LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2328-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 14, 1986 — THIS PERMIT EXPIRES

DAVID WHITE — ISSUED TO

ROUTE #1 GREENWOOD, NE 68366 — ADDRESS

T12N; R7E; Sec 35; Lot 10 I.T.; SE¼ — 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
MC	5-16-86	

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. 2328-C

DATE: 4-23-86

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 35 ;
   Block _____ : Lot 10 I.T. : Addition SE¼
   Street Address _____

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.

David White by Kent Meuchen
Signature of Applicant (Owner or Lessee)

Rt 1
Address
Greenwood, Nebr. 68366

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/13/86. Date Frwd. 5/14/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/15/86. Date Frwd. 5/15/86. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 5/14/86. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-20-87 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-21-87 By: Ron Maynard

REC'D MAY 12 1986

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. 2328-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section Lot 10. SE 1/4 Section 35
Property Dimensions: 173 ft. x 1316 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: 5-6-86 to 5-7-86. Weather: Precip. none Temp. 80.

OWNER: David White
Address: 34 West Apt 1 Greenwood, Nebr 68366

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	5/6	1:00	5/7	1:30	5/7	1:00	22 3/8	1:30	24 1/8	30	1 3/4	
2	36	5/6	1:00	5/7	1:30	5/7	1:00	18 7/8	1:30	20	30	1 1/8	
3	36	5/6	1:00	5/7	1:30	5/7	1:00	19 1/4	1:30	21 1/8	30	1 7/8	
4	36	5/6	1:00	5/7	1:30	5/7	1:00	19 1/4	1:30	21 1/4	30	2	
5	36	5/6	1:00	5/7	1:30	5/7	1:00	5 5/8	1:30	15 3/4	30	10	
6	36	5/6	1:00	5/7	1:30	5/7	1:00	19 1/8	1:30	21 1/2	30	2 3/8	

Sum of Percolation Rates: 19.125
Average of Rates: 3.1875
Mean of Rates:

Keith Muenchau
Signature of Person Conducting Test
Address 7331 Yine St Lincoln, Nebr. Phone 466-0426

(Do not write below this line)

REVIEWING ACTION

Remarks: HOLE #5 DROPPED
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: MAY 13, 1986

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☒

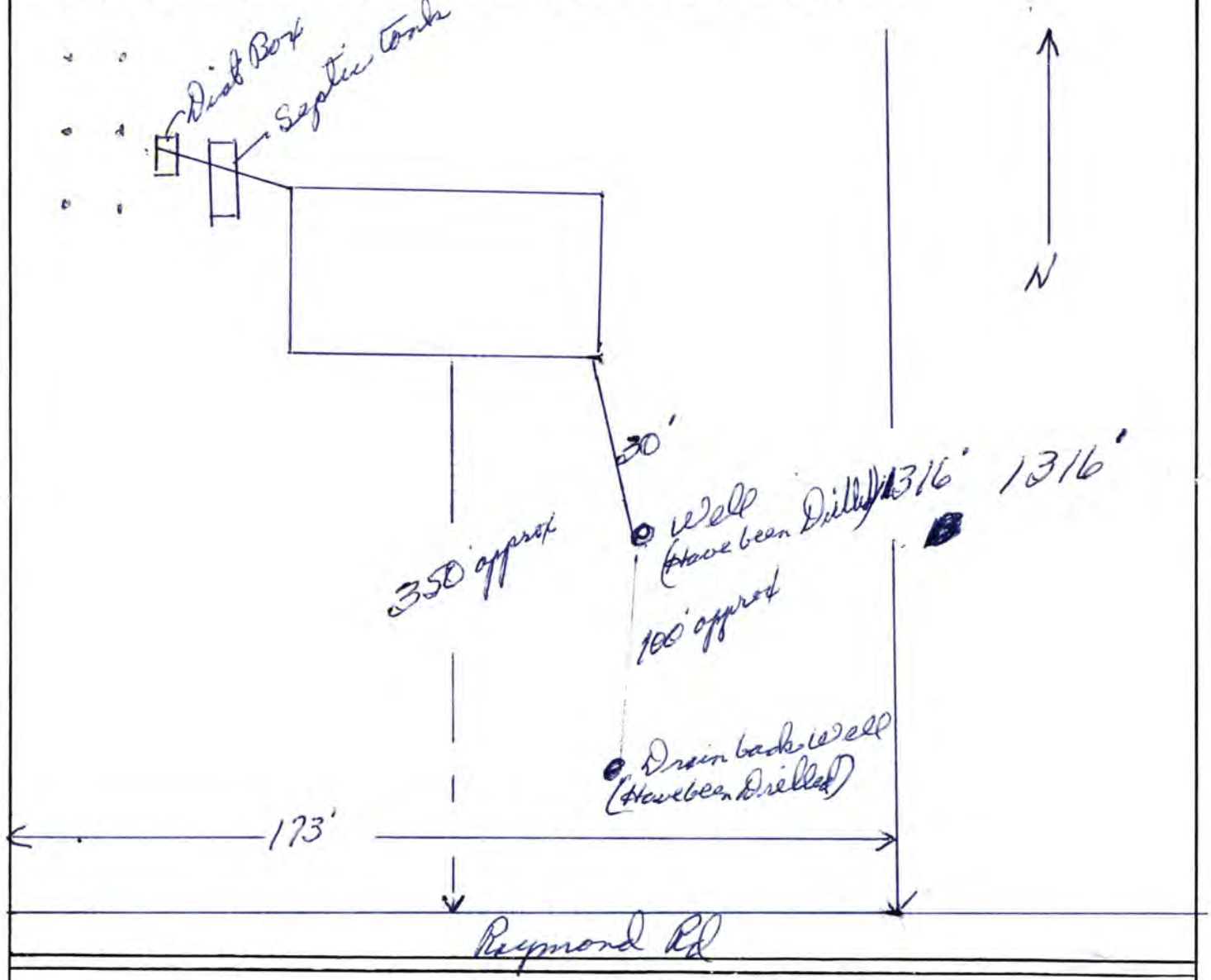
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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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 ~~230~~ 172 / 230 ft.
3. With a Trench Width of ~~36~~ 48 / 36 in.
4. Total Area of Lateral needed 689 sq.ft.

