LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE INSTALLATION

No. 94380111501

Issued 02/03/94
Expires 08/03/94
Revenue Code 18754

Establishment

JANE BERG
T9N R8E SEC 32
LOT 47
10900 S 120 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JANE BERG
3701 BRIARWOOD AV
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: Jan 30, 1994

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 32 SW¼ ;
   Block _____ : Lot 47 Irr. : Addition _____
   Street Address 10900 So 120
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon
4. Distance to public sewer: _____ ft.

Jane Berg Owner
Signature of Applicant (Owner or Lessee)

W. 489-6466
423-2488

3701 Briarwood. Lincoln Ne 68516
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 2/2/94 . Date Frwd. 2/3/94 .	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 2/3/94 . Date Frwd. 2/3/94 .	ACTION: Approved ☒ Disapproved ☐	Signature: [illegible]
3. City or County Engineer :	Date Rec'd. 2-3-94 . Date Frwd. 2-3-94 .	ACTION: Approved ☒ Disapproved ☐	Signature: RD Mahy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/19/93 by: L.C.H. inspected pipe three lengths out.
Date: 5-13-93 by: P.D. inspected lagoon, drawing etc
Date: 4/19/94 by: L.C.H. no fence etc.
8-5-94 PD

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-5-94 By: Paul D. Graham

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

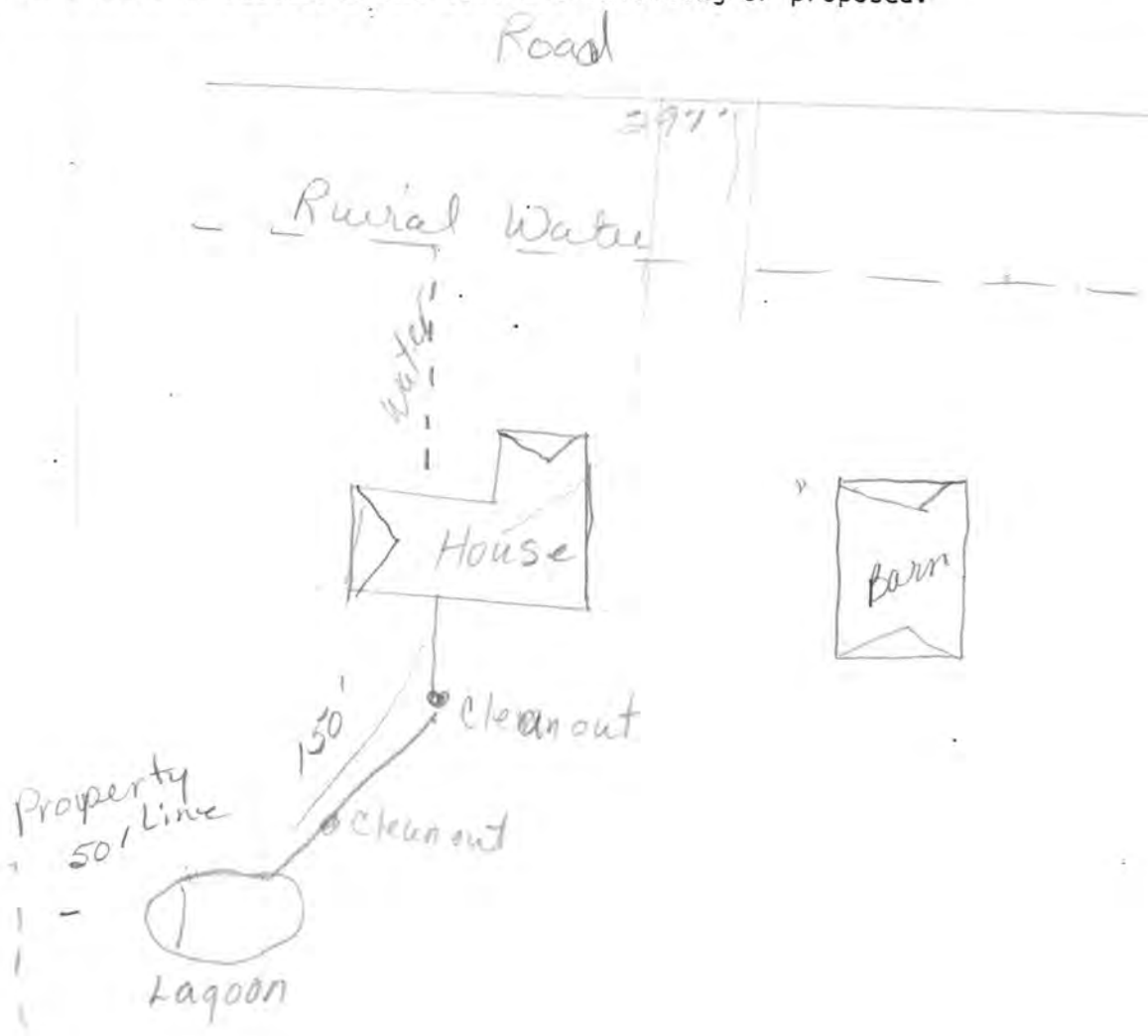
FORM 23-43

Pert Test

Sand	3.16
Coarse Sault	22.35
Fine	24.43
Very fine	4.16
Clay	45.90

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:_____

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: 471-7800

D

DATE: 4-94

FILE NO. _____

So 120th Hwy 2 – Berg residence

19 R 8 Sec 32

Sewage Lagoon

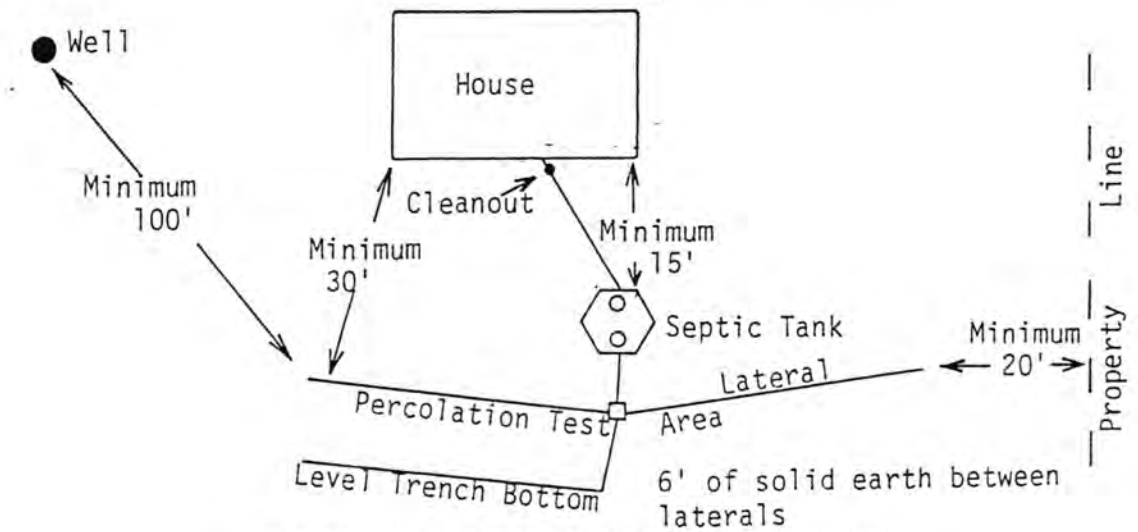
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 13 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.

