LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380148201

Issued 09/03/96
Expires 03/03/97
Revenue Code 18754

Establishment
MARK DORAN
T9N R8E SEC 16
LOT 23
6001 S 148 STREET

FEES: $150.00

Permittee
MARK DORAN
6001 S 148 ST
LINCOLN NE 68520

TOTAL $150.00

Issued By M. Jane Ford
Health Director

2520

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-29-96

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 16 ;
   Block _____ : Lot A3I.I. : Addition _____
   Street Address 6001 South 148th WALTON 68461

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: N/A ft.

Signature of Applicant (Owner or Lessee)

6001 So 148th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/29/96. Date Frwd. 8/29/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/29/96. Date Frwd. 8/29/96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 08/29/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: 8/6/96 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-29-97 By: _____

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

SYSTEM WAS INSPECTED PRIOR TO A PERMIT BEING ISSUED. CHECK THIS DATE RETURNED – PROVISIONAL APPROVAL IN FUTURE.

FORM 23-43

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 NE¼ 16;
   Block 3 : Lot 3 : Addition _____
   Street Address 6001 So 148
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: ~ ft.

Mark Duran
Signature of Applicant (Owner or Lessee)

3330 So 29th 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8E ; Section & ¼ Section NE¼ 16.
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: 6-1 to 6-2-93 . Weather: Precip. — Temp. 60°.

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"	6-1	12:00	6-2	12:00	6-2	3:00	15	3:30	15 1/2	30	1/2	
2								15		15 1/2		1/2	
3								15		15 5/8		5/8	
4								15		15 5/8		5/8	
5								15		15 1/2		1/2	
6								15		15 3/4		3/4	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): AREA BETWEEN PAWNEE CLAY LOAM & JUDSON SILTLOAM.

Date: JUNE 24, 1993

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoag
Signature of Reviewing Official

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.

N

7'

6 0

5 0

4 0

3 0

2 0

1 0

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

RECEIVED JUN 24 1993

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: 6-22

FILE NO. _____

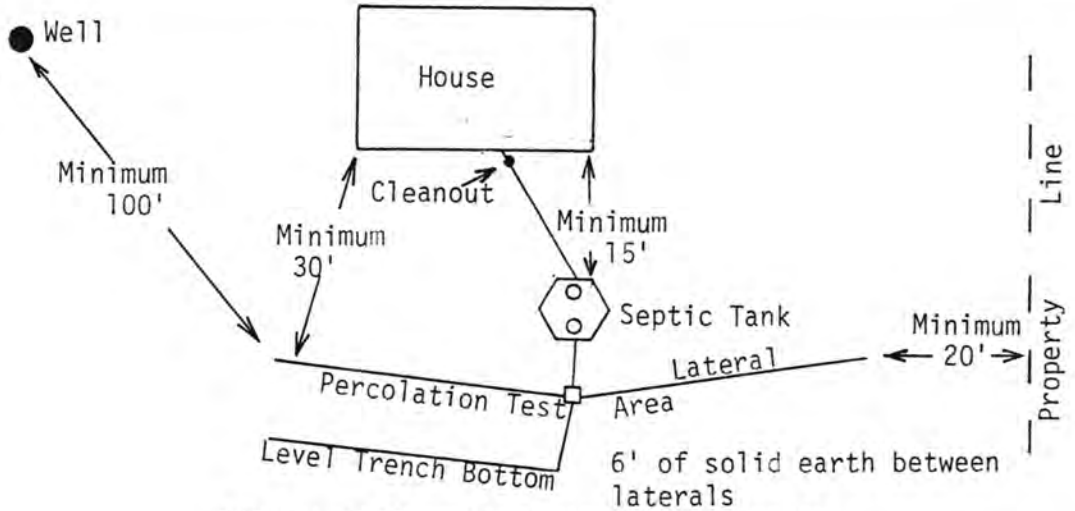
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ≠ 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 249 ft.
4. Number of clean-outs 4 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____ .
2. Capacity 1250 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 8" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 14 ft.

