LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1712-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 6, 1981 — THIS PERMIT EXPIRES

CRAIG E. SMITH — ISSUED TO

830 RUTLAND DRIVE #617, Lincoln, NE 68512 — ADDRESS

T9N, R8E, Section 26, Lot 4 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

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

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: $ 60.00

FILE NO. 1712-C

DATE: 10/6/80

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. 9N ; Range 8E ; Section 26 ;
   Block _____ : Lot H.T. : Addition _____
   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: miles ft.

Craig E. Smith
Signature of Applicant (Owner or Lessee)

830 Rutland Dr. #617
Address
Lincoln NE 68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/6/80. Date Frwd. 10/6/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/6/80. Date Frwd. 10/6/80. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 10-6-80. Date Frwd. 10-6-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-1-80 by: DM
Date: 12-2-80 by: DM *
Date: 4-20-81 by: DM * *

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

* Need Loaning * Inspect syst. + need Cancel
** 4-20-81 Septic

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-81 By: Ron Margrave

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. 1712-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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: 10/4/80 to 10/5/80. Weather: Precip. 0 Temp. 70°.

OWNER:_____

Address:_____

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	32"	10/4	12 30 PM	10/5	12 05 PM	10/5	12 05 PM	12"	4 00 PM	8"	30m	½"	
2										8"		½"	
3										7½"		¾"	
4										3½"		1"	
5										5½"		½"	
6										4½"		½"	
		6"	ADD WATER			TO # 4			3:35 PM				
			ADD WATER			TO # 6			3:05 PM				

Dennis LaPage
Signature of Person Conducting Test

Address PRE CAST STEP Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: 12-1-80 pm

Soil Type (SCS): Crete Silty Clay Loam

Date: October 6, 1980

Approved Percolation Rate (a)
A. 48 min./inch
B._____ min./inch
C._____ min./inch

Jerrold 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 ☐

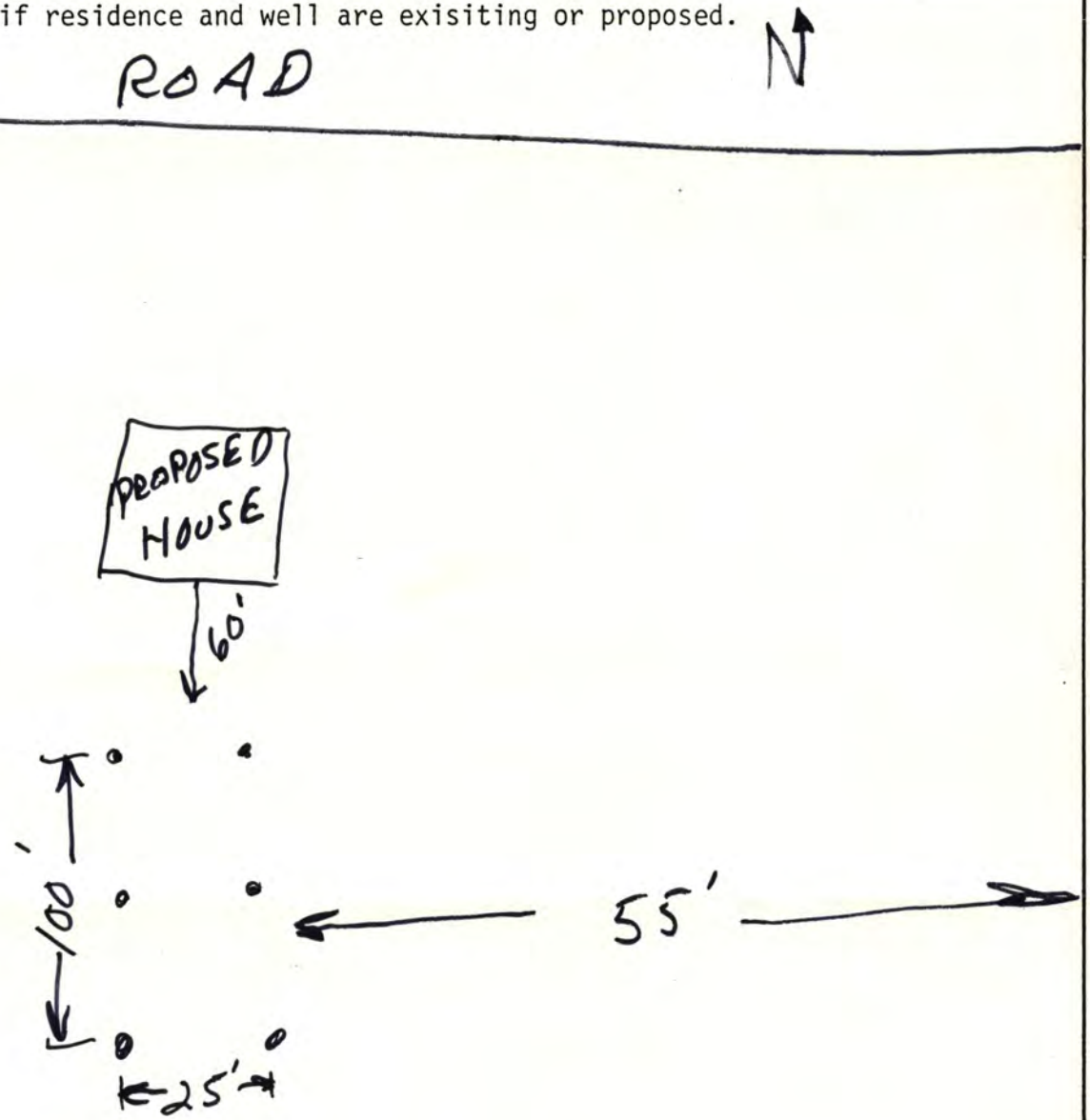
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION Lagoon* was Installed

