LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2431-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 4, 1987 — THIS PERMIT EXPIRES

EDNA WENANT — ISSUED TO

13600 SUNSHINE DR. BENNET, NE 68317 — ADDRESS

T9N; R8E; Sec NW¼ of 33; Lot 7; 13600 Sunshine Dr. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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

REC'D DEC 1 1986

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2431-C

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

DATE: 8-26-86

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 8E ; Section NW¼ of 33 ;
Block ; Lot 7 ; Addition Sunshine Acres
Street Address 13600 Sunshine Dr.

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

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

4. Description of proposed alteration, extension or repair: Add 60' of half-moon Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒, Vogt I&T
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ ≥400.00

If cost of construction is $400.00 or more, then a $30.00 fee must accompany this form
Make check to County Treasurer

EDNA WENANT
Signature of Applicant (owner or lessee)

13600 SUNSHINE DRIVE
Address
BENNET, NEBRASKA

(Do not write below this line)

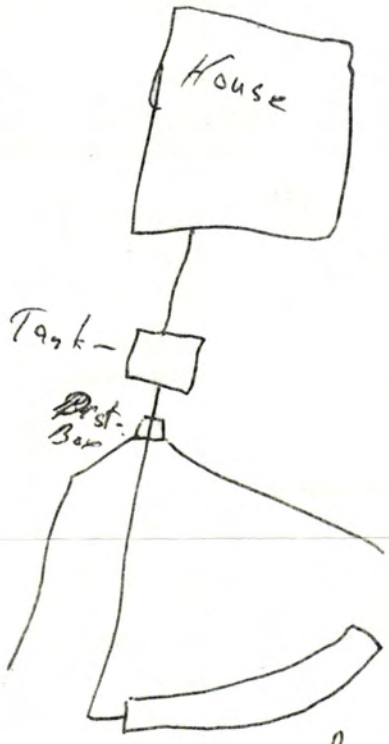
REVIEWING ACTION

1. Date Rec'd: 12-4-86
Filing Fee: $ 30.00

2. Site Visits:
Date: 10-16-86 by: JMM
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-86 by: Ron Maynard



60' of Leach
That was Added

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. 483-C

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

DATE: July 11, 1974

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. 9W ; Range 8E ; Section NW ¼ of Sec 33
   Block ____; Lot 7 ; Addition Sunshine Acres
   Street Address ____

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

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

4. Distance to public sewer: ____ ft.

Jim Trautwein
Signature of Applicant (Owner or Lessee)

555 No. Cotner
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7-11-74. Date Frwd. 7-11-74. ACTION: Approved ☐ Disapproved ☒ Signature: James Wenerka
2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. 7-11-74. ACTION: Approved ☐ Disapproved ☐ Signature: Dave Bath
3. City or County Engineer: Date Rec'd. ____. Date Frwd. 7-11-74. ACTION: Approved ☑ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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. 483-C

DATE: July 11, 1974

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9W ; Range 8E ; Section NW ¼ OF SEC 33 ; Block — ; Lot 7 ; Addition SUNSHINE ACRES .
Street Address _____.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Signature of Applicant (owner or lessee)

555 No. Cotner
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 7-11-74
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-6-74 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 7/11/74
by: James Neverka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-6-74 by: James Neverka

Winnard

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. 483-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

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

Dates of Tests: 6-26-74 to 6-27-74. Weather: Precip. 0 Temp. 80s 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	36"	6/26	5 30 PM	6/27	5 30 PM	6/27	5 30 PM	12"	7 30 PM	10¼	30m	¼	
2	"	"	"	"	"	"	"	"	"	10	"	3/4	
3	"	"	"	"	"	"	"	"	"	10	"	3/4	
4	"	"	"	"	"	"	"	"	"	10	"	1/4	
5	"	"	"	"	"	"	"	"	"	10	"	3/4	
6	"	"	"	"	"	"	"	"	"	10	"	3/4	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432 3595

Sum of Percolation Rates _____
Average of Rates: 54/30
Mean of Rates: _____

(Do not write below this line)

