LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2130-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

FEBRUARY 28, 1985
THIS PERMIT EXPIRES

ARNOLD R. MOHLMAN
ISSUED TO

BOX 40, RFD
CERESCO, NE 68017
ADDRESS

T12N; R7E; Sec 29; I.T. 21
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
AM	8304	60.00

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. 2130-C

DATE: Aug 30, 1984

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. 12 N ; Range 7 E ; Section 29 ;
   Block _____ : Lot Irregular Addition _____
   Street Address Tract 21

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

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

4. Distance to public sewer: _____ ft.

X Arnold L Mohlman
Signature of Applicant (Owner or Lessee)

Box 40 RFD, Ceresco, NE 68017
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/30/84. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-21-84. Date Frwd. 8-22-84. ACTION: Approved ☒ Disapproved ☐ Signature: Lorene A. Donaker Clerk

3. City or County Engineer: Date Rec'd. 8/30/84. Date Frwd. 8/30/84. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-19-84 by: Ran 100' lateral only with tank & can be ok new house need 55 for more lateral for
Date: 5-21-96 by: Ran 50' as 2 bdrms
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-21-96 By: Ron Mogensen

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

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. 2130-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section 29 NE¼
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 8-14-84 to 8-15-84 . Weather: Precip. 0 Temp. 80 .

OWNER: Mr. Mohlman

Address: Box 40 Rt 2 Ceresco 785-3135

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"	8-14	4:00 pm	8-15	4:00 pm	8-15	4:00 pm	6"	8:00 pm	4½"	30m	1½"	
2	"	"	"	"	"	"	"	6"	"	4½"	30m	1½"	
3	"	"	"	"	"	"	"	6"	"	4¾"	30m	1¼"	
4	"	"	"	"	"	"	"	6"	"	4¼"	30m	1¾"	
5	"	"	"	"	"	"	"	6"	"	4¼"	30m	1¾"	
6	"	"	"	"	"	"	"	6"	"	4¼"	30m	1¾"	

Mike Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Phone _____

54 / 12 / 42

4 | 618 — 4 into 6 = 1, 1×4=4, 2; 21 − 20 = 1; 18 − 16 = 2

Sum of Percolation Rates: 154
Average of Rates: _____
Mean of Rates: _____

3 bdrm 618 ft²
4 " 824 ft²

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 16, 1984

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

+12N,7E REC'D SEP 27 1984

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: 9-24

FILE NO. _____

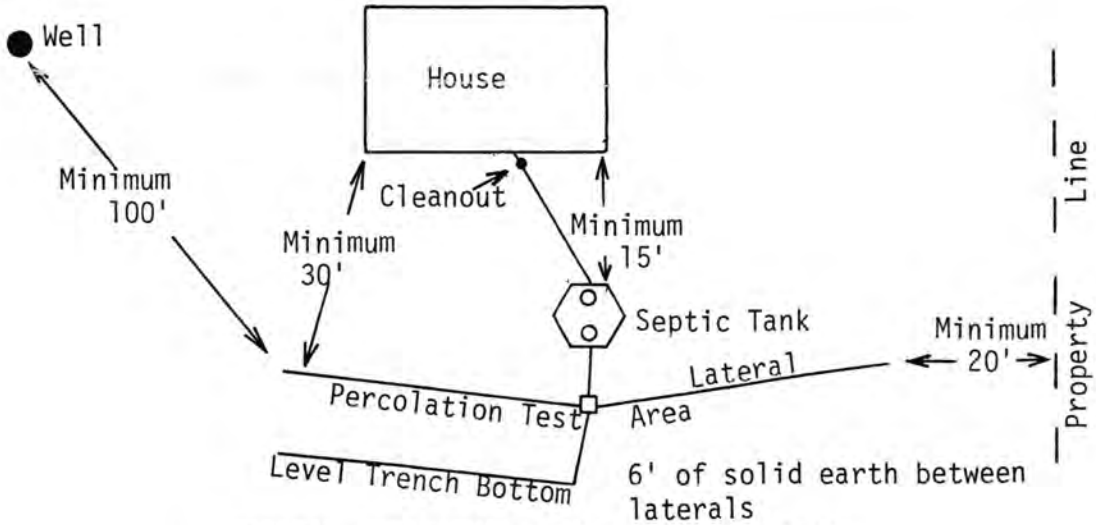
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 69' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 40 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 18" 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 On Grade in.
8. Distances to:
Well or Suction Line 180' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 44' 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100 , 12' , _____ , _____ , _____ ft.;
Total length of laterals 112 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

