LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380183701

Issued 08/26/98
Expires 02/26/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

ROD JOHNSON
T12N R7E SEC 6 QTR SW
LOT 10IT
22750 N 27 ST-CERESCO

Permittee

ROD JOHNSON
6107 NW 2 CIR
APT 34
LINCOLN NE 68521-4419

Issued By Health Director
Lincoln-Lancaster County Health Department

008075

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

AUG 2 1 1998

A

Permit Number:

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

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 22750 N. 27th Street (no rural route) City Cresco NE, Zip 68017

Legal Description S.W. 6 12N 7E _____ Lot 1

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 Rod Johnson Signature Rod Johnson

Address 6107 N.W. 2nd Cir, #34 City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 477-9086 Work Phone 786-6312

C. Contractor

Name Buresh - Jim Company Name Buresh Plumbing

Address P.O. Bx 128 City/State/Zip Valparaiso, NE 68065

☐ Check if contractor designed system Work Phone 784-6101

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 2 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 8/21/98 Date frwd 8/24/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/25/98 Date frwd 8/25/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/25/98 Date frwd 8/25/98 ACTION ☒ Approved ☐ Disapproved Signature _____

9-10-98 mm

Installation Final Written Approval

By Ron Mayamt

Date 9-10-98

Business Office Use Only

Date Rec'd 08/24/98

Amt Paid $ 150 ck

Rec'd By _____ Cash/Check No. 3028

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

AUG 21 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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22750 N. 27th Street (no rural route) City Ceresco, NE, Zip 68017

Owner Rod + Nyla Johnson Addresss 6107 N.W. 2nd Circle, #34, Lincoln 68521

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests July 17 to July 18 Weather: Precipitation NONE Temperature 80°-85°

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"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	2 1/8	14 MIN/IN
2	36"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	2	15 MIN/IN
3	36"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	1	30 MIN/IN
4	36"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	3/4	40 MIN/IN
5	36"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	7/8	34 MIN/IN
6	36"	7-17	6:00 PM	7-17	10:00 PM	7-18	8:15 AM	6"	7-18	12:15 PM	30	3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: Rod Johnson

