LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1017-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 21, 1977 — THIS PERMIT EXPIRES

M.E. Grey , 15001 N. 1st Mail to: Don Miller, Ceresco, NE 68017

ISSUED TO — ADDRESS

T12N, R6E, Section NW¼ of 34

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
[illegible]	3-21-77	30.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 1017-C

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

DATE: 3-17

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. 12 N ; Range 6 E ; Section NE¼ 34 - a Part of
Block ____ ; Lot ____ ; Addition ____
Street Address 15901 N 1st STREET See attached

2. Property Use: Residential X ☒ ; Commercial ____ ☐
No. of Bedrooms 3 . Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: NA ft.

ap 679 Easement signed

Mrs. M E Frey
Signature of Applicant (Owner or Lessee)

15901 N. 1st STREET - LANCASTER COUNTY.
Address

MAIL TO: DON MILLER
CERESCO, NEBR.

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/21/77 . Date Frwd. 3/21/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3-21-77 . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 3/21/77 . Date Frwd. 3/21/77 . ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

Inspected 7/14/77 & approved

$\frac{1}{2} = .5$

$\frac{3}{4} = .75$

$\frac{1}{2} = .5$

$1\frac{1}{4} = 1.25$

$1 = 1.0$

$1\frac{1}{4} = 1.25$

$3 + 1.35$

$$6\overline{)4.35} = .725$$

42

15

12

30

4.35

$.725 = 40 \text{ min/inch}$

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. 1017-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12N : Range 6E
Section & ¼ Sect. NE ¼ -34-
Property Dimensions: 226 ft. x 1000 ft.
Area: 5.19 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
ShD or MrD Silty Loam ; Clay Loam ; Sandy Clay

Owner: MELVIN GRAY
Address: 15901 N. 1ST STREET

Dates of Tests: 3-16 to 3-17. Weather: Precip. dry Temp 65

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	30	3-16	2:00 PM	3-17	9:00 AM	3-17	1:30	6	2:00	5 ½	30	½	
2	30						1:30	6½	2:00	5 ¾	30	¾	
3	32						1:40	6	2:10	5½	30	½	
4	30						1:40	8	2:10	6¾	30	1¼	
5	32						1:50	6	2:20	5	30	1	
6	32						1:50	6½	2:20	5¼	30	1¼	

Don Pentico
Signature of Person Conducting Test
Address Box 232 Firth Ne.
Phone WK. 423-0121 hm. 791-5714

Sum of Percolation Rates:
Average of Rates:
Mean of Rates: .725

(Do not write below this line)

REVIEWING ACTION

REMARKS:

DATE:

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

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. 1017-C

SPECIFICATIONS

DATE: _____

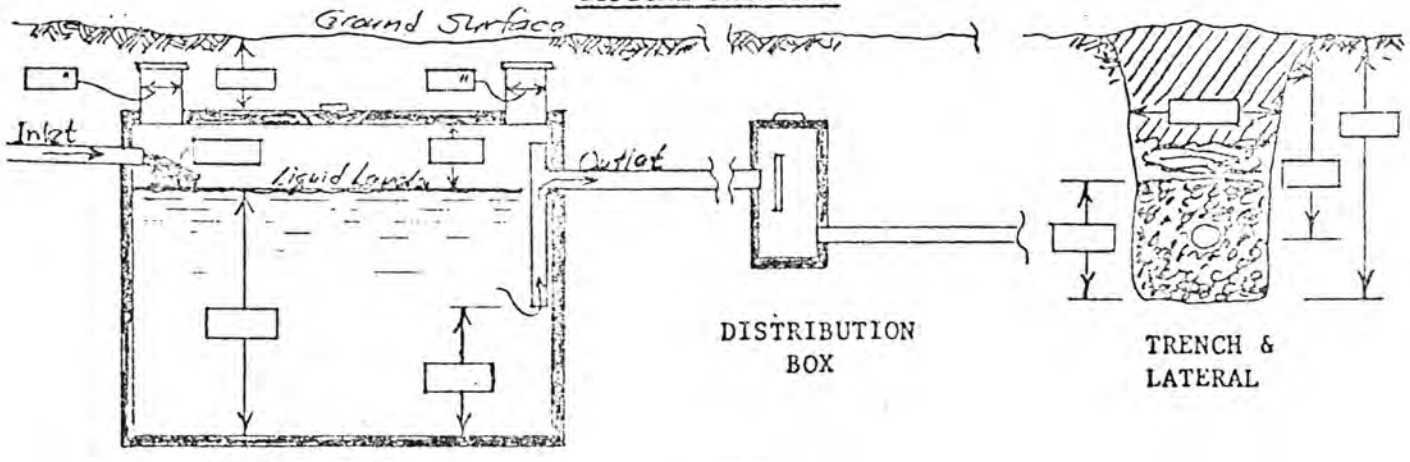
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 10 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs —.
5. Distances To:
Well or Suction Line 250 ft.;
Stream — ft.; Pressure Line 150 ft.;
Property Line 80 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIB; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company ~~CALVARY~~) CALVARY
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☒
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRICTION BOX
1. Material FIBERGLASS; No. available outlets 4.
2. Factory Built: Yes ☒, (Company CALVARY) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

