LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1347-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 26, 1978 — THIS PERMIT EXPIRES

Woodcraft Homes — ISSUED TO

3545 North 48 Street, Lincoln, NE — ADDRESS

T12N, R6E, Section 32 SE ¼, Block 4, Lot 2, Addition Willard Estates — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.000	$	$	$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. 1347-C

DATE: May 26, 1978

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 SE/4 ;
   Block 4 : Lot 2 : Addition Willard Estates
   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.

X Woodcraft Homes Corp William Hoosemy
Signature of Applicant (Owner or Lessee)

2545 No 48 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/26/78. Date Frwd. 6/26/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-21-78. Date Frwd. 6-21-78. ACTION: Approved ☒ Disapproved ☐ Signature: Sally Grant, Clerk

3. City or County Engineer: Date Rec'd. 6-26-78. Date Frwd. 6-26-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: ~~7-14-78~~ by: ~~jw~~
Date: 8-23-78 by: jw
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-13-78 By: James Neveka

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. 1347-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section 32 SE/4
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 5-14-78 to 5-15-78 . Weather: Precip. _____ Temp. _____ .

OWNER: Woodcraft Homes

Address: Lincoln, Ne.

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.)
1	30	11:30		5/15	12:15	5/15	3:15	14½	3:45	14¾	30	¼	120
2		5/14	11:30					13¼		13⅜		⅛	240
3								18		18⅛		⅛	240
4								16¾		17		¼	120
5								16⅝		16¾		⅛	240
6								17¼		17¾		½	60

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

Brad Southwick
Signature of Person Conducting Test

Address Hickman, Ne Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for Conventional Septic System
Soil Type (SCS): Pawnee Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☒

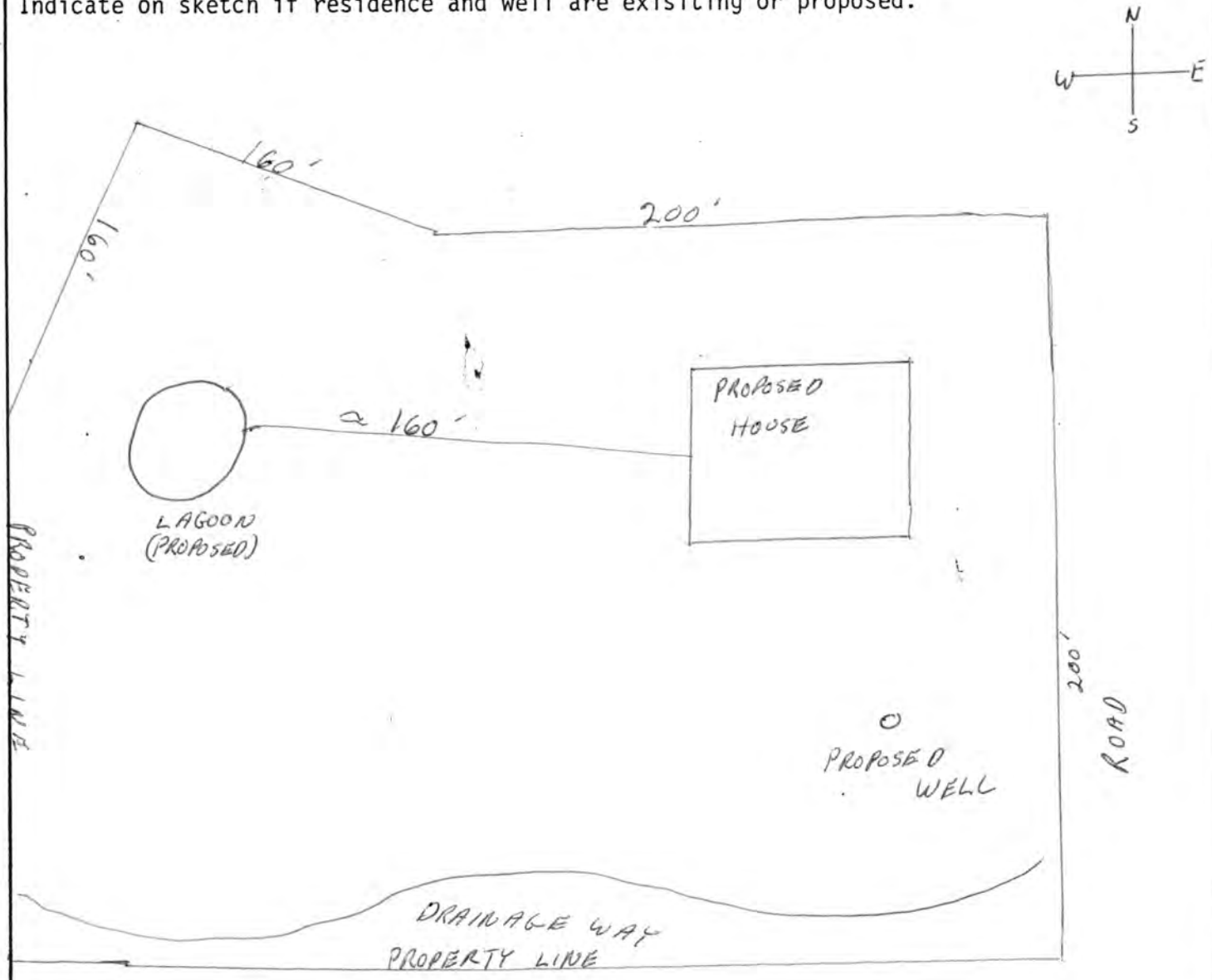
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska . 68502
Phone: 474-1541

