LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1323-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 24, 1978 — THIS PERMIT EXPIRES

Raymond Kunz — ISSUED TO

Bennet, NE 68317 — ADDRESS

T9N, R8E, Section 32, Lot 26 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1323-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 ~~Stapleton~~ NE 32
   Block _____ ; Lot 26 ~~IT~~ ; Addition _____
   Street Address _____

2. Property Use: Residential _____ [X] ; Commercial _____ ☐
   No. of Bedrooms 2 . Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Raymond Kum
Signature of Applicant (Owner or Lessee)

Bennet Ne.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/23/78 . Date Frwd. 5/24/78 . ACTION: Approved ☐ Disapproved [X] Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 5/24/78 . Date Frwd. 5/24/78 . ACTION: Approved ☐ Disapproved [X] Signature: Gary N. Sherwood
3. City or County Engineer : Date Rec'd. 5/24/78 . Date Frwd. 5/24/78 . ACTION: Approved ☐ Disapproved [X] Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

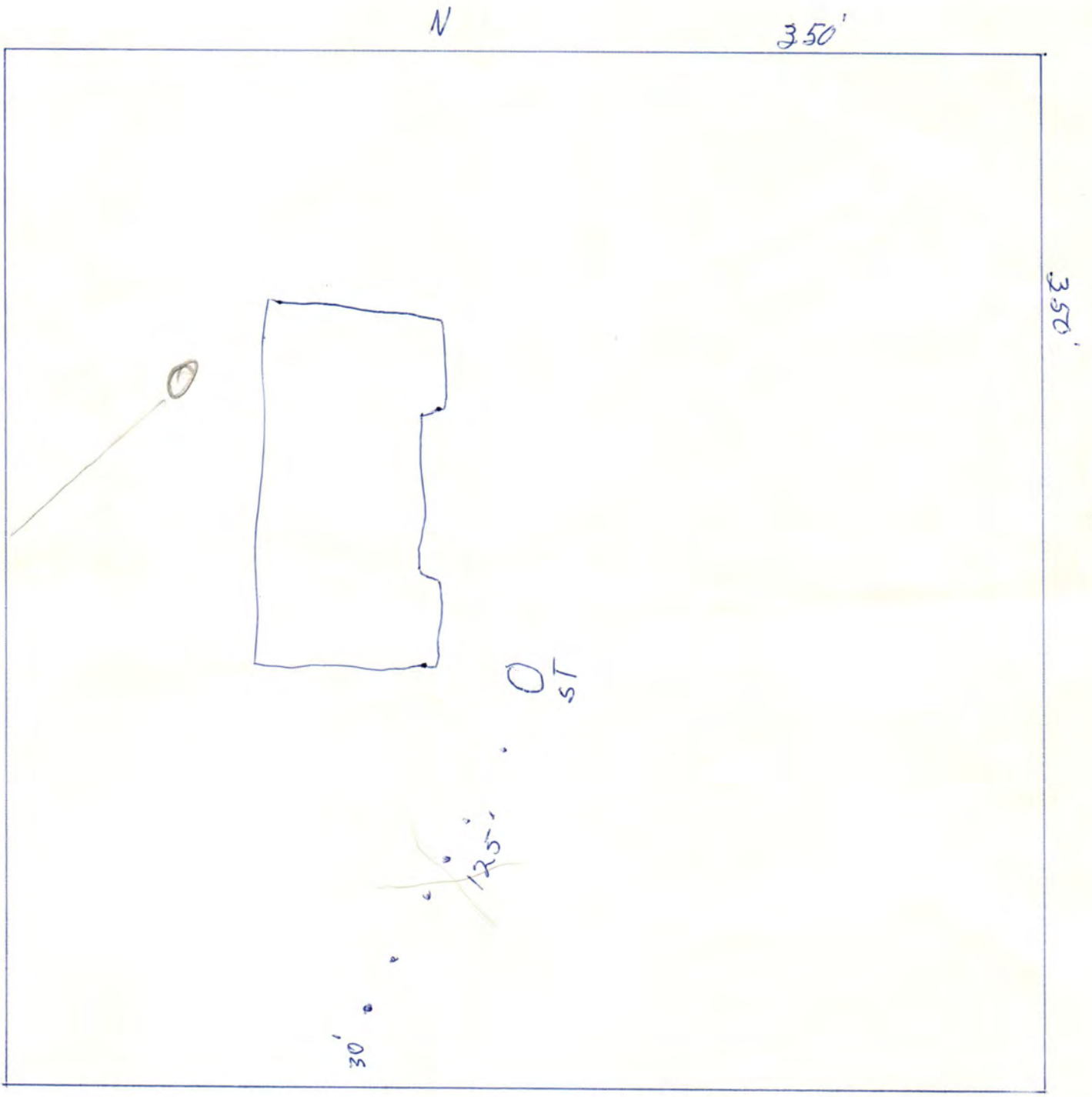
6/29/78 J.C.H. checked

5-22-78

