LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1788-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 3, 1981 — THIS PERMIT EXPIRES

Tom or Beverly Hill — ISSUED TO

R.R. #3 Lincoln, NE 68505 — ADDRESS

✓T12N, R7E, Section 36, SW¼ — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

HEALTH — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2382

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1788-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-3-81

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 7E ; Section 36 SW1/4 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2-3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Install distribution box and two laterals.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Wayne Heidbrink
Contractor's Name

6. Estimated cost of project:
Install distribution box and two laterals.

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 460 00

Tom Hill
Signature of Applicant (owner or lessee)

Rt 3 Lincoln, Ne. 68505
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6-3-81
Filing Fee: $ 30 00

2. Site Visits:
Date: 6-3-81 by: [illegible]
Date: 6-4-81 by: [illegible]
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-5-81 by: Ron Maynard

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 7E ; Section & ¼ Section 36 .
Property Dimensions: _____ ft. x _____ ft. Area: 4.63 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 5-30-81 to 5-31-81 . Weather: Precip. 0 Temp. 75 .

OWNER: Tom Hill

Address: Rt. 3 Lincoln, Ne. 68505

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	36	5-30	6:45AM	5-30	10:45AM	5-31	11:00	6"	3:00	4 3/8	30	1 5/8	20	1.625
2	36	5-30	6:50AM	5-30	10:50am	5-31	11:05	6"	3:05	4 ½	30	1 ½	20	1.5
3	37	5-30	7:15AM	5-30	11:15a.m.	5-31	11:10	6"	3:10	4 ½	30	1 ½	20	1.5
4	37	5-30	7:30 AM	5-30	11:30am	5-31	11:15	6"	3:15	4 5/8	30	1 3/8	20	1.375
5	36	5-30	7:45AM	5-30	11:45a.m.	5-31	11:45	6"	3:45	4 ½	30	1 ½	20	1.5
6	37	5-30	8:00 AM	5-30	12:00pm	5-31	12:00	6"	3:45	4 ½	30	1 ½	20	1.5
														1.5

