LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1417-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 25, 1979 — THIS PERMIT EXPIRES

Mike Samus by Donald R. Pentico — ISSUED TO

1520 Pioneer Blvd., Lincoln, NE — ADDRESS

T12N, R6E, Section SE¼ of 34 — 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

2832

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

20109-0977

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1417-C

DATE: 9-22-78

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 6E ; Section SE¼ 34 ;
   Block _____ : Lot _____ : Addition SEE ATTACHED
   Street Address _____

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: NA ft.

MIKE SAMUS
by Donald R Pentico
Signature of Applicant (Owner or Lessee)

#1520 Pioneer Blvd.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/25/78. Date Frwd. 9/25/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoab
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/25/78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood
3. City or County Engineer: Date Rec'd. 9-25-78. Date Frwd. 9-25-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-8-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-8-78 By: James Wavelka

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

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: 474-1541

B

FILE NO. 1417-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section SE¼ 34.
Property Dimensions: 550 ft. x 440 ft. Area: 5.04 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/20 to 9/22 . Weather: Precip. Wet Temp. 70 .

OWNER: MIKE SAMUS
% POTTYCO
Address: 1520 PIONEERS

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	20	9/20	10:00	9/20	6:00	9/22	12:15	3½	12:45	2⅜	30	⅝	
2	22						12:15	4¼	12:45	3⅝	30	⅝	
3	22						12:20	4	12:50	3½	30	½	
4	24						12:20	5½	12:50	4⅞	30	⅝	
5	24						13:30	6	1:00	5⅜	30	⅝	
6	24	"	"	"	"	"	12:30	3¼	1:00	3	30	¼	

Don Pentecost 'Pottyco Inc.'
Signature of Person Conducting Test

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

Address 1520 Pioneers Blvd. Phone 423-0121

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 25, 1978

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
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 ☐

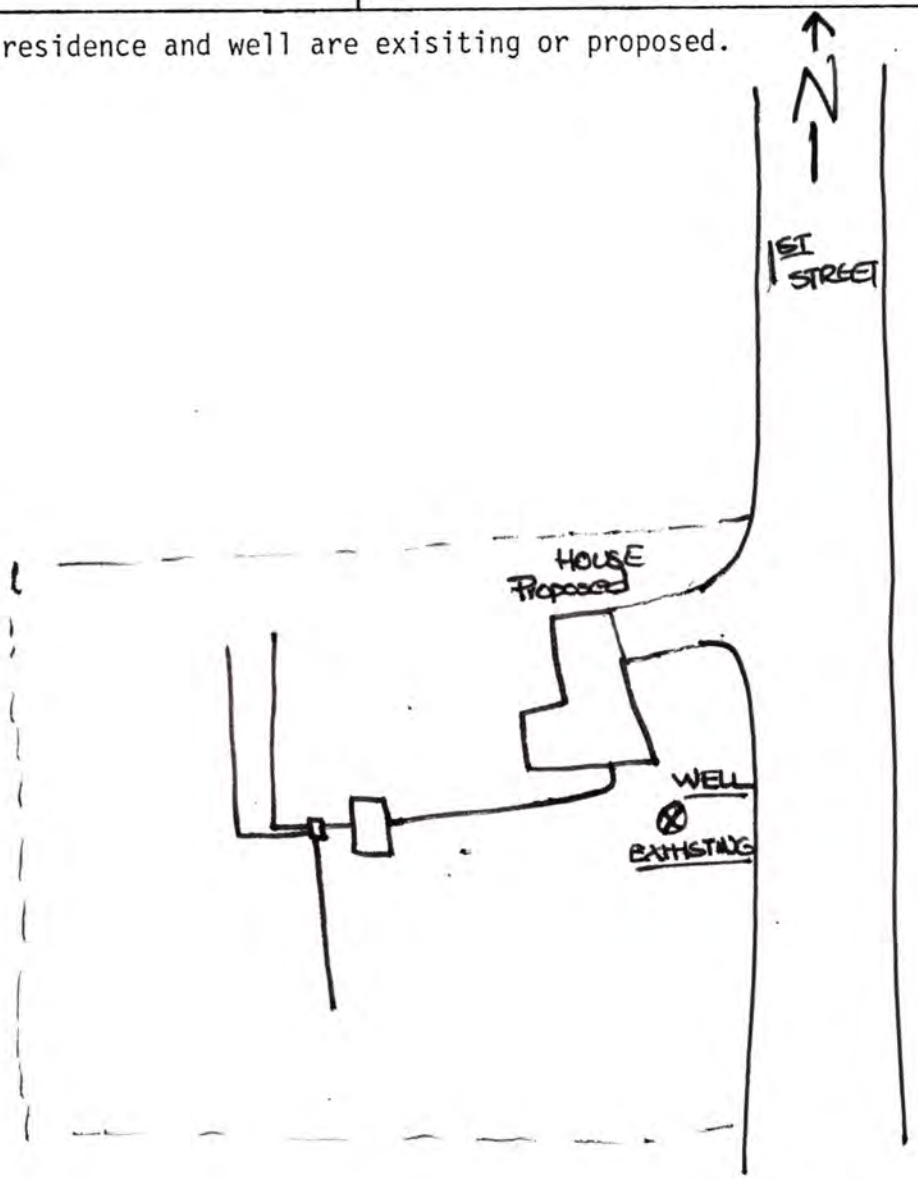
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1447-C

