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. 90380059801

Issued 07/03/90
Expires 01/03/91

ESTABLISHMENT
RANDY CADES
T9N R8E SEC 30
LOT 7
900 S 120 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
RANDY CADES
1745 S COTNER BLVD
LINCOLN NE 68508

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

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~~ 8029

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

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 30 ;
   Block _____ : Lot 7 I.T. : Addition _____
   Street Address ~~8701~~ 9001 So. 120th
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.

RANDY CADES

Randy Cades
Signature of Applicant (Owner or Lessee)

1745 So. Cotner Lnk, NE 68

Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/3/90. Date Frwd. 7/9/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-10-90. Date Frwd. 7-10-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Flowers

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT WATER.

Site Visits:
Date: 10-16-90 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-24-90 By: Ron Mayfield

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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8E ; Section & ¼ Section 30
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: 5-17 to 5-18-90. Weather: Precip. ½" Temp. 50's.

OWNER: Dave Gates (423-5586)

Address: Lincoln, Ne

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		5/17	6:00	5/18	6:00	5/18	6:00		7:00		60	3¼	
2			"				"		"			8	
3													
4												1¼	
5												2½	
6												1½	
											6	16½	
												2.7	

Don Maseeke [illegible] by Brad Sorensen
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: 2.75
Mean of Rates: _____

Address RFD 6 Lincoln [illegible] Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: Describes Inclusion
Soil Type (SCS): Pawnee Clay Loam
Date: July 3, 1990

Approved Percolation Rate (a)
A. 20 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: 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: JULY 3, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 157 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed ____ sq.ft.

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: 471-7800

D

DATE: 10-16-90

FILE NO. _____

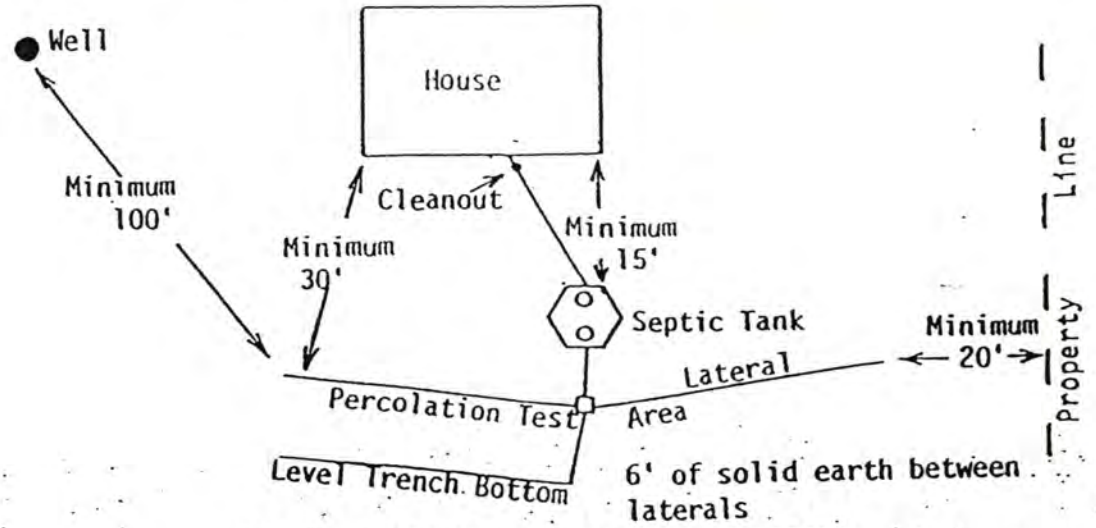
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: #40
1. Material Sch.; Diameter ____ in.
2. Distance above basement floor ____ in., or below basement floor 4 in.
3. Distance between dwelling and septic tank 115 ft.
4. Number of clean-outs 1.
5. Distances to: RWD #1
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

