LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380067901

Issued 03/19/91
Expires 09/19/91

ESTABLISHMENT

W.B. COLLINGSWORTH
T9N R8E SEC 15 QTR NW
LOT 7

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE W.B. COLLINGSWORTH
6102 S 57 ST
APT G
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
3/21/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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

FILE NO. _____

DATE: _____

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. 9N ; Range 8E ; Section 15 ; N.W 1/4
   Block _____ : Lot 7 I.t. : Addition _____
   Street Address 1484 St. 6100

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: Septic ft.

X W.B. Cadenhead
Signature of Applicant (Owner or Lessee)

6102 So 57th Suite K.
Address 437-8034
421-3003

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/19/91. Date Frwd. 3/19/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-19-91. Date Frwd. 3-19-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boesen
3. City or County Engineer: Date Rec'd. 03/19/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd D. Seaman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: July 15-91 by: Chris Morgan approved
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: July 15, 1991 By: Chris Morgan

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
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 3-14 to 3-15-91. Weather: Precip. — Temp. 35.

OWNER: _____

Address: _____

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	30	3-14	8:00	3-15	7:30	3-15	9:20	8¼	10:20	8¾	60	½	
2								10⅛		11⅛		1	
3								13⅛		14⅛		1	
4								9½		10¾		1¼	
5								7¼		8¼		1	
6								10		11½		1½	

Larry Schwarck Trucking
Signature of Person Conducting Test

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

Address 8200 O St Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 19, 1991

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

Old Cheney Rd.

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

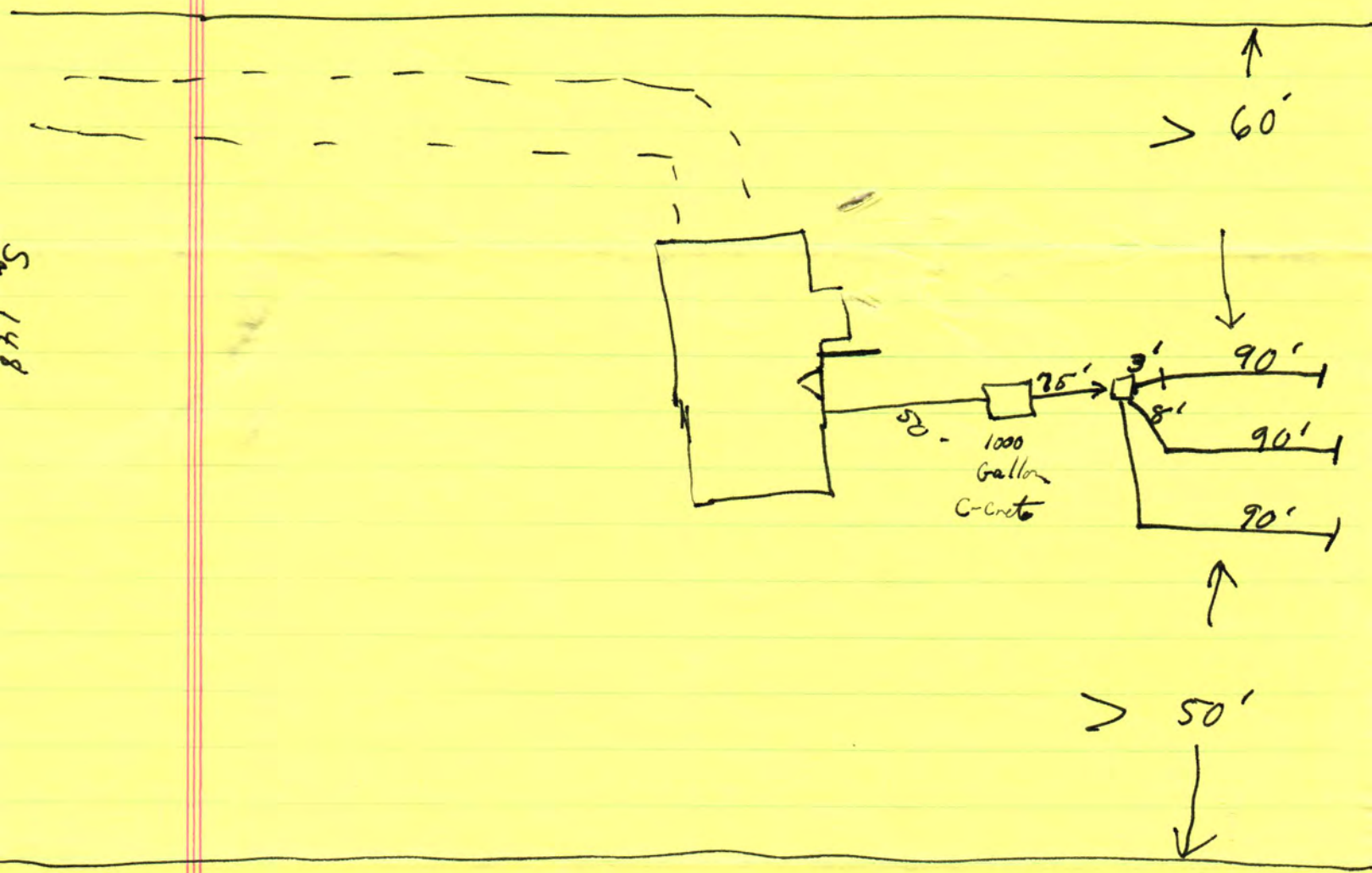
Remarks: _____

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 958 sq.ft.

_____
Signature of Reviewing Official

Installed 7-14-91
Southwick Sewer + Drain



3 Bdrm - 267' of 3' lateral - 1000 gallon Tank

Class 160 PVC To Septic Tank from House

ASTM 3034 PVC To Dist. Box

ASTM 2729 PVC Perforated lateral (270')

Closing Sept 8.

010

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 6100 S. 148th St., WAHOO, NE

Twp 13N Range 8E Section 15 1/4 ___ 1/4 ___ Block ___ Lot 7 Addition ___

Directions to Property East of 54th & old Cheney to 148th then South 1/4 mile, 2nd place on E. 1ST Side of 148th

Location of Well ___ Tap Location: Inside ☐ Outside ☑ 1991

Location of Sewage System ___ Year Installed 1990?

	NAME	ADDRESS	PHONE
Present Owner:	John Barker	6100 S. 148th	
Tenant/Buyer:	Kick Hilbert	9401 S. 27th Apt E3	421-1816
Return to:	NBC ATTN Barb Hill	1200 O St. Suite 120 LINCOLN NE 68501-2406	

Signature of Applicant Kick Hilbert Address 9401 S. 27th Apt E-3 LINCOLN NE. 68512 Date 8/16/95

X fax# 434-4818 - fax to Barb

HEALTH DEPARTMENT USE ONLY #101 NBC

Date Received 8/16/95 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/17/95

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: ANY SUNKEN SPOTS OVER LATERALS SHOULD BE FILLED IN. 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?

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/17/95

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.