Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 6/25/99	File No.: 970603010

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **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:**
   Township 9N Range 8E Section 23 1/4 Section _____
   Block _____ Lot 3 I.T. Addition _____
   Street Address 17200 Midway Rd

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** Capping 1 septic line & adding 100' of new septic line

5. **Work to be done by:** ☐ owner ☒ contractor's name Dahorsh Excavating

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Mike Champoux Address 17200 Midway Rd Phone 782-6009
Applicant Signature (owner or lessee) Michael Champoux

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 6/25/99 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Wood

Site visits:
Date 6/28/99 By Jer C. Wood
Date 7/15/99 By JBare
Date _____ By _____

Installation final written approval
Date 7/15/99 By Jim Bare

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 6/25/99 cc
#3534 $50 cc

White - EH Pink - Business Office Revised 1/98

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

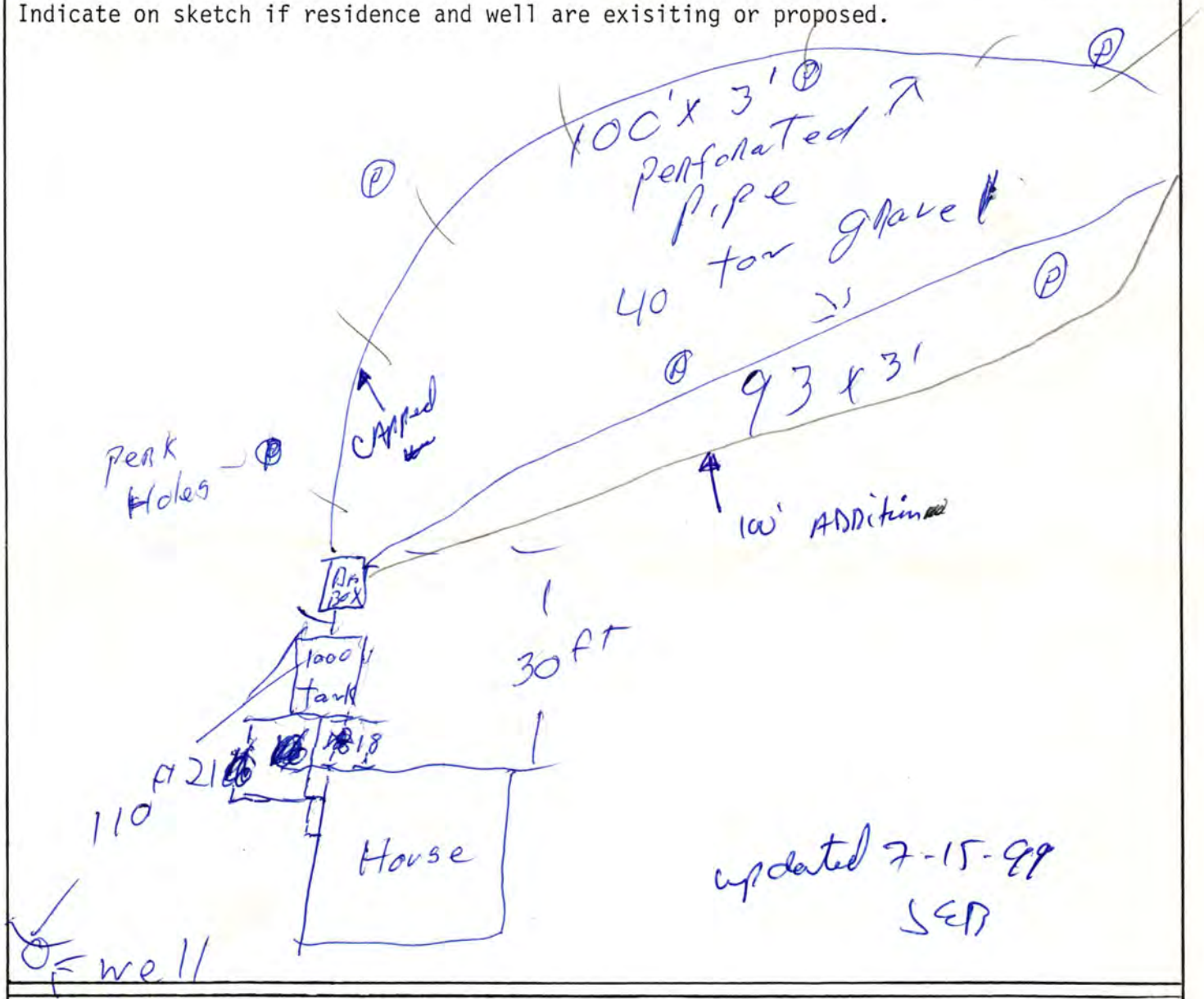
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 970603010

