LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1548-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

DECEMBER 5, 1979
THIS PERMIT EXPIRES

CLARA EDWARDS RFD 2, Ceresco, NE
ISSUED TO ADDRESS

T12N, R7E, Section 10 NW¼, Lot 1 I.T.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (ALTER)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	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. _____

20109-0977

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: 475-6221)

FILE NO. 1548-C

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

DATE: 6-5-79

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. 12N ; Range 7E ; Section 10 NW¼ ;
Block ____ ; Lot 11T ; Addition ____
Street Address ____

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

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

4. Description of proposed alteration, extension or repair: Lagoon

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1200 ea

Sintek Ser. Co
Signature of Applicant (owner or lessee)

2425 Lo St
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6-15-79 by: jm *
Date: 1/23/80 by: D.S. NO fence yet **
Date: 2-1-82 by: mm fence in POOR repair

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

* must install fence & need ~~seeding~~

** Health Dept. recommends sealing the lagoon based on perk test results.

Down hill 18"

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N; Range 7E; Section & ¼ Section 10.
Property Dimensions: _____ ft. x _____ ft. Area: 5.10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-24-79 to 4-25-79. Weather: Precip. 1½" Temp. 50°.

OWNER: Edwards

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"	4/24	6 00 PM	4/25	5 10 PM	4/25	5 10 PM	10"	6 10 PM	9¾	30 M	¼ - .25	
2								10"		9¾		¼ - .25	
3								7		6¼		¾ - .75	
4								11		10½		½ - .5	
5								7		6½		½ - .5	
6								8		7½		½ - .5	
			Water still in all holes										
			from Pre Soak										

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd Phone 432-3595

Sum of Percolation Rates: .46/30 min
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

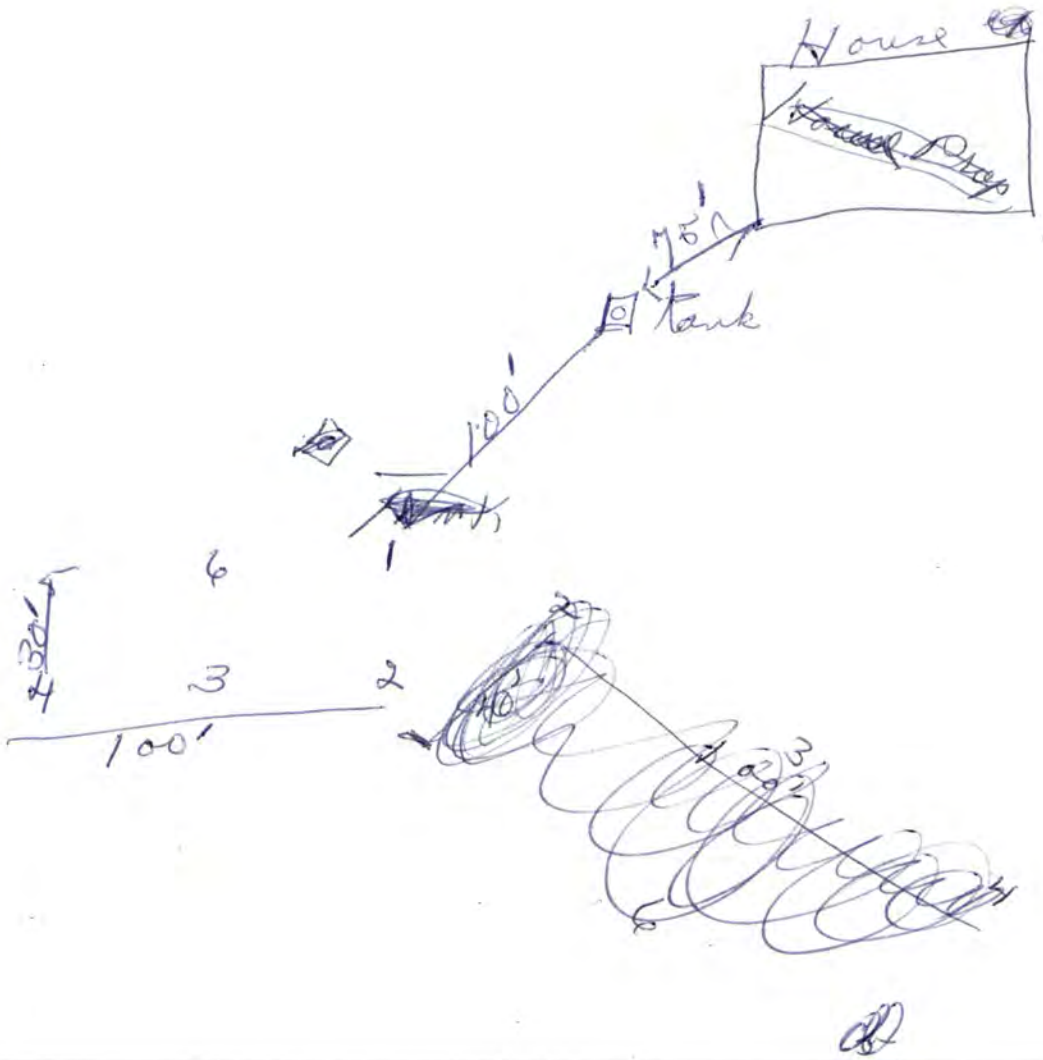
Remarks: since "perk rate" was fast 60 min/in, therefore recommend Sealing Lagoon
Soil Type (SCS): Sharpsburg
Date: _____

