LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96380143301

SEWAGE INSTALLATION

Issued 05/31/96
Expires 10/31/96
Revenue Code 18754

Establishment

MICHAEL ZELLER
T12N R6E SEC 32
LOT 17
3201 W BRANCHED OAK ROAD

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL ZELLER
6526 PLATTE AVE
LINCOLN NE 68507

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

001926

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-13-96

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. T12 North; Range 6 east; Section 32;
   Block _____: Lot 17 I.T.; Addition _____
   Street Address 3201 West Branched Oak Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe Single family Residence

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

4. Distance to public sewer: _____ ft.

WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Michael O. Zeller DBA Zeller Const.
Signature of Applicant (Owner or Lessee)

6526 Platte Ave.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/31/96. Date Frwd. 5/31/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5.31.96. Date Frwd. 5.31.96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 5/31/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-18-96 by: sewer line
Date: 10-21-96 by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-96 By: _____

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 6 east; Section & ¼ Section 32.
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: 10/2/96 to 10/3/96. Weather: Precip. 0 Temp. 65.

OWNER: Ronald Regnier
Address: 3201 W. Branched Oak Rd.

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	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	3 7/8	4½ hr.	2 1/8	14
2	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	4 ½	4 "	1½	20
3	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	4 ¼	4 "	1 3/4	17
4	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	4 ¼	4 "	1 3/4	17
5	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	4'	4 "	2	15 min/inch
6	36"	10/2	2:45	10/2	6:45	10/3	4:15	6"	8:15	4 ¼	4.	1 3/4	17
													100/6 2/3

Michael D. Zeller
Signature of Person Conducting Test
Address 6526 Platte Ave Phone 466-6526/560-2993

Sum of Percolation Rates: _____
Average of Rates: 17 min/inch
Mean of Rates: _____

(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 ☐

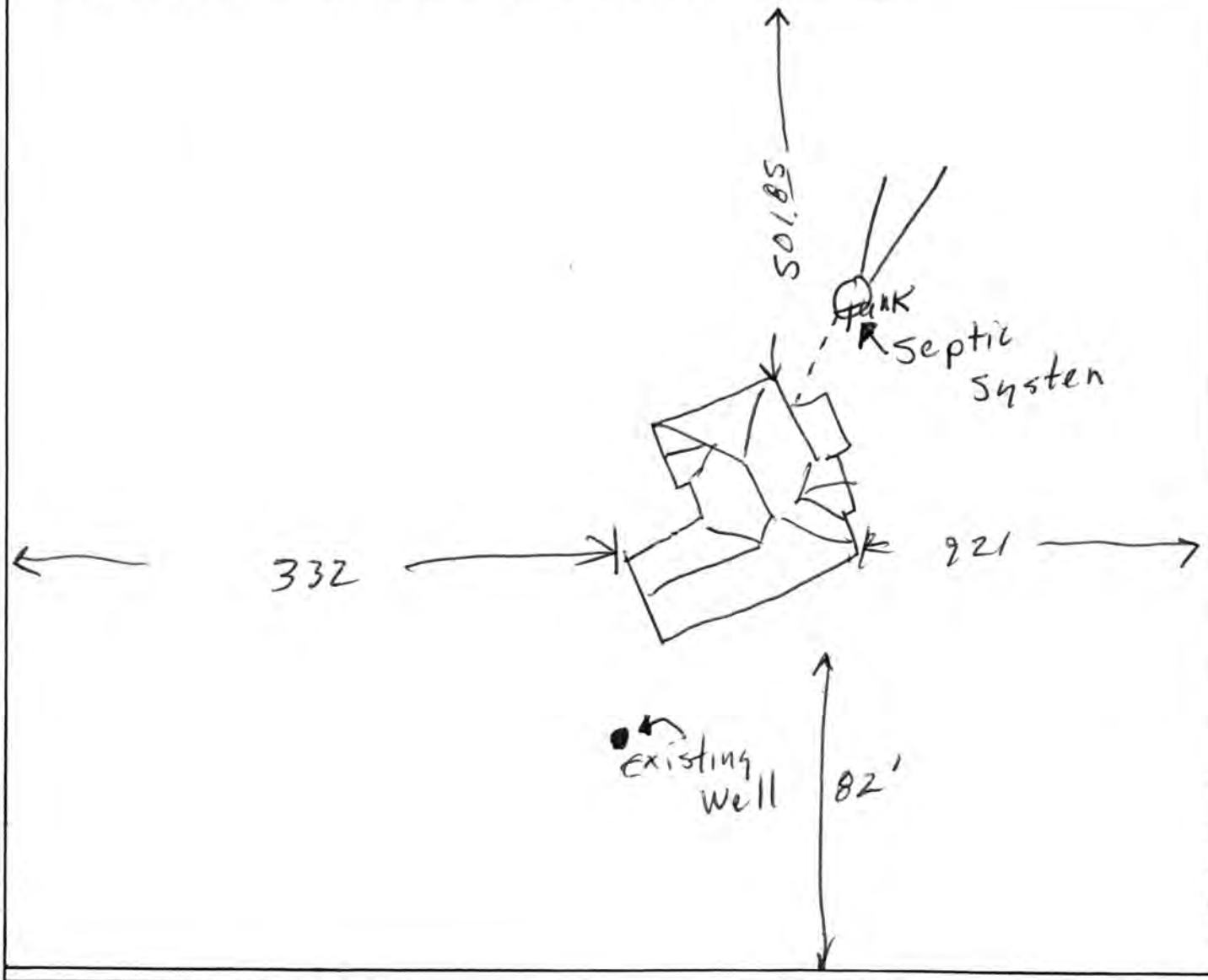
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 10-21-96