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



REVIEWING ACTION

Remarks: _____

Date: September 25, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 313 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 936 sq.ft.

Carrold 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: 474-1541

D

DATE: Nov 8 1978

FILE NO. _____

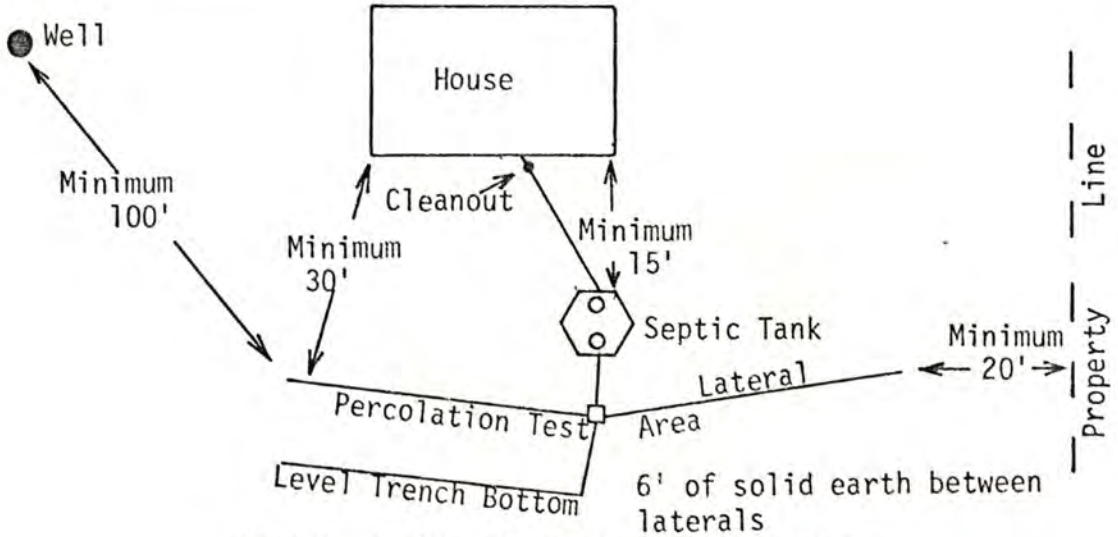
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: PVC
1. Material ~~Fiberglass~~; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line 50 ~~100~~ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Fiberglass; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Calvary)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. 6 in.
Riser Above ☒ Below ☐ Grade 8 in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 28 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line 100 ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Same; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Same)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 13, _____ ft.;
Total length of laterals 313 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line 100 ft.; Property Line _____ ft.



