LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380189401

Issued 11/24/98
Expires 05/24/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

TREVOR MEERS
T12N R7E SEC 6 QTR SW
22500 N 27 ST-CERESCO

TOTAL $150.00

Permittee

TREVOR MEERS
BOX00142
BOX 00142
CERESCO NE 68017

Issued By Health Director
Lincoln-Lancaster County Health Department

008317

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

NOV 23 1998

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 25500 N 27th (no rural route) City ~~Lincoln~~ Ceresco NE, Zip 68017

Legal Description SW 6 12N 7E _____ _____ _____ Lot 11 I.T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Trevor Meers Signature Trevor Meers

Address Box 142 City/State/Zip Ceresco NE 68017

☐ Check if owner designed system Home Phone 665-2003 Work Phone 479-2132

C. Contractor

Name Dave Vogt Company Name Vogt T&T Excavating

Address P.O. Box 181 City/State/Zip Elmwood NE 68349

☐ Check if contractor designed system Work Phone 560-4267

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 11/24/98 Date frwd 11/24/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hoo
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/24/98 Date frwd 11/24/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/24/98 Date frwd 11/24/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

12-8-98 mm

Installation Final Written Approval

By Ron Mangum

Date 12-9-98

Business Office Use Only

Date Rec'd 11/24/98

Amt Paid $150.00

Rec'd By cw Cash/Check No. 1698

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

NOV 2 3 1998

B

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

6-12-7
SW¼ Lot 11 IT

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22500 N 27th (no rural route) City ~~Unco~~ Ceresco NE, Zip 68017

Owner Trevor Meers Addresss Box 142 Ceresco NE 68017

Soil Type (SCS): Clay Percolation Rate: 53.66 min./inch

Date of Tests 11-12 to 11-13 Weather: Precipitation — Temperature 45°F

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	11-12-98	17:30	11-13	19:00	11-13	22:30	6	11-13	23:00	30	5/8	48
2	"	"	"	"	"	"	"	6	"	"	30	1/2	60
3	"	"	"	"	"	"	"	6	"	"	30	1/2	60
4	"	"	"	"	"	"	"	6	"	"	30	1/2	60
5	"	"	"	"	"	"	"	6	"	"	30	1/8	34
6	"	"	"	"	"	"	"	6	"	"	30	1/2	60

Sum of Percolation Rates: 322
Average of Rates: 53.66
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Trevor Meers
Phone: 402-665-2003
Address Box 142
Ceresco NE 68017

