LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1570-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 03, 1980 — THIS PERMIT EXPIRES

THOMAS M. HULBERT — ISSUED TO

6348 Baldwin, Lincoln, NE 68507 — ADDRESS

T9N, R8E, Section 20, Lot 1 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

9-17-74

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1570-C

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 20 ;
   Block _____ : Lot I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: _____ ft.

Thomas M. Hulst
Signature of Applicant (Owner or Lessee)

1318 No. 66
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/23/79. Date Frwd. 7/23/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 7/24/79. ACTION: Approved ☒ Disapproved ☐ Signature: Gayle Steward

3. City or County Engineer: Date Rec'd. 7-23-74. Date Frwd. 7-23-74. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Krajf

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/1/79 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/26/79 By: Jerrold C. Hood

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: 474-1541

B

FILE NO. 1570-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~~ Sandy Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 6-2-79 to 6-3-79. Weather: Precip. 0 Temp. 80°.

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	32"	6/2	2 PM	6/3	2 PM	6/3	2 PM	12"	4 30 PM	5½	30M	3/4	
2										5¼		3/4	
3										5½		3/4	
4										8		½	
5										7¾		½	
6										5"		3/4	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 432 3595

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 44 min./inch
B._____min./inch
C._____min./inch

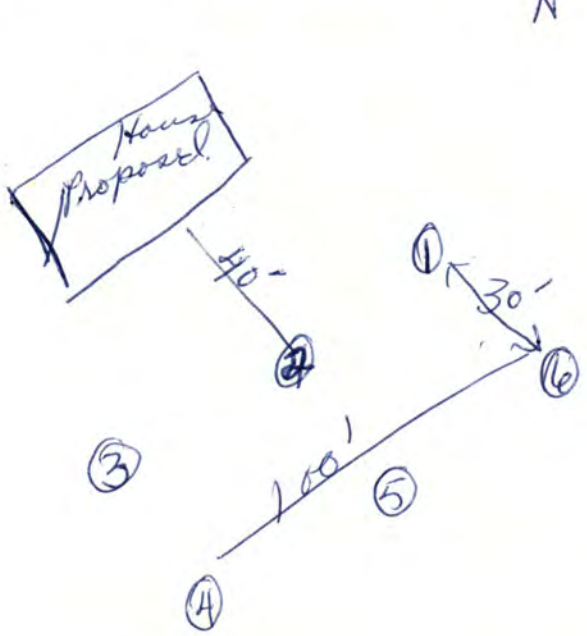
Remarks:_____
Soil Type (SCS): Kennebec Silty Loam ?
Date: July 23, 1979

Gerald C. Wood
Signature of Reviewing Official

10/17/80 - Looks like Pawnee Clay loam on site. Percolation rate suspect.

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. 1570-C

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



REVIEWING ACTION

Remarks: _____

Date: July 23, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 74 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 298 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