FILE NO: _____

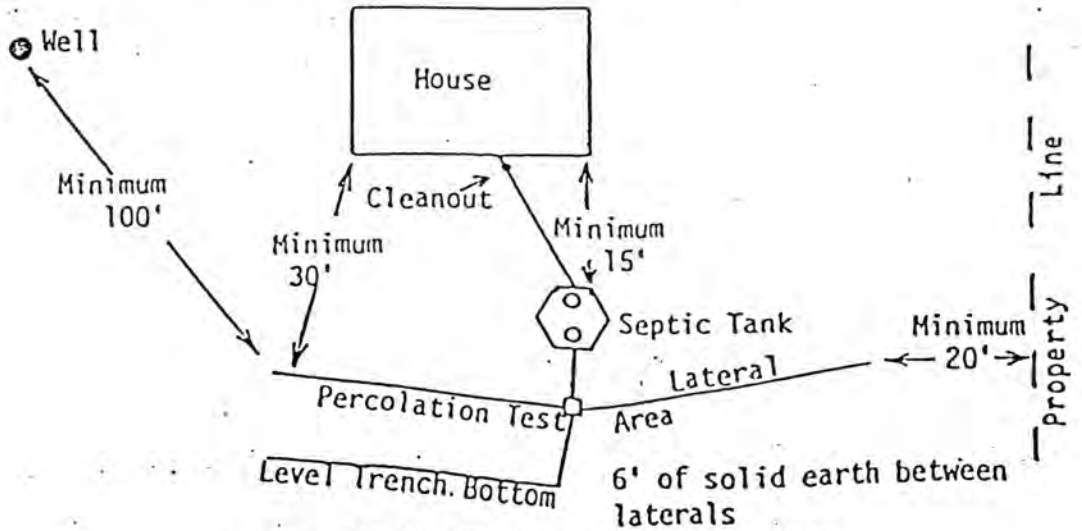
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch40
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 13 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line >100 ft.; Stream NA ft.; Pressure Line 35 ft.; Property Line >20 ft.

