LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 977-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

May 29, 1977
THIS PERMIT EXPIRES

Robert C. Walkinshaw
ISSUED TO

Route 2, Box 7A, Ceresco, NE 68017
ADDRESS

T12N: R7E: Section 10
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	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. 977-C

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

DATE: Nov 20, 1976

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

~~NE¼~~ - NE¼ - NE¼ - 40 ac+-

1. Legal description of property: Twp. 12N ; Range 7E; Section 10
   Block _____; Lot _____; Addition _____
   Street Address No. 845 & Little Salt Rd.

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 3 . Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: — ft.

Robert C. Walkenhorst
Signature of Applicant (Owner or Lessee)

Box 7A RT 2 Cavesco Nebr
Address 785-2319 68017

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/29/76 . Date Frwd. 11/29/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12-1-76 . Date Frwd. 12-1-76 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11/30/76 . Date Frwd. 11/30/76 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

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. 977-C

DATE: Nov 20, 1976

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 N½ of NE¼ of SE¼ ; Block ; Lot ; Addition .
Street Address 84th & Little Salt Rd.

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

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).

Robert Walkenstein
Signature of Applicant (owner or lessee)

Box 74 RT 2 Cresco
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 1/26/77 by: L.C.H.
Date: 4/12/77 by: L.C.H. Laterals covered without inspection
Date: / / by:

3. Date: Approved ☒; Disapproved ☐ 11/29/76
by: Jerrold C. Noob

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 12/18/78 by: Jerrold C. Noob
* PROVISIONAL ONLY

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. 977-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____ : Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ ft. x _____ ft.
Area: 20 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay _____ ; Silty Clay Loam X ; Sandy Loam
Silty Loam _____ ; Clay Loam X ; Sandy Clay

Owner: Robert W Ahlquist
Address: Box 7A RT 2 Cenesco

Dates of Tests: Nov 24 to Nov 25. Weather: Precip. 0 Temp. 40°

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	48	11/20	2:00	11/24	2:30	11/25	2:30	8"	3:00	7½	30	½	60
2	49	11/20	"	11/24	2:30	11/25	2:30	8"	3:00	7⅝	30	⅜	
3	46	11/20	"	11/24	"	11/25	2:30	7½"	3:00	6¾	30	¾	
4	46	11/20	"	11/24	"	11/25	2:30	9"	3:00	8½	30	½	
5	50	11/20	"	11/24	"	11/25	2:30	9"	3:00	8¾	30	¼	
6	49	11/20	"	11/24	"	11/25	2:30	8"	3:00	7⅞	30	⅜	

Robert Wahlquist
Signature of Person Conducting Test

Address Box 7A RT 2 Conesco

Phone _____

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Too be rerun. Should be acceptable soil in area.

DATE: 11/29/76

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

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. 977-C

SPECIFICATIONS

DATE: _____

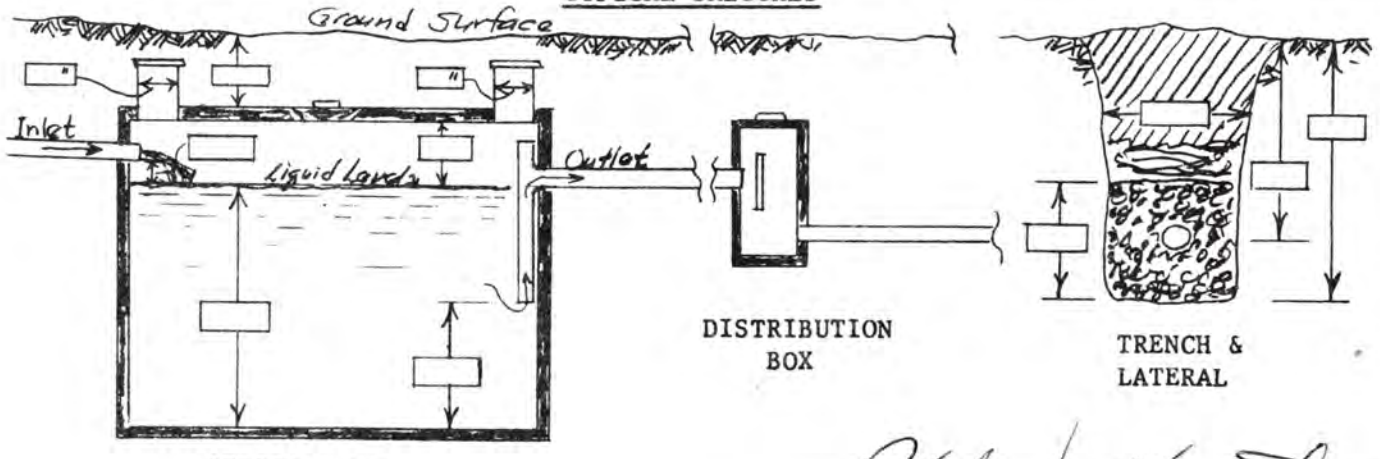
A. BUILDING SEWER:
1. Material Cast Iron; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 24 in.
3. Distance between dwelling and septic tank 175 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 90 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc.; No. of compartments ___.
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 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 80 ft.