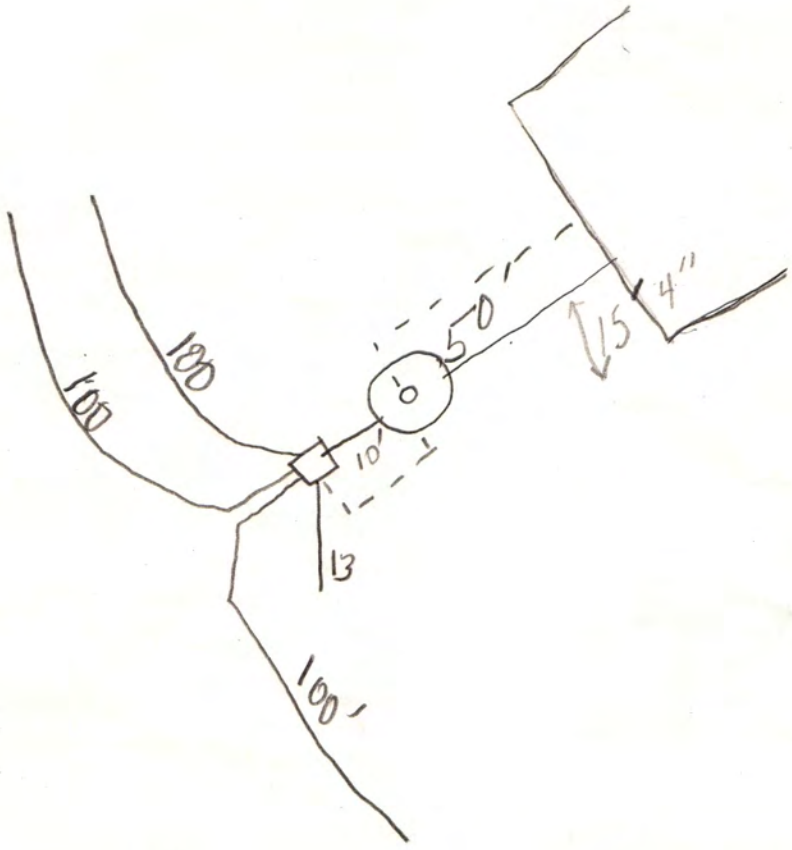
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

