LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 766-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — August 30, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Richard Koehlmoos — 7631 Holdrege

ISSUED TO — ADDRESS

T9N; R8E; Sec. 14;

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

2832

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 766-C

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

DATE: 3-1-1976

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED Now Lot 18 IT

1. Legal description of property: Twp. 9 N ; Range 8 E ; Section SE¼ 14
Block ____ ; Lot 18 IT ; Addition ____
Street Address ____

2. Property Use: Residential ____ ☑ ; Commercial ____ ☐
No. of Bedrooms 3 . Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: ____ ft.

Richard Koehlmoos
Signature of Applicant (Owner or Lessee)

936 CARRIAGE WAY
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/1/76 . Date Frwd. 3/1/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3-1-76 Date Frwd. 3-1-76 ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer : Date Rec'd. 3/1/76 . Date Frwd. 3/1/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 766-C

DATE: 3-1-1976

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9 NORTH ; Range 8 EAST ; Section 14 SEE ATTACHED ; Block _____; Lot _____; Addition _____.
Street Address _____.

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. of Bedrooms 3
Describe: _____
Other Use _____
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Richard Koehlmoos
Signature of Applicant (owner or lessee)

936 CARRIAGE WAY
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6/21/76 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 3/1/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/21/76 by: Jerrold C. Hood

FORM HD- 43(73) 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 475-6221)

FILE NO. 766-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 8E
Section & ¼ Sect. SE¼ OF SEC 14
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: RICHARD KOEHLMOOS
Address 936 CARRIAGE WAY

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___F

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)

Sum of Percolation Rates
Average of Rates: .875/30 minutes
Mean of Rates:

Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 3-1-76

James Weverka
Signature of Reviewing Official

	1000	1030	1100	1130	REFILL 1130	1200	1230	1300	REFILL 1300	1330	1400
1-	6"	5 1/2"	5 1/4"	5"	6"	5 3/4"	5 1/2"	5 1/4	5 1/4	5 1/2	5 1/4
2-	8"	6 1/2"	6"	5 1/4	7	6"	5 1/2"	4 3/4	6	5 1/4	4 3/4
3-	7"	5"	3 1/2"	2 1/4	6 1/2"	4 1/2"	3"	1 1/2"	6 1/2	5	3 1/2
4-	6"	5 1/4"	4 3/4"	4 1/4	6 1/2	5 3/4"	5 1/4"	4 1/2"	6 1/2	5 3/4	5 1/4
5-	6"	5 1/2"	4 1/2"	4"	6 1/2	5 1/2"	5"	4"	6	5"	4 1/4
6-	6"	5"	4"	3"	6 1/2"	5 1/4"	4 1/2"	2 3/4"	6	4 3/4	3 1/4

34°

	1ST 30 MIN	2ND 30 MIN	3rd 30 MIN	4th 30 MIN	5th 30 MIN	6th 30 MIN	7th 30 MIN	8th 30 MIN
1	1/2"	1/4"	1/4"	1/4"	1/4	1/4"	1/4"	1/4"
2	1 1/2"	1/2"	3/4"	1"	1/2	1 1/4"	3/4"	1/2"
3	2"	1 1/2"	1 1/4"	2"	1 1/2	1 1/2"	1 1/2"	1 3/4"
4	3/4"	1/2"	1/2"	3/4"	1/2	3/4"	3/4"	1/2"
5	3/4"	3/4"	1/2"	1"	1/2	1"	1"	3/4"
6	1"	1"	1"	1 1/4"	1"	1 1/2"	1 1/4"	1 1/2"