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 24, 1998

FORM 23-101 10-96

NOV 2 3 1998

C

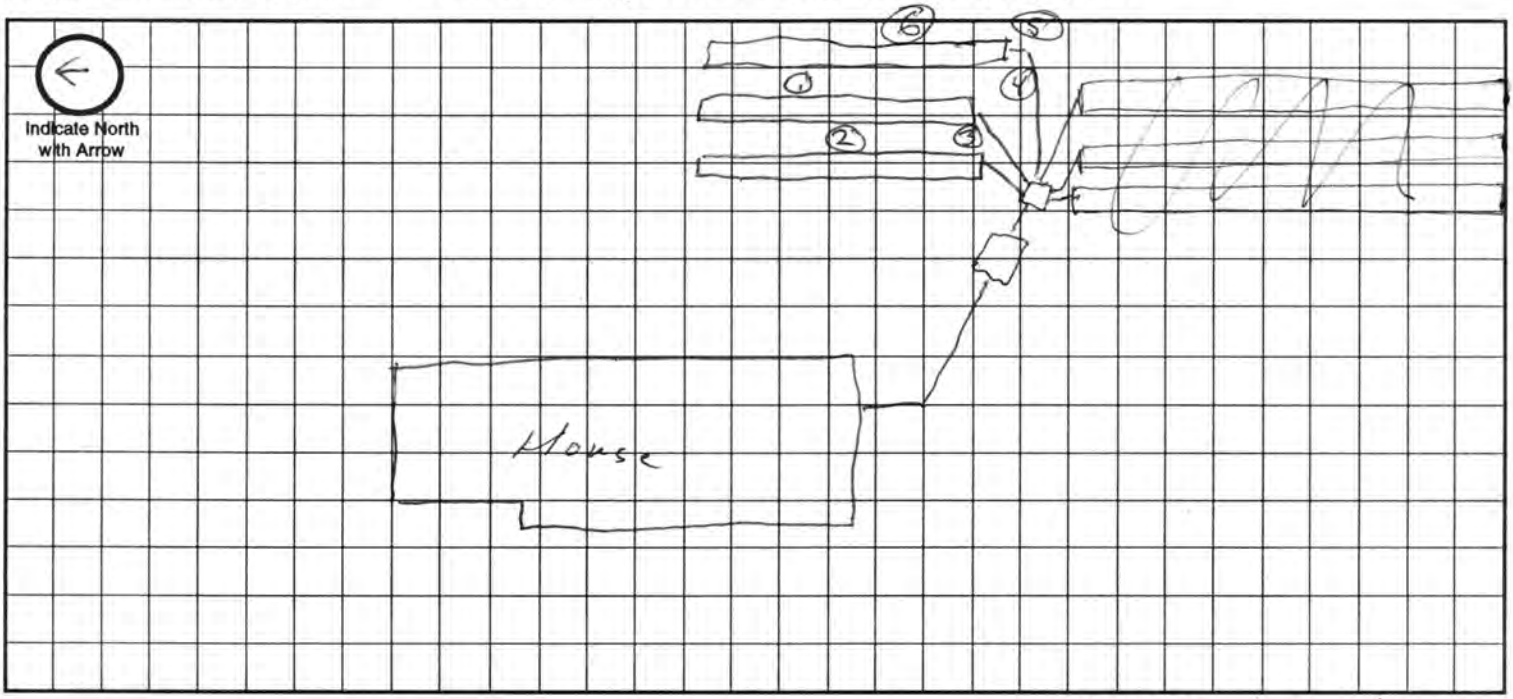
Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 22500 N 27th City Ceresco NE, Zip 68017

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 53.66 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: 975 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 250 ft. Number of Trenches _____ Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Trevor Mears Date 11-19-98

Installer _____ Date 11-19-98

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-8-98

System Location (Indicate correct number and street)

Address 22500 No. 27th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 30 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 70+ ft.
   stream NA ft.
   pressure line 70+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 21 ft.

D. Absorption Field

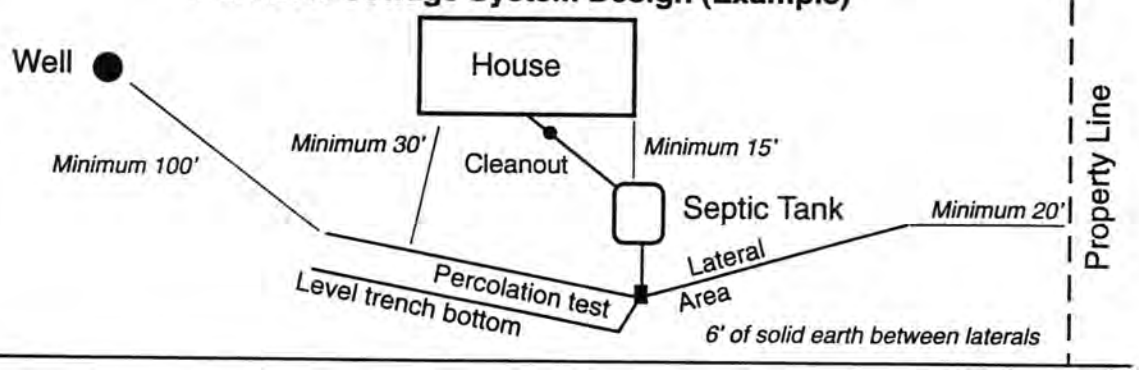
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 83 ft. 83 ft.
   83 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