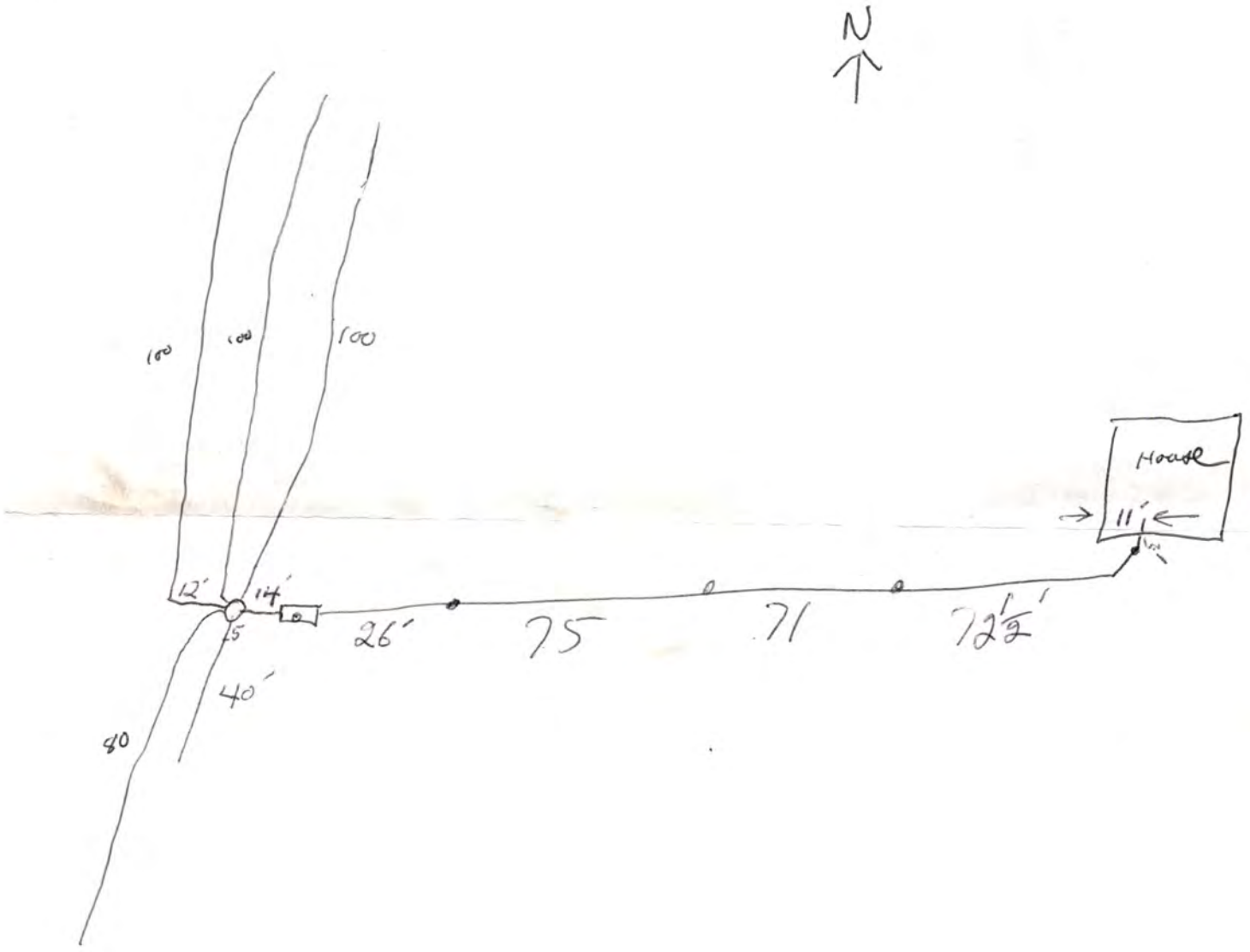
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 5 ; Length of each line 100 , 100 , 100 , 80 , 40 ft.;
Total length of laterals 420 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 14 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 6-22-93 INSTALLER Larry Schwarck



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 6001 So. 148th St, Lincoln NE 68520

Twp 9N Range 8E Section 16 1/4 NE 1/4 Block ___ Lot 23 Addition ___

Directions to Property So 148th and Old Cheney Road; South 1/8 mi on West side

Location of Well (Rural Water) Tap Location: Inside ☐ Outside ☑

Location of Sewage System West of House Year Installed 1993 or 94?

	NAME	ADDRESS	PHONE
Present Owner:	Mark Doran	Same as above	782-2015
Tenant/Buyer:	Ed + Jane Miller	7609 Grand Oaks Cir Lincoln, NE 68516	483-1728
Return to:	Dick Hatton	Home Real Estate 225 No. Cotner Blvd Lincoln, NE 68505	450-4690

Signature of Applicant [signature] Address ___ Date 08/05/96

HEALTH DEPARTMENT USE ONLY

Date Received 8/5/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Lerrold C. Hood **DATE:** 8/6/96

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☐	Date ___/___/___ by ___
Provisional	☐	Date ___/___/___ by ___
Disapproved	☒	Date ___/___/___ by ___

Comments: APPARENTLY NO PERMIT WAS TAKEN OUT FOR SEWAGE INSTALLATION. 8/29/96 Permit taken out. L.C.H.

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Lerrold C. Hood R.E.H.D. Date 8/29/96

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.

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6001 South 148th Street Walton, NE

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 16 1/4 NE 1/4 Block ___ Lot 23 Addition ___

Directions to Property SW corner of S 148th + Old Cheney

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

Location of Sewage System ___ Year Installed 1996

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Jane & Ed Miller	6001 S 148th Walton, NE 68461	610-1163
Tenant/Buyer:	Kathy & Bob Hall	~~83 W. Lake Shore Dr Lincoln, NE~~	
Return to:	Merle Jander	~~3700 NW 12th Lincoln, NE 68524~~	432-0443 / 796-2503 (Fax)
Signature of Applicant		Address ~~3700 NW 12th Lincoln NE 68524~~	Date 04/15/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/16/02 Amount ~~274~~ 200 CK Check No. 2711 Initials JW

DATA ENTRY Date ____/____/____ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4/17/02

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☒	Date____/____/____by____
Provisional	☐	Date____/____/____by____
Disapproved	☐	Date____/____/____by____

Comments: WHERE EARTH HAS SETTLED OVER LATERALS SHOULD BE FILLED IN TO PREVENT WATER FROM BEING PONDED OVER LATERALS.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/17/02

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: 9-00