Tom L. Hill
Signature of Person Conducting Test

Address Rt. 3 Lincoln, Ne. Phone 786-2424

Sum of Percolation Rates: 120
Average of Rates: 20
Mean of Rates: 20

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

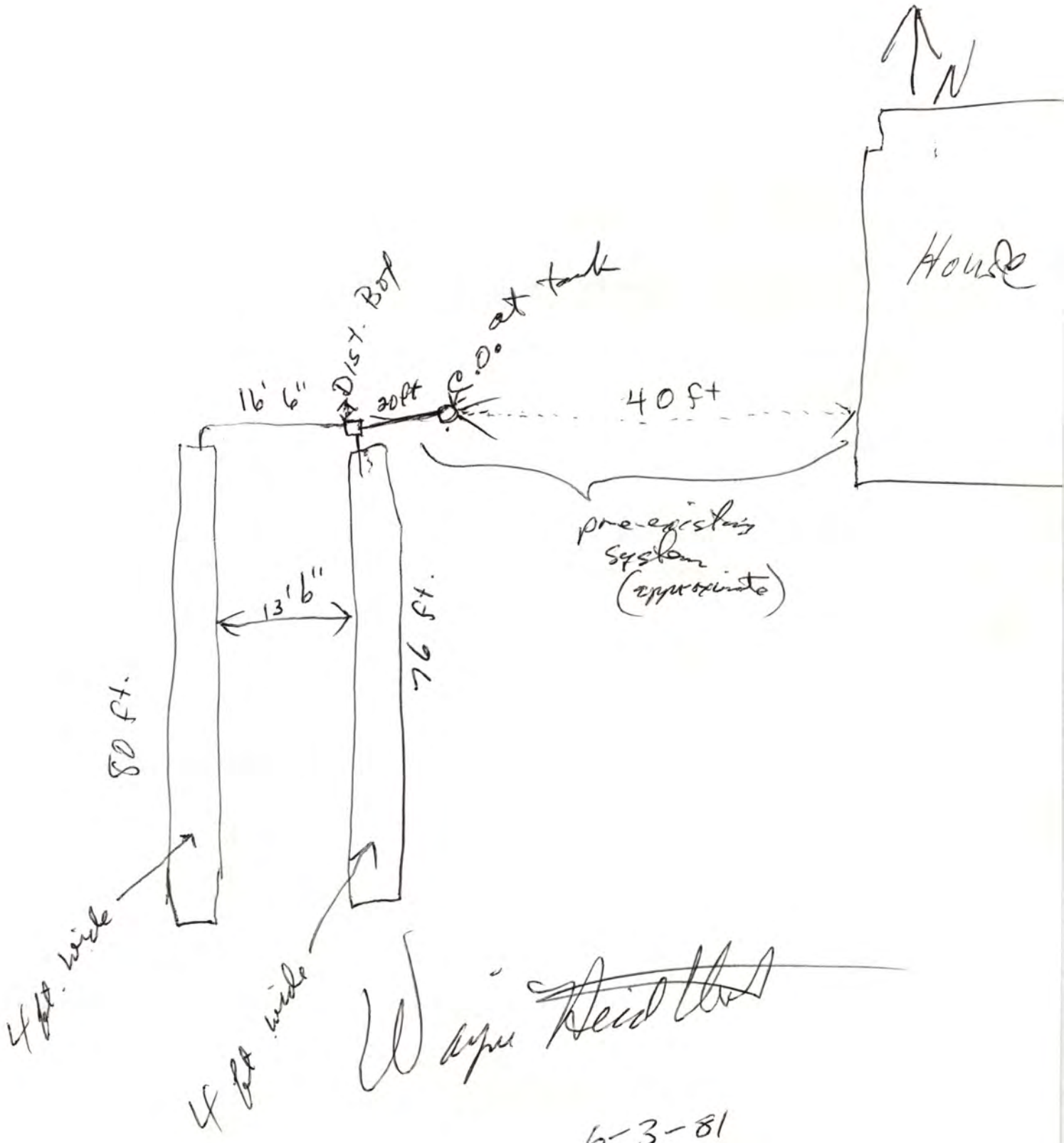
Soil Type (SCS): Sharpsburg

Date: 6-3-81

3 bdroom - 157 ft 4" aside

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mangum
Signature of Reviewing Official


N
House
16' 6"
Dist. Bet
C.O. at tank
20ft
40 ft
pre-existing system (approximate)
13' 6"
76 ft.
80 ft.
4 ft. wide
4 ft wide

6-3-81

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: 474-1541

D

DATE: _____

FILE NO. _____

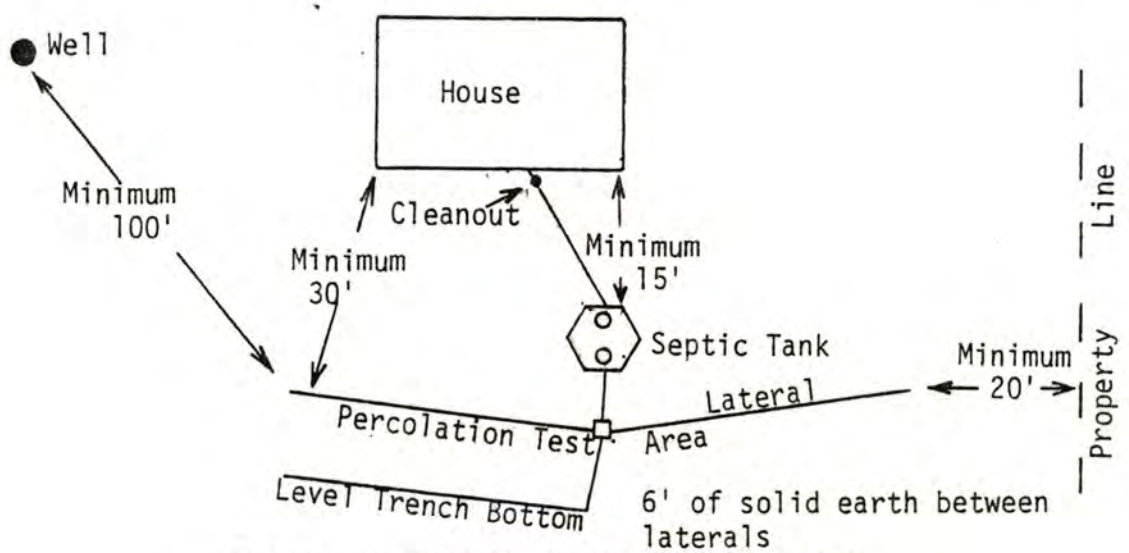
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream ½ mi. ft.; Pressure Line 50 ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1100 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 150 ft.;
Stream ½ mi. ft.; Pressure Line 30 ft.; Property Line 70 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
3. Distance from Septic Tank 16 ft.

