LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1208-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 1, 1978 — THIS PERMIT EXPIRES

Alan Dale Hansen — ISSUED TO

1505 Superior Ave., Apt. 13, Lincoln, NE 68521 — ADDRESS

T12N, R7E, Section 10 SE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1208-C

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

DATE: 10-27-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N; Range 7E; Section 10 SE¼
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Alan Dale Hansen
Signature of Applicant (Owner or Lessee)

1505 Superior Ao #B Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/31/77 . Date Frwd. 11/1/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: Date Rec'd. 11/1/77 . Date Frwd. _____ . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11-1-77 . Date Frwd. 11-1-77 . ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1208-C

DATE: 10-27-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 12 N; Range 7E; Section 10 SE¼ ; Block ; Lot ; Addition .
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Signature of Applicant (owner or lessee)

1505 Superior Apt #13 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12/15/77 by: L.C.H.
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 12/31/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/15/77 by: Jerrold C. Hood

FORM HD-43 (73) 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)

FILE NO. 1208-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 : Range 7
Section & ¼ Sect. 10 SE
Property Dimensions: ____ ft. x ____ ft.
Area: 160 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Arlie Hansen
Address: RFD #2 Cenoco, NE 68017

Dates of Tests: 10-26-77 to 10-27-77. Weather: Precip. O Temp. foggy HAZY 60°-65°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	10/26	10:30 AM	10/27	10:30	10/27	10:30	6	2:30	3 1/4	240	21 1/4	11.29
2	36	10/26	10:31	10/27	10:31	10/27	10:31	6	2:31	5 1/4	240	23 1/4	10.32
3	36	10/26	10:32	10/27	10:32	10/27	10:32	6	2:32	4 1/2	240	22 1/2	10.66
4	36	10/26	10:33	10/27	10:33	10/27	10:33	6	2:33	3/4	240	12 3/4	18.82
5	36	10/26	10:34	10/27	10:34	10/27	10:34	6	2:34	5 1/8	240	23 1/8	10.37
6	36	10/26	10:35	10/27	10:35	10/27	10:35	6	2:35	2 1/4	240	14 1/4	16.84

Sum of Percolation Rates: 78.30
Average of Rates: 13.05
Mean of Rates: ? 10.32 to 10.66

Alan Dale Hansen
Signature of Person Conducting Test

Address 1505 Superior Ave #13 Lincoln
Phone 435-8980

(Do not write below this line)

REVIEWING ACTION

REMARKS: Harpsburg Silty Clay Loam. (L.C.D.)

DATE:

Approved Percolation Rate (a)
A. 25 min./inch
B. ____ min./inch
C. ____ min./inch

Carroll C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1208-C

SPECIFICATIONS

DATE: _____

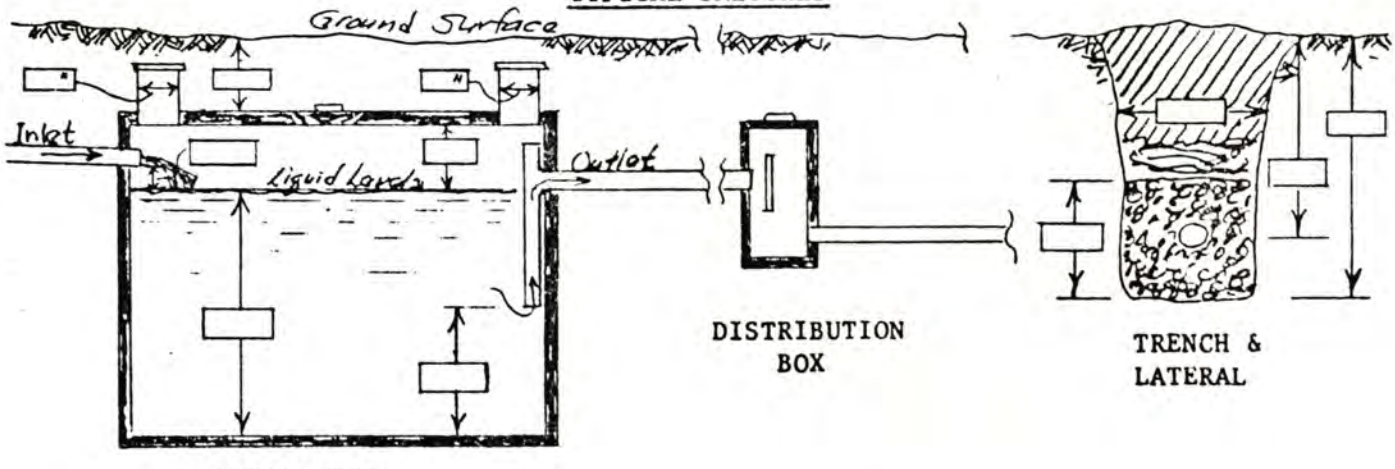
A. BUILDING SEWER:
1. Material Precast; Diameter 1000 gal in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 750 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company Precast
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade _____in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet 2 in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
No ☐
3. Dimension: Length ____in.; Width ____in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ____in.
Number ____; Length of each line ____ft
Total length of Laterals 115 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____.
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions. Depth ____in.;
Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

