LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380064601

Issued 10/10/90
Expires 04/10/91

ESTABLISHMENT

LORI BLATTER
T12N R7E SEC 13 QTR SW

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

LORI BLATTER
RR0001
BOX 00158
WAVERLY NE 68462

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/12/90	PAID

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: October 2, 1990

The undersigned hereby requests SITE CLEARANCE and PERMIT 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 13 ; SW¼
   Block_____: Lot_____: Addition_____
   Street Address RR1 Box 158 Waverly NE 68462

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

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

4. Distance to public sewer: miles _____ ft.

Lori A. Blatter
Signature of Applicant (Owner or Lessee)

RR1 Box 158 Waverly NE 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/9/90. Date Frwd. 10/10/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-10-90. Date Frwd. 10-10-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 10/10/90. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☒ Signature: Virgil Weammert

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/9/90 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/12/90 By: Jerrold C. Hood

FORM 23-43

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section 13 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-5-90 to 9-6-90 . Weather: Precip. 0 Temp. 90's.

OWNER: Dary Blatter
Address: RR1 Box 158 Waverly 68462

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	29	9/5	9:30	9/6	8:15	9/6	11:45	16 5/8	12:15	17 1/4	30	5/8	
2	29	9/5	9:30	9/6	8:15	9/6	11:45	20 5/8	12:15	21 1/2	30	7/8	
3	29	9/5	9:30	9/6	8:15	9/6	11:45	16	12:15	17	30	1	
4	29	9/5	9:30	9/6	8:15	9/6	11:45	19 1/4	12:15	20	30	3/4	
5	29	9/5	9:30	9/6	8:15	9/6	11:45	17 1/2	12:15	18 5/8	30	1 1/8	
6	29	9/5	9:30	9/6	8:15	9/6	11:45	18 3/4	12:15	20 1/4	30	1 1/2	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Lincoln Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 14, 1990

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoerl
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
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Phone: 471-7800

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: October 10, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

Gerald C. Hood
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: 471-7800

D

DATE: _____

FILE NO. _____

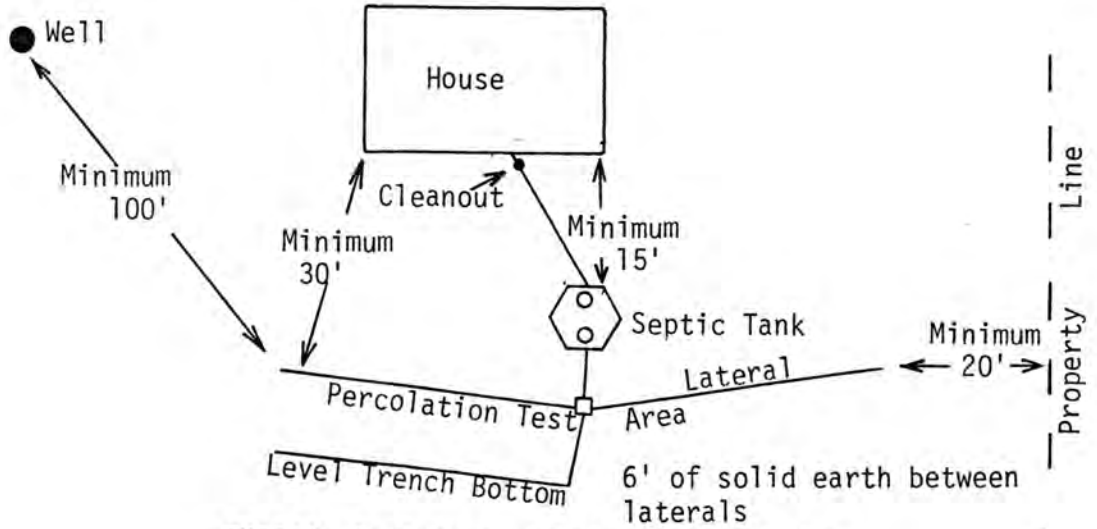
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SOIL PIPE; Diameter 4 in.
2. Distance above basement floor 44 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 17 ft.
4. Number of clean-outs [redacted].
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line 35 ft.; Property Line 84 ft.