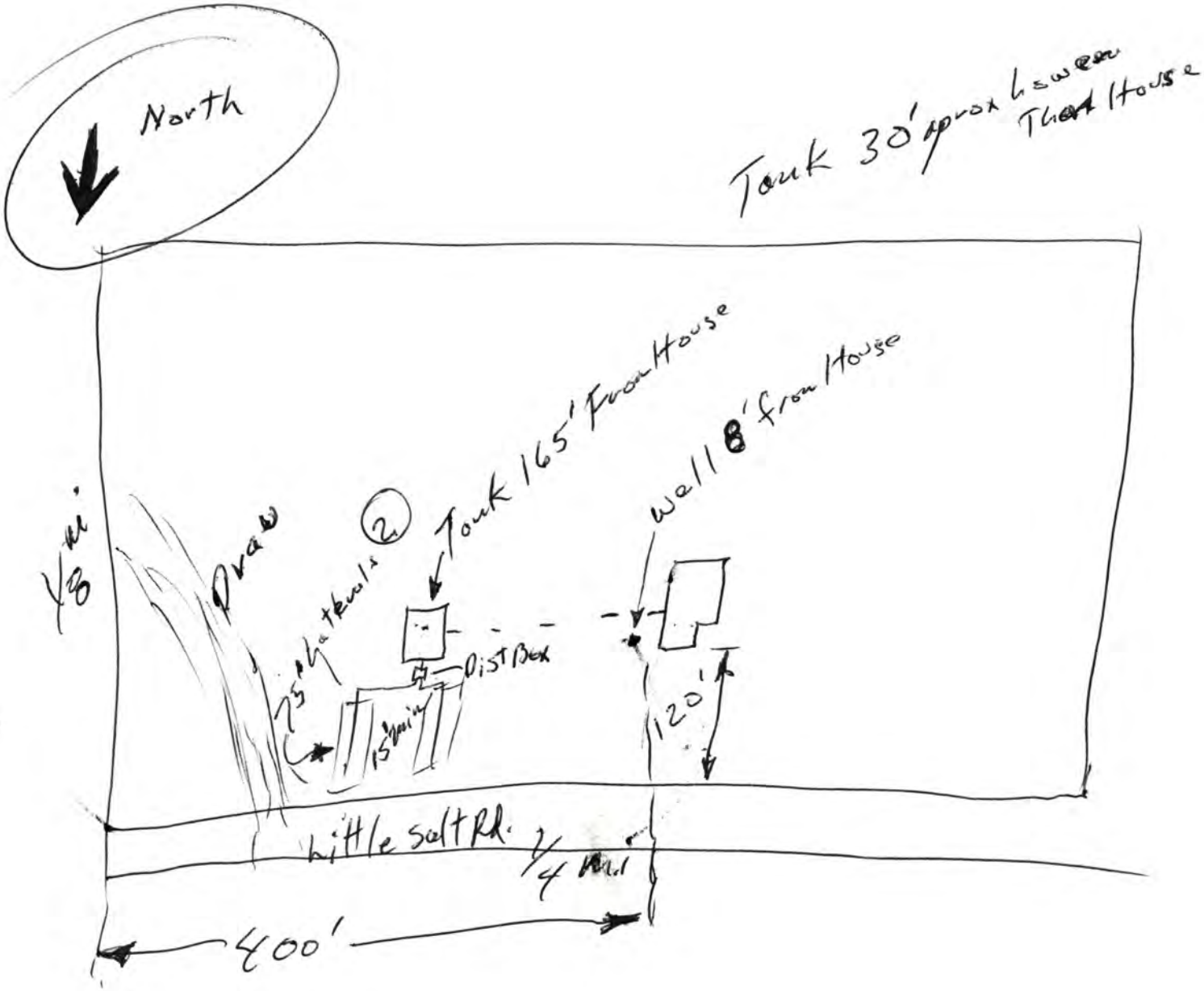
C. DISTRIBUTION BOX
1. Material Conc; No. available outlets ___.
2. Factory Built: Yes ☒, (Company PreCast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank ___ ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