Remarks: _____

Date: October 6, 1980

* Lagoon must be sealed.

Minimum Design Requirement*
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hoob
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: _____

FILE NO. 1713-C

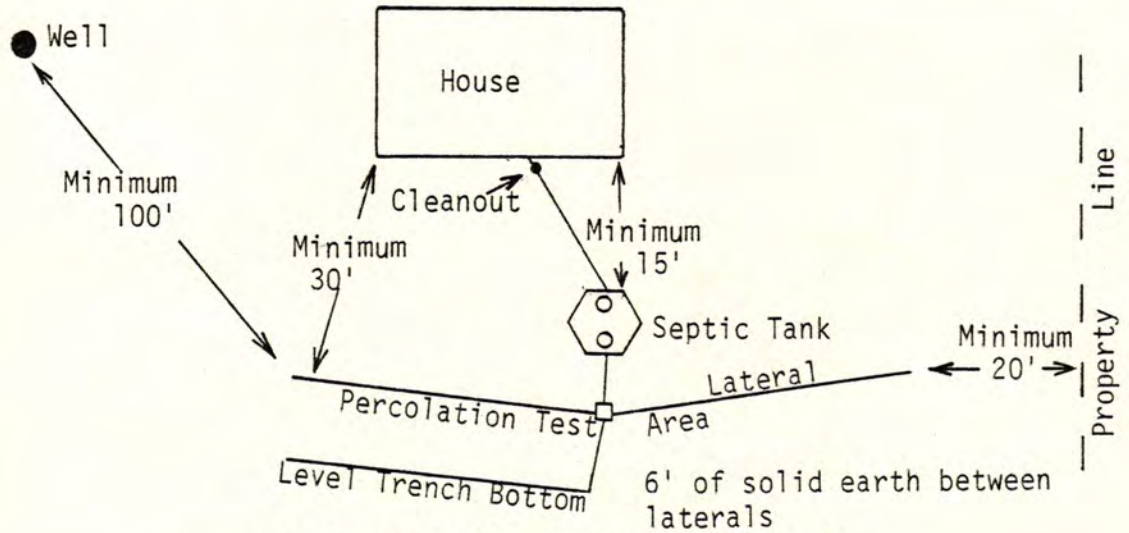
SPECIFICATIONS AS BUILT

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 _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