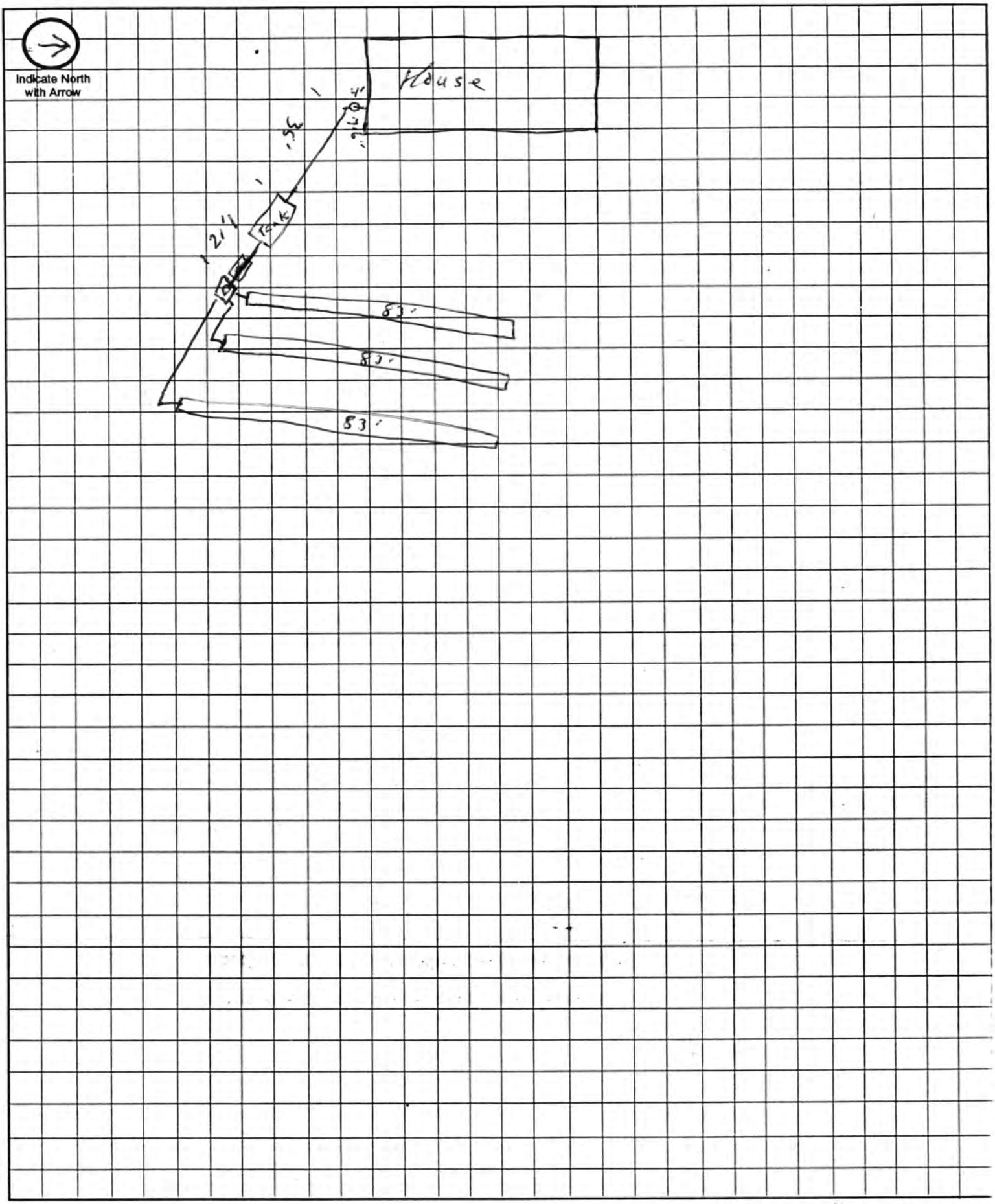
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s