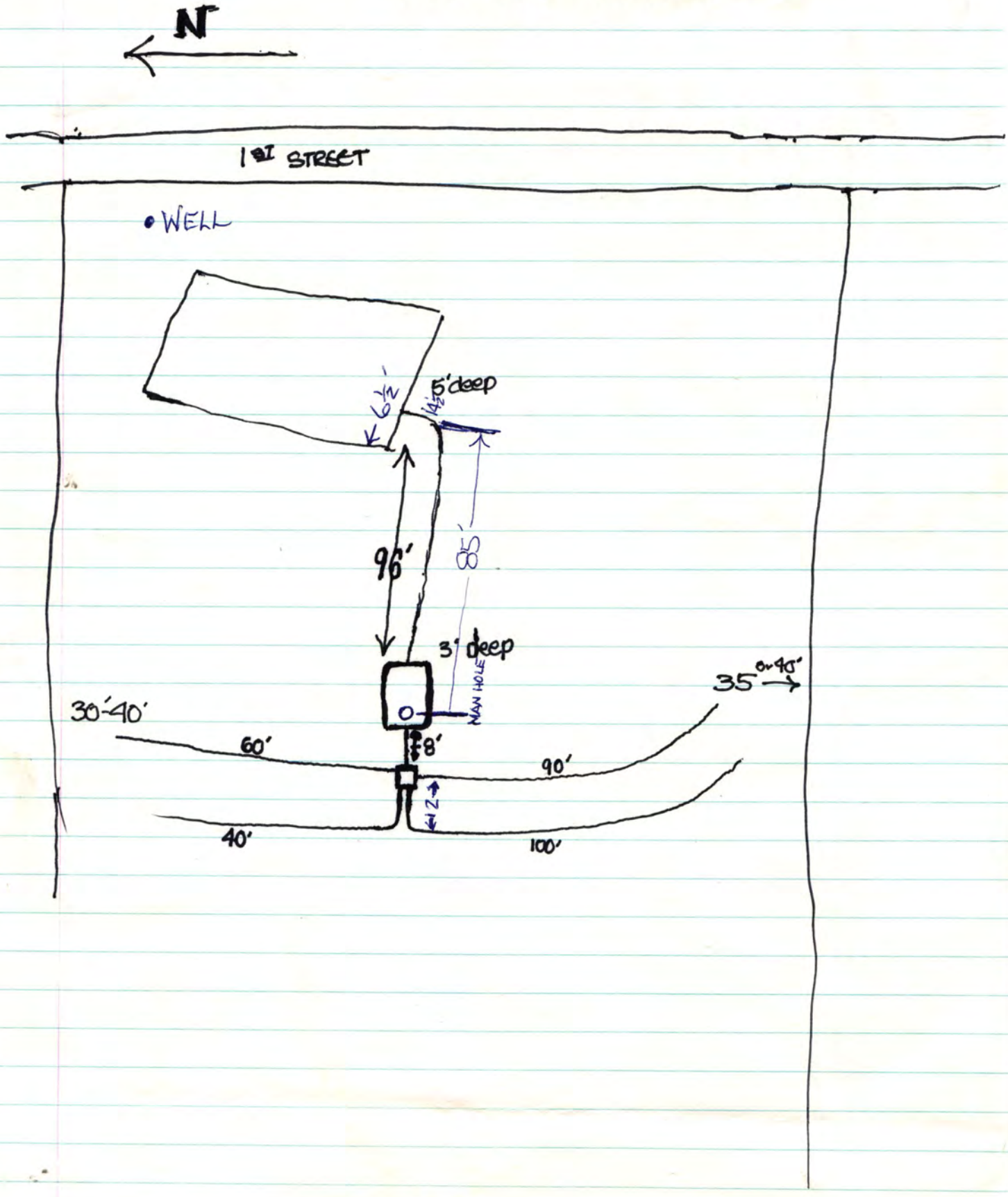
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___ in. Number 3; Length of each line ___ ft Total length of Laterals 287 ft.; Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape perforated Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ___ in.; Width 36" in.
4. Filter Material: GRAVEL. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 40 minutes/inch