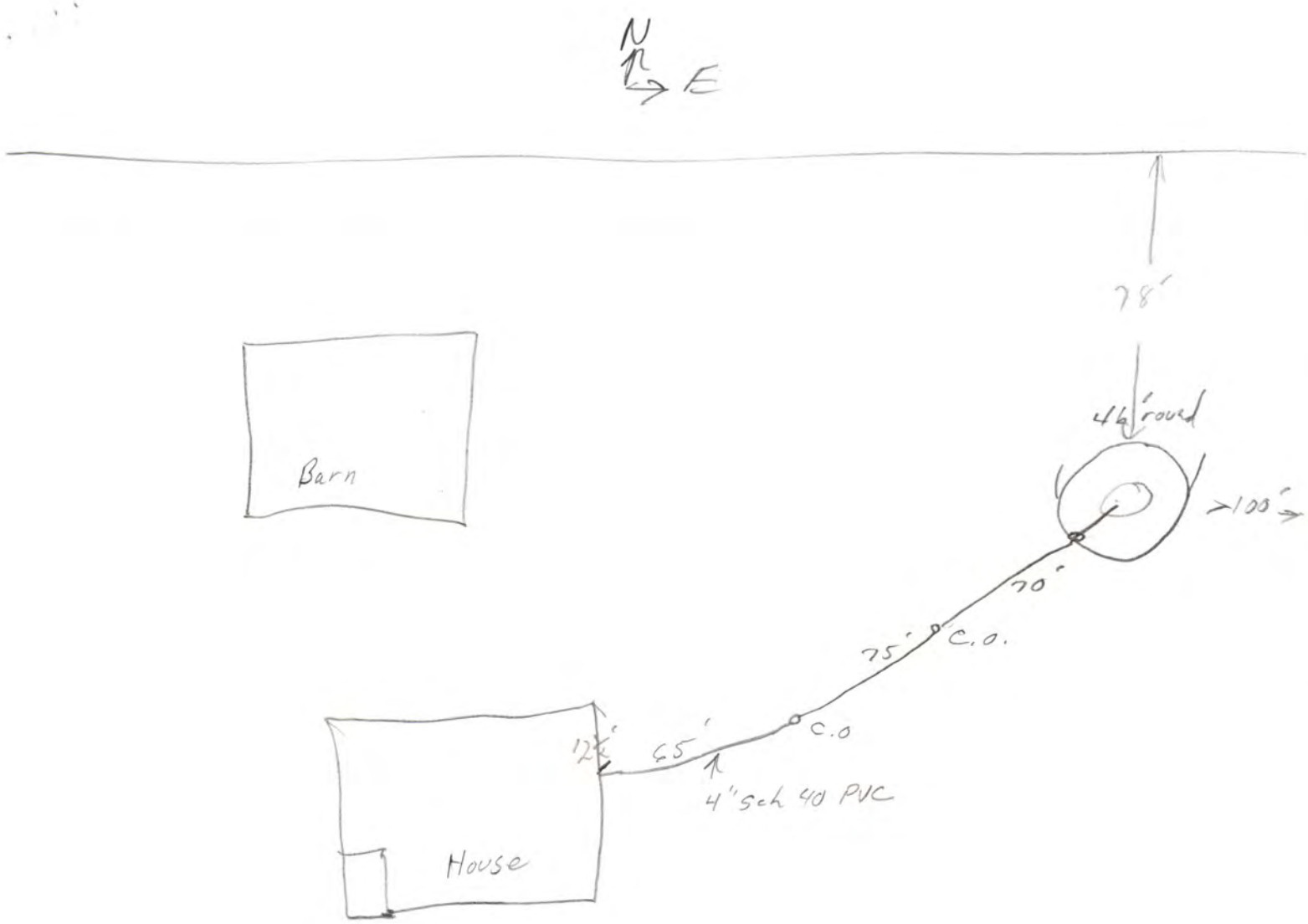
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ 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


N
E
78'
4½' round
>100'
Barn
70'
75'
C.O.
C.O
12½'
65'
4" sch 40 PVC
House

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 9-8-32 Location 10900 S. 120th

Owner/Requestor Berg / Southwick

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ✓ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Lagoon needs to be smoothed out some — too many grooves in it. Need splash plate, fence, etc

