LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2660-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 5, 1988 — THIS PERMIT EXPIRES

WAYNE WILLIAMS, TODD VALLEY PLUMBING, 1334 SILVER STREET, ASHLAND 68003
ISSUED TO — ADDRESS

T12N; R7E; Sec NW¼ 12; SE Corner of Intersec., 98th & Little Salt Road
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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
[illegible]	5-5-88	30.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

RECEIVED APR 2 8 1988

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. 2660-C

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

DATE: 4-28-88

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 12 (NW¼);
Block _____; Lot _____; Addition _____
Street Address SouthEAST Corner of Intersection 98th & Little Salt Road

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

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

4. Description of proposed alteration, extension or repair: Add Distribution box and 60 feet of Laderal 5ft wide = 300 sq. ft.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Todd Valley Plg. & Ht.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	500 —
b. Labor	$	250 —
c. Other	$	
TOTAL	$	750 —

Wayne Williams owner Todd Valley Plg.
Signature of Applicant (owner or lessee)

133H Silver St. Ashland NE.
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/6/88 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/6/88 by: J. C. Hood

RECEIVED APR 2 9 1988

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: 471-7800

D

DATE: 4-28-88

FILE NO. 1660-C

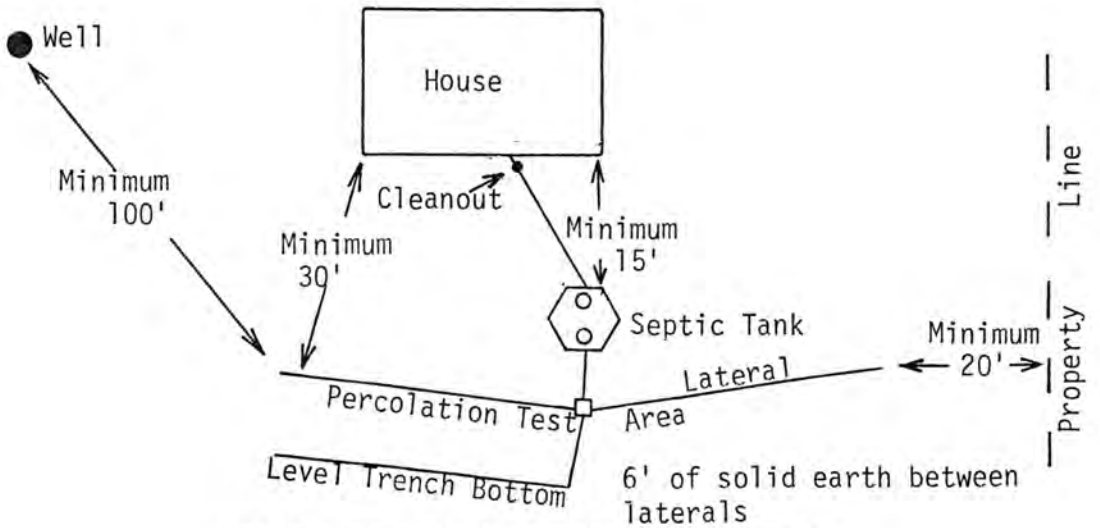
SPECIFICATIONS AS BUILT

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 20 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 with baffels.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 6.
2. Factory Built: Yes ☒ No ☐
(Company Amer. Concrete)
3. Distance from Septic Tank 3 ft.