C

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

FILE NO. 1347-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.

Jerrold C. Vood
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._____

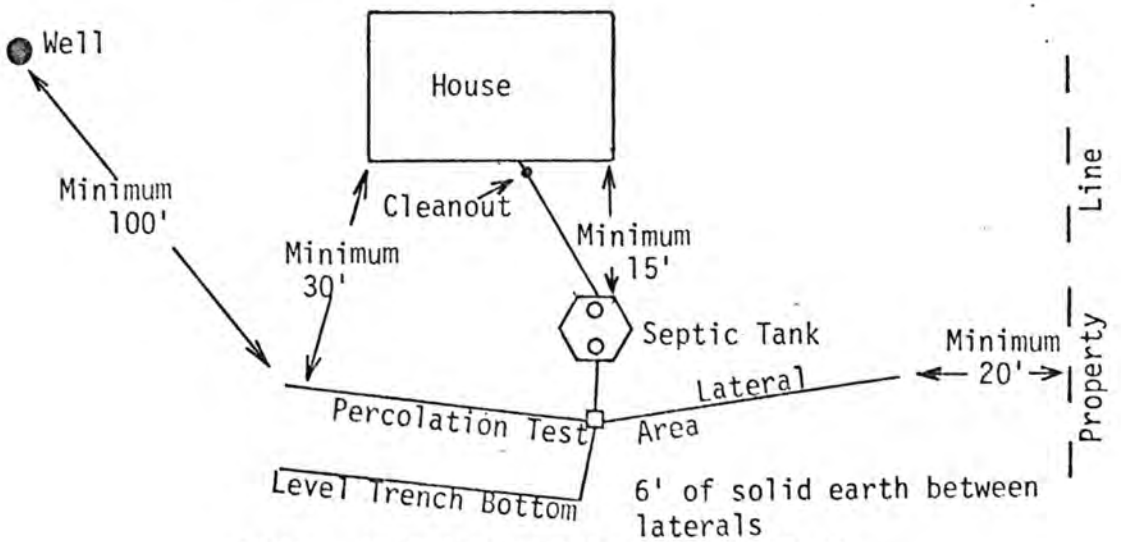
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; 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:
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.

