LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1611-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 18, 1980 — THIS PERMIT EXPIRES

William Stuart (by Paul von Gillern) — ISSUED TO

346 No. 32, Lincoln, NE — ADDRESS

T12N; R6E; Section 32; Block 2; Lot 14; Willard Estates Addition — 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

HEALTH — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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: $60.00

FILE NO. 1611-C

DATE: 10-4-79

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 32 ;
   Block 2 : Lot 14 : Addition Willard Estates
   Street Address NW 27th St + Raymond Road

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

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

4. Distance to public sewer: Miles ft.

William Stewart
Signature of Applicant (Owner or Lessee)

Paul von Gillern
346 N 32 St.
Address
Tele 467-4792

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/17/79 . Date Frwd. 10/17/79 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-9-79 . Date Frwd. 10-10-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Sally Grant

3. City or County Engineer: Date Rec'd. 10-18-79 . Date Frwd. 10-18-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 12/7/79 by: L.C.H.
Date: 12/7/79 by: jw
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-3-80 By: jw

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: 474-1541

B

FILE NO. 1611-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section 32.
Property Dimensions: 300' ft. x 455 ft. Area: 2.089 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9-27-79 to 9-28-79. Weather: Precip. 0 Temp. 75.

OWNER: William Stewart

Address: 346 N 32th

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		Elapsed	Water	Percolation
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.)	Time (Min.)	Level Drop (in.)	Rates (Min./in.)
1	24	9/27	6:00 PM	9/28	1:20 PM	9/28	1:20	6"	5:45	4 3/4	60	1 1/4	60 1 1/4
2										4 1/2		1 1/2	1 1/2
3										6		0	0
4										5 1/4		3/4	3/4
5										6		0	0
6										4 1/2		1 3/4	1 3/4

Clifford Peterson
Signature of Person Conducting Test

Address 3308 N. Cotner Phone 467-4792

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Clay

Date: _____

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

_____
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 ☐

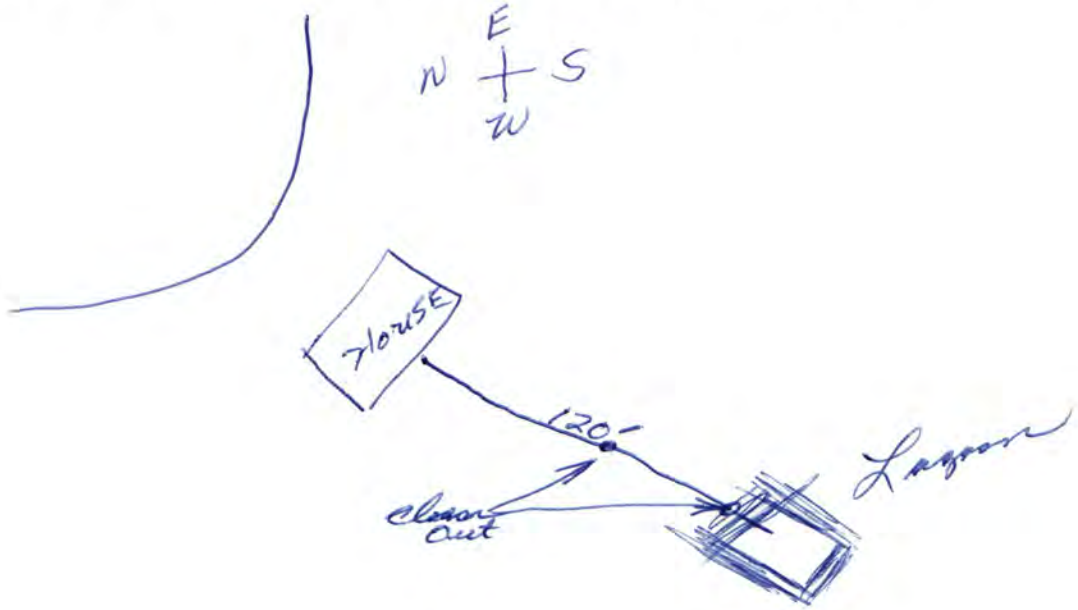
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: Lagoon

