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. 90380012101

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
MICHEL JANNE
T12N R6E SEC 32
WILLARD ESTATES 2ND BLK 2 LOT 13

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
MICHEL JANNE
1521 SUPERIOR ST
APT 12
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9038 0012

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: $ 150 ck

FILE NO. _____

DATE: 4/3/90

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 13 : Addition WILLARD ESTATES 2ND ADDITION
   Street Address 15621 WILLARD'S COURT

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: approx 1 mi ft.

Michael J. Caine
Signature of Applicant (Owner or Lessee)

PHONE #'s 467-8269 (WORK)
435-4990 (HOME)

1521 SUPERIOR #12
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/9/90 . Date Frwd. 5/4/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-4-90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Dan L Jorgensen

3. City or County Engineer : Date Rec'd. _____ . Date Frwd. 05/04/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Thomas D. Cheesman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-11-90 by: _____ 175ft from neighbor has NEED Easement from Neighbor on 175' distance of Lagoon need drawing
Date: 10-26-93 by: _____ corrected
Date: 11-8-93 by: _____ correction made
Corrected

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-8-93 By: Ron Marquardt

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

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 _____; 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. _____.

AREA HAS BEEN UNACCEPTABLE FOR SEPTIC TANK SYSTEMS, LAGOON WILL BE SEALED WITH 2700 lbs OF BENTONITE TO ENSURE ADEQUATE RETENSION.

OWNER: MIKE JANNE

Address: 1521 SUPERIOR #12

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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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 ☒

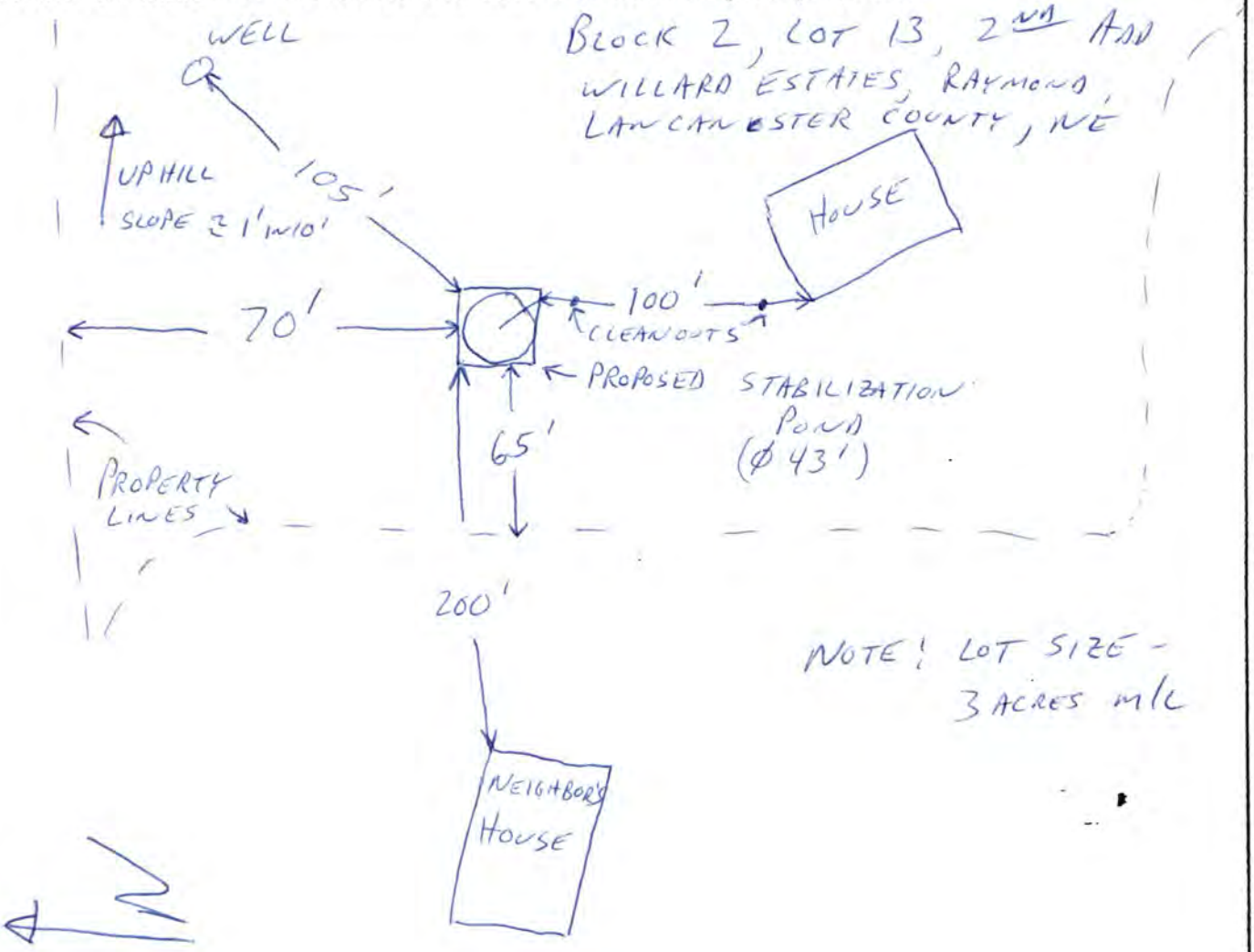
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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: 5-14-90