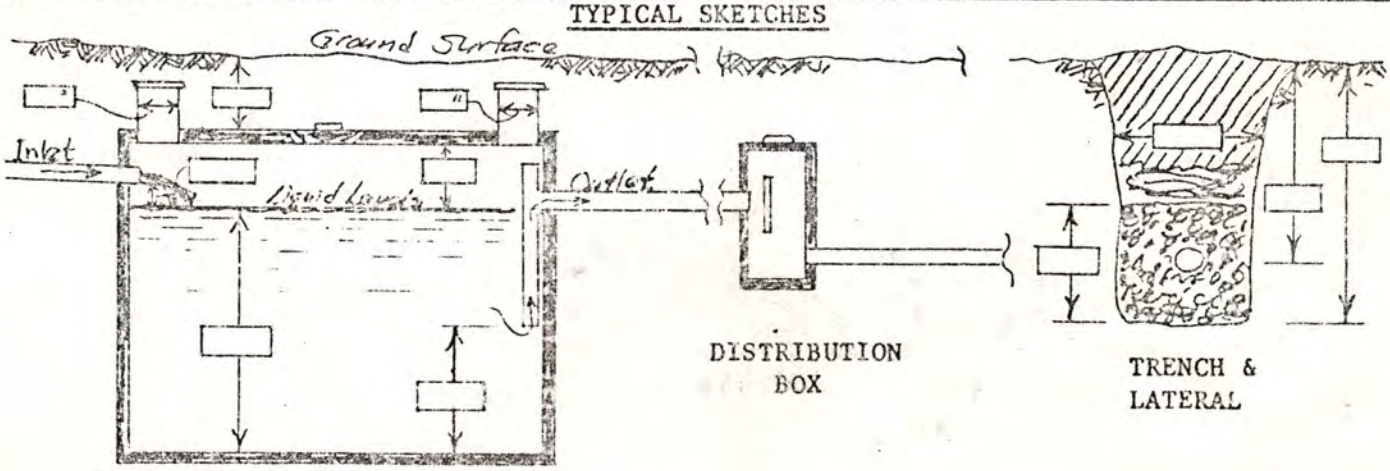
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ___ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company Precast) No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