Date: 10-4-79

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: 12-7-79

FILE NO. 1611-C

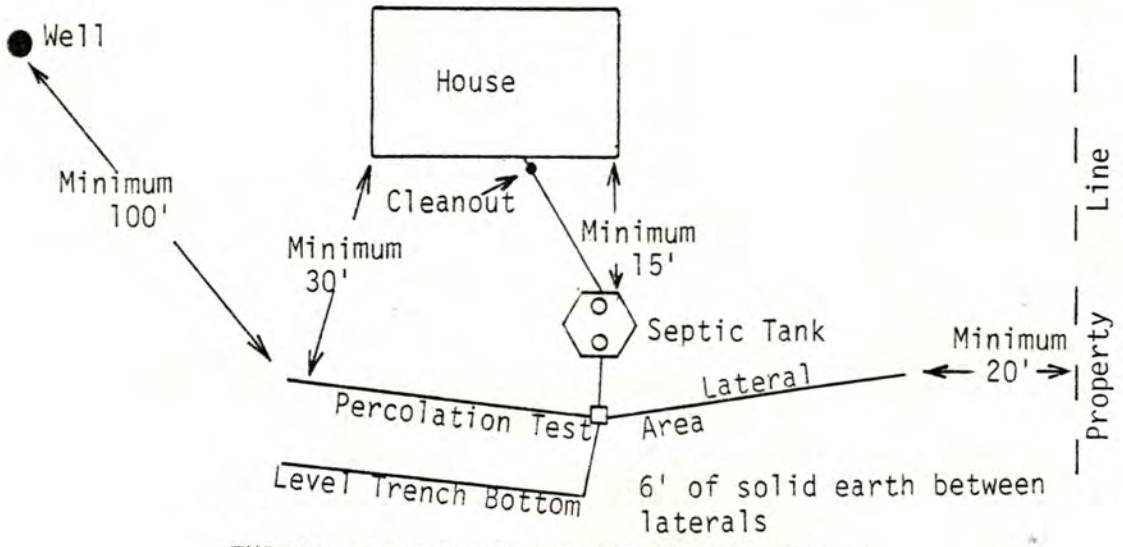
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 135 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line Bunk House ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK: Lagoon
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.

