LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2609-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 14, 1988 — THIS PERMIT EXPIRES

RONALD LARSON — ISSUED TO

4911 WEST ST. PAUL LINCOLN, NE 68524 — ADDRESS

T12N; R7E; Sec 26; Lot 15 I.T.; 17500 No. 84 Street — 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
MG	12-17-87	

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. 2609-C

DATE: 12-4-87

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. 12N ; Range 7E ; Section 26 ;
   Block _____ : Lot 15 I.T. : Addition _____
   Street Address 17500 N. 84th

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.

Ronald M Larson
Signature of Applicant (Owner or Lessee)

4911 West St Paul Lincoln NE 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/11/87. Date Frwd. 12/15/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/15/87. Date Frwd. 12/15/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N Shenwood

3. City or County Engineer : Date Rec'd. 12/15/87. Date Frwd. " . ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/11/87 by: J.C. Hood need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/25/88 By: Jerrold C. Hood

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. 7609-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section NW QTR of 26. LOT 15
Property Dimensions: 327.4 ft. x 1320.4 ft. Area: 9.9 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 12-1-87 to 12-2-87. Weather: Precip. 0 Temp. 40's Had snow & ground covered days of test

OWNER: Ron Larson

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	27	12/1/87	8:30	12/2	12:30	12/2	4:00	14	4:30	15	30	1	
2	27	12/1	8:30	12/2	12:30	12/2	4:00	13 3/8	4:30	14 1/2	30	1 3/8	
3	27	12/1	8:30	12/2	12:30	12/2	4:00	14 5/8	4:30	15 1/8	30	1/2	
4	27	12/1	8:30	12/2	12:30	12/2	4:00	15 3/8	4:30	16	30	5/8	
5	26	12/1	8:30	12/2	12:30	12/2	4:00	12 1/2	4:30	13 3/8	30	7/8	
6	27	12/1	8:30	12/2	12:30	12/2	4:00	14	4:30	15 1/8	30	1 1/8	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay
Date: DECEMBER 14, 1987

