893 sq.ft.

290
3/8 = 23
5/29/23

_____
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: 471-7800

D

DATE: _____

FILE NO. _____

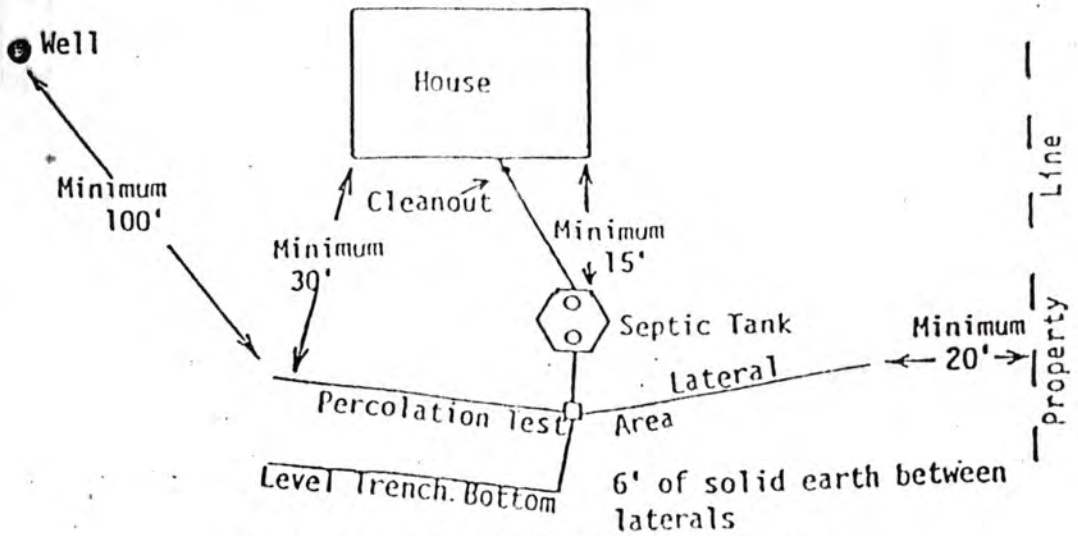
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch 40
1. Material Plastic ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 18 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 125+ ft.; Stream — ft.; Pressure Line — ft.; Property Line 50 ft.

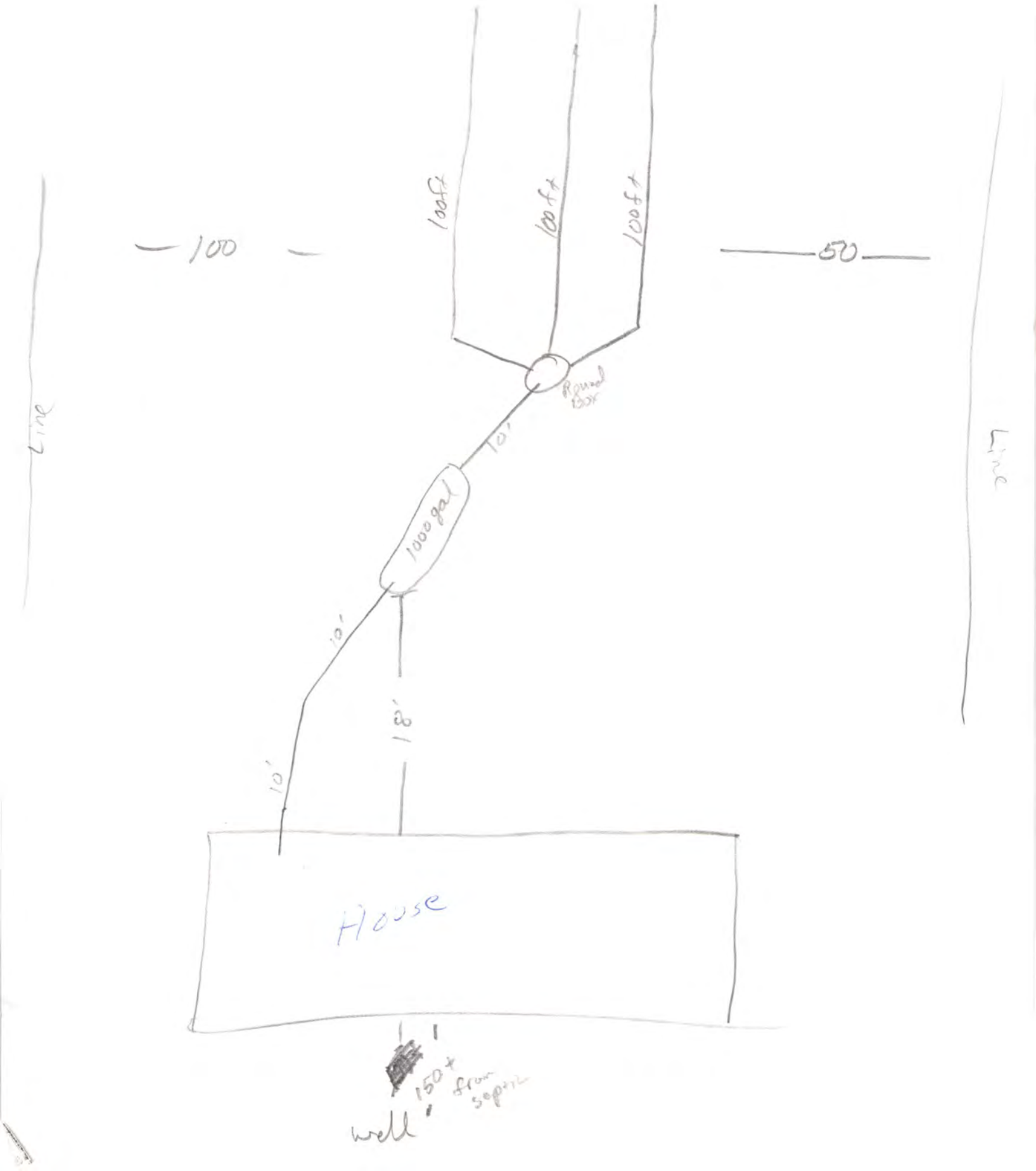
B. SEPTIC TANK:
1. Material Concret ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 4x8 in.
Over Outlet; diam. 8x8 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 125+ ft.; Stream — ft.; Pressure Line — ft.; Property Line 50 ft.

C. DISTRIBUTION BOX:
1. Material Concret ; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 10 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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 150+ ft.; Stream — ft.; Pressure Line — ft.; Property Line 50 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


100
50
100 ft
100 ft
100 ft
Equal Box
10'
1000 gal
10'
10'
12'
House
150' from septic
well

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 9300 Raymond Rd Lincoln NE

Twp 12 N Range 7E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 77 Hwy North to Raymond Rd turn Right (East) 2 3/4 m. North side of Rd yellow House

Location of Well Front of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Back of House Year Installed ___ Inside of white metal Barn

	NAME	ADDRESS	PHONE
Present Owner:	Kevin Wynegar	9300 Raymond 68517 Lincoln NE	786-3727-H 786-5277-W
Tenant/Buyer:			
Return to:	Kevin Wynegar		

Signature of Applicant Kevin Wynegar Address ___ Date 11/22/98

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	11/23/98 / 11/24/98	Date	___/___/___
Initials	___ / CW	Case No.	___
Amount	$150.00 / 150.00	Initials	___
Check No.	6275 / 6275		

PRELIMINARY STATUS--By Ron Maronat **DATE:** 11/23/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Jim Sack Date 11/25/98

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.

P5358-2

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95