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. 91380075301

Issued 10/01/91
Expires 04/10/92

ESTABLISHMENT

RICHARD J YOUNG
T9N R8E SEC 15
LOT 10

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RICHARD J YOUNG
12200 S 162 ST
LINCOLN NE 68317

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/4/91	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: $ 150.00

FILE NO. _____

DATE: Oct. 1, 1991

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. 9 N ; Range 8 E ; Section 15 ;
   Block _____ : Lot 10 I.T. Addition _____
   Street Address 6250 SOUTH 148TH STREET

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.

Richard J Young
Signature of Applicant (Owner or Lessee)

12200 So 162nd Bennet, Ne 68317
Address (782-6600)

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/1/91 . Date Frwd. 10/1/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-1-91 . Date Frwd. 10-1-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bruno

3. City or County Engineer: Date Rec'd. 10/01/91 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/21/92 by: J. C. Hood Need fence, etc.
Date: 3/4/98 by: J. C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/4/98 By: Jerrold C. Hood

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

FORM 23-43

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: Reese Const. Co.
Location: Township 9 N
Section & 1/4 Sect. 15 NW 1/4 Address:
Property Dimensions: ____ ft. x ____ ft
Area: 5 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ___; Silty Clay Loam ✓; Sandy Loam ___
Silty Loam ___; Clay Loam ___: Sandy Clay ___

Dates of Tests: 9-21-91 to 9-22-91. Weather: Precip. Sunny & Windy Temp. 70

6250 SOUTH 148TH STREET

PERCOLATION TEST DATA FILE

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.)	Percolat Rates (Min./in
	30"	9-21-91	14:00	9-22-91	14:00	9-22-91	14:00		18:00		30 min		
1	"	"	"	"	"	"	"		"		"	2 in	
2	"	"	"	"	"	"	"		"		"	3 in	
3	"	"	"	"	"	"	"		"		"	2 in	
4	"	"	"	"	"	"	"		"		"	2½ in	
5	"	"	"	"	"	"	"		"		"	1 in	
6	"	"	"	"	"	"	"		"		"	1½ in	