Phone: wk 786-6312 or home 477-9086

Address 6107 N.W. 2nd Cir. #34
Lincoln, NE 68521

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

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

FORM 23-101 10-96

AUG 21 1998

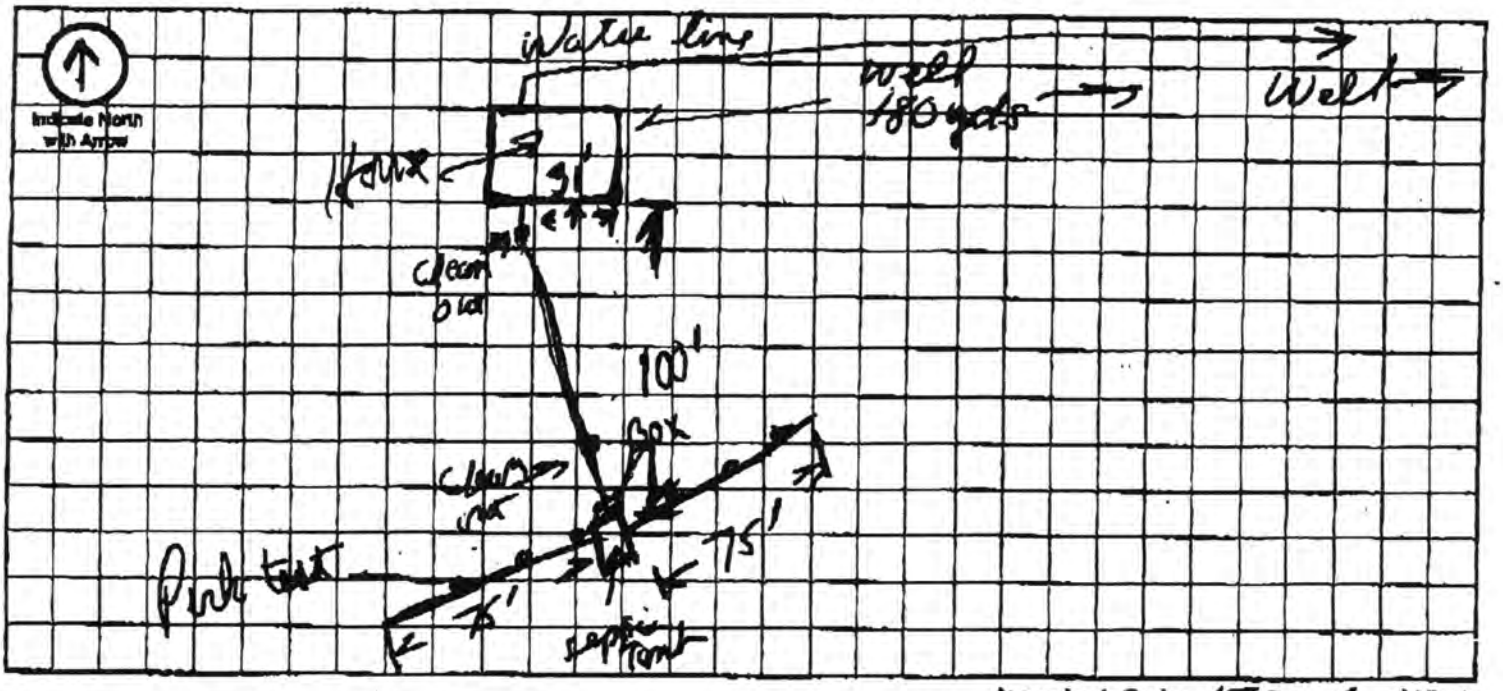
C

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

Permit Number:

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 22750 N. 27th Street City Cornsco 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 _____ (min. per inch) Soil Type: _____ Land Slope: 1 % Tc

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other 4 ft. wide bed

Total Square Feet of Field Required: 574 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 2

Total Length of Laterals 144 ft. Number of Trenches 2 Trench Width 4 ft.

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 Rodney Johnson Date 9-1-98

Installer James R. Balesteri Date 9-1-98

TOTAL P.02

AUG 21 1998

C

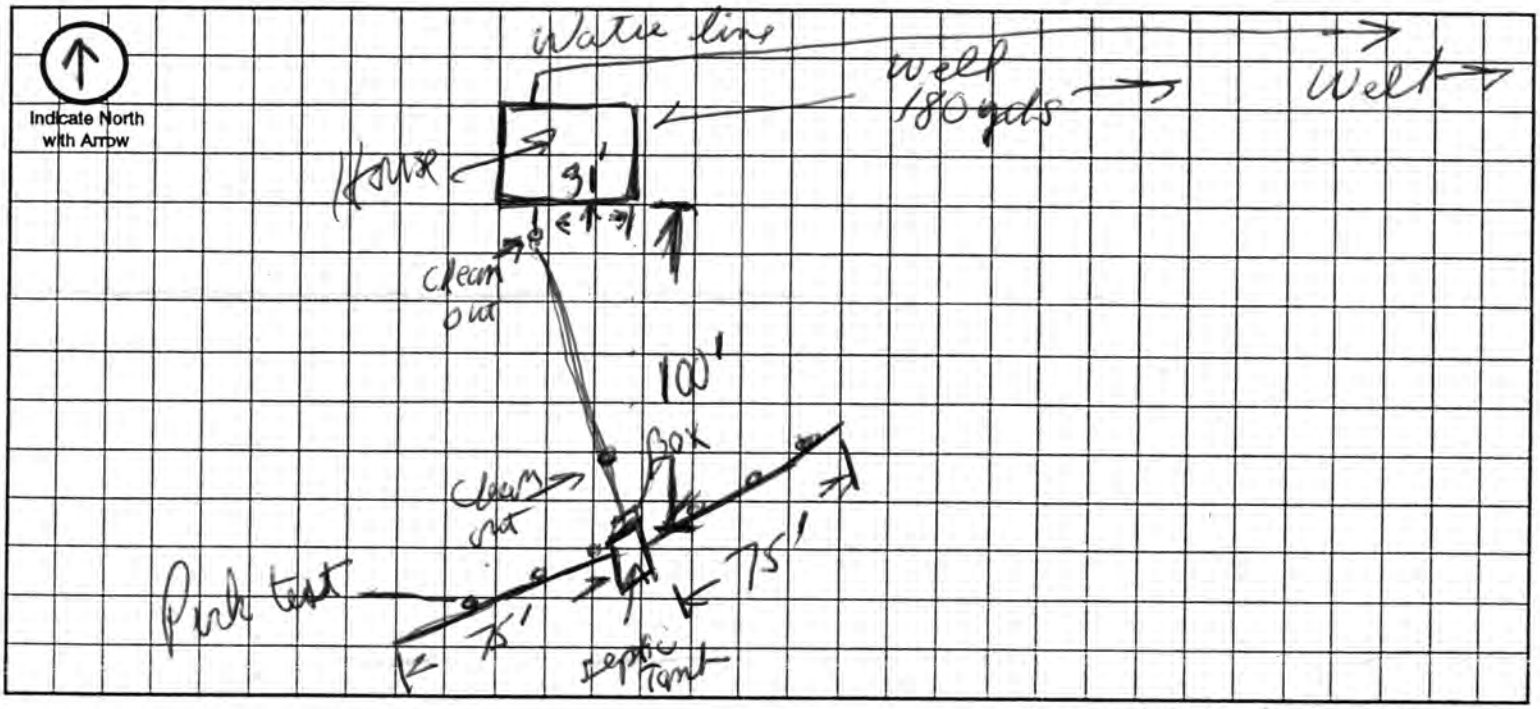
Permit Number:

Lincoln-Lancaster County Health Department
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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 _____ Date _____

Installer _____ Date _____

AUG 21 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date Aug 17, 1998

System Location (Indicate correct number and street)

Address 22750 N. 27th St. (no rural route) City Ceresco NE, Zip 68017

A. Building Sewer

1. Material: Schd. 40 4" sewer
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: every 75 ft.
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Pre-Cast
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade flush in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24" in.
8. Distances to: Well or suction line _____ ft.
   Stream — ft.
   Pressure line _____ ft.
   Property line — ft.

C. Distribution Box

1. Material: Pre-Cast
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

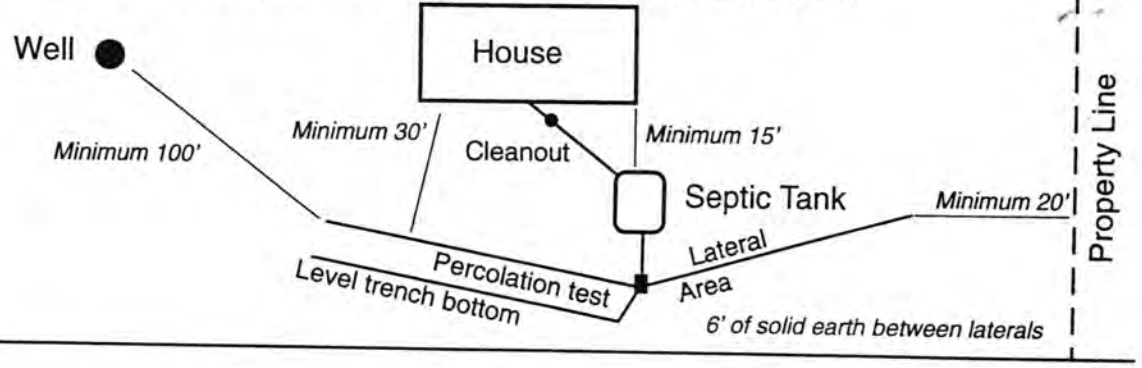
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 20" X 48"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 144'
   Length of each line: 68' ft. 76' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft. ft.
   Slope 6" in/100 ft.
   Average depth 3 ft. in
4. Filter material: road Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line over 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line — ft.