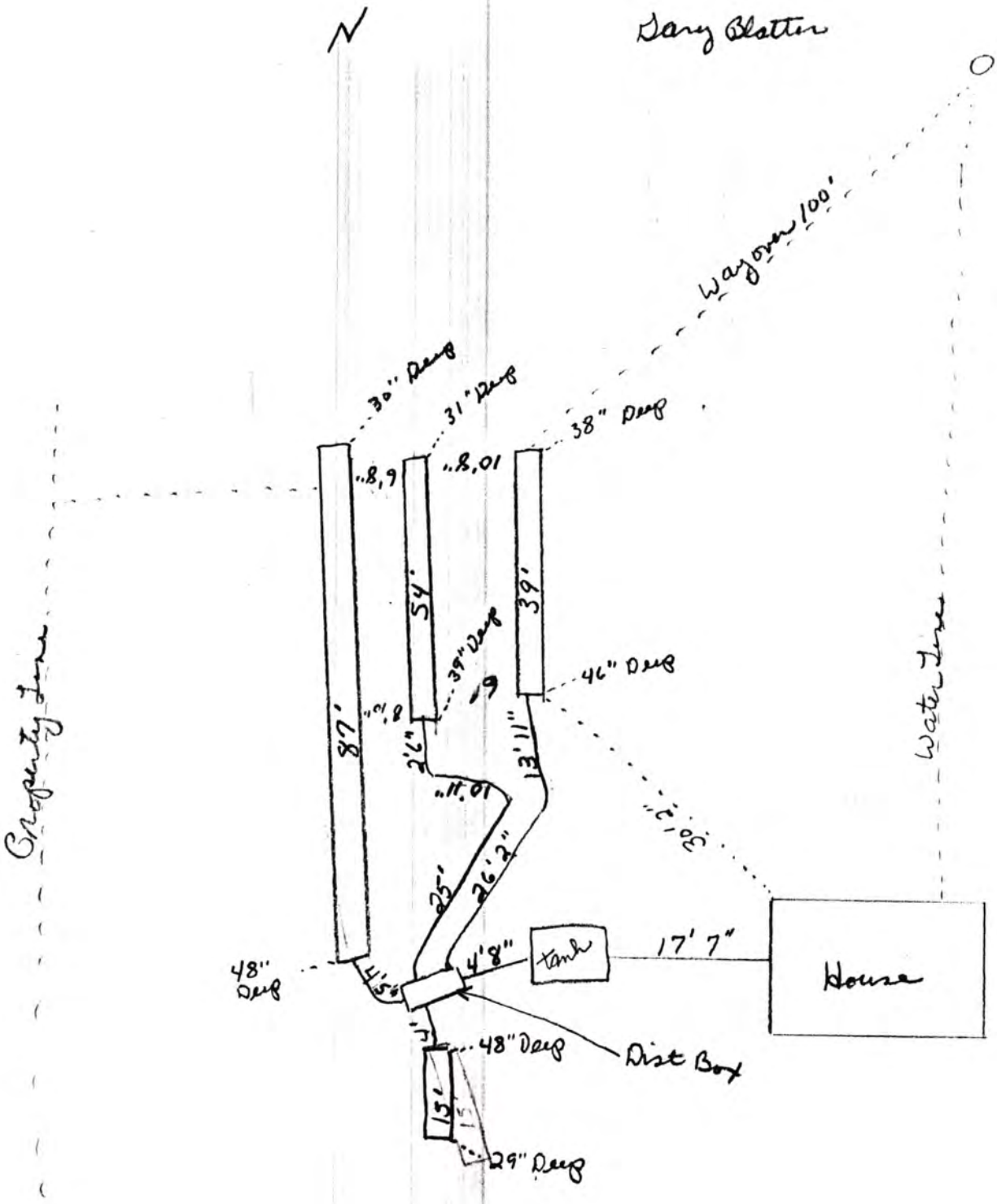
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☐ Grade 16 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line 40 ft.; Property Line 30 ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company PRE-CAST gin)
3. Distance from Septic Tank 4 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 87, 54, 39, 15, [redacted] ft.;
Total length of laterals 195 ft.;
Distance between lateral lines 6' + ft.
3. Trench dimensions: Width 4 ft.;
Slope ½ in/100 ft.; Average Depth 34 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 22 in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line 45 ft.; Property Line 24 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Gary Blatter
Owell
Wagoner 100'
Property Line
Water Line
30" Deep
31" Deep
38" Deep
87'
54'
39'
39" Deep
46" Deep
26"
13' 11"
25'
26' 2"
48" Deep
4' 8"
tank
17' 7"
House
48" Deep
Dist Box
15'
29" Deep

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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

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

☐ Evaluation of the Individual Water System — Date: 10-9-91

☒ Evaluation of the Sewage Disposal System — ☒ Enclosed is $150.00

Legal Description of Property: TWP. 12; RANGE 7E; SECTION 13; BLOCK ____

LOT ____; ADDITION _____; Street Address RR. 1 Box 158 Waverly, NE 68462

Directions to Property Take Cornhusker Hwy East out of Lincoln; Turn North at 98th St. Approx. 8 1/2 miles til at intersection of 98th St & Rock Creek Rd.

Location of Well 1/4 mile ~~from~~ North from that intersection. Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House Year Installed '90?

	NAME	ADDRESS	PHONE
Present Owner:	Helen Anderson c/o Doug Marcle	222 S. 66th Lincoln	483-4197
Tenant/Buyer:	Michael Ludwig	RR. 1 Box 158 Waverly NE	785-2064
Return to:	Michael Ludwig	RR 1 Box 158 Waverly, NE 68462	785-2064

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

Signature of Applicant Michael A. Ludwig Address RR. Box 158 Waverly NE 68462

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HEALTH DEPARTMENT USE ONLY

Date Received 10-15-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-16-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10-16-91 by RM
Bacteria	☒ 0	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 20.1	☐	Disapproved:	☐	Date _____ by ____

Nitrate 630

Comments: Recommend checking every 2-3 years to see if septic tank needs pumping, and proper abandonment of old, unused wells northeast of the house.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquardt, RS DATE 10-22-91

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