LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2067-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 1, 1984 — THIS PERMIT EXPIRES

PEGGY S. SLOEY — ISSUED TO

1941 No. 76 STREET LINCOLN, NE 68505 — ADDRESS

T12N; R6E;of 6th PM; Sec NE¼ of Sec 34; Lot 25; Irregular Tracts — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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
SS	3/30	60.00

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 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: $60.00

FILE NO. 2067-C

DATE: 2-29-84

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. 12 N ; Range 6 E of the 6th PM ; Section NE¼ of Sec 34
   Block _____ : Lot 25 : Addition Irregular Tracts
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Basic frame house with 3 occupants

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

4. Distance to public sewer: _____ ft. SYSTEM WILL BE BASED ON PERCOLATION TESTS

Peggy S. Story
Signature of Applicant (Owner or Lessee)

1941 No 76, Lincoln Ne 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/1/84. Date Frwd. 3/1/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/1/84. Date Frwd. 3/1/84. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Steward
3. City or County Engineer: Date Rec'd 3/1/84. Date Frwd. 3/1/84. ACTION: Approved ☒ Disapproved ☐ Signature: L. V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/15/84 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/17/84 By: Jerrold C. Hood

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. 2067-C

PROPERTY WHERE SOIL TESTED: Lot 25 of Irr. Tracts 6th pm

Location: Township 12 N ; Range 6E of the 6th pm ; Section & ¼ Section NE ¼ of Sec. 34.
Property Dimensions: 229 ft. x 1222.5 ft. Area: 5.11 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. _____.

OWNER: Dan A. Sloey

Address: 1941 No 76, Lincoln 68505

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): Morrill Clay Loam.
Date: _____

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

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-43 (73) 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 474-1541)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Mr Mrs Don Stacy
Address: 1941 NO. 76 St

Dates of Tests: 3-1-84 to 3-2-84. Weather: Precip. NO Temp. 55/45

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	18"	3-1	8 AM	3-1	12 AM	3-2	11 AM	6"	12 AM	4 3/4	60"	1 1/4	
2	"	"	"	"	"	"	"	"	"	4 5/8	"	1 3/8	
3	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
4	"	"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
5	"	"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
6	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	

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

Sentek Serv Co.
Signature of Person Conducting Test

Address 6710 NO 7
Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS: Morrill Clay Loam (S.C.L.)

DATE: March 2, 1984

Approved Percolation Rate (a)
A. 48 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: 474-1541

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 :_____

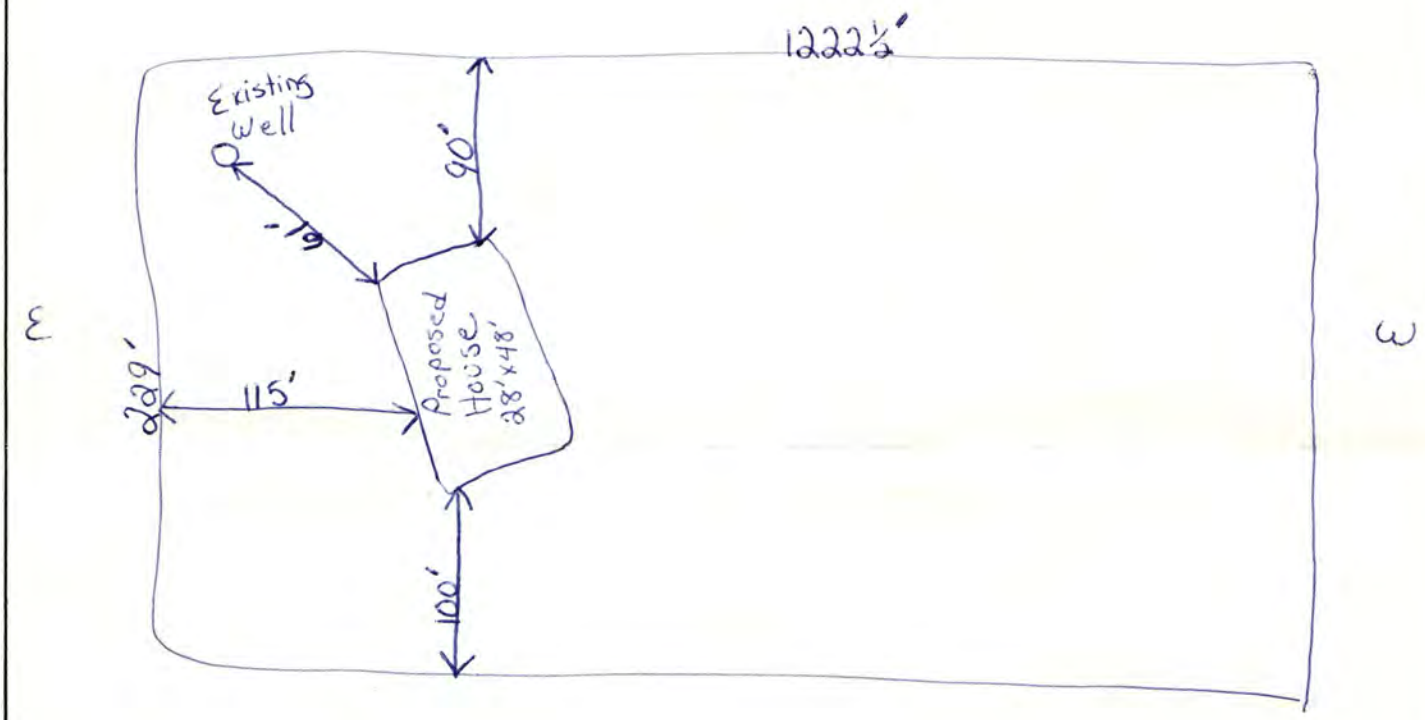
Date: March 2, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 916 sq.ft.