Indicate North with Arrow

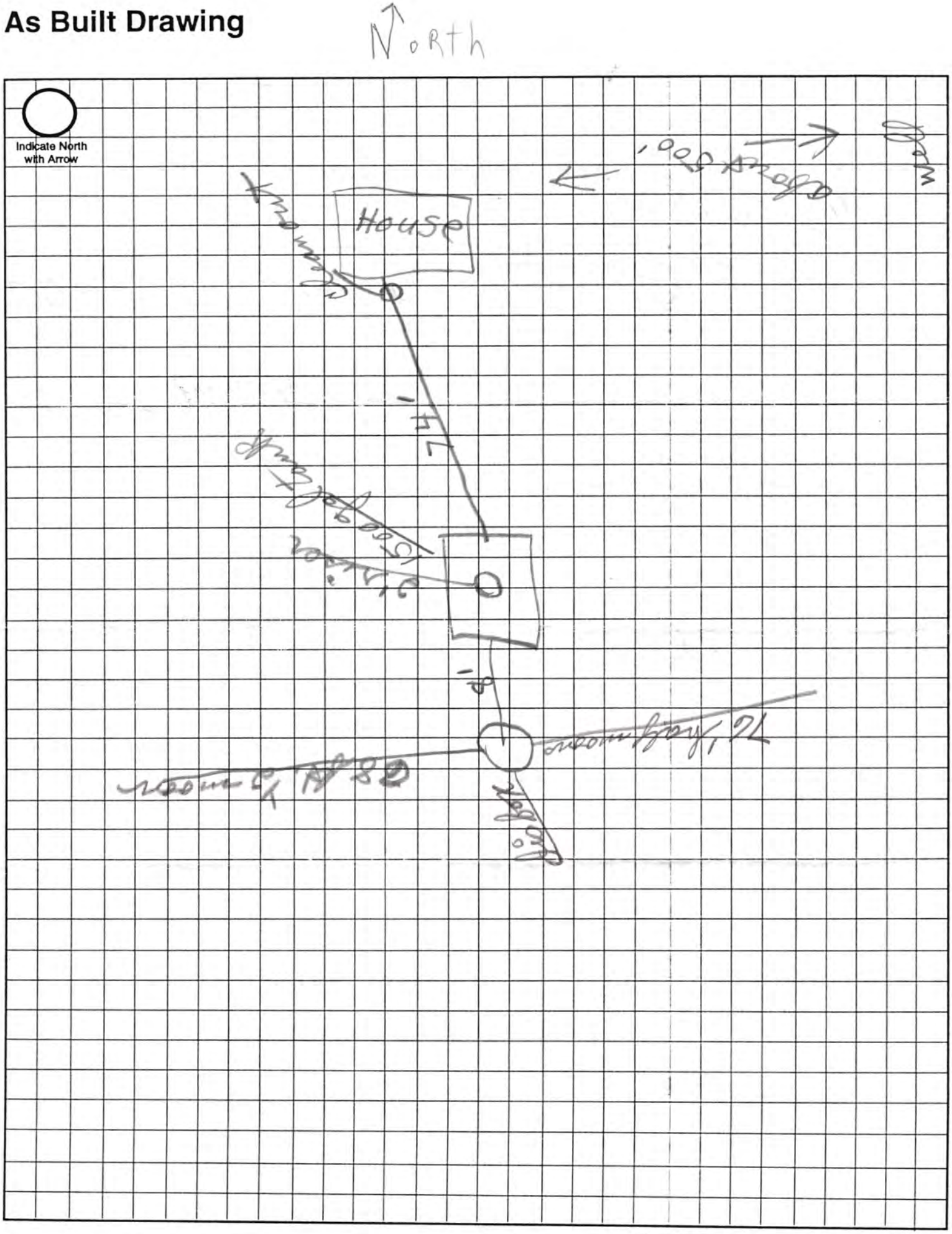
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s


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

7/29/03

#3

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 22750 N. 27th CRESCO 68017-4265

Parcel ID 19-06-300-005-000 (i.e. 99-99-999-999-999)

Twp 12 Range 7E Section 10 1/4 1/4 Block Lot 10 Addition RGBA RURAL FARM IN GREENBELT

Directions to Property NORTH ON HWY 77 TO AGNEW RD. - WEST 1 MI. TO N. 40th - NORTH 1 MI. TO LITTLE SALT RD. - WEST TO N. 27th - NORTH TO ADDRESS

Location of Well NORTH EAST SECTION OF LOT MARKED W/ORANGE STAKE - 100YD FROM HOUSE Tap Location: Inside ☐ Outside ☐ (2ND HOUSE)

Location of Sewage System APROX. 50 FT. SOUTH OF DECK - MANHOLE COVER Year Installed 1997

Site Hazards (dogs, etc.) DOG IN KENNEL BEHIND GARAGE - WILL BITE, SO DO NOT APPROACH HER

	NAME	ADDRESS	PHONE
Present Owner:	RANDY JOHNSON	22750 N. 27th CRESCO	785-9212
Tenant/Buyer:	WILLIAM GIDLEY	2725 CLAY ST ASHLAND	944-
Return to:	CARYL ANN KERNMADE	HOME B/E RIDGE LAKE 7211 So. 27th Lincoln NE 68	436 3234 436 9299 (Fax)

Signature of Applicant Randy Johnson Address 22750 N. 27 CRESCO 68017 Date 7/26/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/29/03 Amount 200.00 Check No. 5756 Initials TW

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/29/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate*	☒ 3.4 ppm	☒ 10.7 ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 8/31/03 by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: [redacted] - Recommend checking to see if septic tank needs pumping. * Approval for water system applies to treated water only for drinking water. The raw water is not approved for drinking water. Infants under 6 months of age must not be allowed to be fed the raw water. See Attached Letter ☐

FINAL STATUS * Approval applies to treated water only.

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

Approved by Ron Marquart, R.S. Date 8/6/03

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.

7-29-03 P23041-17

White - Applicant after approval Yellow - Environmental Health Pink

Revised/Reprint: 9-00

7-31-03

No 10.7

No 3.4