LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390027601

Issued 04/23/92
Expires 10/23/92

ESTABLISHMENT

STEVEN JOHNSON
T9N R8E SEC 20
13200 YANKEE HILL ROAD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

STEVEN JOHNSON
13200 YANKEE HILL RD
LINCOLN NE 68526

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
4/23/92	PAID

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

FILE NO._____

Steve Johnson

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 4/22/92

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 8E ; Section 20 ;
Block_____; Lot_____; Addition_____
Street Address 13,200 Yankee Hill Rd

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: New line from house To Tank, New 1000 gal concrete tank with riser, New dist. box, 160' x 4' - ½ moon concrete lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑, John Stuhmyer
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2395 00

STEVEN JOHNSON
Signature of Applicant (owner or lessee)

13200 YANKEE HILL ROAD
Address
LINCOLN, NEBRASKA

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

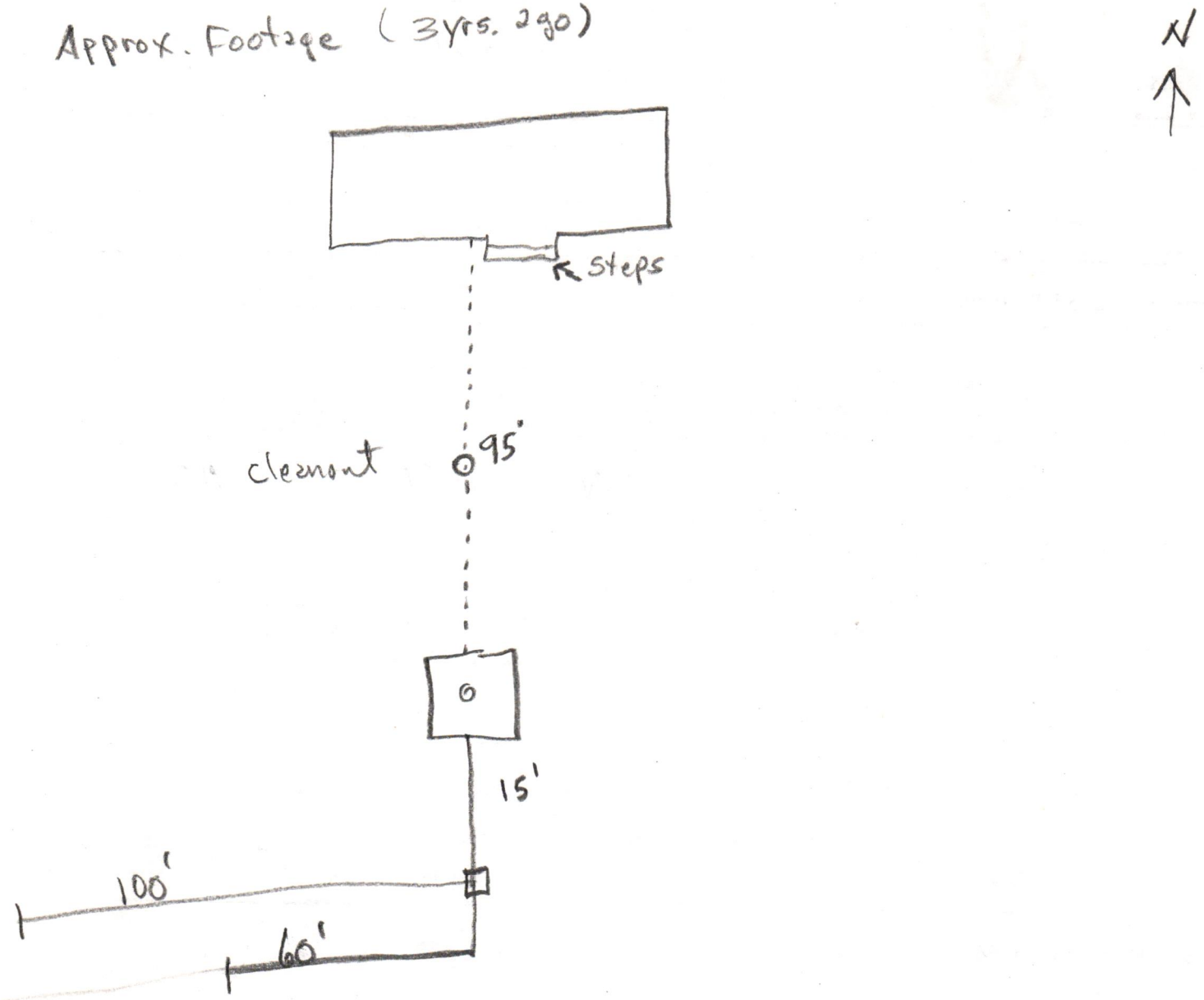
2. Site Visits:
Date: 4/23/92 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 4/23/92 by: Jerrold Hood