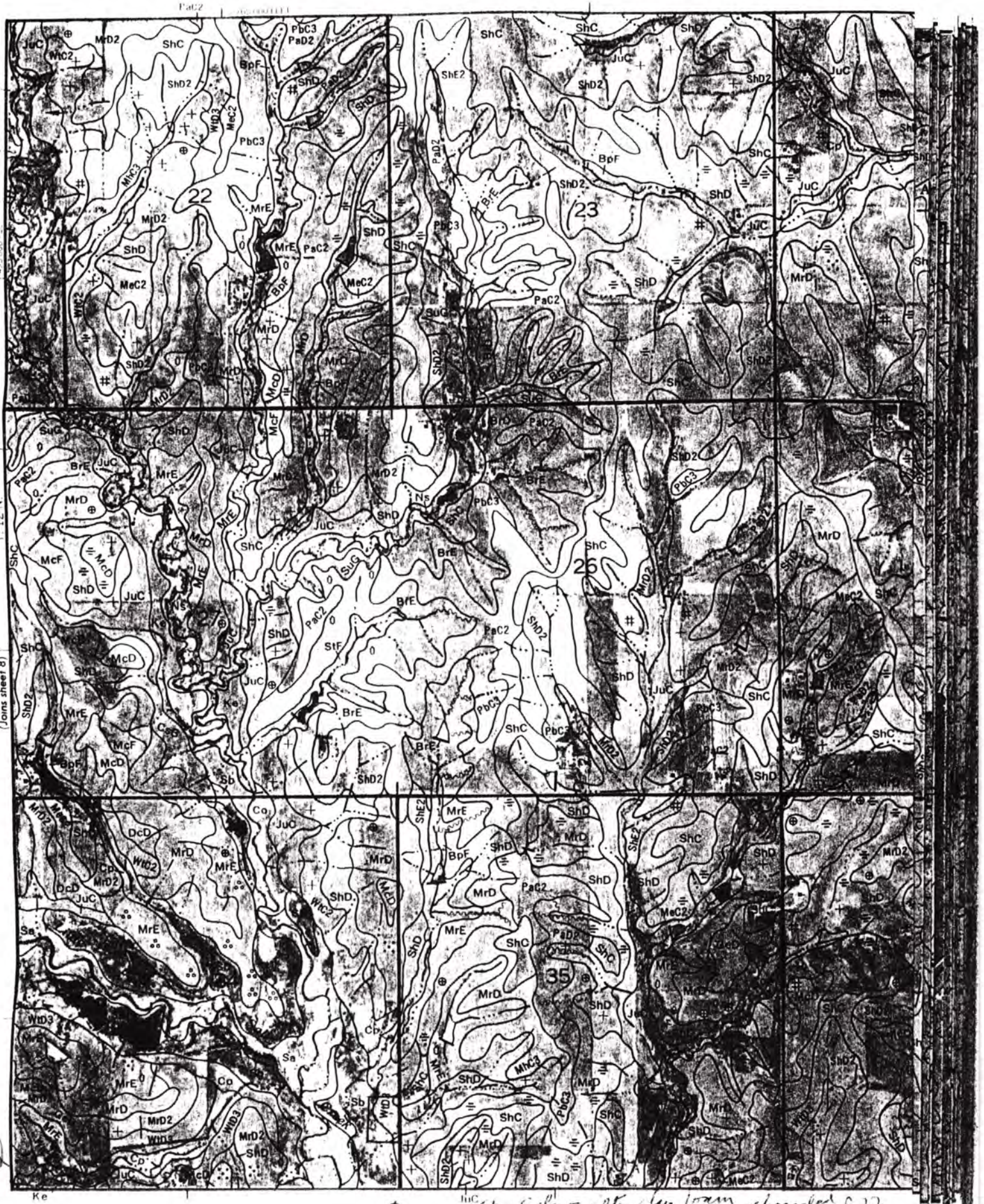
AS BUILT DRAWING OF SYSTEM

DATE 11-8-78 INSTALLER Pothyco / Merle

File # 1417-C

N





Ke

JuC St - Salmo silty clay loam, channeled 0-2%
Sa - Salmo silt loam 0-2%

Not

Survey Record

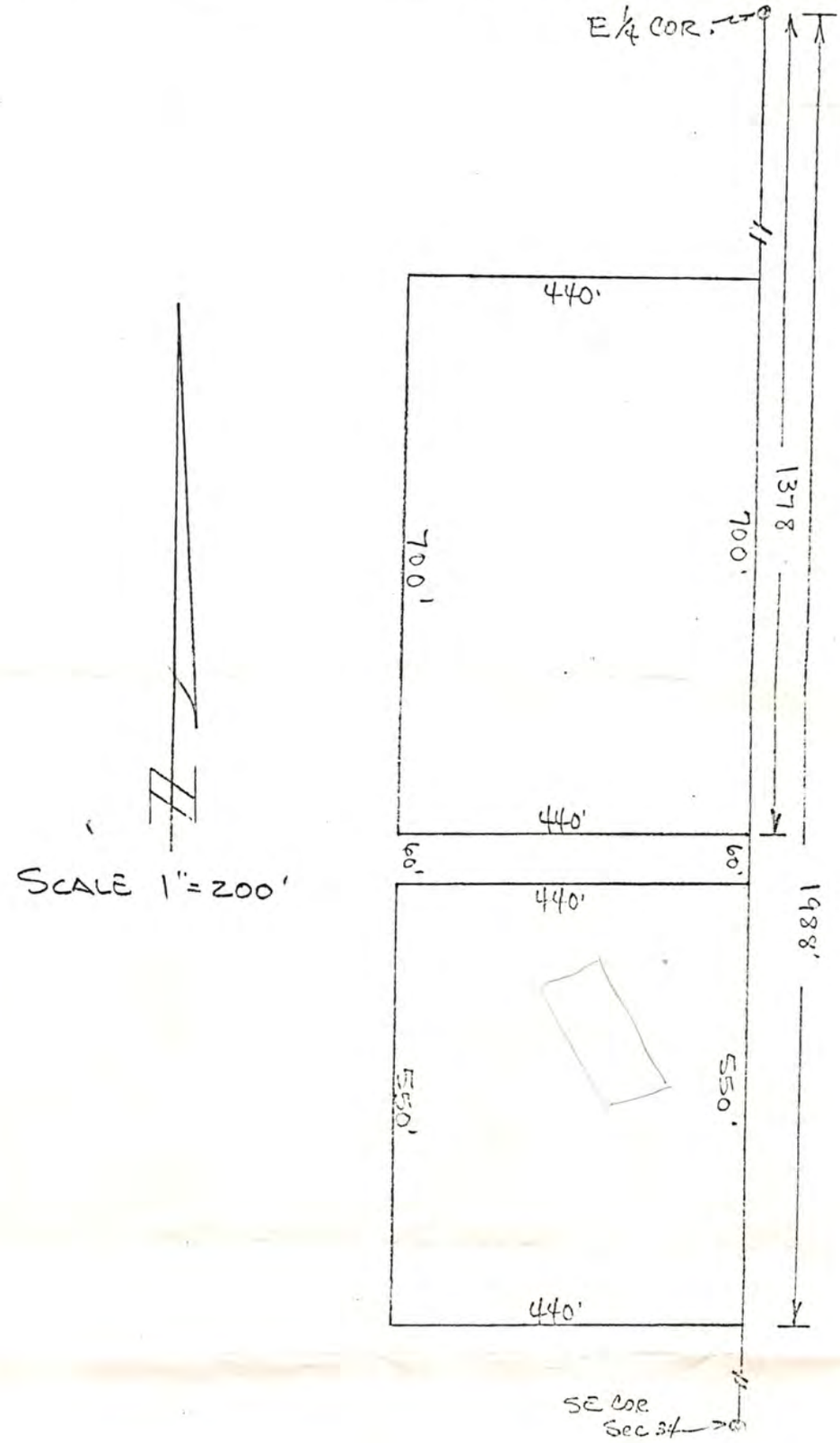
75-228
JOB NO.