230	18 1/8	17 3/4	18	18 7/8	18 1/4	17 1/2
300	20 1/8	20 1/4	20 5/8	20 1/2	20 1/4	19
330	21 7/8	21 3/4	23	22	22	20 1/2
400	23 7/8	23 1/2	25 1/2	23 1/2	23 3/8	22 1/4
	added water					
400	20 1/4	20 1/2	21 3/8	20 1/2	20 1/8	19 3/8
430	21 1/4	22	22 3/4	21 1/4	21 1/8	20 1/4
500	22 1/4	23 3/8	24 1/4	22 3/8	22 1/8	21 3/8
530	23 1/4	24 3/4	25 3/4	23 1/8	23 1/8	22 1/4
		added water				
530	23 1/2	X 23 1/4	+ 23 3/4	23 1/8	23 1/8	22 1/4
600	24	24 1/4	24 1/2	24 1/2	23 3/8	23 1/4
630	24 7/8	25 1/4	25 1/2	25 1/8	24 3/4	24 1/8
	7/8	1	1	1 3/8	7/8	7/8

1

30' from property line
200' from unused well



FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1323-C

SPECIFICATIONS

DATE: _____

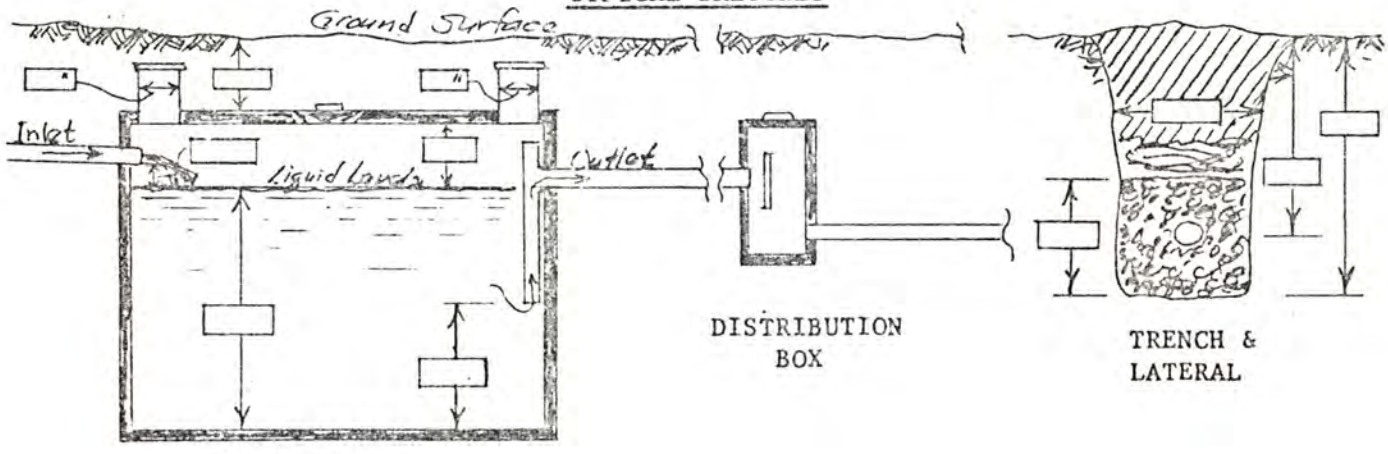
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 30 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 60 in.
3. Factory Built: Yes ☑ (Company PRECAST
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 16 in.
8. Distances To:
Well or Suction Line 200 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 130 ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
_____ No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