Jerrold C. Hood
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. _____

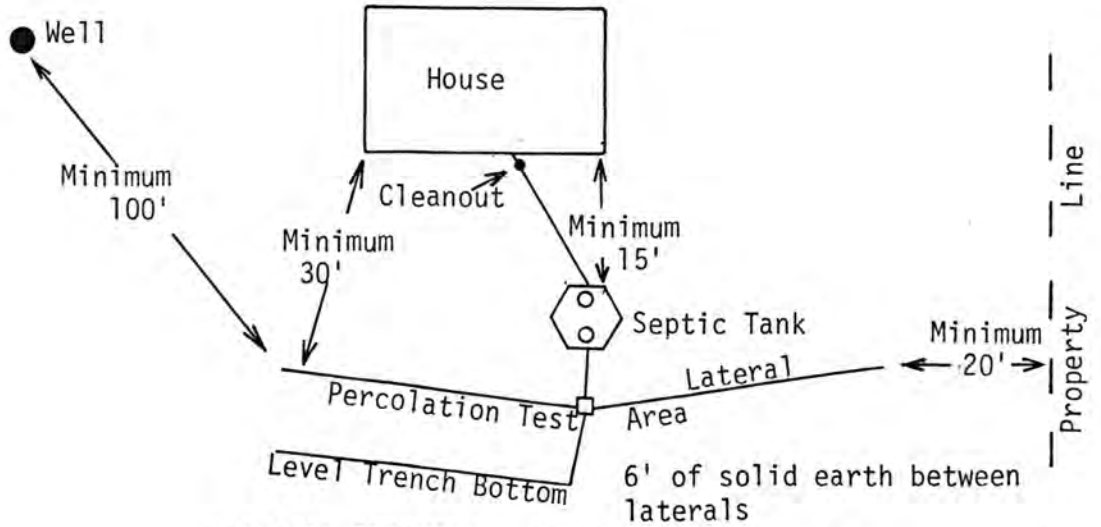
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ~~ABS~~ 40 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 48 ft.
4. Number of clean-outs — inside
5. Distances to:
Well or Suction Line — ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast ; No. of compartments _____.
2. Capacity 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 18 in.
8. Distances to:
Well or Suction Line — ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