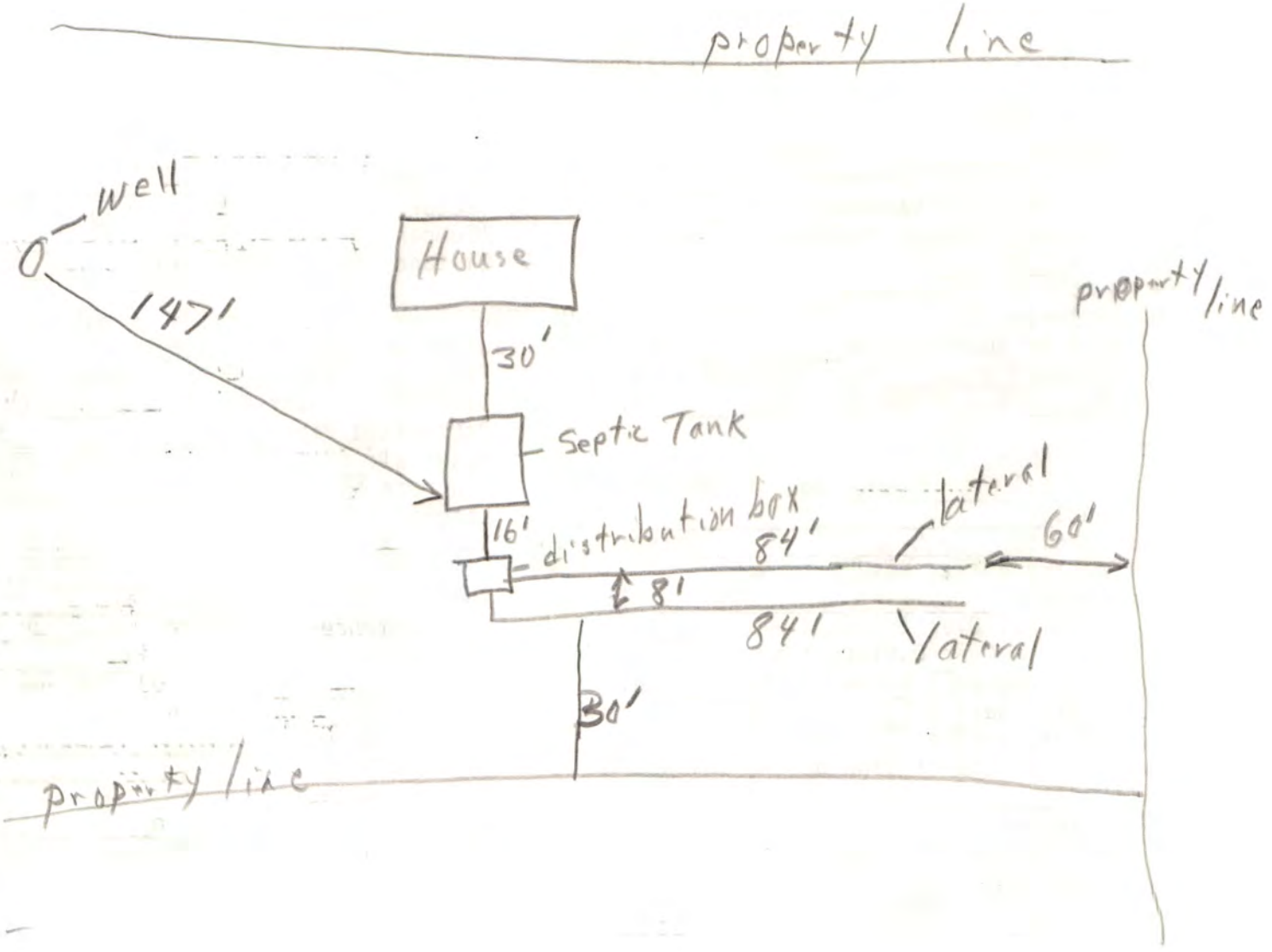
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" pre-cast step co. or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 84', _____, _____, _____, _____ ft.;
Total length of laterals 168 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 4' ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Wayne Heidtbrink



008

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.

3227

Legal Description of Property: Street Address 10,000 Raymond Rd

Twp 12N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property From Hwy 77 north out of Lincoln to Raymond Rd. Turn East 3 1/8 miles. On Raymond Rd. North side. White house 2 story Br. Roof

Location of Well 110 ft from House - North Tap Location: Inside ☒ Outside ☐

Location of Sewage System Septic Tank - West. Field to West Year Installed 1983 well

	NAME	ADDRESS	PHONE
Present Owner:	Reed Priess	10,000 Raymond Rd Lincoln, NE 68517	786-7363
Tenant/Buyer:	same		
Return to:	same as above	FAX 464-0479 Susan Hughes	

Signature of Applicant Sheila Priess Address 10,000 Raymond Rd Lincoln, NE 68517 Date 12/23/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/23/96
Initials ___
Amount 150.00 cw 12/23/96
Check No. 12132 ✓

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/27/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate*	☒ 7.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: A repair of the septic system was done in 1981. A permit and inspection is on file, the original components of septic system predate County regulations. Thus, a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐
Recommend continuing to check every 2-3 yrs to see if septic tank needs pumping.