* PROVISIONAL APPROVAL BECAUSE SYSTEM WAS COVERED WITHOUT INSPECTION

Approx. Footage (3yrs. ago)



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAI

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: May 15, 1990

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 150.00

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

LOT ____; ADDITION _____; Street Address 13200 Yankee Hill Rd

Directions to Property East on Yankee Hill Rd to top of the Hill between 122nd + 134th (North side of Road) Big old dairy barn out back

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Just East down towards corral Year Installed long time ago

	NAME	ADDRESS	PHONE
Present Owner:	Richard + Joanna Corbin	13200 Yankee Hill Rd	782-8085
Tenant/Buyer:	Steven + Chris Johnson	5320 High St	435633
Return to: Mimi Cotton	Woods Bros Plaza	3737 So 21 St	423273

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

Signature of Applicant Steven D Johnson Address 5320 High St.

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 15, 1990 Received $75.00 Check ☒ Cash ☐

LANCASTER COUNTY RURAL WATER DISTRICT #1

PRELIMINARY STATUS--DATE 5/16/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 5/16/90 by CH
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: CISTERN ON NORTH SIDE OF HOUSE SHOULD BE PROPERLY ABANDONED. NO EVIDENCE OF SEWAGE MALFUNCTION HOWEVER SYSTEM WAS BUILT PRIOR TO REGULATIONS AND NOT INSPECTED HENCE APPROVAL IS PROVISIONAL See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Wold C. Wood M. D. DATE MAY 16, 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

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390018701

Issued 07/09/90
Expires 01/09/91

ESTABLISHMENT

JOHN STUHMYER
T10N R8E SEC 21

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

JOHN STUHMYER
4235 NW 57 ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-6-90

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 21 ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Add 1 sewer line to replace old sewage bung pipe, septic tank and 160 LF of 4" CR with Fesplyc lid.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ >400	00

John L Stuhmer
Signature of Applicant (owner or lessee)

4235 NW 57th LNK 68524
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7-6-90
Filing Fee: $ 50.00

2. Site Visits:
Date: 7-6-90 by: rm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hoal

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-6-90 by: Ron Mayfield

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

Steve & Chris Johnson
132nd + Yankee Hill Road

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: 7/3/90 to 7/4/90. Weather: Precip. _____ Temp. _____.

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.)
													2
													1½
													1¼
													2¼
													2
													1¾

John L Stuhmyer
Signature of Person Conducting Test

Address 4235 N. W 57th Phone 470-2262

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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: 471-7800

D

DATE: July 6/1990

FILE NO. _____

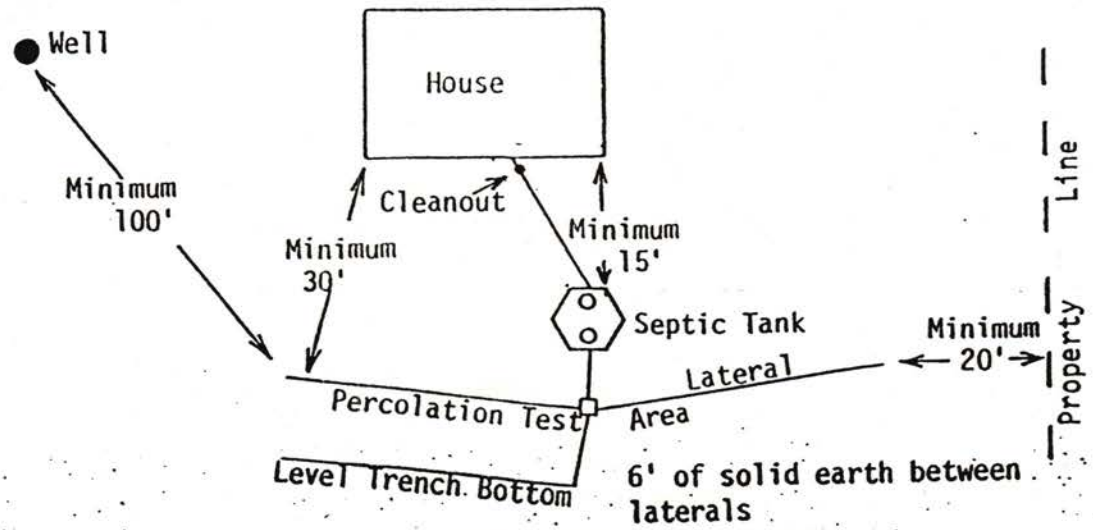
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4' in.
2. Distance above basement floor 4' in., or below basement floor ___ in.
3. Distance between dwelling and septic tank 83' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line Rural wt. ft.; Stream — ft.; Pressure Line ___ ft.; Property Line ___ ft.