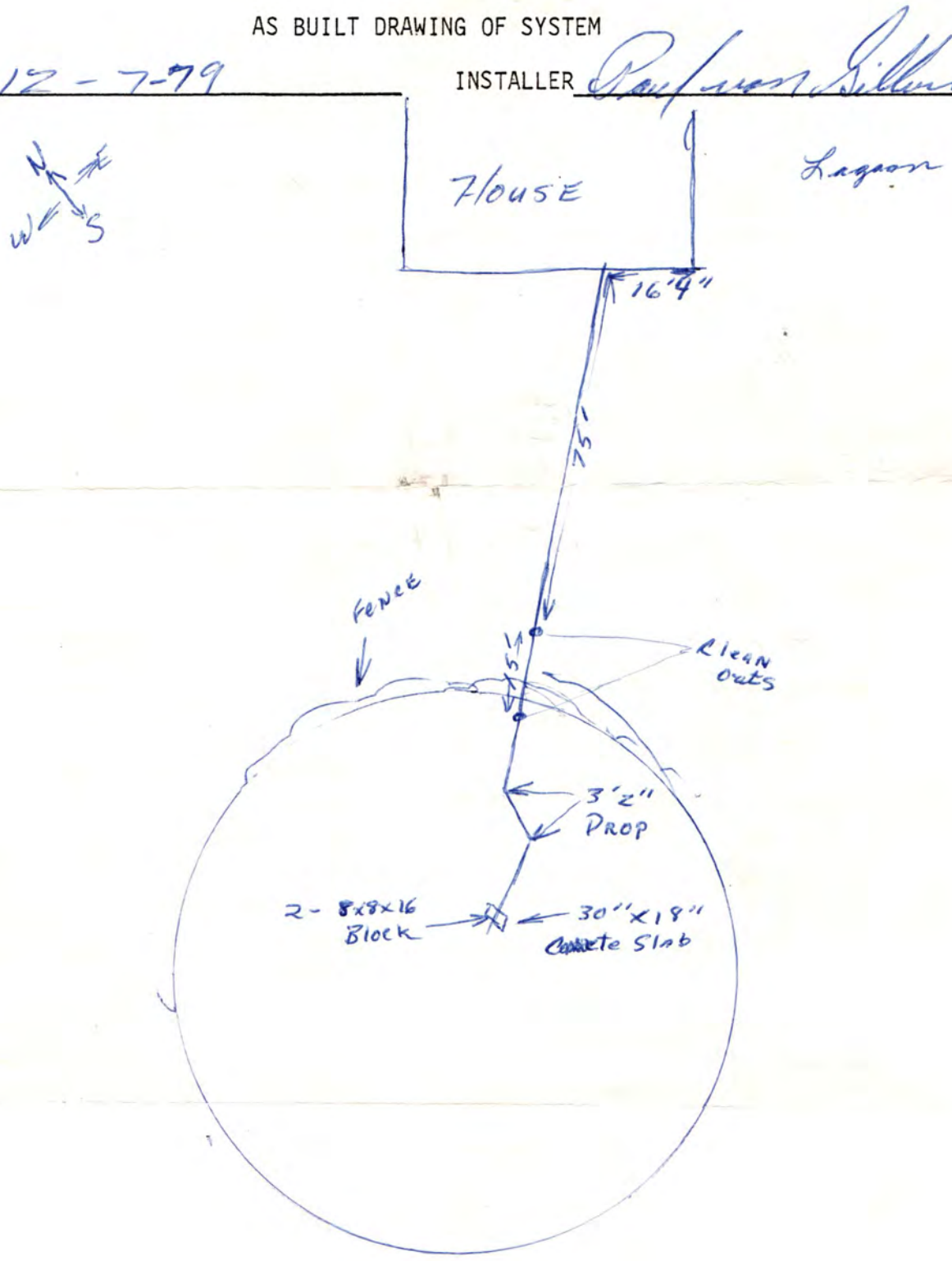
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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

AS BUILT DRAWING OF SYSTEM

DATE 12-7-79 INSTALLER [signature]



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 15681 NW 32nd Raymond NE

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

Twp 12 Range 06 Section 32 1/4 ___ 1/4 ___ Block 2 Lot 14 Addition Willard Estates

Directions to Property _____

Location of Well Under Tire Southwest Corner Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon Year Installed 80-90

Site Hazards (dogs, etc.) N/A

	NAME	ADDRESS	PHONE
Present Owner:	William & Stewart		783-3591
Tenant/Buyer:	Eric Ryan Hiebert	7119 NE 48th Walton Ks	
Return to:	Tana Walkinshaw	5901 NO 27th Lincoln NE	890-2072
			(Fax)

Signature of Applicant Tana Walkinshaw Address _____ Date 10 / 18 / 2000

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10 / 17 / 00 Amount $ 200.00 Check No. 8147 1103 Initials LO

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

10-20-00 1023 P15416-42

10-26-00 Cdl E.Gl P16707-30

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 10 / 18 / 00

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 10/20/00 by Jerry
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date 10/30/00 by PD
Nitrate	☒ <0.5 ppm	☐ ____ ppm	Disapproved ☒	Date 11/7/00 by PD

Comments: 11-16-00 Cleanout cap replaced, lagoon vegetation curtailed LLCHD suggests burning off dead vegetation prior to putting the system into use. Install a depth indicator as a monitoring aid. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 11 / 16 / 00

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

007

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

32-12-6

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 15681 NW 32

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Willard Estates

Directions to Property ___

Location of Well about 300 Ft SW of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of House Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	William E Stewart	15681 NW 32nd Raymond NE 68428	783-3591
Tenant/Buyer:			
Return to:	Pick-up Bob Chamberlain 5600 S 56th St, Lincoln, NE Commercial Bank		

Signature of Applicant Linda M Stewart Address 15681 NW 32nd Raymond NE Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 5/4/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By JMM **DATE:** 5/4/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mangurt Date 5/11/93

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.

300