LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1687-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 22, 1981 — THIS PERMIT EXPIRES

Lewis Wilson — ISSUED TO

Ceresco, NE 68017 (Rt. 2, Box 58) — ADDRESS

T12N, R7E, Section 7 of SE¼ of NE¼

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

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. 1687-C

DATE: 21-08-0

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. 12 N ; Range 7E ; Section 7 ; E275.52' OF S737' OF SE¼ OF NE¼
   Block _____ : Lot 8 I.L. : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Gene C. Wilson
Signature of Applicant (Owner or Lessee)

Cereco Inc
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/21/80. Date Frwd. 8/22/80. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/22/80. Date Frwd. 8/25/80. ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris

3. City or County Engineer: Date Rec'd. 8-22-80. Date Frwd. 8-22-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 8/25/80 By: _____

* COVERED WITHOUT INSPECTION APPROXIMATELY 2 YEARS AGO

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. 1687-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section 7 .
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: _____ to _____ . 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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 21, 1980

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: 474-1541

D

DATE: _____

FILE NO. 1687-C

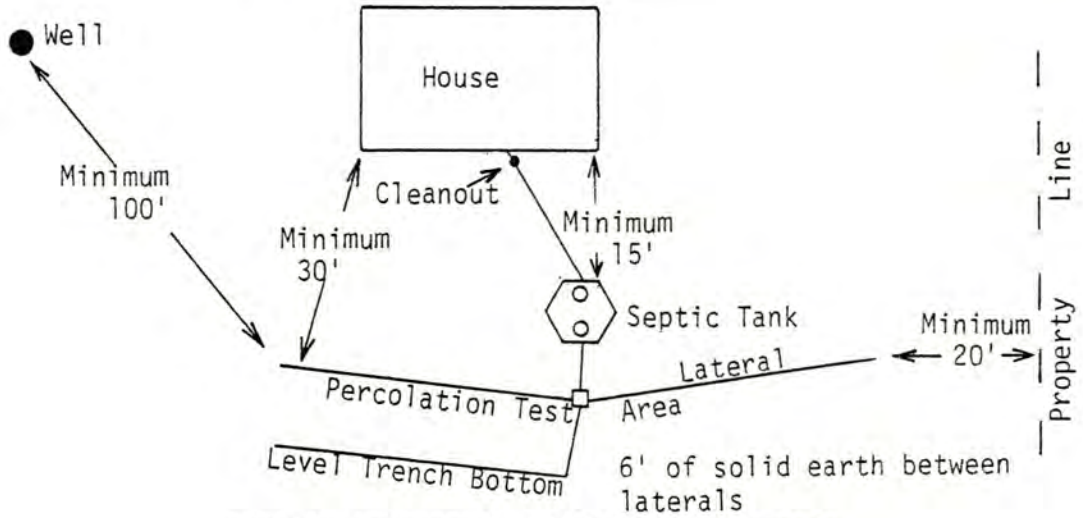
SPECIFICATIONS AS BUILT

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 ~~150~~ _____ ft.
4. Number of clean-outs ~~4~~ _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material BLOCKS; No. of compartments ~~1~~ 2.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☐ No ☒
(Company _____)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 18 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 3-4 FT ~~in~~.
8. Distances to:
Well or Suction Line 100 + ft.; Stream 50 + ft.; Pressure Line _____ ft.; Property Line ~~175~~ 75 ft.

C. DISTRIBUTION BOX:
1. Material NONE; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☒
(Company _____)
3. Distance from Septic Tank _____ ft.