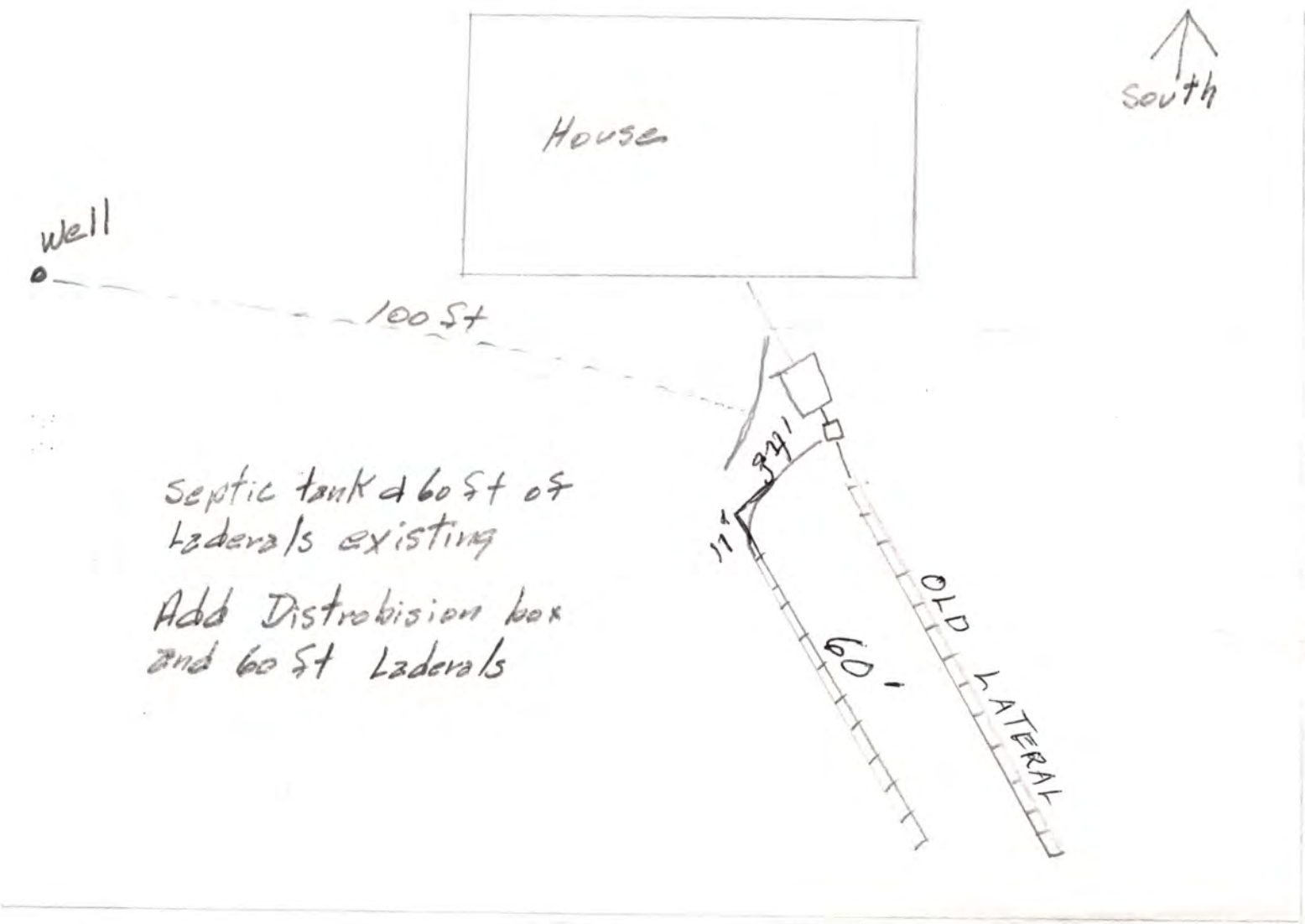
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ;
concrete ☒ ; other _____.
2. Lateral Lines: Adding
Number 1 ; Length of each line 60 ft.
_____, _____, _____, _____ ft.;
Total length of laterals 120 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 5 ft.;
Slope level in/100 ft.; Average Depth 40 in.
4. Filter Material: Pea gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line 100 + ft.;
Stream NA ft.; Pressure Line _____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



Little Salt Road



012

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 RFD 1 Box 163 CORNER OF 98th & Little Salt

Twp 12N Range 7E Section 12 1/4 ___ 1/4 ___ Block ___ Lot 3 Addition ___

Directions to Property 98th & Little Salt Rd. 2 Miles South of Ceresco and 3 Miles East of HWY. 77 Southeast Corner of 98th & Little Salt Rd.

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

Location of Sewage System Northwest Corner of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	DAVID WESELY	RFD 1 Box 163	785-5745
		Work	712-527-5216
Tenant/Buyer:	WONDER CHECK	3720 "F" LINCOLN 68510	483-7202
Return to:	1st Tier - Cindy ENVELOPE ENCLOSED		

Signature of Applicant Warren L Wanderscheid Address 3720 F St. Lincoln, Ne. 68510 Date 5/6/93

HEALTH DEPARTMENT USE ONLY

Date Received 5/7/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By ~~5~~ RM **DATE:** 5/10/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ corrected	Approved ☐	Date 5/17/93 by RM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 5.0 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Original septic system predates County regulations thus a provisional approval. A repair permit to add 60ft of subsurface lateral was accomplished in 1988. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mayfield, RS Date 5/24/93

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.

314