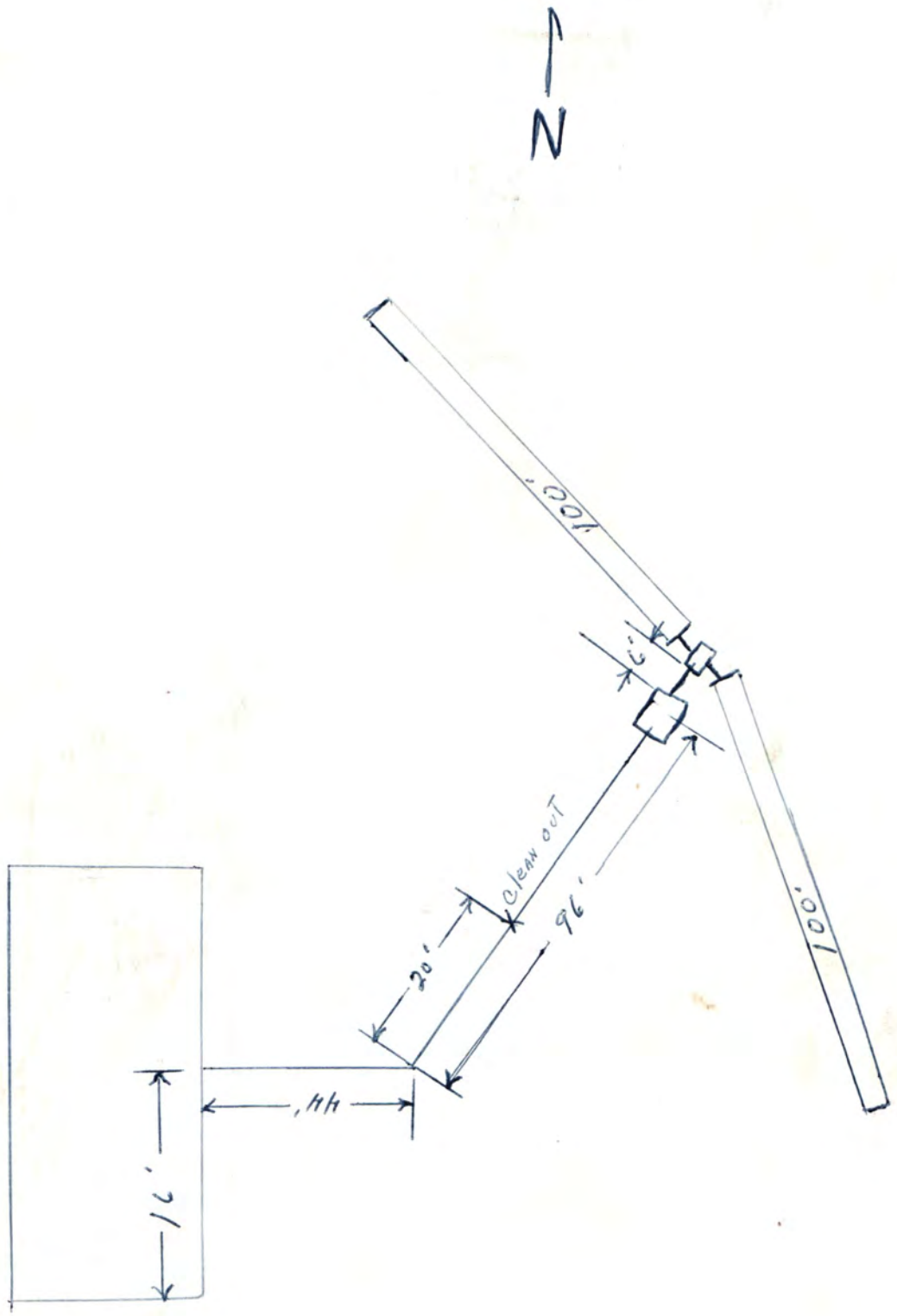
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half round Lateral
2. Lateral Lines: Depth below grade 20 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope ___ in/100 ft. Diameter of pipe 22 in.; Shape Half round Material: concrete ☐; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: Gravel, Depth of material from trench bottom 22 in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Signature of Applicant



Capitol City Trenching
Harold Caramont
12-15-77

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.

Legal Description of Property: Street Address ? N. 84th

E 1/3 S 1/2 SE Twp 10N Range 7E Section 10 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 84th + Agnew Rd 1/4 N west side. - North of Lincoln on hiway 77 to Agnew Rd 2 E 1/4 N west side

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

Location of Sewage System East of house Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Alan Hansen	R+2 Box 49 Ceresco NE	785-7165
Tenant/Buyer:			
Return to:	Same		

Signature of Applicant Alan D. Hansen Address R+2 Box 49 Ceresco NE 68017 Date 2/2/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 02/05/96
Initials RP
Amount $150.00
Check No. 1505

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Maravart **DATE:** 2/8/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒ 6/24/96	☒ well pit
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/24/96 by JEM
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping and not farming over the septic system.

See Attached Letter ☐

FINAL STATUS

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

Approved by John E Miner REHS Date 6/26/96

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