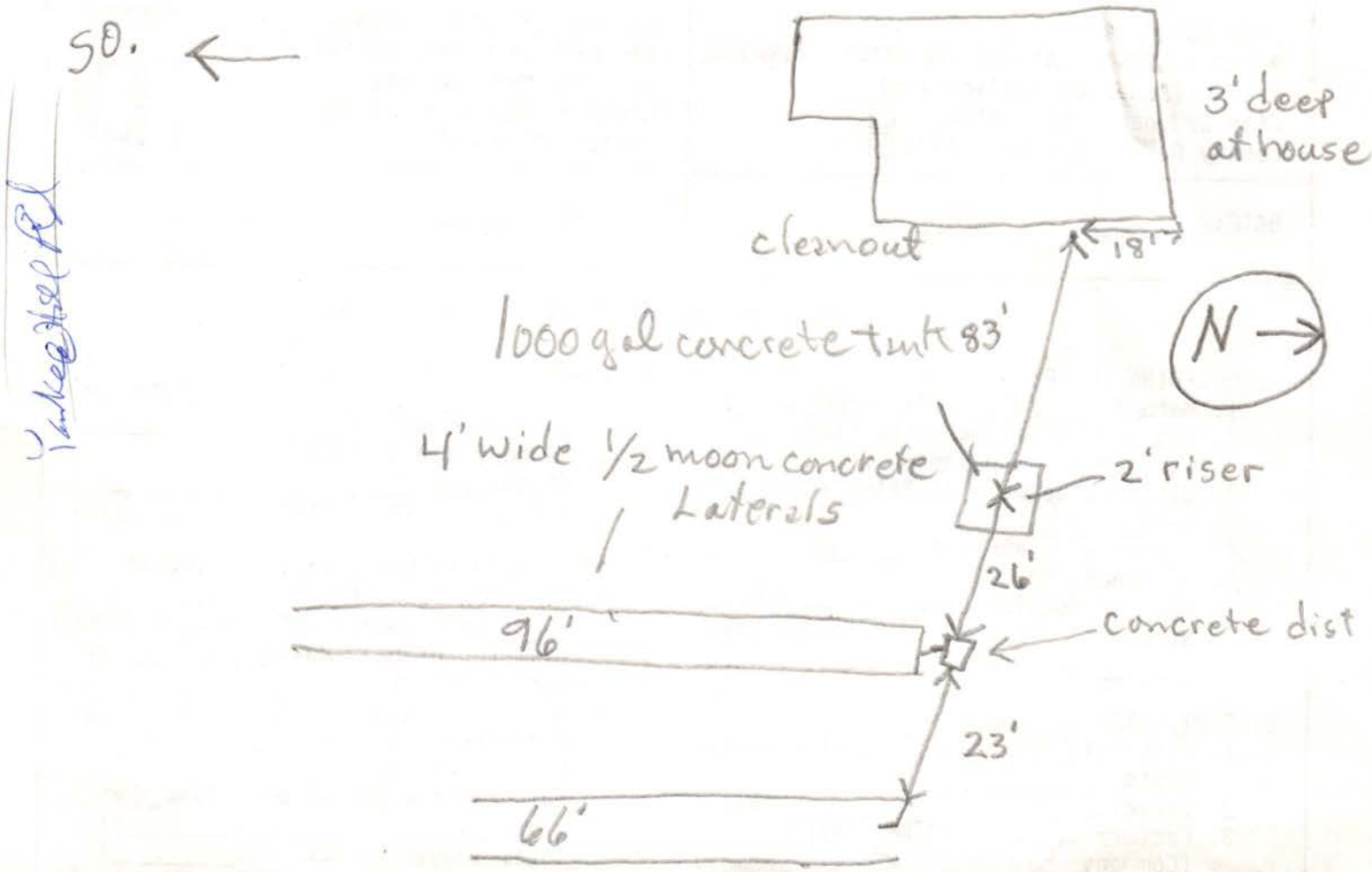
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ___.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☐ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Riser Above ☐ Below ☐ Grade 12 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line — ft.; Property Line ___ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☐ No ☐
(Company Pre-cast)
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 16" or Perforated Pipe ___.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ___.
2. Lateral Lines:
Number 2; Length of each line 96, 66, ___, ___, ___ ft.;
Total length of laterals ___ ft.;
Distance between lateral lines 23 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: Rd. Gravel
Depth of Material ___ in.
5. Distances to: Rural water
Well or Suction Line 100' + ft.;
Stream ___ ft.; Pressure Line ___ ft.; Property Line ___ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


50.
3' deep
at house
cleanout
18'
1000 gal concrete tank 83'
N
4' wide 1/2 moon concrete
Laterals
2' riser
26'
96'
concrete dist
23'
66'