SHEET NUMBER 3
N. 27th
New Sqatie
Little Salt
R. 6 E.
R. 7 E.
3
N
Rock Creek
1 Mile
5000 Feet
Scale 1:20000
(Joins sheet 4)
(Joins sheet 9)
2 785 000 FEET
500 000 FEET

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 22500 N 27th St LLCN

Parcel ID 19-06-300-006-000 (i.e. 99-99-999-999-999)

Twp 12N Range 7E Section 6 1/4 SW 1/4 Block ___ Lot 12 Addition ___

Directions to Property From 14th & Superior go 12 miles north to Little Salt Rd then one mile east

Location of Well 50 yard Northeast of residence Tap Location: Inside ☐ Outside ☐

Location of Sewage System 75 ft SE of residence Year Installed 2001

Site Hazards (dogs, etc.) Dog if Fenced yard

	NAME	ADDRESS	PHONE
Present Owner:	Frank & Christy Coughlin	22500 N 27th St Cerego, NE 68017	785-9200
Tenant/Buyer:	Jerry Schmidt	7011 Hook Dr Lincoln, NE 68507	467-4862
Return to:	Stan Knapp	7141 A St. Lincoln, NE 68510	540-3236 434-3801 (Fax)

Signature of Applicant Jerold B. Schmidt Address 7011 Hook Dr Lincoln, NE 68507 Date 4/4/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/16/03 Amount 200.00 ✓ Check No. 2408 ✓ Initials LO

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4/17/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS. Date 4/21/03

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

cc: 0
Eng: 0

P22556-38

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 22500 N 27th

Parcel ID 19 - 06 - 300 - 006 - 000 (i.e. 99-99-999-999-999)

Twp ____ Range ____ Section ____ 1/4 ____ 1/4 ____ Block ____ Lot 12 Addition SW 6-12-7

Directions to Property N. on 14th St to 1/4 mile E to 27th

Location of Well N in back Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE in back Year Installed 1978

Site Hazards (dogs, etc.) None - Vacant w/ lockbox - Listing agent Brenda Brewer 450-1427

	NAME	ADDRESS	PHONE
Present Owner:	Meek, Trevor + Teri	8315 Long Meadow Dr Johnston IA 51301	515-334-0305
Tenant/Buyer:	Coughlin, Frank + Christy	3475 Golfview Dr. #332 Eden, MN 55123	651-406-7469
Return to:	Dave Voroka	3737 S 27th Lincoln, NE 68502	434-3518 434-3510 (Fax)

Signature of Applicant Frank Coughlin by Dave Voroka - agent Address 3737 S 27th Lincoln, NE 68502 Date 2 / 28 / 01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3 / 2 / 01 Amount #200.00 Check No. 2995 Initials dlf

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

PRELIMINARY STATUS--By Ron Mangeant **DATE:** 3 / 2 / 01

P17119-65

Old 5gal/min well — New 15 gal/min well

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ____ /ml
Nitrate	☒ 3.99 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits please

Date 4 / 12 / 01 by ____ cased

Date 4 / 24 / 01 by ____ cl: 120 mg/l

Date 4 / 26 / 01 by ____ $Q_2 = 0$

4-30-01

5-3-01

Comments: Recommend checking to see if septic tank needs pumping. Must be certain that old unused well is properly abandoned and plugged as soon as possible. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Mangeant R.S Date 5 / 7 / 01

Approval or disapproval is based on State and local standards for construction, location an based on visible construction and operation at the time of inspection. Approval or provision express a guarantee of system operations.

NO3 P15416-34

4-30-01 Bac. P17119-69

Bac O P17119-49

5-3-01 Cor. Bac O P17119-70

White - Applicant after approval Yellow - Environmental Health Pink - Busines

Revised/Reprint: 9-00