FILE NO. _____

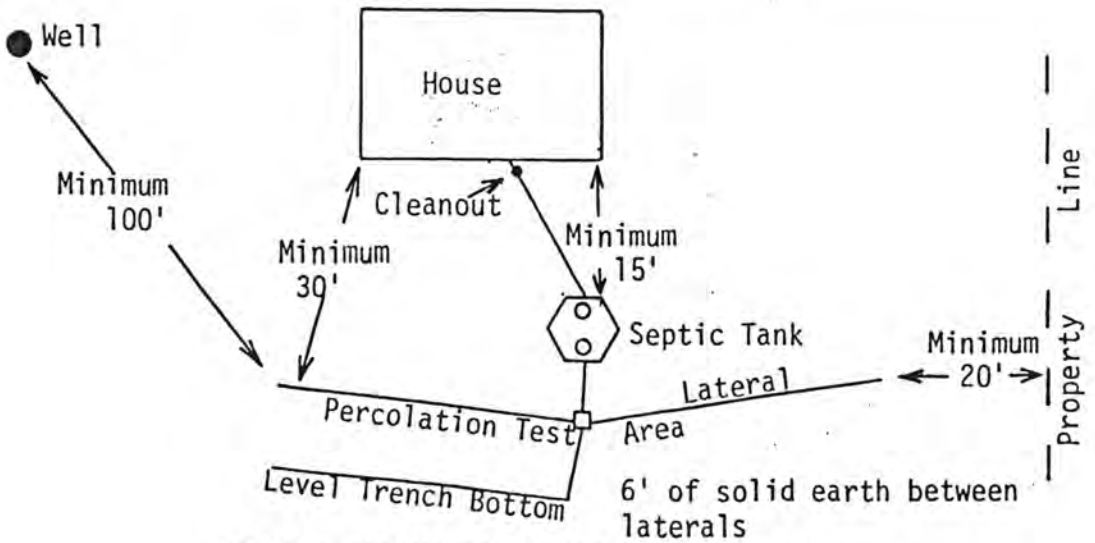
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #224; 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.