FINAL STATUS

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

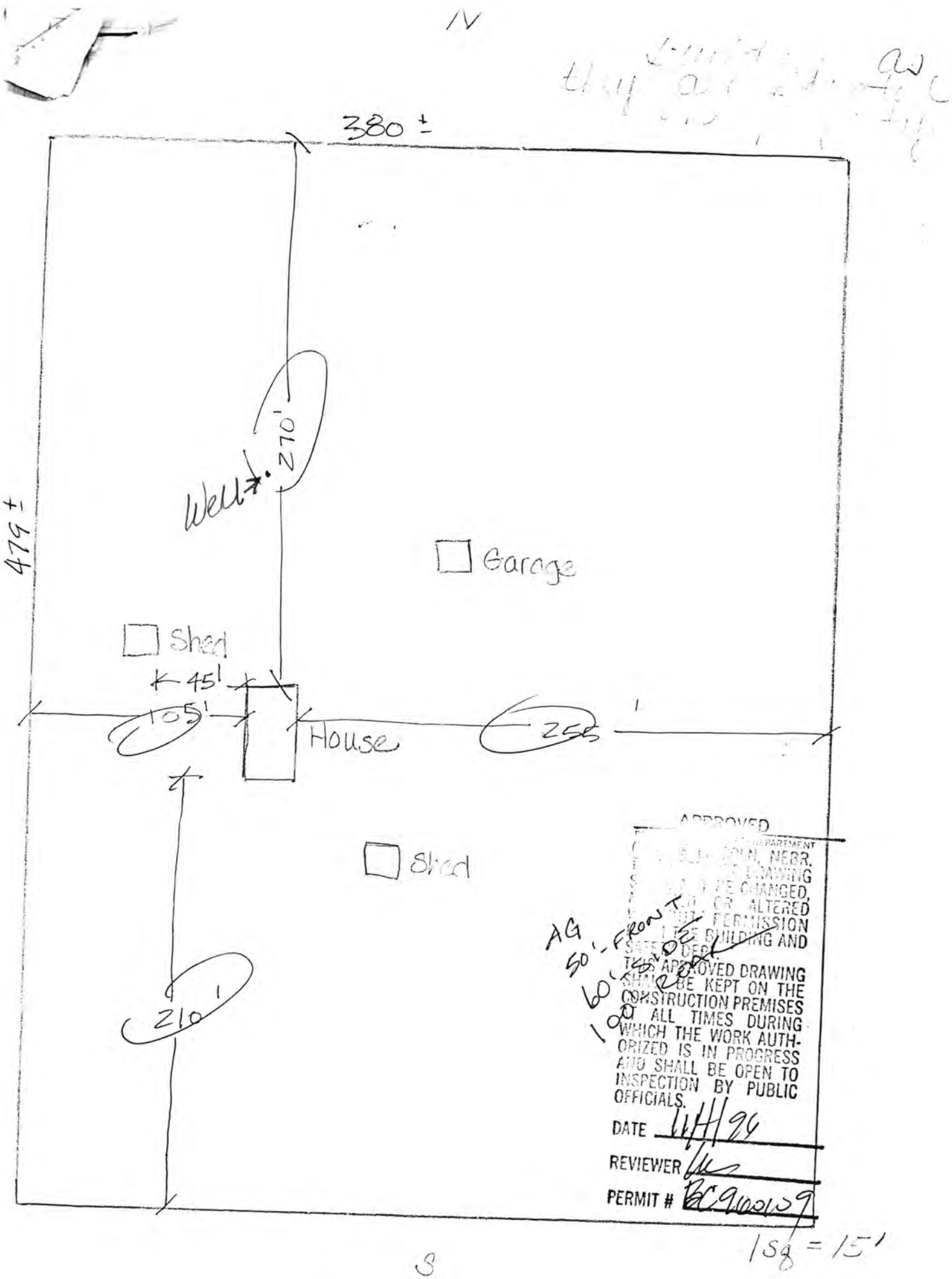
Approved by Ron Marquart, R.S. Date 1/2/97

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

* Max. limit is 10ppm. May be wise to periodically sample for nitrate in future.


N
380 ±
479 ±
270'
Well
Garage
Shed
45'
105'
House
255'
Shed
210'
AG
50' - FRONT
60' SIDE
100' REAR
APPROVED
DEPARTMENT
GRAND ISLAND, NEBR.
DRAWING
BE CHANGED,
OR ALTERED
PERMISSION
BUILDING AND
SAFETY DEPT.
THIS APPROVED DRAWING SHALL BE KEPT ON THE CONSTRUCTION PREMISES AT ALL TIMES DURING WHICH THE WORK AUTHORIZED IS IN PROGRESS AND SHALL BE OPEN TO INSPECTION BY PUBLIC OFFICIALS.
DATE 6/4/96
REVIEWER
PERMIT # BC960159
1/8 = 1'
S