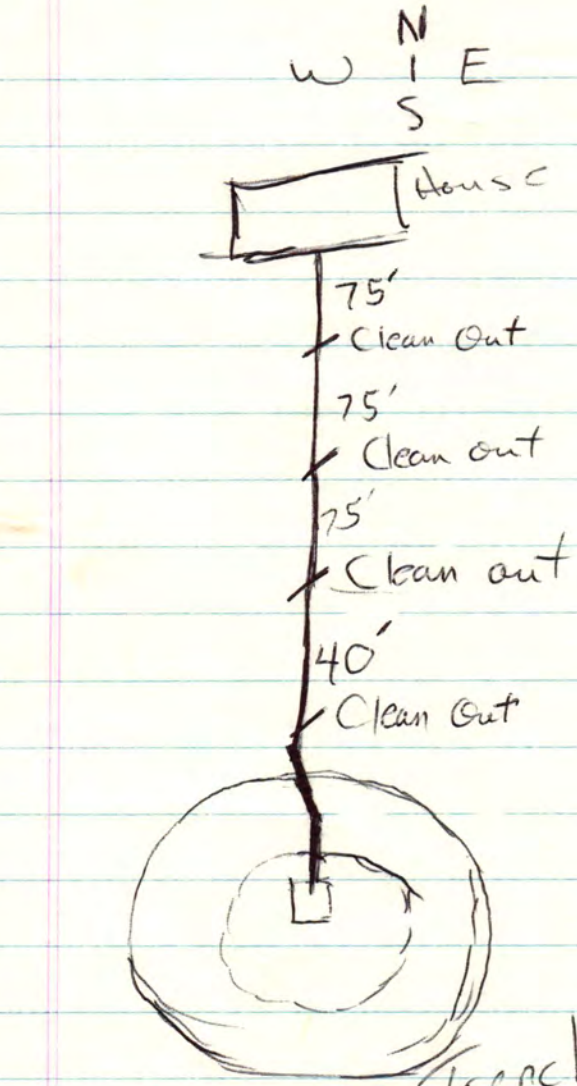
B. SEPTIC TANK:
1. Material CONC ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth 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 CONC ; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
3. Distance from Septic Tank _____ ft.

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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Wayne Lineweber Trenching
Beatrice, NE. 68310

98083100S
tdf

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.

CR 3763

Legal Description of Property: Street Address 17401 Yankee Hill Rd. (Lagoon only)

Twp 9N Range 8E Section 26 1/4 NE 1/4 Block ___ Lot 4 Addition ___

Directions to Property ___

Location of Well Rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house appr. 100 Year Installed unknown

CR 31018

	NAME	ADDRESS	PHONE
Present Owner:	Richard + Marla Reiter	17401 Yankee Hill Rd Bennet 68317-2104	782-6416
ACR 71749 Tenant/Buyer:			
Return to:	Sherri Walker	Home Real Estate 7211 Sol 27 Lincoln NE 68514	430-1519

Signature of Applicant Timothy L. Swanson Address 2781 Elmcreek Date 8/23/98

Sequin TX 78155

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/24/98

Initials ___

Amount $150.00

Check No. 1405

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 8/25/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/28/98 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: see attached report

See Attached Letter ☐

FINAL STATUS rural water system

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

Approved by Paul Drotzmann Date 8/28/98

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

Legal Description 9-8-26 Lot 4 I.T. Location 17401 Yankee Hill

Owner/Requestor Reiter / Swanson

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS (8) Remove trees + other vegetation inside the fenced lagoon No growth greater than 6 - 8 inches. Attach warning signs to 4 sides. Put a lock on the gate. (11) Repair two cleanouts (marked with sticks) and cap the cleanouts

Call 441-8038 when completed and ready for re-inspection Items 8 + 11 need to be completed prior to Health Dept. granting approval

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: [signature]

Date: 8-25-98

WA1002