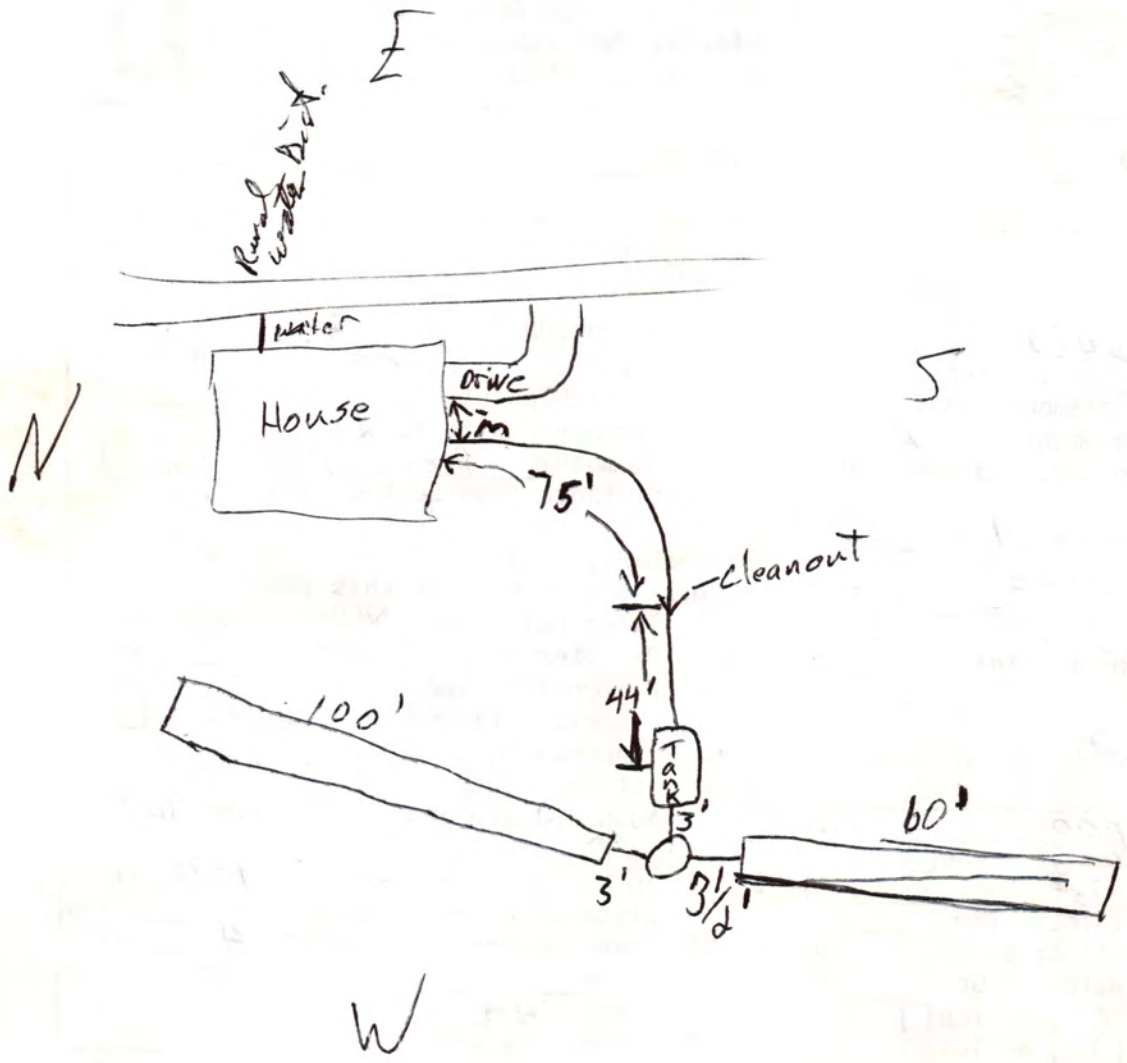
B. SEPTIC TANK:
1. Material concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 concrete; Number - available outlets ____.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 3 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 2 ; Length of each line 100, 60, ____, ____, ____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 42 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


E
Rural water Dist.
water
House
drive
5'
N
75'
cleanout
44'
100'
Tank
3'
60'
3'
3 1/2'
S
W

004

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: 6-4-93

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

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION 30; BLOCK ___

LOT 71; ADDITION _____; Street Address 8901 So. 120th St

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System WEST OF HOUSE Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	David & Kathy Gates	8901 South 120th Lincoln	782-2046
~~Tenant/Buyer:~~		David Funk #	479-4902
Return to:	Security Federal Savings	P.O. Box 80009, Lincoln 68501	474-4444

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

Signature of Applicant Christy Reinhardt Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 06/07/93 Received $150.00 Check ☑ #42526 Cash ☐

LANCASTER RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 6/8/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☒	Date 6/8/93 by J.C.H.
Bacteria	☐	☐	Provisional: ☐	Date _____ by ___
Nitrate	☐	☐	Disapproved: ☐	Date _____ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS LANCASTER COUNTY RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 8, 1993

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

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