TYPICAL SKETCHES

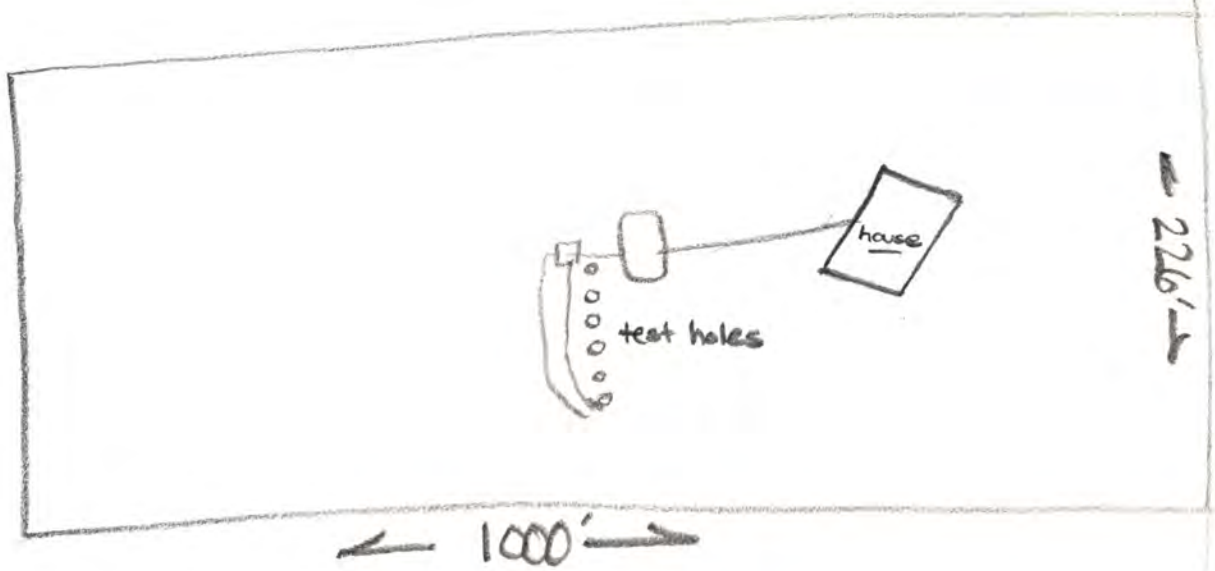


Signature of Applicant

#15901 NORTH FIRST STREET
M.E. GRAY Residence



POTTY CO PLUMBING



PHONE 791-5714 or MOBILE 435-1978 • BOX 232 • FIRTH, NEBRASKA 68358

9204C9911e 4-10-92

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: 4-2-92

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

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 34; BLOCK ____

LOT ____; ADDITION _____; Street Address 15901 NO 1ST RTE 1 Box 124A

Directions to Property RAYMOND NE 68428. NORTH ON 14TH ST TO RAYMOND RD West to 1st STREET - North to Yellow hse

Location of Well SE of HOUSE Tap Location: Inside ☑ Outside ☑

Location of Sewage System SW. of HOUSE Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	MEL GRAY	RTE 1 Box 124A Raymond 68428	
Tenant/Buyer:	REFINANCE		
Return to:	SAME - WILL PICK UP REPORT		

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

Signature of Applicant Mel Gray Address RTE 1 Box 124A RAYMOND NE 68428 Phone: 783-2111

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 2, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-3-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒ deficiencies corrected	☒ 4-6-92	Approved: ☒	Date 4-3-92 by rmm
Bacteria	☒	☐	Provisional: ☐	Date 4-6-92 by rmm
Nitrate	☒ 1.1 mg/l	☐	Disapproved: ☐	Date _____ by ____

Comments: Must secure sanitary seal, fill in hole by casing, and install a new cover plate on conduit. Owner says that old well may be used as a back up and does not want to permanently abandon at this time. 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 Magenot, RS DATE 4-7-92