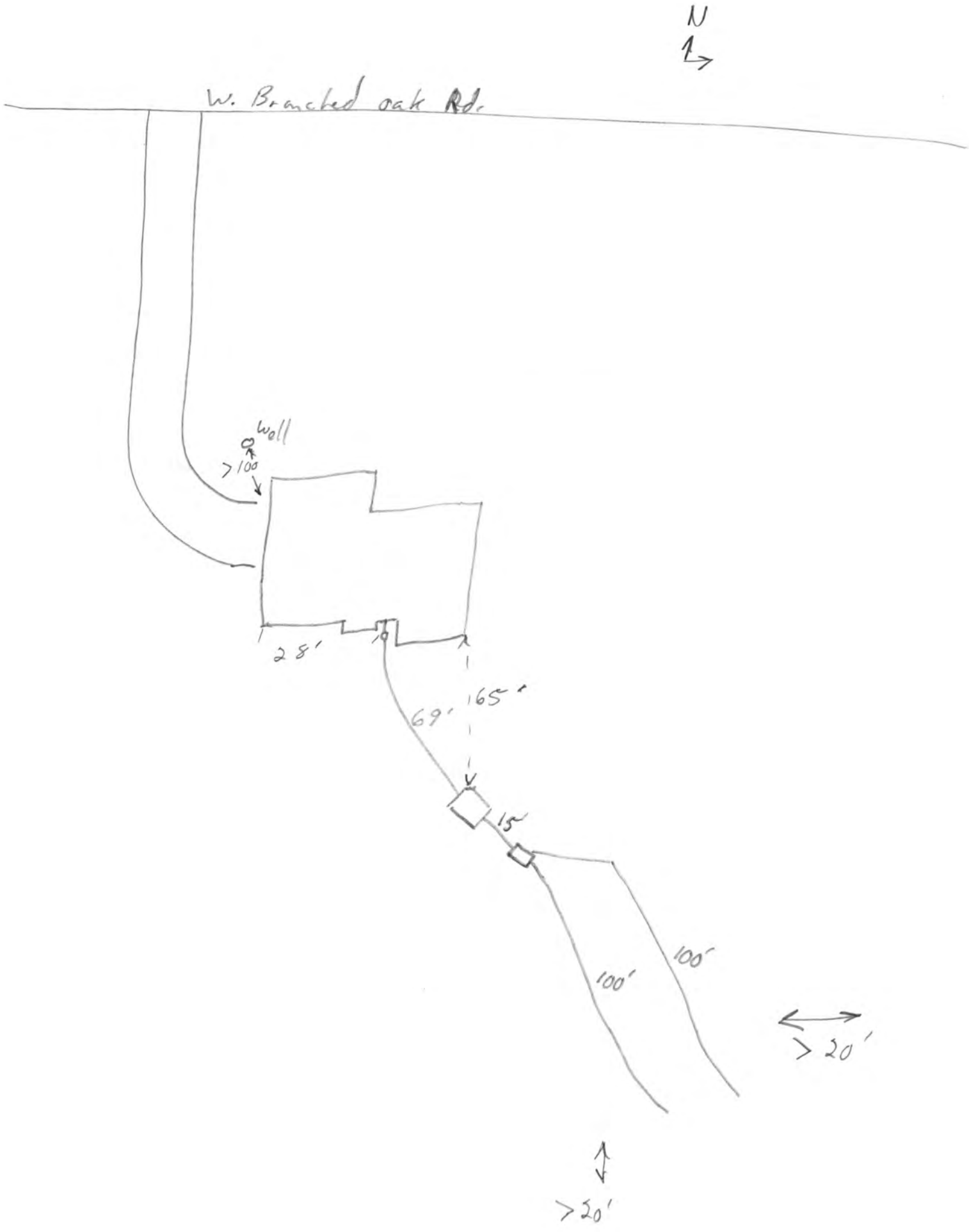
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PreCast Step)
4. Manholes: Over Inlet; diam. 9 in.
Over Outlet; diam. 15 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line >100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line >20 ft.

C. DISTRIBUTION BOX:
1. Material PVC ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 15 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 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 2 ft.
3. Trench dimensions: Width 3 ft.; Slope 5 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream N.A ft.; Pressure Line NA ft.; Property Line >20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
W. Bracted oak Rd.
well
>100
28'
69'
165'
15'
100'
100'
>20'
>20'