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☒

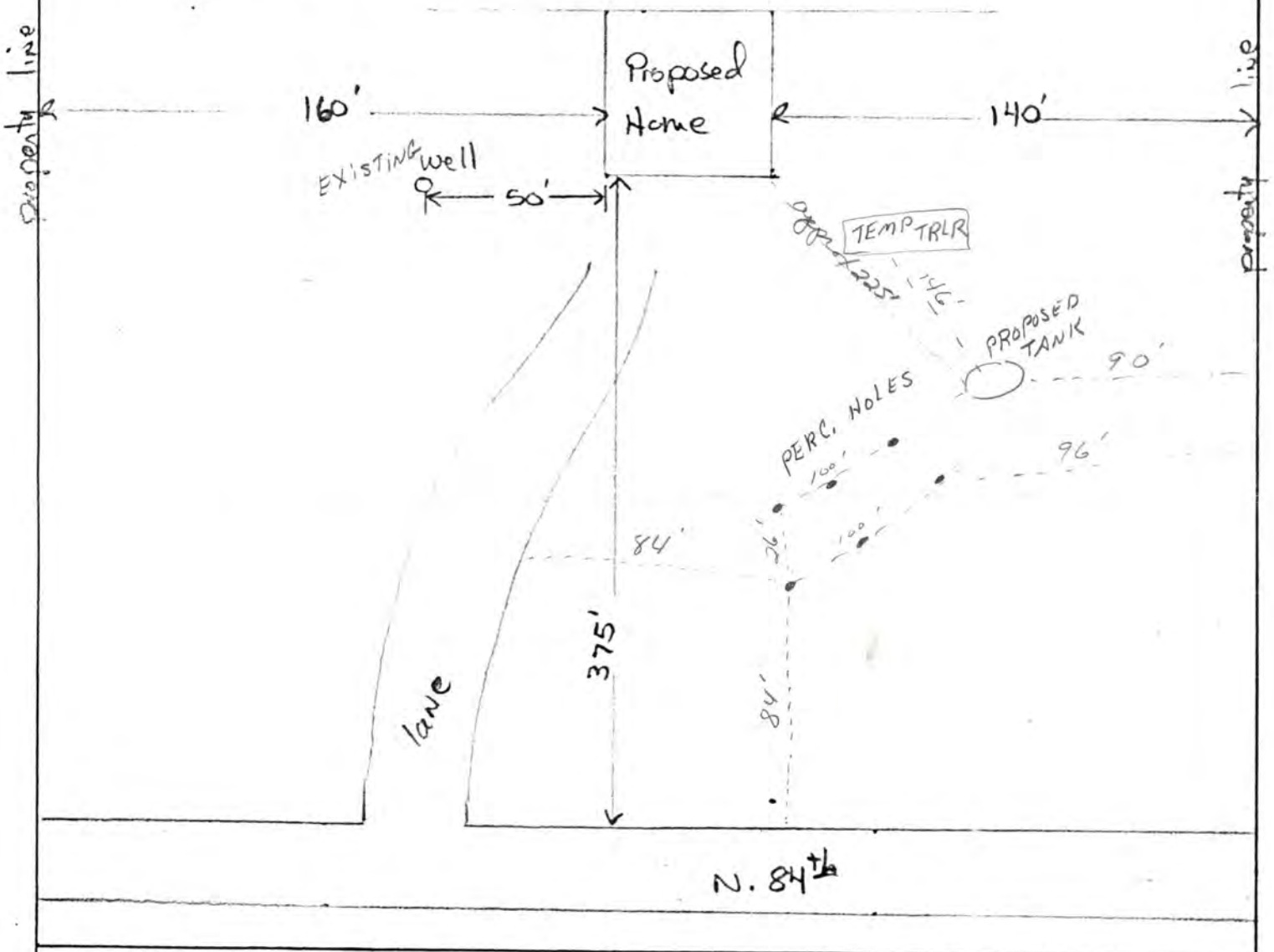
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2609-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: DECEMBER 11, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Final Drawing Ron Larson

FORM 20102-0477
~~PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)~~
~~City Ordinance No. 9150~~ ☐
~~County Resolution No. 2832~~ ☐