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 193 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

_____
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390024401

Issued 07/24/91
Expires 01/24/92

ESTABLISHMENT

CHARLES COMBS
T9N R8E SEC 23 QTR NE
LOT 3

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

CHARLES COMBS
BOX 0026A
WALTON NE 68461

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/25/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 471-7800)

FILE NO._____

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

DATE:_____

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. 9N; Range 8E; Section 23 NE¼;
Block_____; Lot 3 I.T.; Addition_____
Street Address_____

2. Property Use: Residential_____ ☑; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: NEW TANK & DRAIN FIELDS

5. Work to be done by: Owner ☑; or Contractor ☐, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$OVER 4000.00

Charles Cowles
Signature of Applicant (owner or lessee)

Box 26A WALTON NE.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 7/26/91 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

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

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

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 8 ; Section & ¼ Section 23.
Property Dimensions: _____ ft. x _____ ft. Area: 1 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: Charles Combes

Address: Box 204 WALTON NE.

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: 30 min
Average of Rates: 30/1½ inches
Mean of Rates: 1½ inches

Dennis Duling
Signature of Person Conducting Test

Address Box 9/A Raymond NE Phone 783-3623

(Do not write below this line)

REVIEWING ACTION

Remarks: Use an inclusion
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 29, 1991

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

009

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 7-7-92

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 23; BLOCK ___

LOT 3; ADDITION ___; Street Address 17200 Midway Rd Walton NE

Directions to Property Check owners - Bruce & Natalie Weible

782-2028

Location of Well ~~Well~~ Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Ask owners Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Bruce & Natalie Weible	17200 Midway Rd Walton	782-2028
Tenant/Buyer:	Timothy & Joan Standish		
Return to:	Vistar Bank/Cathy Mueller	P.O. Box 5306 Lincoln, 68505	465-7532

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

Signature of Applicant Cathy Mueller Address Vistar Bank

==========

HEALTH DEPARTMENT USE ONLY

Date Received ___ Received ~~$75.00~~ $150.00 Cashier's #18839 Check ☒ Cash ☐

LANCASTER COUNTY RURAL WATER DISTRICT PRELIMINARY STATUS--DATE JULY 9, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 7/9/92 by J.C.H
Bacteria	☐	☐	Provisional:	☐	Date ___ by ___
Nitrate	☐	☐	Disapproved:	☐	Date ___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS LANCASTER COUNTY RURAL WATER DISTRICT

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

APPROVED BY Wroble E. Hood R.E.H.D. DATE JULY 9, 1992

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

010

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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

3325

Legal Description of Property: Street Address 17200 Midway Road Walton

Twp 9N Range 8E Section 23 1/4 ____ 1/4 ____ Block ____ Lot ____ Addition ____

Directions to Property ____

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System approx. 20' from NW corner of the house Year Installed approx. 1991

	NAME	ADDRESS	PHONE
Present Owner:	Tim + Joan Standish	17200 Midway Rd Walton, NE 68461	782-2448
Tenant/Buyer:	Mike + Julie Champoux	1352 SOUTH 35th St. Lincoln NE 68510	
Return to:	Kaye Amend, Woods Bros.	7141 "A" Street Lincoln NE 68510	580-4081

Signature of Applicant Mike Champoux Address 1352 S 35th Date 5/29/97

HEALTH DEPARTMENT USE ONLY

Date Received 5/29/97 Received $150.00 Check ☒ Cash ☐ #1266 CW

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/30/97

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☐	Approved ☐	Date ___/___/___ by ____
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☒	Date ___/___/___ by ____
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date ___/___/___ by ____

Comments: SYSTEM WAS REDONE IN 1991. SMALL PORTION OF OLD SYSTEM LEFT. HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. THE SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/30/97

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.