Sum of Percolation Rates ____
Average of Rates: ____
Inches per Minute: 15

Bryan Manley
Signature of Person Conducting Test

Address 5501 W. Kingsley
Phone 470-2231

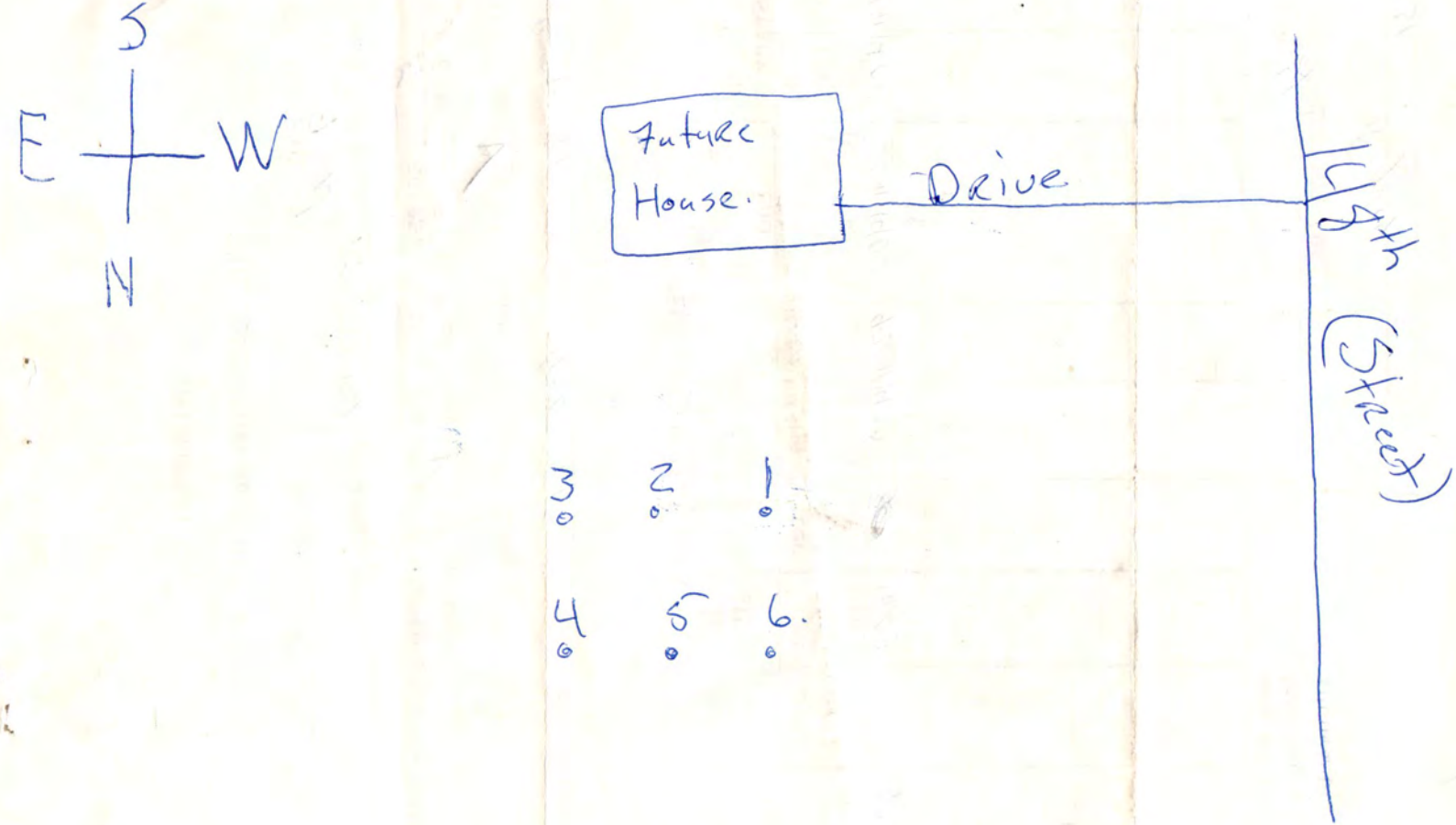
turn over →

Sharpsburg Silty Clay Loam
Confirmed 2/21/92
Lagoon must be sealed

Diagram.

3/21/92
3/4/98

3/4/98 Jerold C. Nore


S
E
W
N
Future
House.
Drive
4th
(Street)
3.
2.
1.
4.
5.
6.

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._____

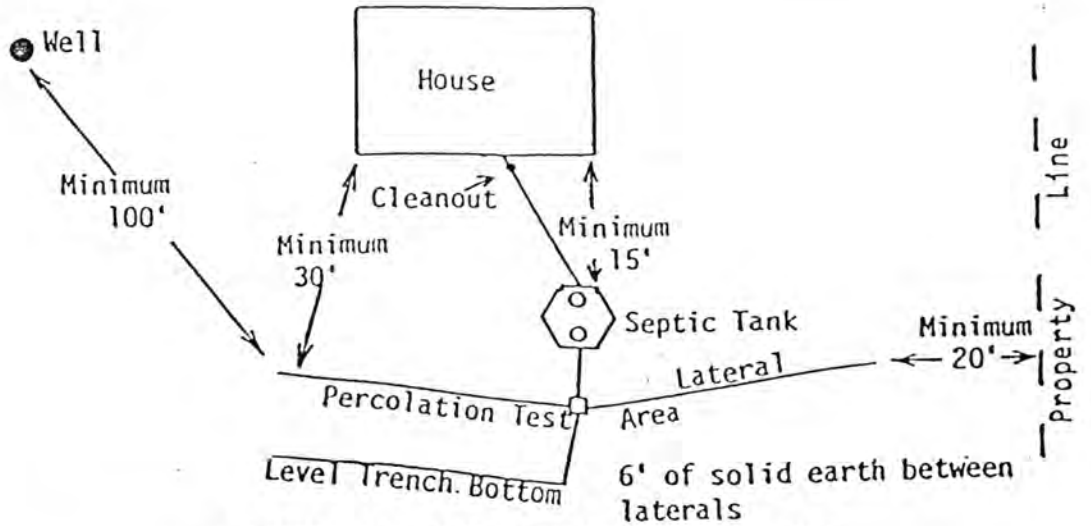
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor_____ in., or below basement floor 12 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.