D

DATE:_____

FILE NO._____

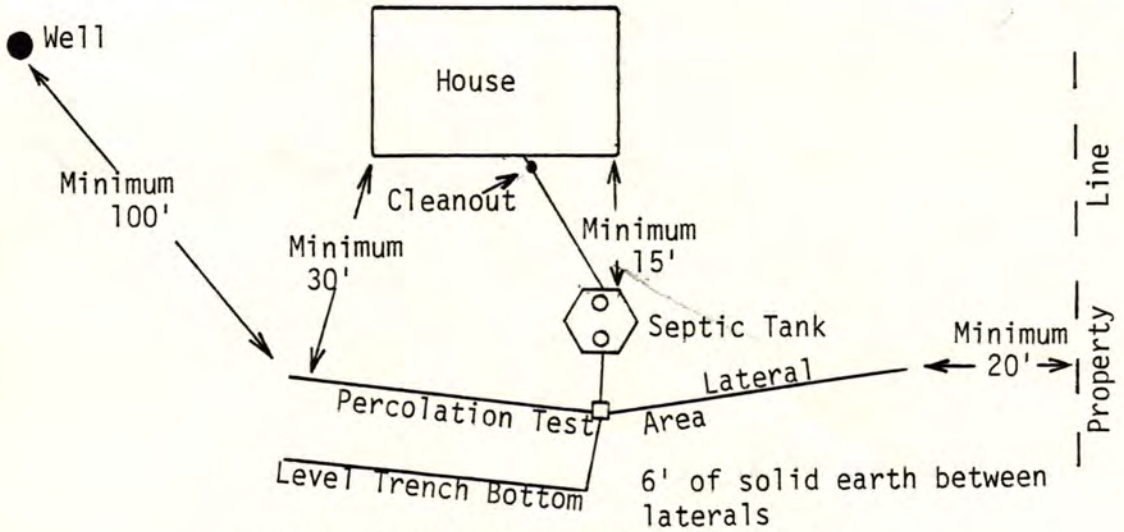
SPECIFICATIONS AS BUILT

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_____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 Concrete; No. of compartments_____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 Concrete; Number - available outlets 5.
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 20" or
Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☒ ; other_____.
2. Lateral Lines:
Number__;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals 74 ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width 48" ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material: Road gravel
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