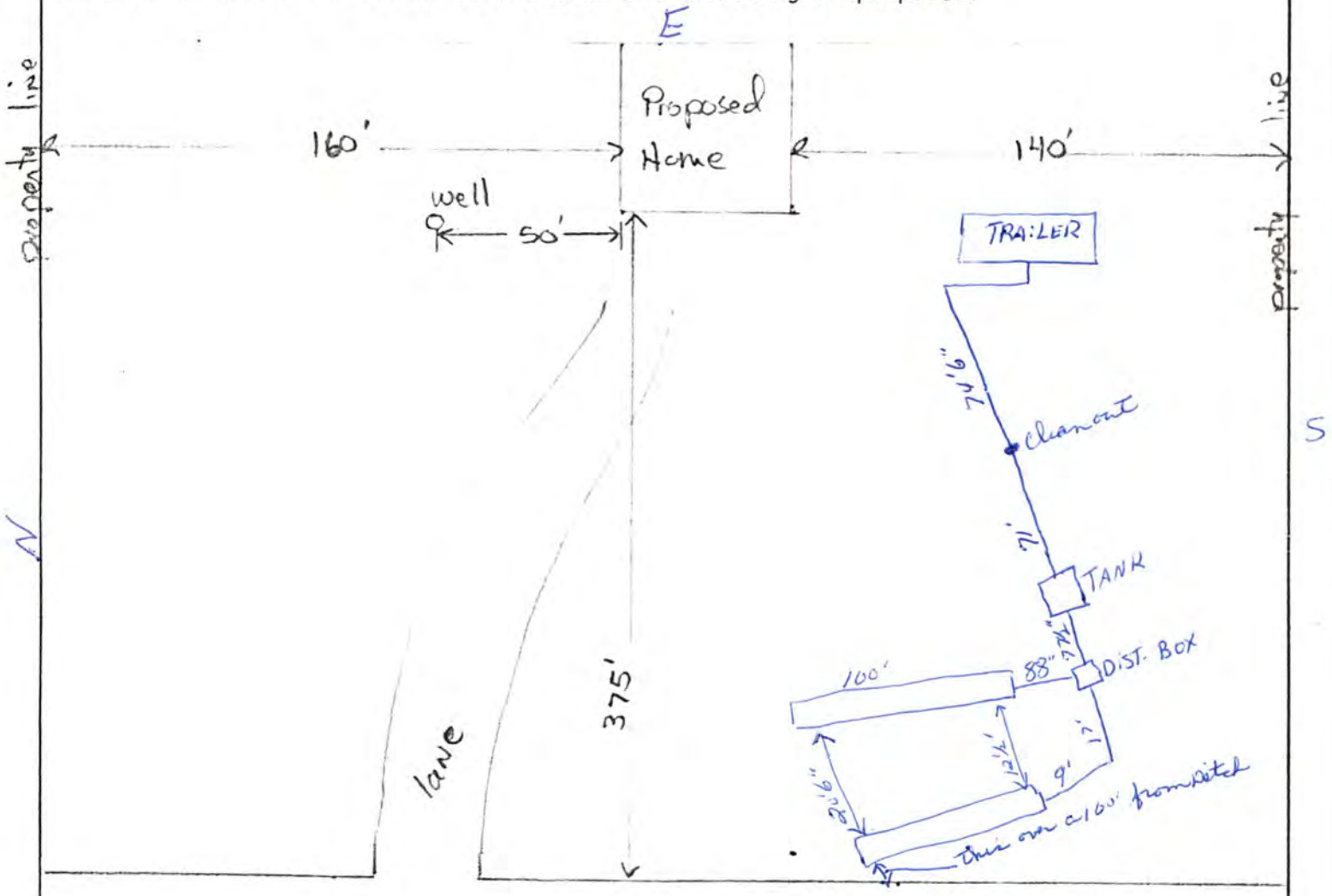
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 _____ 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

2200 St Marys Avenue Phone (402) ~~471-7800~~ 441-8000 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.

Date: Dec 17 1990

☒ Evaluation of the Individual Water System

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is ~~$75.00~~ 150.

Legal Description of Property: TWP. 12N RANGE 7E; SECTION 26; BLOCK ____

LOT 15; ADDITION I.T. NW¼; Street Address 17500 NORTH 84 TH

Directions to Property Hwy 77 to East Davey; east to 84th, South ¼ of mile Either

Location of Well Northwest of house by hydrant Tap Location: Inside ☒ Outside ☒

Location of Sewage System West of House - appx. 300 ft. Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	LARSON, RON	17500 No. 84	786-2575
Tenant/Buyer:	Marlene Trautz - Karen Kuchis	6211 Cornhusker	~~423-3153~~ 423-5875
Return to:	Rosemary Horner or Carmy Anthony	3201 Pioneers Blvd. 3710 South St.	488-1121 786-1663

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

Signature of Applicant Carmy Anthony Address 3710 South St.

HEALTH DEPARTMENT USE ONLY 150.00

Date Received DECEMBER 17, 1990 Received ~~$75.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/17/90

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	☒	☐

SEWAGE SYSTEM:
Approved: ☒
Provisional: ☐
Disapproved: ☐

SITE VISIT:
Date 12/17/90 by J.C.H
Date _____ by ____
Date _____ by ____

Comments: SEPTIC TANK HAS FAIRLY PRONOUNCED SCUM LAYER, SHOULD CHECK TO SEE IF TANK NEEDS PUMPING. SHOULD FILL IN SUBSIDENCE AROUND SEPTIC TANK. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE DECEMBER 19, 1990

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2498-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 8, 1987 — THIS PERMIT EXPIRES

CRAIG STRODE, MANN CUSTOMS, INC., 6101 So. 25 Street, Lincoln, NE 68512
ISSUED TO — ADDRESS

T12N; R7E; Sec 26; Lot 15 I.T.; 17500 No. 84 Street
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
MG	5-8-87	

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. 2498-C

DATE: 5/8/87

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. 12N ; Range 7E ; Section 26 ;
   Block _____ : Lot 15 Irr. : Addition _____
   Street Address 17500 North 84th

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.