8-5-94 fence up - P.D.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

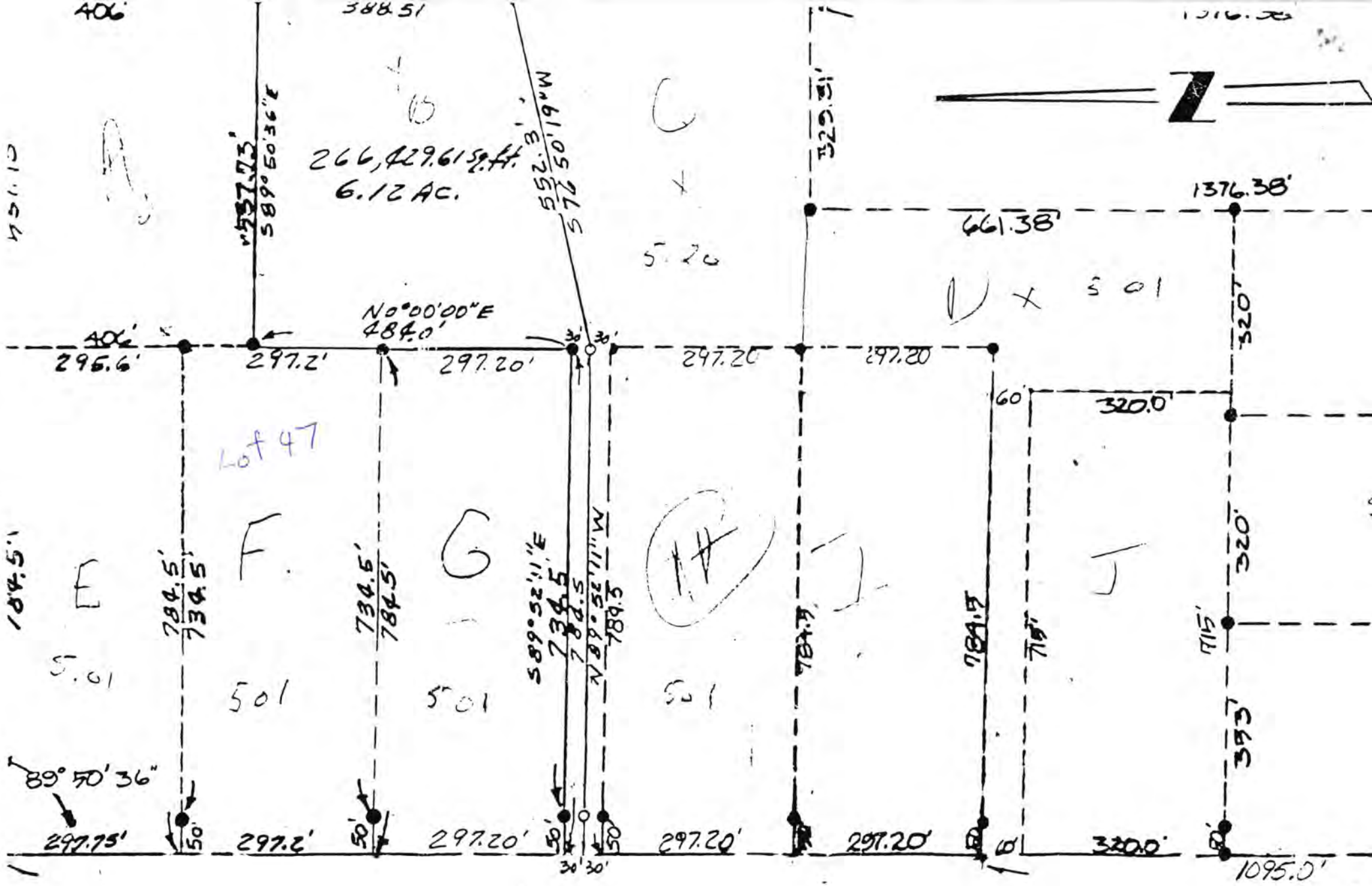
Sewage System ___ Septic ✓ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify) fence, etc.

Inspected by: Paul Drotzmann Received by: _____

Date: 5-13-94

WA1002


406'
388.51'
N 0°00'00" E
484.0'
S 89°50'36" E
737.73'
266,429.61 Sq. Ft.
6.12 AC.
S 52.3'
S 72° 50' 19" W
529.31'
1376.38'
661.38'
320'
297.2'
297.20'
60'
320.0'
Lot 47
734.5'
784.5'
S 89° 52' 11" E
N 89° 52' 11" W
784.3'
784.15'
715'
393'
89° 50' 36"
297.75'
1095.0'