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

15,901 N. 1st Street

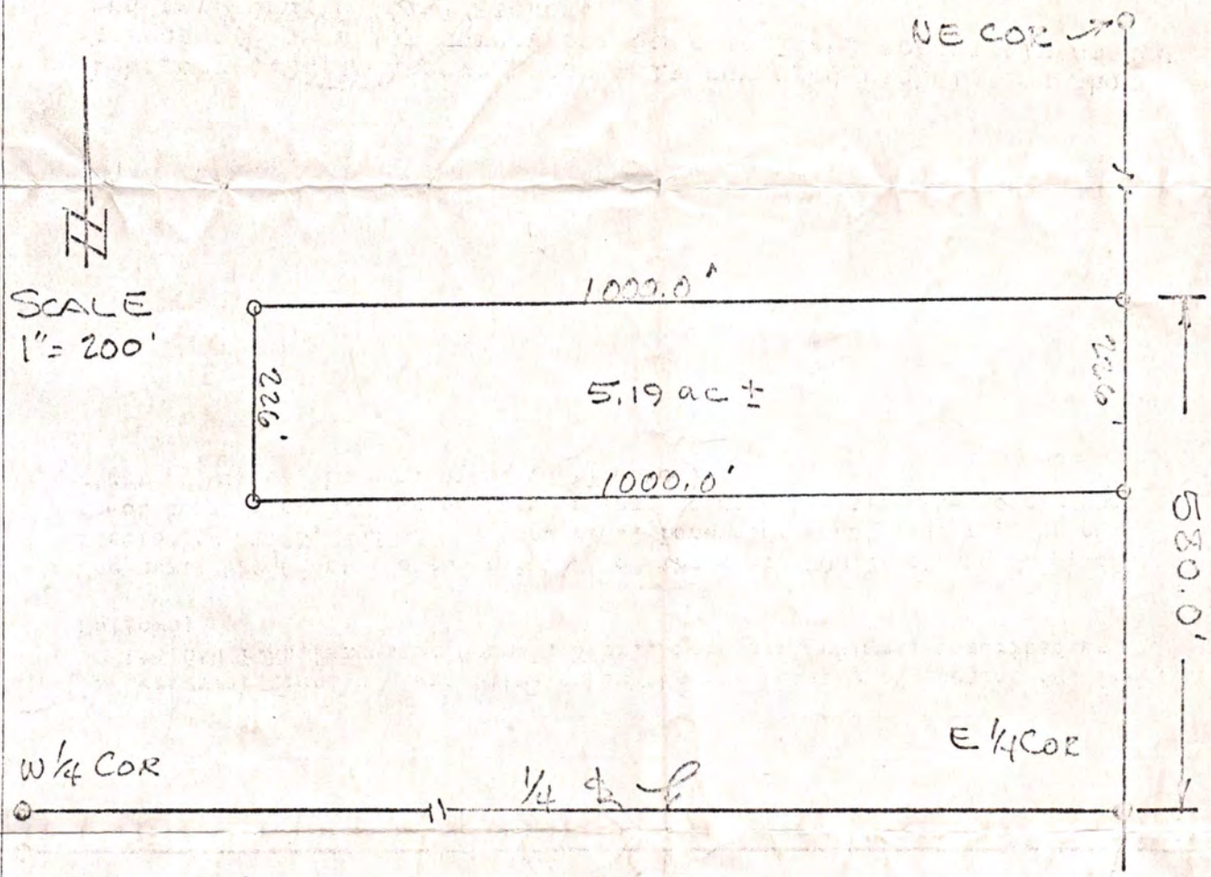
Survey Record

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: AN IRREG. TRACT SITUATED IN

NE¼ Section 34 T 12 N, R 6 E of 6th P.M.



An irregular tract of land situated in the northeast ¼ of section 34, T12N, R6E of the 6th P.M., Lancaster County, Nebr., more particularly described as follows;

The north 226.0' of the south 580.0' of the east 1000.0' of the NE ¼, of Section 34, T12N, R6E of the 6th. P.M., Lancaster County, Nebr., the said tract containing 5.19 acres more or less being subject to the county road right of way on the east side. (0.17 acres)

I hereby certify I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

NEBRASKA REGISTERED LS-252 LAND SURVEYOR ROBERT B. BATES, JR.

Land Surveyor's Seal

Signed this 20 day of December 19 76

Name: Robert B. Bates

Surveyor's license No. L.S. 252