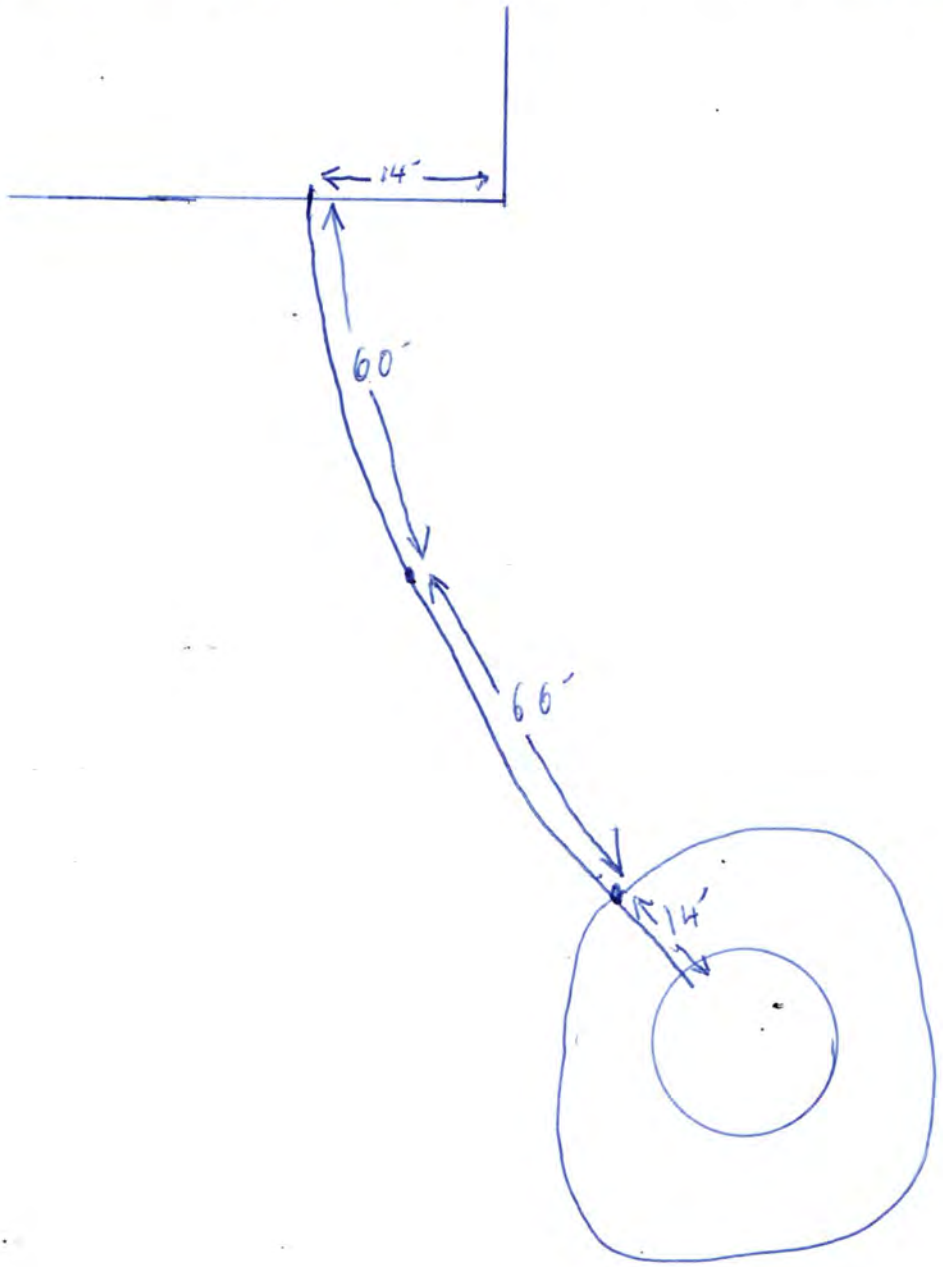
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or
Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____,
_____,_____,_____,_____ft.;
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 AUG 23 - 78 INSTALLER NORM BERGHUIS



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: 8/23/89

☑ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK 4

LOT 2; ADDITION Willard Estate; Street Address 15101 NW 31

Directions to Property NW 31 + Raymond Rd. - (East of Raymond, N. bl)
First Home on West side ON NW 31 - White + Brown trim.

Location of Well Front of Home Tap Location: Inside ☐ Outside ☐

Location of Sewage System rear of Home Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Mr. + Mrs. Lindholm	15101 NW 31	783-2652
Tenant/Buyer:	Beverly Blank + Bonita McMullen	1107 Jacqueline, Papillion, Nebr	339-9246
Return to:	Mike Anderson	7141 A street 421-7095	Lincoln, Nebr 68510

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

Signature of Applicant Mike Anderson Address 7141 A street

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 5, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-6-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 9-6-89 by [illegible]
Bacteria	☐	☐	Provisional:	☐	Date 9-14-89 by [illegible]
Nitrate	☒ 5.0	☐	Disapproved:	☒	Date 9-18-89 by [illegible]

Comments: Fence must be maintained at the 4 ft height. Discharge pipe is broken and must be replaced to discharge near the center of lagoon. Need a lock on gate. CORRECTED See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ken Margrave DATE 9-19-89

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