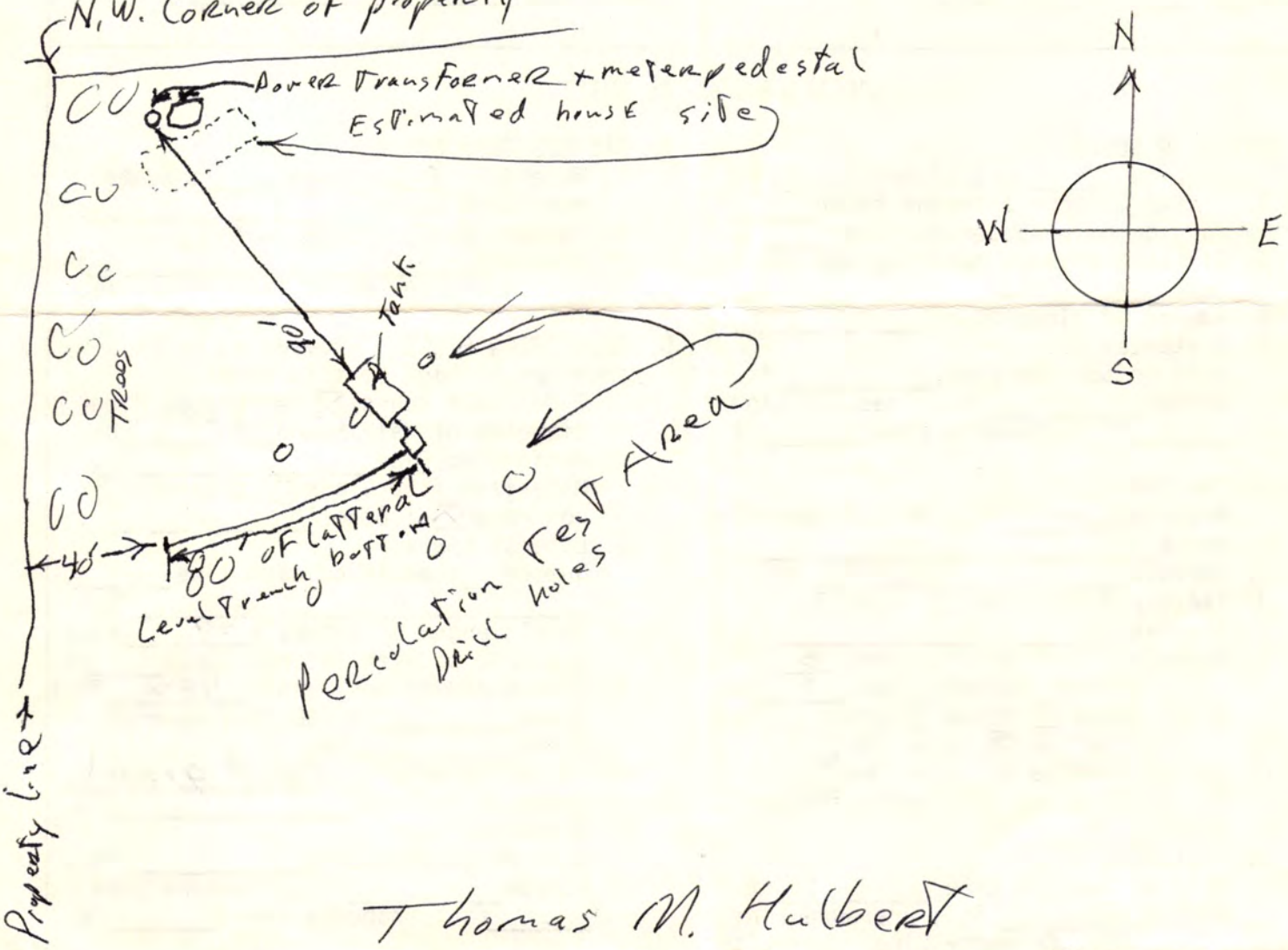


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

NOV 23 1979

AS BUILT DRAWING OF SYSTEM

DATE Approx Oct. 1, 1979 INSTALLER Warren Kuenning (Syracuse)



Thomas M. Hulbert

Lot 1 Irregular Tract in Section 20, T9N, R8E

Thomas M. Hulbert

11-20, 79

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

☐ Evaluation of the Individual Water System Date: 2-20-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION 20; BLOCK —

LOT 1; ADDITION Irregular Tracts (NE¼); Street Address 12745 Pine Lake Rd

Directions to Property Hwy 2 to Pine Lake Rd East on Pine Lake Rd to Property

Location of Well none Tap Location: Inside ☐ Outside ☐

Location of Sewage System ~~East~~ WEST of house Year Installed ~~1983~~ 1979

	NAME	ADDRESS	PHONE
Present Owner:	Bruce & Ruth Prenosil	same	471-5629
Tenant/Buyer:	—		
Return to:	~~Sara~~ Barb Hill First Commerce Savings	Fax # 402-434-4818	

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

Signature of Applicant Ruth Prenosil Address 12745 Pine Lake Rd

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 20, 1992 Received $150.00 Check ☒ Cash ☐

LANCASTER RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 2/20/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☒	Date 2/20/92 by J.C.H.
Bacteria	☐	☐	Provisional: ☐	Date _____ by ____
Nitrate	☐	☐	Disapproved: ☐	Date _____ by ____

Comments: SEPTIC SYSTEM IS NOW 12 YEARS OLD. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS LANCASTER COUNTY RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE FEBRUARY 26, 1992

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 Avenue Phone (402) 471-7800 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.

☐ Evaluation of the Individual Water System Date: 7-27-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 20; BLOCK ____

LOT ____; ADDITION _____; Street Address 12745 Pine Lake Road

Directions to Property Hwy 2 East to Pine Lake Road. East on Pine Lake Rd. 1-1½ miles East of Hidden Valley Golf Course - Southside (long driveway)

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	Thomas Hulbert	12745 Pine Lake Rd	
Tenant/Buyer:	Bruce & Ruth Pranosil	2830 So. 44th	489-2705
Return to:	Robin Bressler - Home Bro Estate	3910 South St 68506	488-4663

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

Signature of Applicant Ruth Pranosil Address 2830 So 44th

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HEALTH DEPARTMENT USE ONLY

Date Received 7-28-89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-28-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 7-28-89 by [illegible]
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Rural Water Dist #1 public supply

Comments: * Septic system was originally designed for a one bedroom home. If another bedroom or a high water use occurs, additional subsurface lateral field may have to be constructed. See Attached Letter ☐

FINAL STATUS

Rural Water Dist #1 public supply

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

APPROVED BY Ron Mangen DATE 7-28-89

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