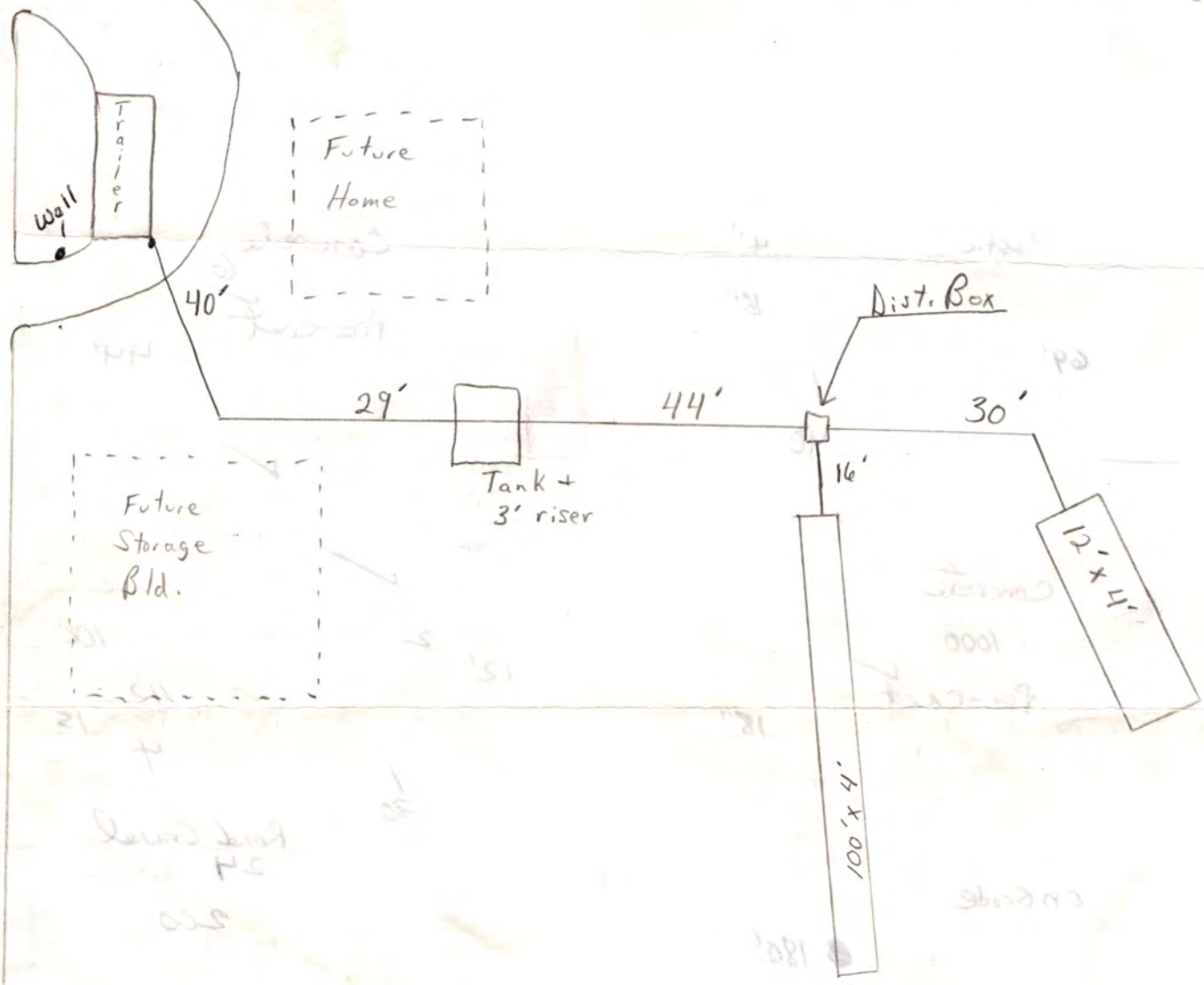


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Arnie Mohlman

AS BUILT DRAWING OF SYSTEM

DATE 9-20-84 INSTALLER Strohmyer Excavating



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 RR2 Leveslo

Twp 12N Range 7E Section 29 1/4 ___ 1/4 ___ Block ___ Lot 26 Addition ___

Directions to Property N. Hwy 77 to Davey Rd. West ½ mile - Connecting driveway House nearest to Davey Road

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	ARNOLD MOHLMAN	RR2 Leveslo	785-3135
Tenant/Buyer:	Joel + Bobbie Stephenson	5424 Madison Ave. Lincoln NE 68504	467-4655* 466-8532 w*
Return to:	Havelock BANK	1776 S 70th St. Lincoln, NE 68506	

Signature of Applicant [signature] Address 5424 Madison Ave Lincoln, NE 68504 Date 5/17/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/17/96
Initials CA
Amount $150.00
Check No. 1106

DATA ENTRY

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/20/96 for 2 bedroom home

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ needs sand vent Corrected
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate*	☒ 5.2 ppm	☐ ___ ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☒	Date 5/21/96 by RM
Provisional	☐	Date ___/___/___ by ___
Disapproved	☒ need 42 ft lateral	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank need pumping OK as 2 Bedroom House
* It would be wise to periodically check the nitrate level as it may be approaching the 10 ppm limit.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart Date 5/30/96

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