LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1339-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December ~~June~~ 13, 1978 — THIS PERMIT EXPIRES

Wayne Call — ISSUED TO

4215 O Street, Lincoln, NE 68510 — ADDRESS

T12N, R6E, Section SW¼ of 34, Lot 10

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 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: 474-1541

A

FILING FEE: $30.00

FILE NO. _____

DATE: 6-12-78

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. 12N ; Range 6E ; Section SW¼ of 34
   Block _____ : Lot 10 : Addition _____
   Street Address _____

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.

Wayne Call
Signature of Applicant (Owner or Lessee)

4215 "O"
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-12-78. Date Frwd. 6-12-78. ACTION: Approved ☒ Disapproved ☐ Signature: James Wevelka

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-13-78. Date Frwd. 6-13-78. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City or County Engineer: Date Rec'd. 6-13-78. Date Frwd. 6-13-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-6-78 by: JW
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-6-78 By: James Wevelka

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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 12N; Range 6E
Section & ¼ Sect. SW/4 Sec 35 Lot 10
Property Dimensions: ___ ft. x ___ ft.
Area: 1.10A acres. (Attach sketch of property showing hole location).

Owner: Douglas Hill
Address c/o Call Bros 4215 "O" Lincoln NE

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: June 6 78 to June 7 78. Weather: Precip. 0 Temp. 70 °F

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				
Hole 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	32"	6/6	5 PM	6/7	4 PM	6/7	4 PM	12"	7 PM	7"	30 M	½	
2										5"		¾	
3										6"		1½	
4										5½"		2"	
5										5½"		¾	
6										8"		1½	
						Refilled		374 at	5:30	to 6:30			

Robert L Johnson
Signature of Person Conducting Test

Address 2418 no 3rd
Phone: 432 3595

Sum of Percolation Rates
Average of Rates: 9"
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

REMARKS: Unknown Soil - looks like W & C

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 6-12-78

James A Vevera
Signature of Reviewing Official

Creek
1
2
3
4
5
100'
100'
30'
House

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.~~ proposed

Drawing on back of Perc Test Form

REVIEWING ACTION

Remarks :_____

Date: 6-12-78

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 188 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 750 sq.ft.

James Newlon
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)

1000 W Raymond Rd

FILE NO. _____

SPECIFICATIONS

DATE: _____

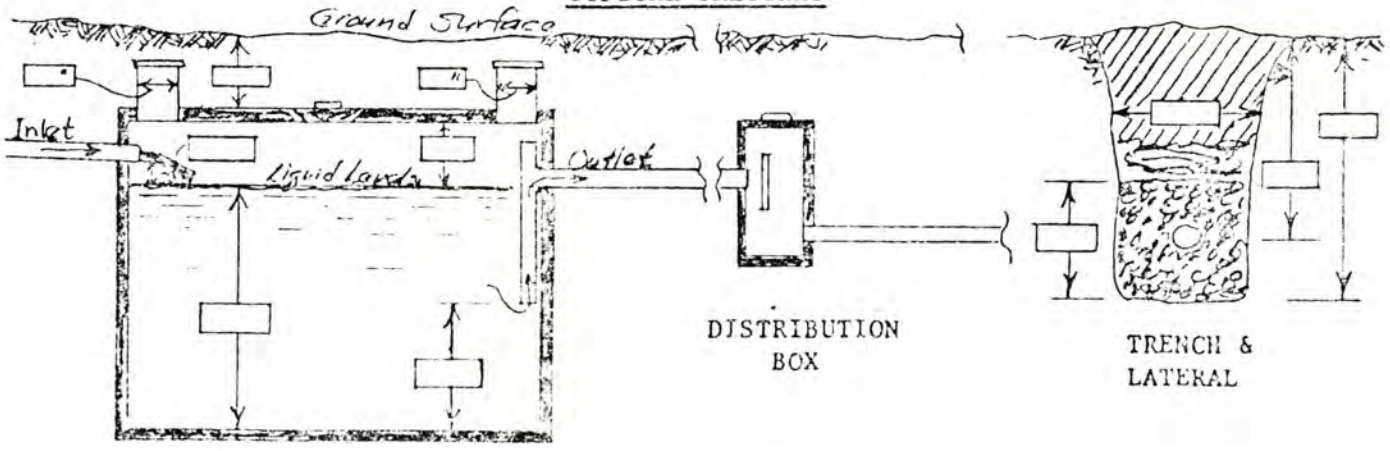
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) 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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