Approved Percolation Rate (a)
A. ~~6~~ 69 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mazour
Signature of Reviewing Official

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._____

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



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____

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. _____

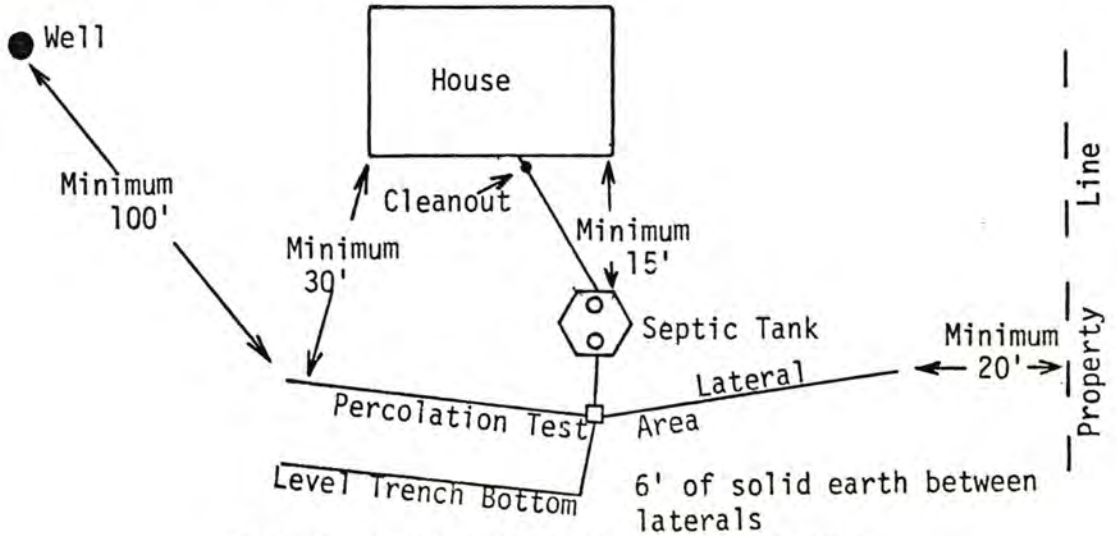
SPECIFICATIONS AS BUILT

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 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
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 Pre Cast Step)
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 _____ 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