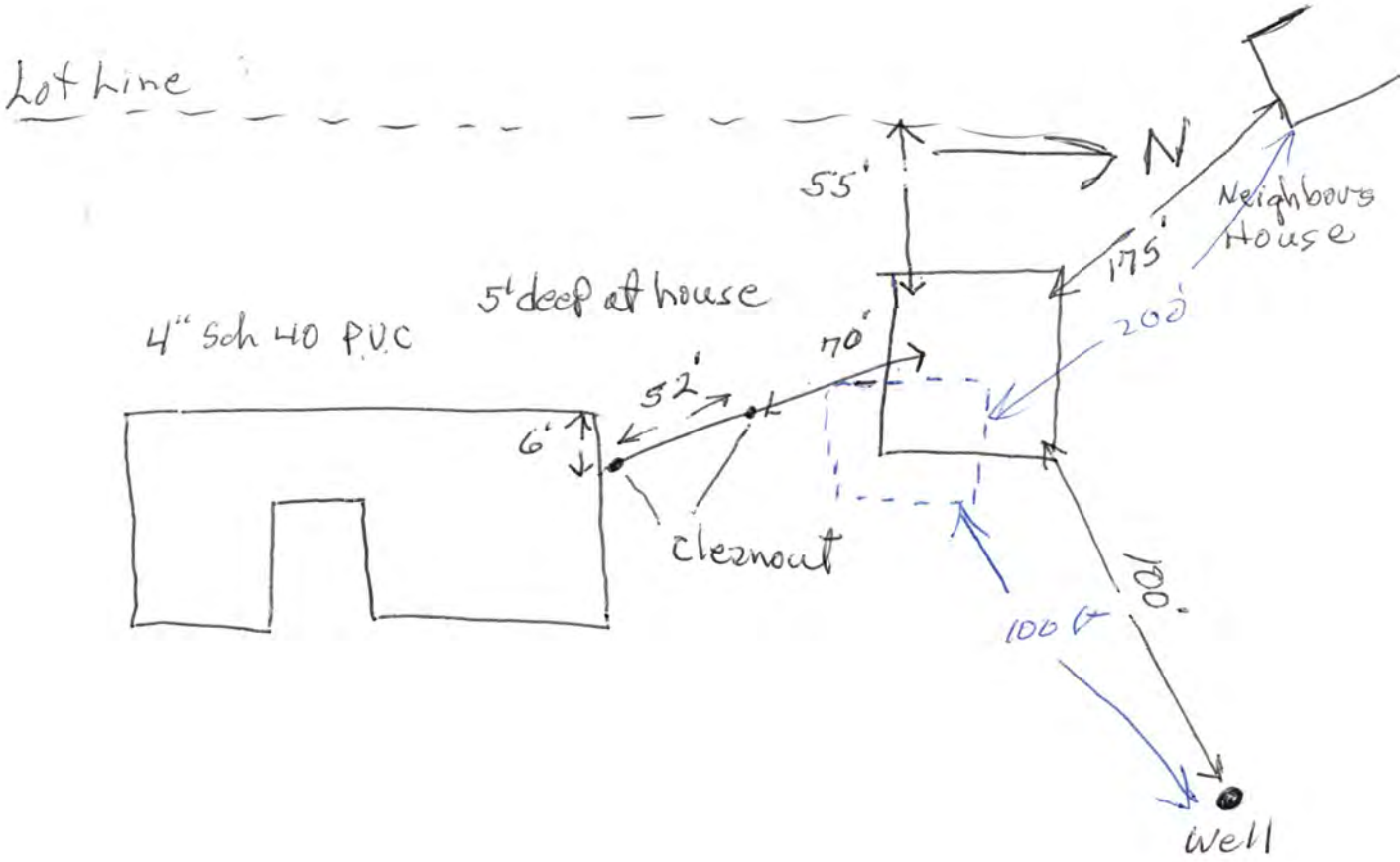
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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


Lot line
N
55'
175'
Neighbours House
5' deep at house
4" Sch 40 PVC
70'
52'
20'
6'
Cleanout
100'
100'
Well

001

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 15621 WILLARD'S CT, RAYMOND, NE 68428

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 12 Addition WILLARD ESTATES 2ND

Directions to Property N. ON 14TH TO RAYMOND, W TO NW 27TH, N TO WAHSUNG, W TO NW 30TH, & N TO HOTTOVY, W TO WILLARD CT SW CORNER GRAY HOUSE

Location of Well NW CORNER Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW CORNER Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	MICHEL JANNE	"	783-7024 467-8269 (JAN)
Tenant/Buyer:	REFIN,		
Return to:	JANNE	ABOVE	

Signature of Applicant Michel Janne Address ABOVE Date 9/30/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/1/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 10/1/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected 10-4-93	Approved ☐	Date 10/4/93 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/19/93 by [illegible]
Nitrate	☒ 1.1 ppm	☐ ___ ppm	Disapproved ☒ Corrected	Date 10/26/93 by [illegible] PHR 100 ft

Comments: WELL CAP IS LOOSE. ELECTRICAL CONDUIT HAS SLIPPED DOWN AWAY FROM WELL HEAD. Corrected 10/4/93 L.C.H. NEED RELEASE FROM NEIGHBOR ON DISTANCE FROM HOUSE. 11-8-93 [illegible] ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Mayer R.S. Date 11/8/93

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.

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