LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1903-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JANUARY 26, 1983
THIS PERMIT EXPIRES

PAUL VON GILLERN
ISSUED TO

ADDRESS

T12N, R6E, SECTION 32, BLOCK 2, LOT 10, ADDITION WILLARD ESTATES 2ND
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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
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

FILING FEE: $ 60.00

FILE NO. 1903-C

DATE: 6-24

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 32 ; Block 2 : Lot 10 : Addition Willard estates 2nd
   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: _____ ft.

c/o Willard Estate
Barbara Gilbert
Signature of Applicant (Owner or Lessee)

3308 N Cotner
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/26/82. Date Frwd. 7/26/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Todd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-30-82 Date Frwd. 7-20-82 ACTION: Approved ☐ Disapproved ☐ Signature: Sally S. Jacobs, Clerk

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-22-82 by: JMN
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/12/82 By: [signature]

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
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B

FILE NO. _____

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: _____ to _____. Weather: Precip. _____ Temp. _____.

Raymond

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	20"	6/21	12 NOON	6/22	12:30P	6/22	3P0P	20	345P	18 3/8	45	1 5/8	
2	20"	"	"	"	"	"	"	20	"	16 7/8	"	3 1/8	
3	20"	"	"	"	"	"	"	20	"	19 1/4	"	3/4	
4	20"	"	"	"	"	"	"	20	"	18	"	2	
5	20"	"	"	"	"	"	"	20	"	19	"	1	
6	20"	"	"	"	"	"	"	20	"	19 1/2	"	1/2	

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

Hal Woodside
Signature of Person Conducting Test

Address 5729 Ballard Phone 464-3405

(Do not write below this line)

REVIEWING ACTION

Remarks: Should have been read in 30 min. period
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 25, 1982
Lagoon must be sealed

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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: 7-22-82

FILE NO. _____

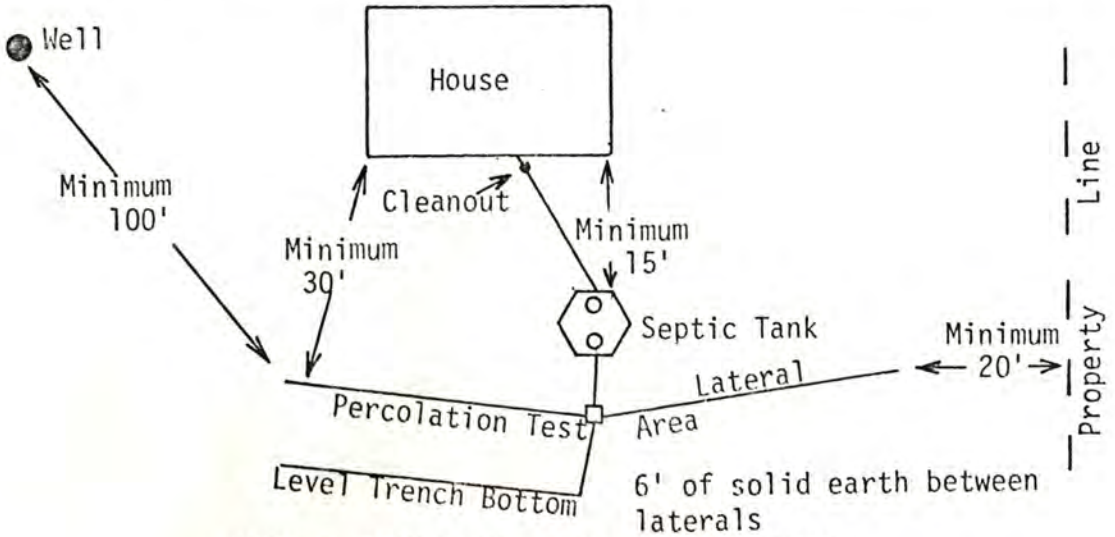
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 8" in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments Lagoon.
2. Capacity _____ 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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