~~WHATEVER PERC. TEST INDICATES~~

JOB: Craig Strode

Mona Customs Inc.
Signature of Applicant (Owner or Lessee)

6101 South 25th
Address Lincoln Ne 68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/87 . Date Frwd. 5/8/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/8/87 . Date Frwd. 5/8/87 . ACTION: Approved ☐ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Wiemont

REMARKS OR REASONS FOR DISAPPROVAL Sewer line not schedule # 40.

Site Visits:
Date: 9-13-87 by: mm (Sewer line not schedule #40)
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. 2498-C

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: 5-15-87 to 5-16-87. Weather: Precip. 0 Temp. 85°.

Test Taken to 17330 No. 84th
Hole-1-still had water in from Pre-Test

OWNER: MANN Customs INC.
Address: 6101 So. 25th Lincoln Nebr. 68512

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"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5 5/8"	30m	3/8"	
2	36"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5 1/4"	30m	3/4"	
3	36"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5 1/2"	30m	1/2"	
4	36"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5"	30m	1"	
5	36"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5"	30m	1"	
6	36"	5-15	6:00 pm	5-16	1:15 pm	5-16	1:15 pm	6"	5:15 pm	5"	30m	1"	

Mike Hoeksema
Signature of Person Conducting Test
Address 2525 Cleveland Lot 22 Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 2, 1987

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2498-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: JULY 2, 1987

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 862 sq.ft.

Gerrold C. Hood
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 ☐

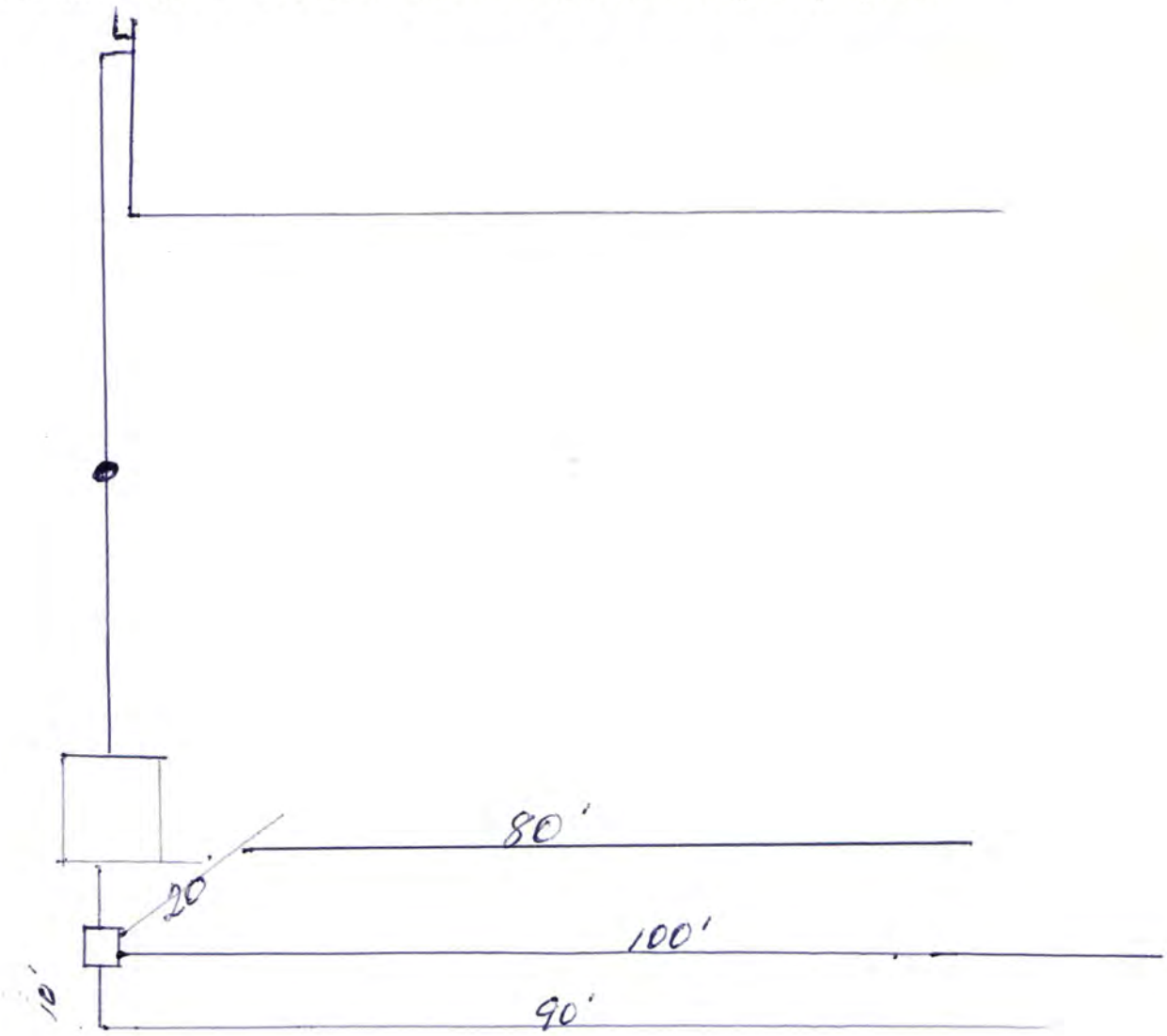
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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 3 ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477 12-7,26
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. _____