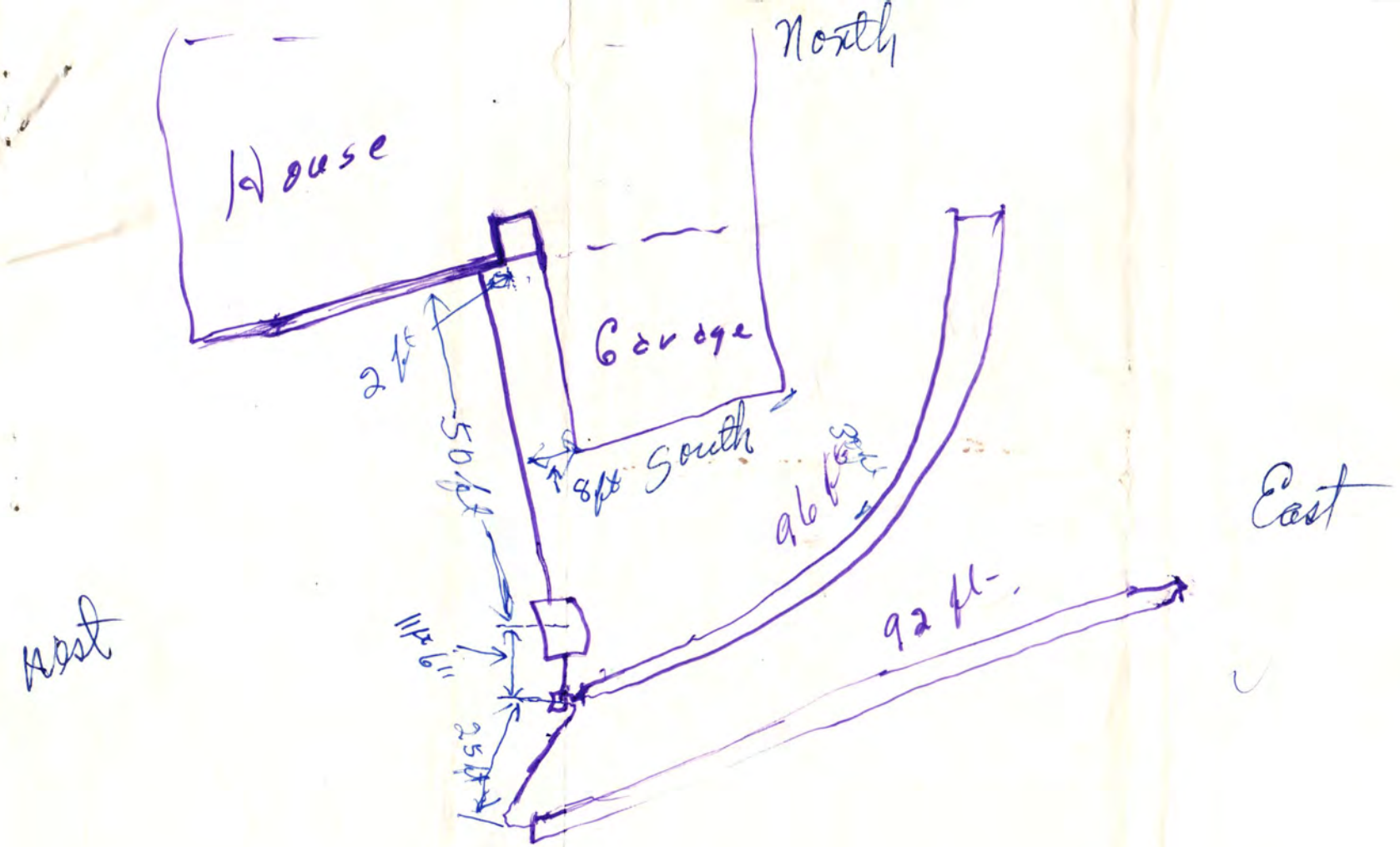
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 188 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___in.; Width 46 in.
4. Filter Material: road 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: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant


North
House
Garage
2 ft
50 ft
8 ft South
96 ft
East
92 ft.
West
11 ft 6 in
25 ft

98080401 6

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.

CR 3729

Legal Description of Property: Street Address 1000 W. RAYMOND RD.

Twp 12N Range 6E Section 34 1/4 S.W 1/4 Block ___ Lot 10 Addition ___

Directions to Property TAKE 14TH ST. TO RAYMOND RD – THEN LEFT TURN TO PROPERTY (BRIDGE AT FOOT OF LANE TO HOUSE)

Location of Well FRONT YARD NEAR ROAD Tap Location: Inside ☒ Outside ☒

Location of Sewage System S.E. CORNER OF HOUSE Year Installed –

	NAME	ADDRESS	PHONE
NCR 30512 Present Owner:	RANDY WOOD	1000 W. RAYMOND Rd. RAYMOND 68428-4156	783-2004
ACR 61826 Tenant/Buyer:	ROLAND TEMME	646 WASHINGTON ST. 68502	475-1953
Return to:			

Signature of Applicant Roland Temme Address 646 WASHINGTON Date 7/8/98

NOTE: CALL TO SETUP APPT

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/8/98

Initials ___

Amount $150.00

Check No. 9180

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

JM JBare 7/5 3HH 4X-001300

PRELIMINARY STATUS--By JBare DATE: 7/9/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☐ 0.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 7/22/98 by JB

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend septic tank be checked and pumped if needed. Well located on nw area of house should be properly abandoned if no longer used.

See Attached Letter ☐

FINAL STATUS

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

Approved by James E Bare Date 7/27/98

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