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is ~~$150.00~~ $150. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 7505 Little Salt Rd

Twp 9N Range 7E Section 10 1/4 NW 1/4 Block ___ Lot 1 Addition ___

Directions to Property 1.5 mile East of Hwy 77 and Little Salt Rd South Side

Location of Well Little well house next to Double garage Tap Location: Inside ☒ Outside ☒

Location of Sewage System Lagoon West of House Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	DAHL, Larry Shane & Susan	7505 Little Salt Rd	432-8723
Tenant/Buyer:	Rakow	2133 No 62 ND	464-3093
Return to:	Ralph Young FAX 483-5502	Wood & Bros Realty (Lincoln, Inc) 7141 A Street Lincoln Ne 68510	483-4741

Signature of Applicant [signature] Address 2133 N. 62 Lincoln, Ne 68505 Date 06/05/94

HEALTH DEPARTMENT USE ONLY

Date Received 6/9/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 6/10/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 6/13/94 by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☒ 12.6 ppm raw	Disapproved ☒ Corrected	Date ___/___/___ by ___

Comments: Original failing septic system was corrected by taking out a repair permit & construct a waste stabilization lagoon. There is no record of inspection of the original system components. Thus, a provisional approval. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ * Approval applies to treated water only, not raw water for nitrate

SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Ron Marquart, R.S. Date 6/21/94

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.

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address NE¼ NW¼ 7505 Little Salt Rd.

Twp 12 Range 7 Section 10 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1½ miles E of Hwy #77 on S. Side of Little Salt Rd.

Location of Well SE of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System S of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Larry Dahl	Rt #2 Box 26 Corrasco	785-5920
Tenant/Buyer:			
Return to:	Same		

Signature of Applicant Larry Dahl Address ___ Date 12/10/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/10/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquardt **DATE:** 12/10/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 12/23/93 by JRM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate*	☒ <0.1 ppm (treated)	☒ 11.3 ppm (raw)	Disapproved ☐	Date ___/___/___ by ___

Comments: Original facility septic system was corrected by taking out a repair permit to construct a waste stabilization lagoon. There is no record of inspection of the original system components. There, a provisional approval

☐ See Attached Letter

FINAL STATUS

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

* Approval applies to treated water only, not raw water nitrate level.

Approved by Lon Marquardt Date 1/3/94

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.

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...form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: 4-10-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 12N ; Range 7E ; Section 9 NW¼ 10 ;
Block ; Lot 1 I.T. ; Addition Lancaster Co.
Street Address RFD #2 Ceresco Nebr.
Directions on how to get to property 12 miles north on Hyway 77 from Colonial Hts. Have a to Rille Salt Rd. then East 1½ miles to Dark brown House on South side of Rd.
Dogs on property so call 489-0321 or owner first, 24 Hrs before.
Location of well 50 ft SE. of House in small shed.
Where is tap: Inside ☐ Outside ☒ east side of House

	NAME	ADDRESS	PHONE
Present Owner:	CLARA EDWARDS	RFD #2 CERESCO, NEBR	785-2303
Tenant:			
Lending Agency:	FIRST FEDERAL SAVINGS (COTNER BRANCH & GAYLE FURNAS)	LINCOLN	475-0521

(Do not write below double lines)

Health Department: Date Received 4/10/79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 4-11-79 by rm
Date 6-15-79 by rm
Date by

Century 21 Terra Realty
Signature of Applicant Bob Hasselquist 489-6250
125 So. 52nd St Lincoln
Address

PRELIMINARY STATUS -- DATE 4-11-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval Sewage discharge on ground surface (corrected)

☒ See Attached Letter.

FINAL APPROVAL -- DATE 6-15-79

Water System ☒ . Sewage Disposal System ☒ *
* Provisional approval until fence and gate with lock are installed.

BY Rod Mogensen

Form Number 20215-0878