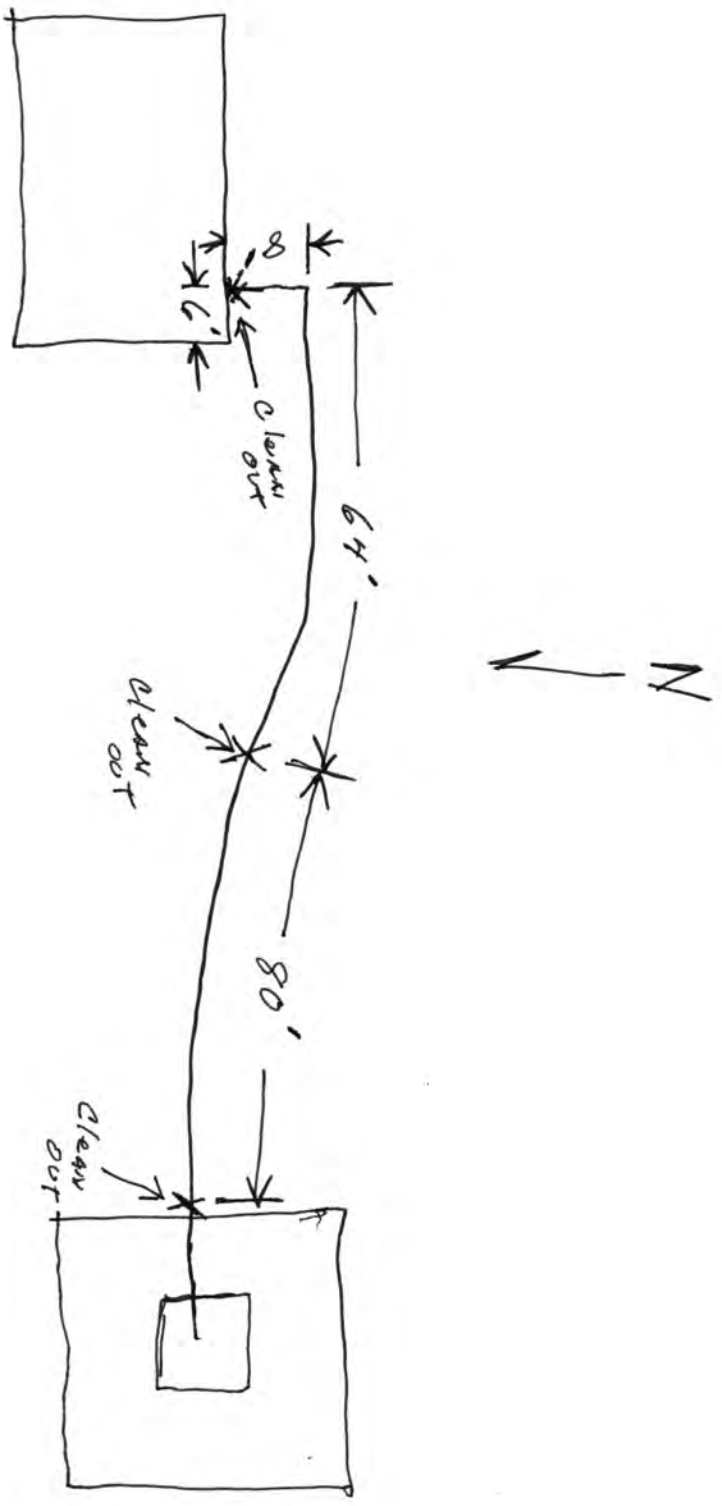
B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade_____in.
8. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; 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_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____,
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



8-21-92
Capital City Trenching

000516006 lf

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.

2 CR 4325

Legal Description of Property: Street Address 6250 S. 148 ST. Walton NE 68461-9513

Twp 9N Range 8E Section 16 1/4 ___ 1/4 ___ Block ___ Lot 101 Addition ___

Directions to Property ___

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

NCR 40292

ACR 73844

	NAME	ADDRESS	PHONE
Present Owner:	MICHAEL & DENISE OSBORN		
Tenant/Buyer:			
Return to:	Scott A. Mary	3451 N. 52 Lincoln Ne. 68504	466-0335

Signature of Applicant Scott A. Mary Address 3451 N. 52 Date 05/08/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/8/00

Initials ___

Amount $150.00

Check No. 3125

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/___/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 5/15/00 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON LAGOON FENCE. KEEP CATAILS KILLED OUT IN LAGOON. NOT BIG ENOUGH TO CAUSE A PROBLEM YET BUT WILL GROW FAST. 5/15/00 M. ___ See Attached Letter ☐

Warning signs on fence. Cattails looking ok. L.C.H.

FINAL STATUS

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

RURAL WATER DISTRICT

Approved by Jerrold C. Hood R.E.H.S. Date 5/15/00

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