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA

PHONE 432-3724

Survey of: Irreg tracts situated in SE 1/4 Section 34 T. 12N, R. 6 E of 6th P.M.



I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

NEBRASKA REGISTERED LS-252 LAND SURVEYOR

Signed this 29th day of July 19 78

Name: Robert B. Bates

Surveyor's license No. L.S. 252

LEGAL DESCRIPTIONS

An irregular tract of land situated in the southeast ¼ of sec. 34, T12N R6E of the 6th. P.M., Lancaster County, Nebr., more particularly described as follows;

The south 700.0' of the north 1378.0' of the east 440.0' of the southeast ¼ of sec. 34, T12N R6E, the said tract containing 7.07 acres more or less subject to 0.53 acres of county road right of way.

Also
An irregular tract of land situated in the southeast ¼ of sec. 34, T12N R6E of the 6th. P.M., Lancaster County, Nebr,, more particularly described as follows;

The south 550.0" of the north 1988.0' of the east 440.0' of the southeast ¼ of sec. 34, T12N R6E, the said tract containing 5.56 acres more or less subject to 0.42 acres of County road right of way.

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 15201 N. 1st St Raymond NE 68428

Twp____Range____Section SE 1/4 34 1/4 12 Block 6 Lot 23 Addition ____

Directions to Property North on 14 St to Raymond Rd turn West on Raymond Rd 1 Mile to N 1st St Turn Right on 1st St (North) 1st Property on Left

Location of Well East Side of House Tap Location: Inside ☐ Outside ☒ (3)

Location of Sewage System South Side of House Year Installed 79

	NAME	ADDRESS	PHONE
Present Owner:	Jesus R. Azrek	Above	785-2937
Tenant/Buyer:	Clay and Joan Keller	PO Box 152 Wahoo NE 68066	402-443-3734
Return to:	Susan Breothaver First Federal Lincoln	135 N' Cotner Lincoln NE 68505	473-6107

Signature of Applicant [signature] Address Above Date 5/29/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/1/98

Initials CH

Amount 150.00

Check No. 3414

DATA ENTRY

Date ____/____/____

Case No. ____

Initials ____

PRELIMINARY STATUS--By Ron Merchant **DATE:** 6/1/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒ Corrected	☒ conduit
Bacteria	☒ 0 /ml	☐ ____/ml
Nitrate	☒ 5.4 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/15/98 by JM

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: 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 Mayhew, R.S. Date 6/17/98

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

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, N

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER

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 ROUTE 1, RAYMOND, NEBRASKA

Twp 12 Range 6 Section 34 1/4 SE 1/4 ____ Block ____ Lot 23 Addition ____

Directions to Property 14TH STREET TO RAYMOND ROAD, TURN LEFT, 1 MILE TO 1ST STREET, TURN RIGHT, FIRST PLACE ON THE LEFT SIDE OF THE ROAD.

Location of Well SOUTH SIDE OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System LOWER SOUTH END OF THE YARD Year Installed AROUND 1999

	NAME	ADDRESS	PHONE
Present Owner:	RALPH G. HOLLENBECK	ROUTE 1, RAYMOND, NE	785-5955
Tenant/Buyer:	JESUS AND INGRID ABREU	6145 NW 2ND CIR., APT 177 LINCOLN, NE 68521	435-4400 (WORK)
Return to:	NEBRASKA TITLE COMPANY FAX 466-4949	5635 O STREET, STE 101, LINCOLN NEBRASKA 68510	486-4900

Signature of Applicant JESUS ABREU BY CONNIE BOWMAN, NEBRASKA TITLE COMPANY Connie Bowman Address 5635 O STREET, STE 101 Date 9-20 / 94

HEALTH DEPARTMENT USE ONLY

Date Received 9/26/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/26/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 5.7 ppm	☐ ____ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. BELIEVE SYSTEM MAY PREDATE REGULATIONS. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/30/94

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.