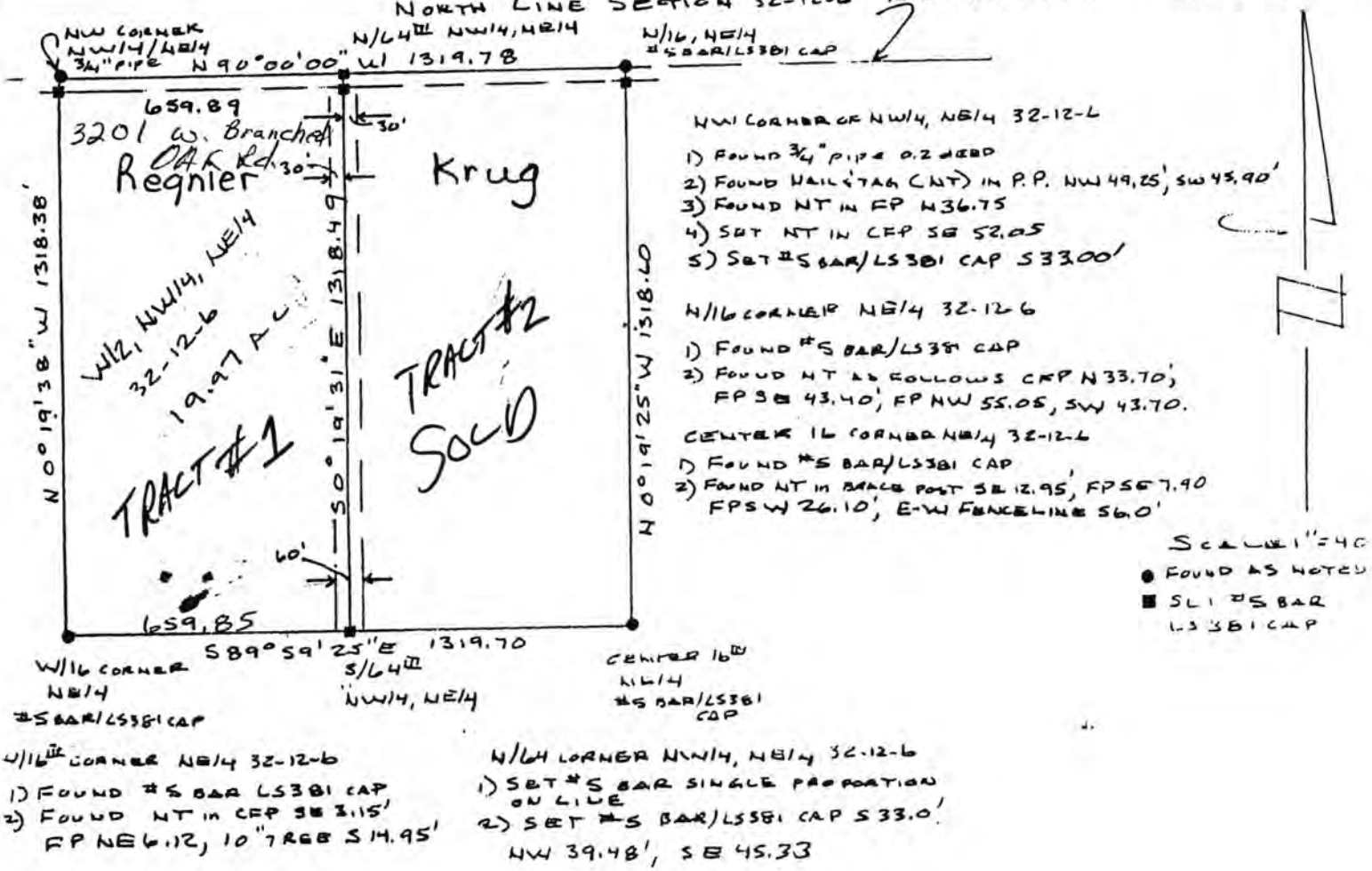
NEBRASKA — SHEET NUMBER 8



4 SCHREADER

SURVEY RECORD

SURVEY OF: The West half of the Northwest Quarter of the Northeast Quarter of SECTION 32, T 12 N, R 6 E; 6TH P.M. LANCASTER COUNTY, NEBRASKA more fully described hereinafter



LEGAL DESCRIPTION

The West half of the Northwest Quarter of the Northeast Quarter of Section 32, T12N, R6E of the 6th P.M., Lancaster County, Nebraska, more particularly described as follows, to wit:

Considering the North line of the NW/4, NE/4 of said Section 32 to bear N90° 00' 00"W and all other bearings used herein relative thereto:

BEGINNING at the Northwest corner of the West half of the NW/4, NE/4 of said Section 32; THENCE along the Northline of the said West half S90° 00' 00"E 659.89' to the NE corner of the said West half; THENCE along the East line of the said West half S 0° 19' 31"E 1318.49' to the SE corner of the said West half; THENCE along the South line of the said West half N89° 59' 25"W 659.85' to the SW corner of the said West half; THENCE along the West line of the West half of the NW/4, NE/4 of said Section 32 N 0° 19' 38"W 1318.38' to the POINT OF BEGINNING, said tract containing an area of 19.97 acres, the East 30.00' of said tract being reserved for an ingress/egress easement.

001

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 3201 W. Branched OAK Rd.

Twp 12 Range 6E Section 32 1/4 NW 1/4 NE Block ___ Lot ___ Addition ___

Directions to Property From N 14th & Raymond Rd - Go west on Raymond Rd 3 miles, then North on NW 27th 1 mile - Turn West on W. Branched OAK Rd ½ mile

Location of Well 100 Ft N.W. of House (Front side) Tap Location: Inside ☒ Outside ☐

Location of Sewage System 100 ft + Laterals SE of House (in back of House) Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Ron Regnier	3201 W. Branched OAK Rd. 68428 Temporary 1824 Fairfield Lincoln	476-0967
Tenant/Buyer:			
Return to:	Ron Regnier	3201 W. Branched OAK Rd. Raymond NB. 68428	

Signature of Applicant Ron Regnier Address 3201 W. Branched OAK Rd Raymond NB. 68428 Date 11/2/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/05/96
Initials ___
Amount $ 150.00
Check No. # 6454

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By R. Maravaut **DATE:** 11/19/96 d=0.5

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 11/25/96 by RM
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maravaut, R.S. Date 12/3/96

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