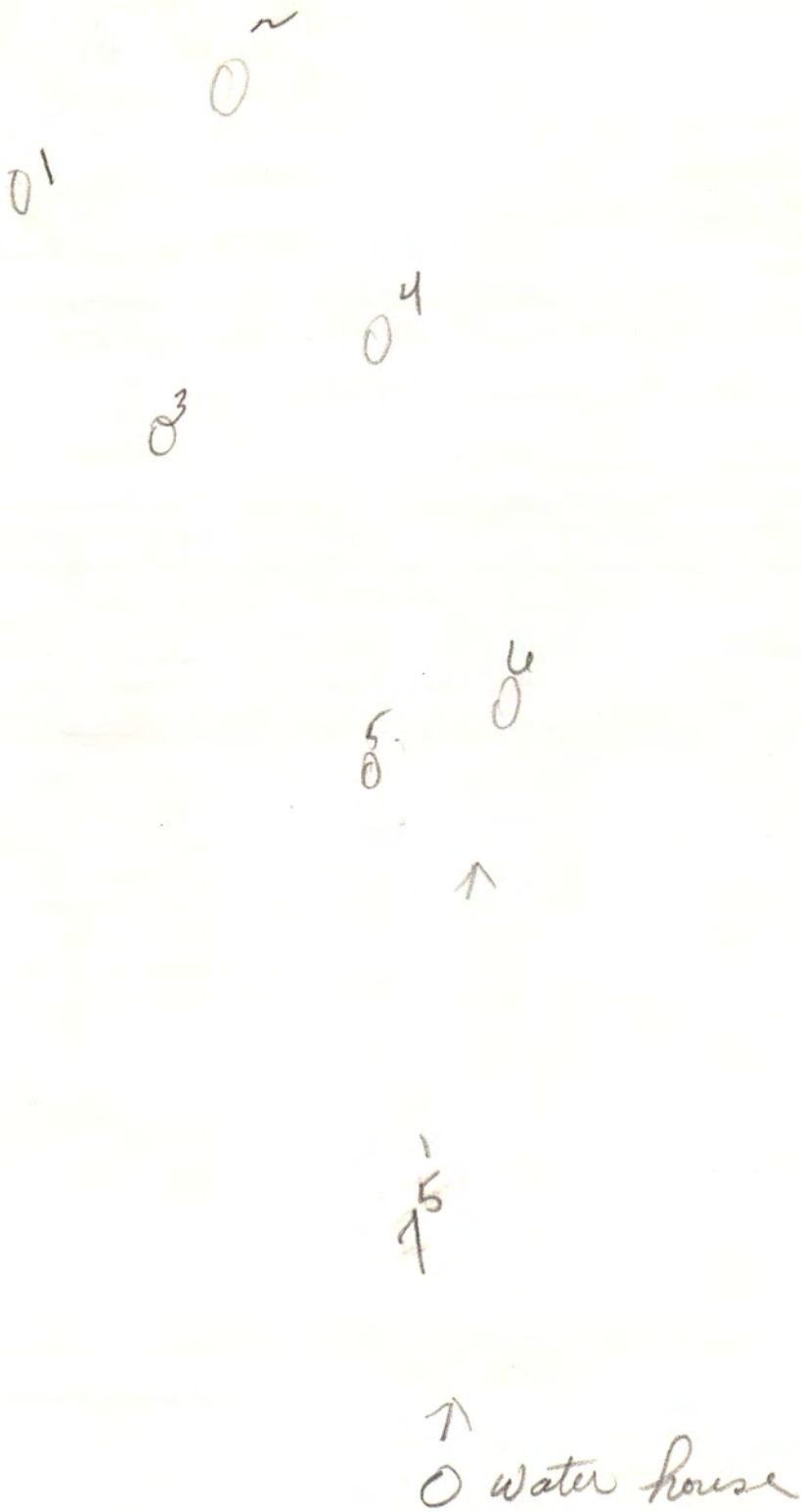
REVIEWING ACTION

REMARKS: _____

DATE: 7-11-74

Approved Percolation Rate(s)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