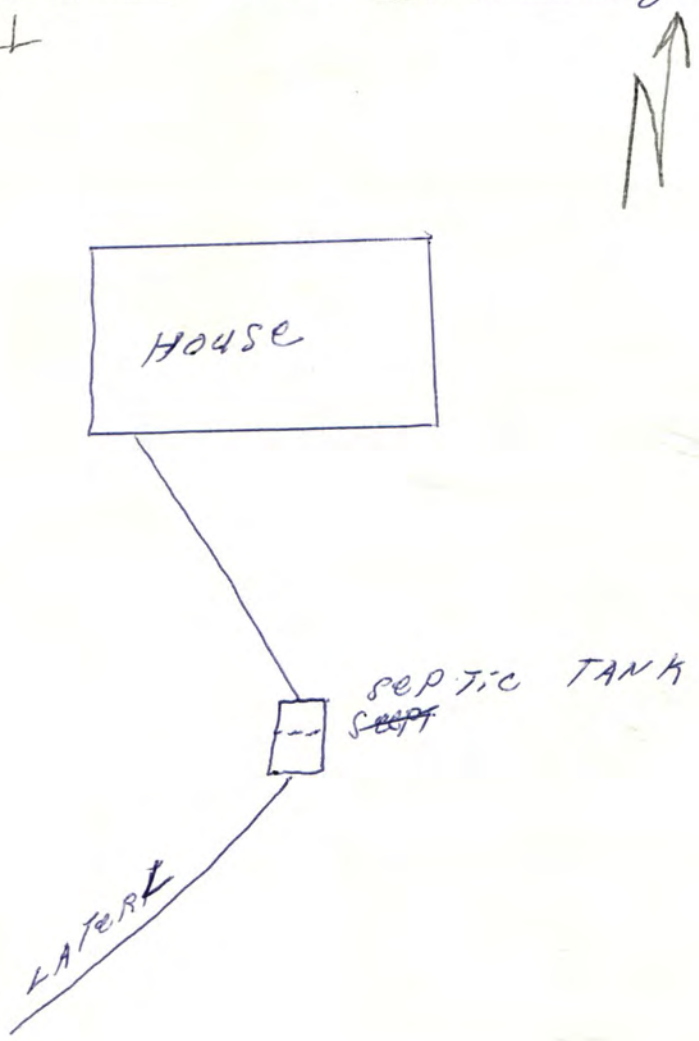
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4 IN;
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 120 FT _____, _____, _____, _____ ft.;
Total length of laterals 120 ft.;
Distance between lateral lines 0 ft.
3. Trench dimensions: Width 2 ft.;
Slope unknown in/100 ft.; Average Depth 24 + in.
4. Filter Material: gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream 50 + ft.; Pressure Line _____ ft.; Property Line 75 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER So Gloomy



001

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

3061

Legal Description of Property: Street Address RT 2 Box 58 Cresco, Ne 68017

Twp 12 Range 7 Section 7 1/4 SE 1/4 NE Block ___ Lot 8 Addition EAST OF Hpm LANCASTER COUNTY

Directions to Property H 77 North to Abbeyrad 1mile WEST OF 77 1/2 mile North on 40th -

Location of Well NW behind the house under windmill Tap Location: Inside ☐ Outside ☒

Location of Sewage System Southeast of house in pasture by 1st power pole Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cynthia J Bowman	RT 2 Box 58	785-2024
Tenant/Buyer:	Ralph & Marilyn Snyder	1245 SW 48 Lincoln Ne 68522	476-1313
Return to:	Marilyn Snyder	1245 SW 48 Lincoln Ne	476-1313

Signature of Applicant See original (on file) JC (Received to avoid time error) Address RT 2 Box 58 Cresco Date 6/14/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 6/18/96
Initials ___
Amount 150.00
Check No. # 4325

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

PRELIMINARY STATUS--By JC **DATE:** 6/19/96

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☐ 6.6 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: ORIGINAL INSPECTION OF This Septic System apparently predates County Regulations, Thus PROVISIONAL APPROVAL. NO EVIDENCE OF SURFACE discharge NOTED AT THE TIME OF INSPECTION. NO LIVESTOCK, poultry, Should be penned, corraled, Kept within 100 feet of ___ See Attached Letter ☐ The well, I would also recid retesting OF The water ON AN ANNUAL basis FOR 4 YEARS.

FINAL STATUS

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

Approved by John Thies Jr Date 6/21/96

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: 10-95

008

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: 10-4-92

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

Legal Description of Property: TWP. 12N; RANGE 7E; SECTION 7 CCN; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property 1 mi West of Hywy 77 on AGnew RD, then ½ mile north West Side

Location of Well North of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 125 Lateral So. of House Towards Light pole Year Installed 1998

	NAME	ADDRESS	PHONE
Present Owner:	Joe & carol BOWMAN	Rt 2 Box 58 Ceresco	785-7865
Tenant/Buyer:	Cynthia BOWMAN	3001 W. AST Lincoln	438 1699
Return to:	Cynthia BOWMAN	Rt 2 Box 58 Ceresco	438 1699

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

Signature of Applicant Cynthia O Bowman Address Rt 2 Box 58 Ceresco

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HEALTH DEPARTMENT USE ONLY

Date Received 10-6-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-7-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-7-92 by RM
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒ 2.5	☐	Disapproved:	☐	Date _____ by ___

Comments: Recommend checking to see if septic tank needs pumping. The original installation of this septic system predates County regulations. Thus, a provisional approval. Home was not visible and inspection at the time of inspection. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquart, RS. DATE 10-19-92

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