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. 2067-C

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: 474-1541

D

DATE: _____

FILE NO. _____

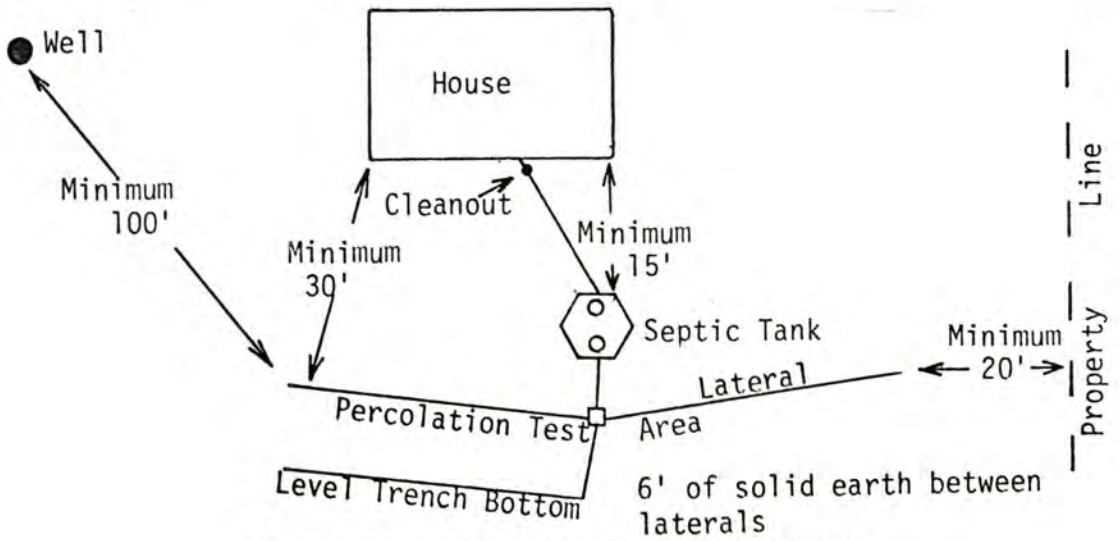
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' + 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 10 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre cast; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 4" _____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 101 2/3', 101 2/3', 101 2/3', _____, _____ ft.;
Total length of laterals 305 ft.;
Distance between lateral lines 10' ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 30" in.
4. Filter Material: Road gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 120' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