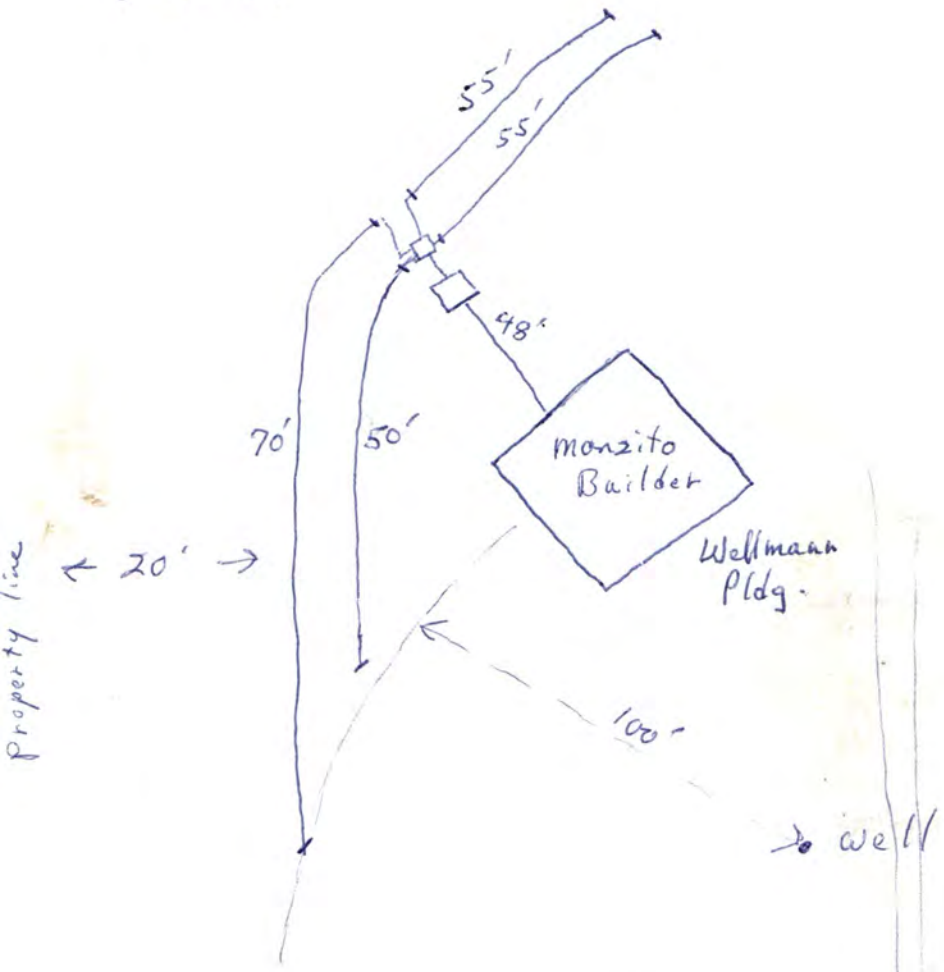
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ~~4~~ or
Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☒ ;
concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 55 , 55 , 70 , 50 , _____ ft.;
Total length of laterals 230 ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 3' ft.;
Slope 3 in/100 ft.; Average Depth 36-40 in.
4. Filter Material: Road Gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line 100' ft.;
Stream — ft.; Pressure Line — ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

8-20-87

By. Larry Schwarck



N

9150 Raymond Rd

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: 2-5-92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 7E; SECTION 35; BLOCK ___

LOT 10; ADDITION _____; Street Address 9150 RAYMOND RD.

Directions to Property HWY 77 NORTH TO RAYMOND TURN EAST

60 2½ miles, ON NORTH SIDE OF ROAD. LOG HOUSE.

Location of Well 100 + SOUTH OF HOUSE Tap Location: Inside ☐ Outside ☑

Location of Sewage System 60' WEST OF HOUSE Year Installed 1987 or 88

	NAME	ADDRESS	PHONE
Present Owner:	DAVID E. WHITE	9150 RAYMOND.	786-3776
Tenant/Buyer:	— REFINANCE	of LOAN.	
Return to:	DAVID E WHITE	9150 RAYMOND RD.	786-3776

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

Signature of Applicant David E. White Address 9150 RAYMOND RD.

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 6, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-7-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 2-7-92 by mm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒ <0.1 136th	☐	Disapproved:	☐	Date _____ by ___

Comments: Recommend checking to see if septic needs pumping

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum RS DATE 2-20-92

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