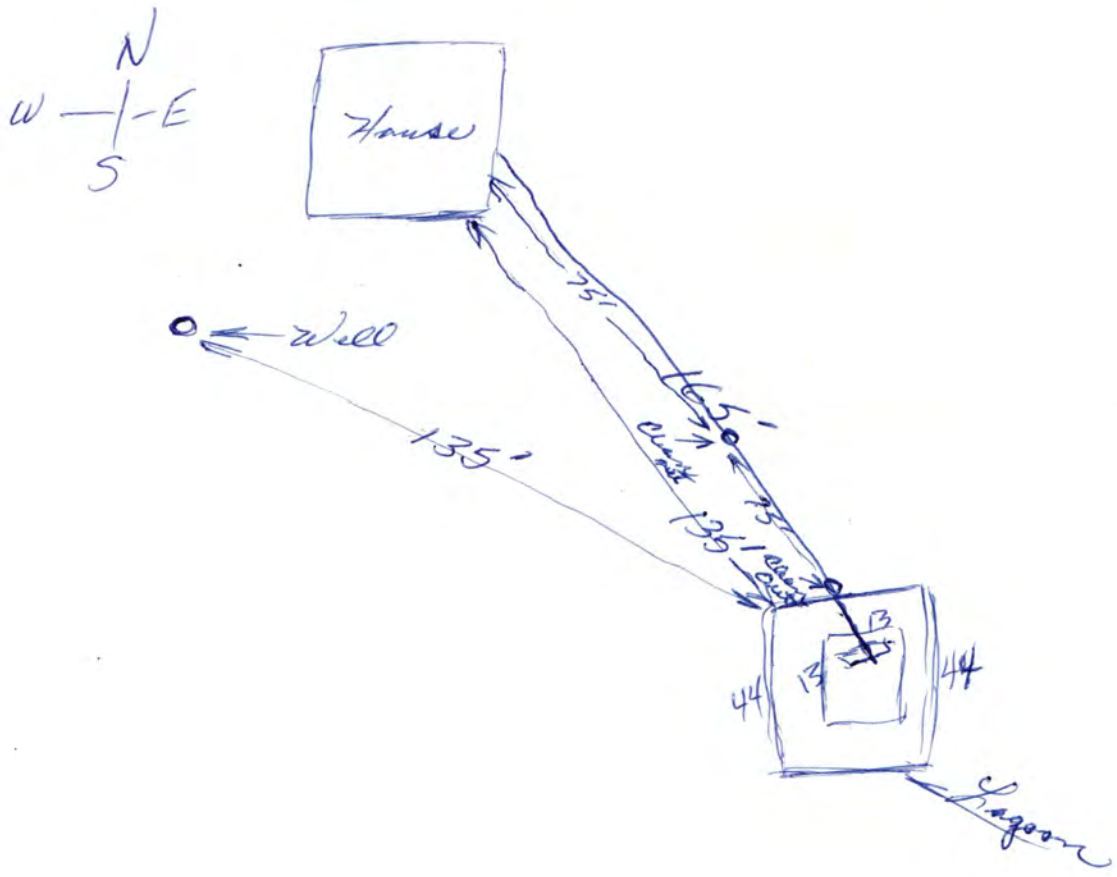
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____,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

AS BUILT DRAWING OF SYSTEM

DATE 7-22-82 INSTALLER Bruce Gilliam



7-22-82
JMH

7-22-82 Willis Estates VonGillern check & Recheck

LAGOON INSPECTION

PERMIT yes

PERC TEST

SIZE OF LAGOON

	SQ		ROUND	
2-3	43	13	46	16
4	48	18	52	22
	A	B	A	B

44 x 13

A = INSIDE EDGE of DIK

B = BOTTOM of LAGOON WALL

LAGOON

~~1.~~ 3-1 SLOPE

~~2.~~ SPLASH PAD

~~3.~~ FLOWPIPE BLOCKED 1'

~~4.~~ DEPTH MARKER

5. FENCED (4' HIGH) POSTS 8' APART

~~6.~~ GATE AND LOCK

7. SIGNS

~~8.~~ SEALED OR PERC TEST

~~9.~~ BENTONITE 1800 lbs

~~10.~~ DISTANCE TO CITY SEWER

	SQ	ROUND
2-3	2868	2632
4	3696	3460

~~10~~ 100' FROM WELL OR SUCTION LINE

~~11.~~ 30' FROM PRESSURE LINE

~~12.~~ 50' FROM STREAM

~~13.~~ 100' FROM BUILDING

~~14.~~ 200' FROM NEIGHBORING RESIDENCES

~~15.~~ 50' FROM PROPERTY LINE

~~16.~~ FREE OF SCHRUBBERY OVER 10' HIGH WITHIN 50'

FREE OF TREES WITHIN 100'

~~17.~~ Depth - 5' from grade.

BUILDING SEWER

~~1.~~ 50' FROM WELL OR SUCTION LINE

~~2.~~ 10' FROM PRESSURE LINE

~~3.~~ 10' FROM A STREAM

~~4.~~ 20' FROM PROPERTY LINES

~~5.~~ SLOPE 1/8"/FOOT MINIMUM

~~6.~~ CLEANOUT EVERY 75' OR AT ANGLES GREATER THAN 45°

~~7.~~ FLOWLINE STEEP INTO LAGOON

~~8.~~ JOINTS SEALED IF NEAR OR CROSSING OVER a PRESSURE LINE

011

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: 22 Oct 92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK 2

LOT 10; ADDITION Willard Estates 2nd; Street Address 15542 Willard CT

Directions to Property ON Willard Ct. in Willard Estates East of Raymond

Location of Well SE of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE of House 110' Year Installed 91

	NAME	ADDRESS	PHONE
Present Owner:	Stephen J. and Claire D. Titus	RR 1 Box 15542 Raymond NE 68428	783-3913
Tenant/Buyer:	Refinancing → Allen Bowers Commercial Federal		
Return to:	Same 5644 O St Lincoln NE 68510	Same	

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

Signature of Applicant Stephen J Titus Address RR 1 Box 15542 Raymond, NE 68428

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 26, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-27-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☑	Date 10-27-92 by [illegible]
Bacteria	☑	☐	Provisional:	☐	Date 10-29-92 by [illegible]
Nitrate	☒ 0.1 ppm	☐	Disapproved:	☑ Corrected	Date _____ by _____

Comments: need to remove all cattails from water and sign on fence.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayfield, RS DATE 11-3-92

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