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 766-C

SPECIFICATIONS

DATE: _____

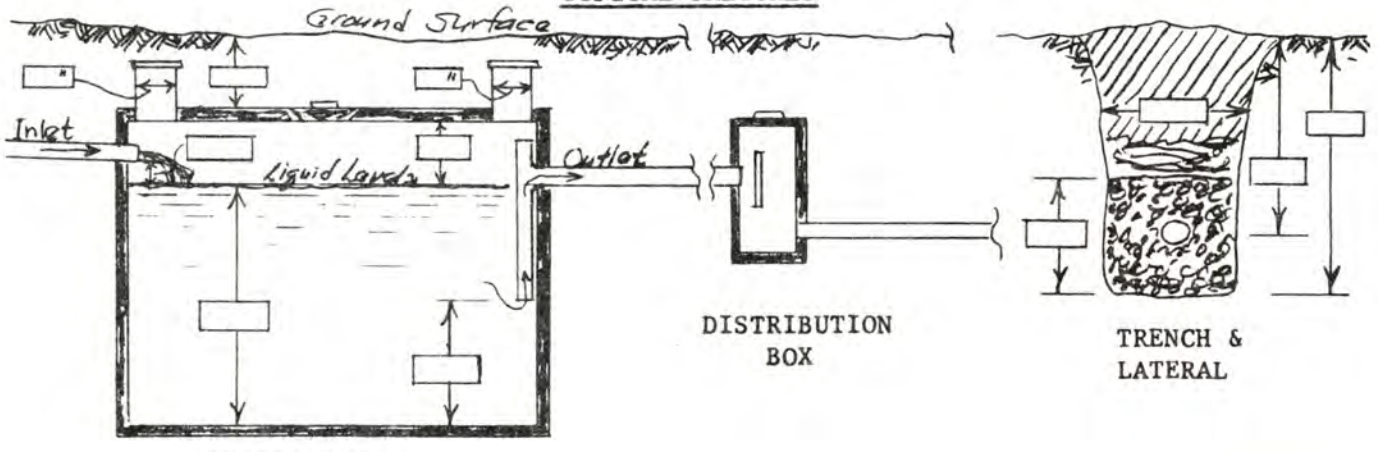
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

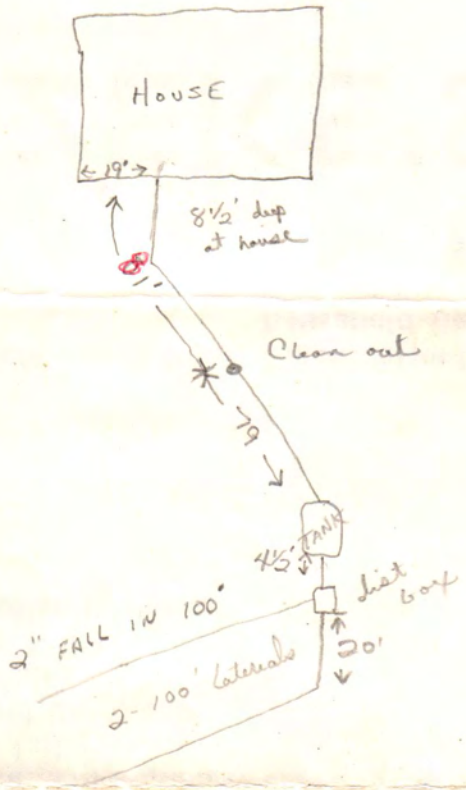
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 200 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