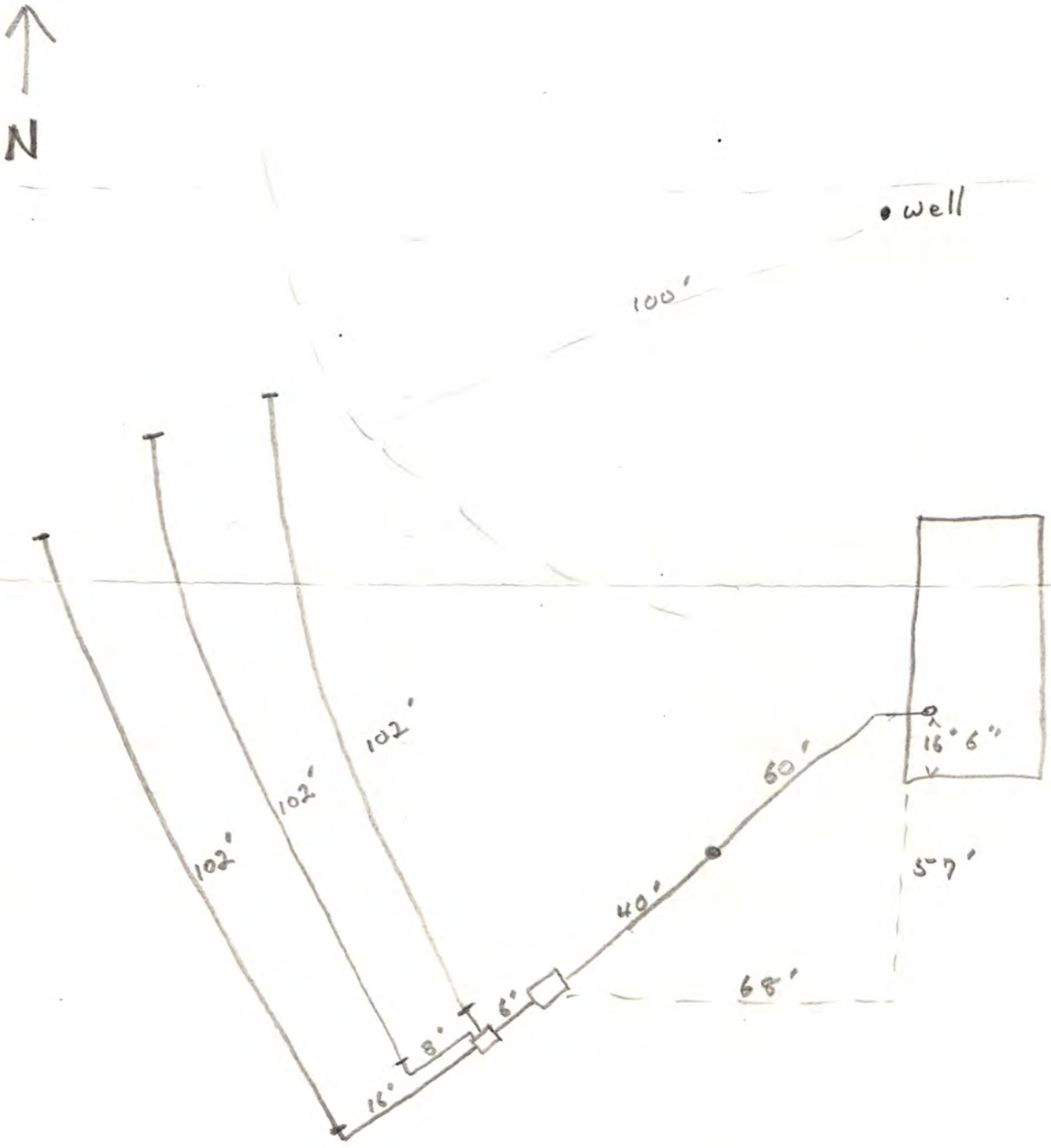


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-15-84 INSTALLER Larry Schwartz

½ mi No of 1st & Raymond Rd.



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: after 11:30AM

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

Legal Description of Property: Lot 25 of Irregular Tracts, NE ¼ of 34-12-6 TWP. ____; RANGE ____; SECTION ____; BLOCK ____

LOT ____; ADDITION ____; Street Address 15801 No 1st, Rt 1 Box 124B, Raymond,

Directions to Property ½ mile north of 1st + Raymond Rd, (we are NE not in the city of Raymond - we are in the country)

Location of Well North of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System South west of house Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Peggy Sloey	Rt 1 Box 124B Raymond NE 68428	785-7345
Tenant/Buyer:	(same - refinancing a home loan)		
Return to:	Jim Essay, Security Fed. Savings, Box 80609, Lincoln, NE 68501		

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

Signature of Applicant Peggy Sloey Address Rt 1 Box 124B Raymond NE 68428

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 30, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-3-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1-3-92 by rm
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 1.1 ppm	☐	Disapproved:	☐	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mazgunt, R.S. DATE 1-13-92

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