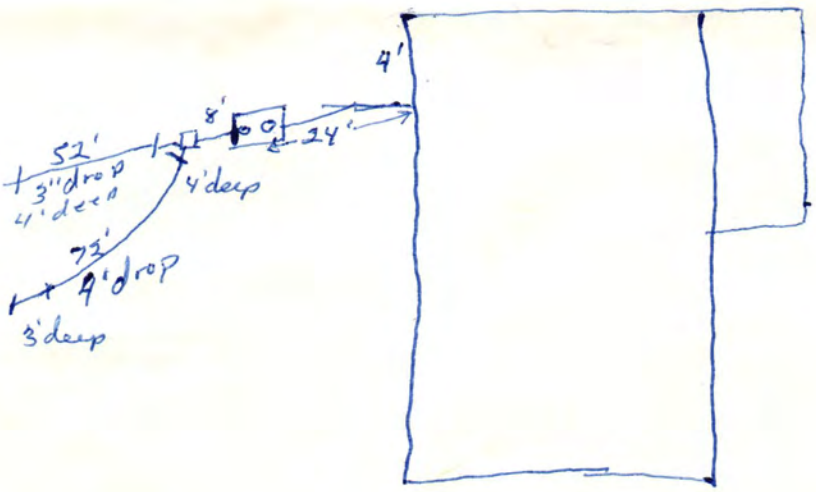
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line 4 ft
Total length of Laterals 125 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.;
Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line 200 ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line 30 ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

_____
Signature of Applicant



1000 gal tank
1 Dist Box
124' lateral
4' trench

6-29-78

Roy Krause

Bauna trenching

Larry Bauna

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 10001 S 134

Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 8E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 26 Addition ___

Directions to Property L26 NE 32 9-8 L 1 DIRT FOR RD 196 15377

Location of Well NONE Tap Location: Inside ☐ Outside ☐

Location of Sewage System NEXT TO RAIN GAUGE Year Installed ~~1980~~ 1979

Site Hazards (dogs, etc.) ~~[illegible]~~

	NAME	ADDRESS	PHONE
Present Owner:	TODD & ROBIN MARTIN Schmidt	160 MONROE SEWARD, NE 68317	
Tenant/Buyer:	DAVID & JOANNE ~~[illegible]~~	175 MICHIGAN TR LINCOLN NE 68521	475 6671
Return to:	MARY BRAKE	WOODS BROS REALTY 210 S. 21 LINCOLN, NE 68516	402 434 3673 402-434-3605 (Fax)

X Signature of Applicant David Schmidt Address Joanne Schmidt Date 7/25/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/7/01 Amount 200.00 Check No. 4519 Initials CW

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 7/10/01

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING IF IT HAS NOT BEEN PUMPED RECENTLY. SOUTH WEST LATERAL APPEARS TO HAVE RECEIVED MORE LIQUID THAN STRAIGHT WEST LATERAL. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/10/01

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: 9-00

416-5157

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 10001 South 134th ST Bennett

Twp 9N Range 6E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 25 Addition ___

Directions to Property ___

Location of Well ON RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System BACK of Dwelling Year Installed unknown 1978

	NAME	ADDRESS	PHONE
Present Owner:	Raymond Kunz	10001 South 134th ST Bennett, NE	782-6145
Tenant/Buyer:	Todd MARTIN	6000 BRIAR ROSA Lincoln, NE 68516	421-7408
Return to:	Mortech mortgage	4535 Normal BLVD LINCOLN, NE 68506	434-5626

Signature of Applicant Ray Kunz Address 4535 Normal BLVD LINCOLN, NE 68506 Date 9/9/94

HEALTH DEPARTMENT USE ONLY

Date Received 09/12/94 Received $150.00 ✓ Check ☒ #001236 Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood DATE: 9/14/94

RURAL WATER DISTRICT

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits: Date ___/___/___ by ___; Date ___/___/___ by ___; Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

Approved by Gerald C. Hood R.E.H.S. Date 9/14/94

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.