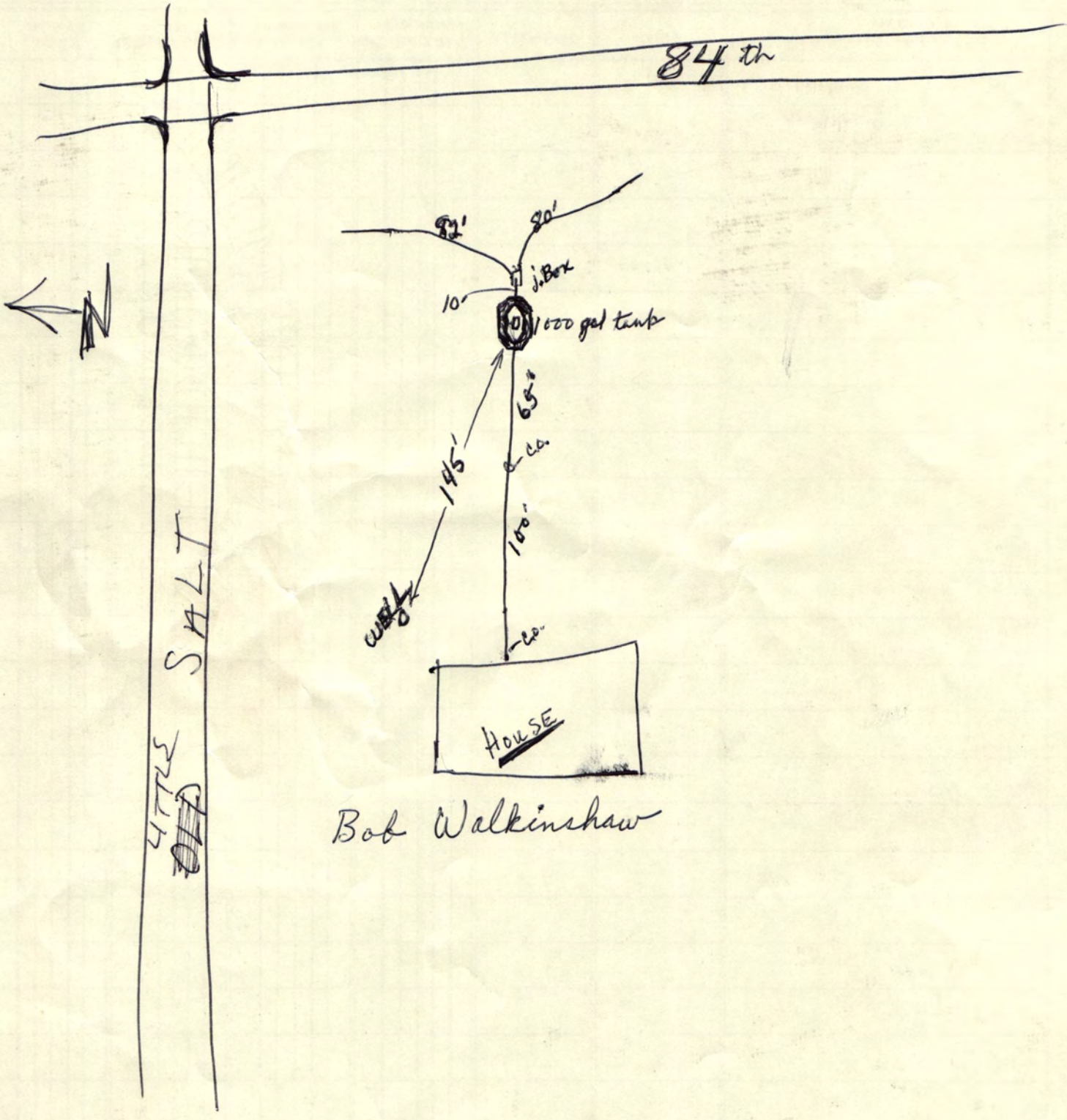
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Conc ½ Rounds
2. Lateral Lines: Depth below grade 12 in. Number 2; Length of each line 75 ft Total length of Laterals ___ ft.; Slope ___ in/100 ft. Diameter of pipe ___ in.; Shape ___
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines 15 ft.
3. Trench Dimensions: Depth 36 in.; Width 30 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Robert Walkenstein
Signature of Applicant


North
Tank 30' approx Lower Than House
Tank 165' From House
Wall 8' from House
Dist Box
120'
Little Salt Rd.
1/4 Mile
400'


84th
82'
80'
J. Box
10'
1000 gal tank
65'
145'
c.c.
100'
c.c.
HOUSE
Bob Walkinshaw
4TH
SALT
MILE MARKER 80

This 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: December 15, 1978

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

N½ N½ of NE¼ NE¼

Legal description of property: Twp. 12N ; Range 7E ; Section 10 ;
Block ; Lot ; Addition .
Street Address Box 7A Rt 2 Cornsco, NE .
Directions on how to get to property Intersection of N 84th + Little Salt Rd
New Brick House .
Location of well 15' From NE of House .
Where is tap: Inside ☐ Outside ☐ .

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant:			
Lending Agency:			

(Do not write below double lines)

Health Department: Date Received 12-15-78
Received $45.00 Check ☑ Cash ☐
Site Visits: Date 12-5-78 by rm
Date 12-14-78 by jw
Date 12-15-78 by jw

John Roeber by James R Buckendorf
Signature of Applicant

Address

PRELIMINARY STATUS -- DATE 12-15-78

Water System:
Approved ☑ Disapproved ☐

Sewage Disposal System:
Approved ☑ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 12-15-78

Water System ☑ . Sewage Disposal System ☑ . By James Meverden, R.S.

Form Number 20215-0878