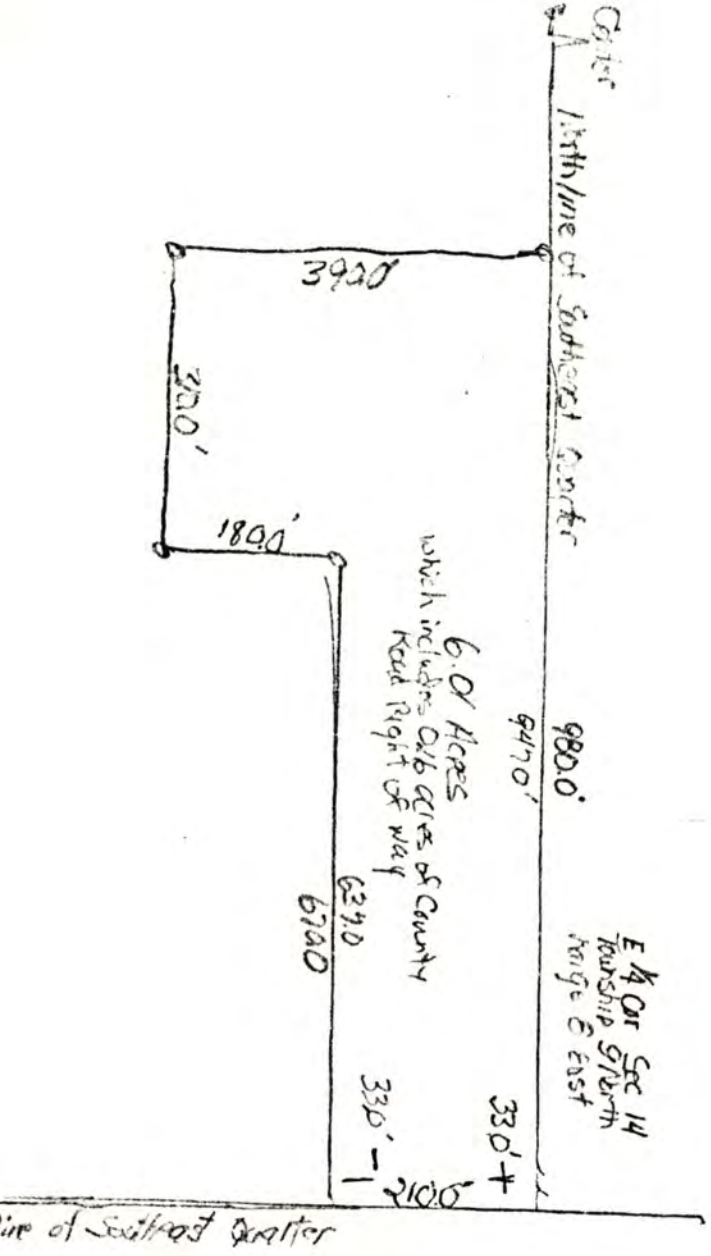


_____
Signature of Applicant

E
N + S
W



Strohmyer EXCAVATING
6/19/76



LEGAL DESCRIPTION

Beginning at the East Quarter corner of Section 14, Township 9 North, Range 8 East of the 6th P.M., Lancaster County, Nebraska. Thence Westerly along the North line of the Southerly Quarter a distance of 980.0' feet. Thence Left in a Southerly direction parallel to the North line of the Southeast Quarter a distance of 310.0' feet. Thence left in a Northerly direction parallel to the East line of the Southeast Quarter a distance of 180.0' feet. Thence Right in an Easterly direction parallel to theNorth line of the Southeast Quarter a distance of 670.0' feet, to a point on the East line of the Southeast Quarter. Thence Left in a Northerly direction along the East line of the Southeast Quarter a distance of 210.0'feet, to the point of beginning and containing 6.01 Acers more or less which includes 0.16 Acers of County Road Right-of-way described as the East 33.0' feet of the above described tract.

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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 RR 1 Box 37

Twp 9N Range 8E Section 14 1/4 SE 1/4 Block ___ Lot 18 Addition ___

Directions to Property 1/2 mile SE. of 126th & Old Cheney

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System South West of House Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	STEVE EHLERS	RR 1 Box 37 Walton, NE 68461	782-2333
Tenant/Buyer:	Same	"	
Return to:			

Signature of Applicant Steve Ehlers Address RR 1 Box 37 Walton, NE 68461 Date 1/18/94

HEALTH DEPARTMENT USE ONLY

Date Received 1/18/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 1/19/94

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 DUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ RURAL WATER DISTRICT

SEWAGE DISPOSAL SYSTEM Approved: ☒ Provisional Approval: ☐

Approved by Gerald C. Hood R.E.H.S. Date 1/19/94

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.

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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: 4-20-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$75.00~~ $150.00

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION SE¼ S14; BLOCK ___

LOT 18; ADDITION _____; Street Address RR#1, Box 37, Walton, NE

Directions to Property Contact owners

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH WEST OF HOUSE Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Steven: Rebecca Ehlers	RR1 Box37, Waton, NE	782-8980 home
Tenant/Buyer:			436-1154 - Becky work
Return to:			

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

Signature of Applicant Rhonda J Dowd Address 1330 N St.
Security Federal

==========

HEALTH DEPARTMENT USE ONLY $150.00

Date Received 04/21/92 Received ~~$75.00~~ Check ☒ Cash ☐
#27883

PRELIMINARY STATUS--DATE APRIL 23, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 4/23/92 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date 4/29/92 by J.C.H.
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE APRIL 27, 1992

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