James W Wevelka
Signature of Reviewing Official


1
2
3
4
5
6
water house
Road

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. 483-C

SPECIFICATIONS

DATE: _____

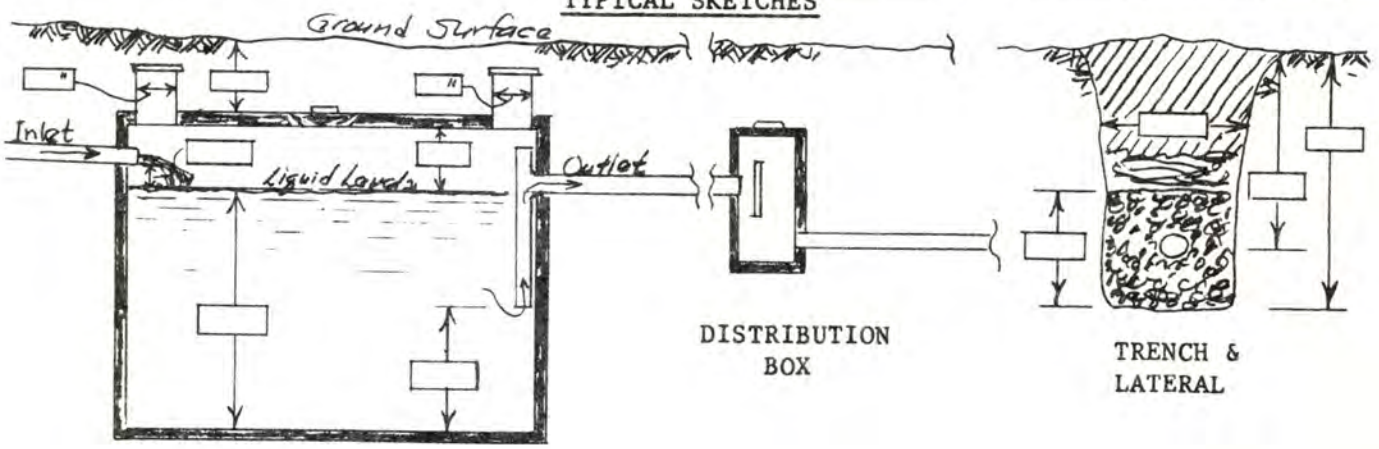
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1 . 750
2. Capacity ~~500~~ gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Precast 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.

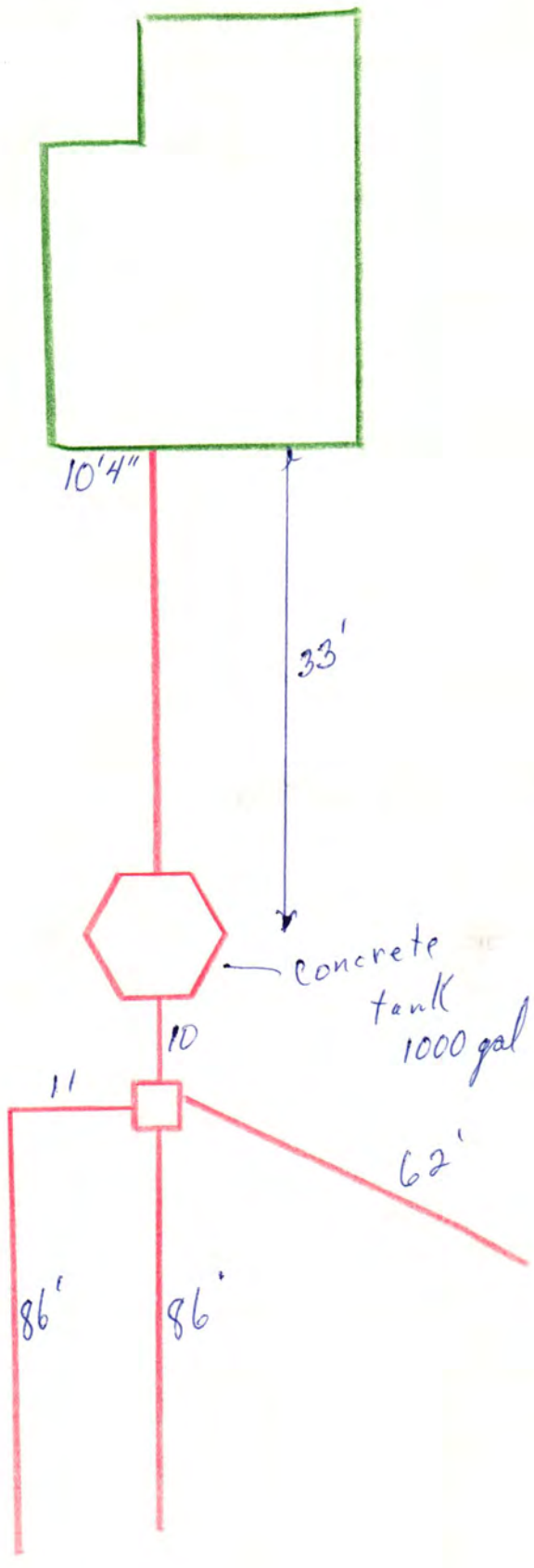
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 6 .
2. Factory Built: Yes ☒, (Company Precast Step Co No ☐
3. Dimension: Length 24 in.; Width 18 in. Depth 18 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

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 165 ft.; Slope ____in/100 ft. Diameter of pipe 24 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 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



8-6-74

4" perforated plastic pipe

3' wide