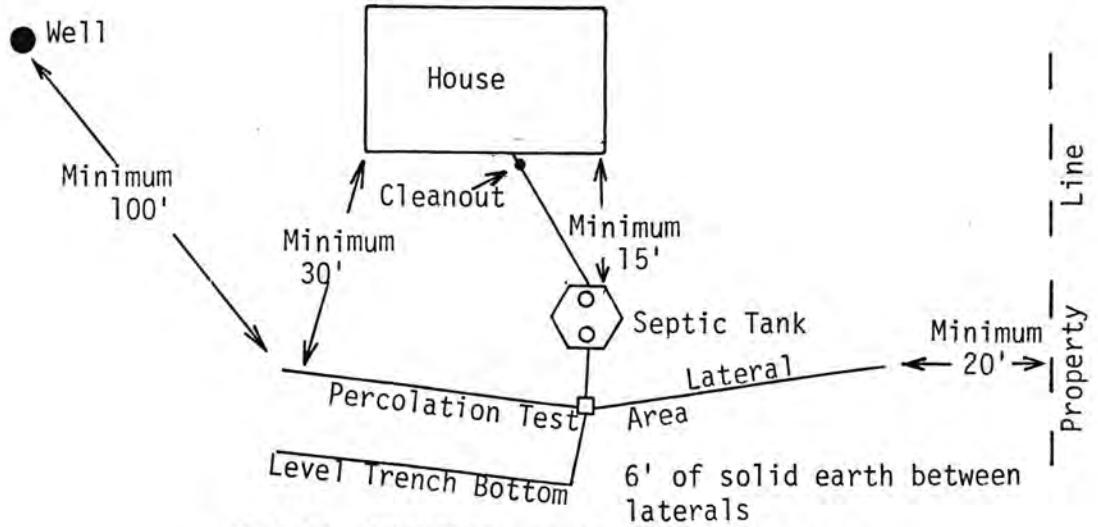
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 80 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre CAST)
4. Manholes: Over Inlet; diam. yes in.
Over Outlet; diam. yes 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 24 in.
8. Distances to:
Well or Suction Line 125 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 10 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 3; Length of each line 100', 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line 130 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN