LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1274-C

INDIVIDUAL SEWAGE DISPOSAL CONSTRUCTION
TYPE OF PERMIT

September 23, 1978
THIS PERMIT EXPIRES

Woodcraft Homes
ISSUED TO

3545 North 48 Street, Lincoln, NE
ADDRESS

T12N, R6E, Section 32, Bl. 5, Lot 4, Addition Willard Estates
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. _____

20109-0977

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. 1274C

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

DATE: JAN 9- 78

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. 12N ; Range 6E ; Section 32
Block 5 ; Lot 4 ; Addition WILLARD ESTATES
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

WOOD CRAFT HOMES
Signature of Applicant (Owner or Lessee)

3545 N 48
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/23/78 . Date Frwd. 3/23/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Neal

2. Supt. Bldg. Insp.: Date Rec'd. 1-15-78 . Date Frwd. 3-21-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Sally S. Grant

3. City or County Engineer : Date Rec'd. 3-23-78 . Date Frwd. 3-23-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

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. 1394-C

DATE: JAN 9-78

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. 12N ; Range 6E ; Section 32 ; Block 5 ; Lot 4 ; Addition WILLARD ESTATES .
Street Address _____.

2. Property Use: Residential _____ ☒ Commercial _____ ☐
No. of Bedrooms 3
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).

WOOD CRAFT HOMES
Signature of Applicant (owner or lessee)

3545 N. 48th
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: 7/7/78 by: J.C.H.

3. Date: Approved ☒; Disapproved ☐ 3/23/78
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/7/78 by: Jerrold C. Wood

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 474-1541)

FILE NO. 1274-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12N : Range 6E
Section & ¼ Sect. 32
Property Dimensions: ____ft. x ____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: WOODCRAFT HOMES
Address: 3545 N 48th

Dates of Tests: _____ to _____. Weather: Precip.____ Temp.____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1													
2													
3													
4													
5													
6													

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4 Hickman
Phone 792-2462

Sum of Percolation Rates: _____
Average of Rates: 30/3/8"
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

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

_____
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._____

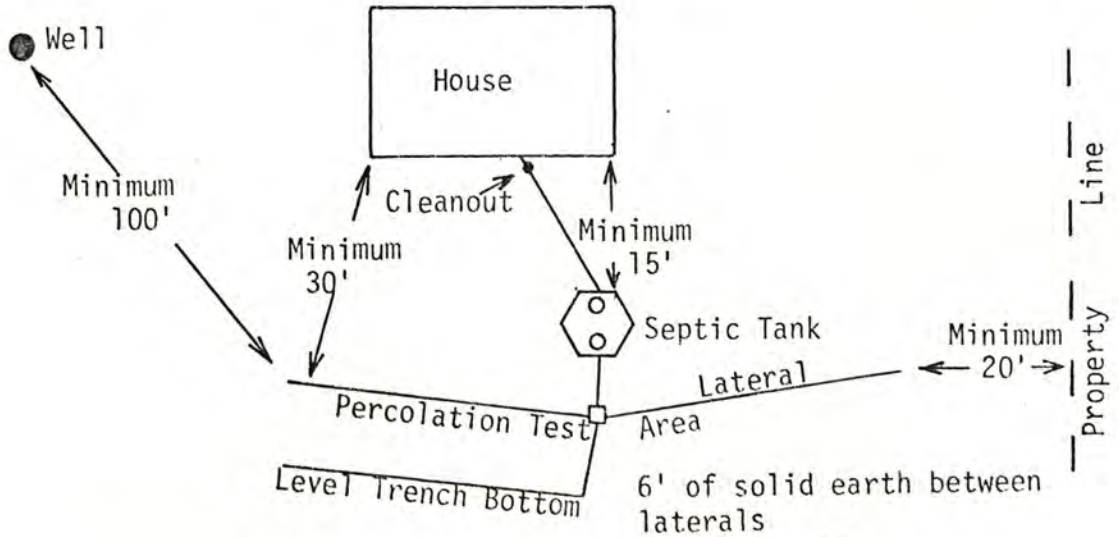
SPECIFICATIONS AS BUILT

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.

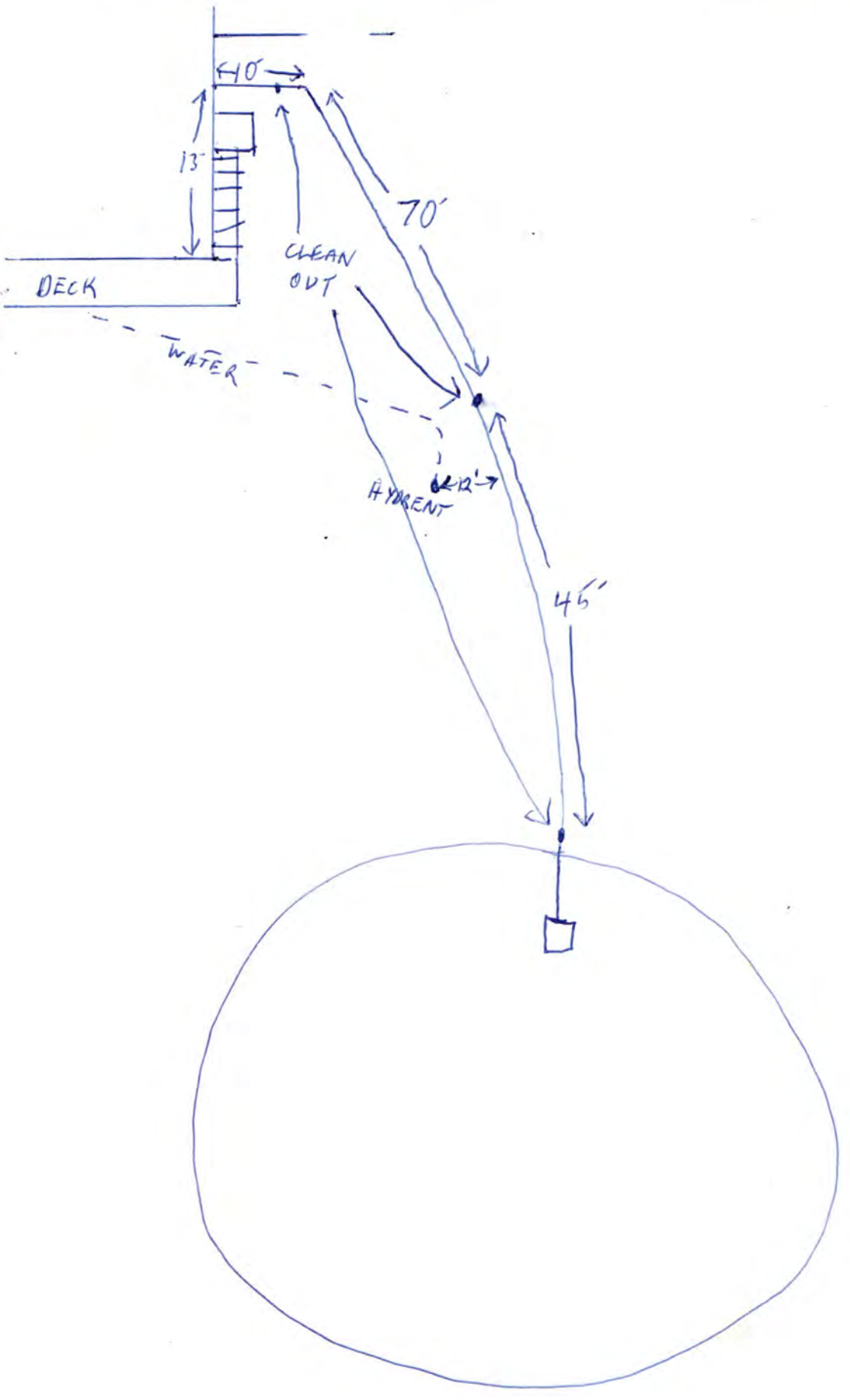
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
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 JUNE 3 - 78 INSTALLER Norm Berglund

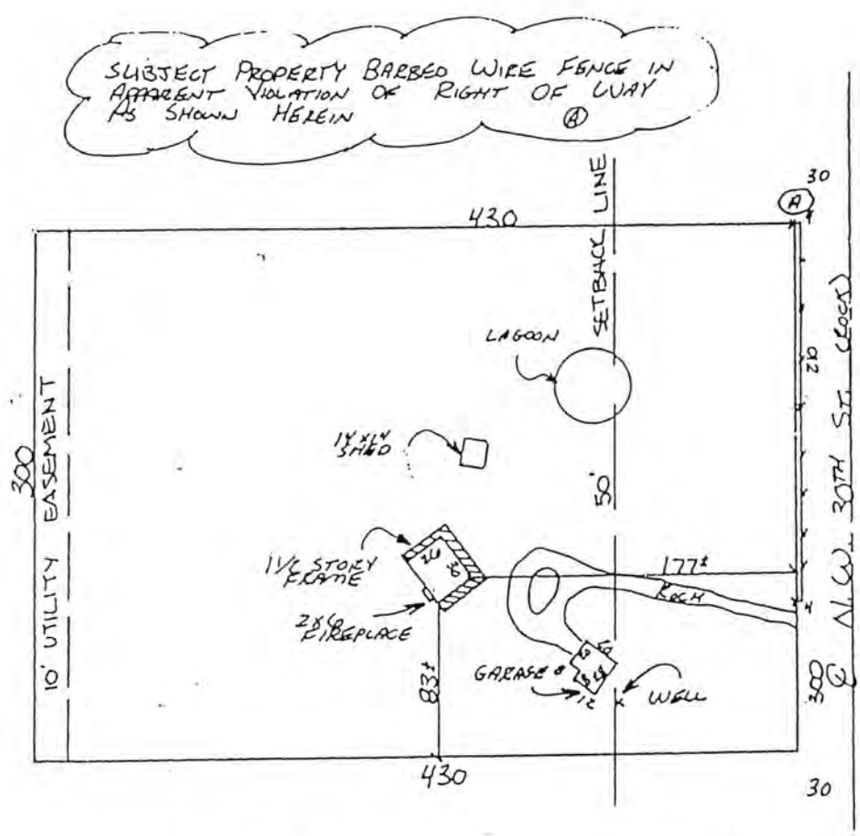


Ron Ernst

PROPERTY IMPROVEMENT LOCATION PLAT

15401 N.W. 30TH STREET

KELLY SULLIVAN
ATI BW-4992



NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA-FIA Flood Rate Map community 310134, panel 0020B, revised 2/3/82

1970

LEGAL DESCRIPTION: Lot 4, Block 5, Willard Estates, Lancaster County, Nebraska

DATE OF CERTIFICATE
1-13-94

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to
Norwest Bank and ATI Title Company

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Professional Surveyors, Inc.
JESSE W. WININGER, L.S. PRESIDENT
315 SO. 9TH - SUITE 10 • LINCOLN, NE 68508
402-477-5255 • FAX 402-477-7204 • 1-800-869-0385

PROJECT NO.
940093

213-65

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 15401 NW 30th Street - Raymond, NE.

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 5 Lot 4 Addition Willard Estates

Directions to Property Highway 34 to Highway 79 take right. Go North then take Right at Raymond Rd. East to NW 30th take left ~~will be on~~ ~~area on~~ ~~front~~ ~~right~~ ~~side~~ of Rd.

Location of Well East side of garage Tap Location: Inside ☒ Outside ☒

Location of Sewage System Lagoon - North of driveway Year Installed 1978??

	NAME	ADDRESS	PHONE
Present Owner:	Kelly Sullivan	15401 N.W. 30th Raymond, NE.	783-2104 pager 473-4958
Tenant/Buyer:	Richard Williams Jr.	824 West A Lincoln, NE 68522	477-2539 work 479-1661
Return to:	Richard Williams Jr.	824 West A Lincoln, NE. 68522	477-2539

Signature of Applicant Debra Williams Address 824 West A Lincoln, NE. 68522 Date 3/27/95

HEALTH DEPARTMENT USE ONLY

Date Received 3/27/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 3/28/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☒ corrected

Additional Site Visits

Date 4/19/95 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Need to build up lagoon dike at the east end. (corrected)

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart Date 4/20/95

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.

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Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 15401 N.W. 30TH

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 5 Lot 4 Addition Willard Estates

Directions to Property NORTH ON 14TH ST. TO RAYMOND RD, WEST TO NW 31ST FOLLOW ROAD TO 31ST (WILLARD ESTATES)

Location of Well BEHIND GARAGE Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Don Cook		ck 435-7188 H 944-7267
Tenant/Buyer:	Beth Friederick	820 S. 30th Lincoln NE 68510	477-5606
Return to:	Beth Friederick	820 S. 30th Lincoln NE 68510	477-5606

Joann Stasenka Home Real 325 N. Cotner 68505 432-0778

Signature of Applicant (B Friederick) Address 820 S 30th Lincoln NE 68510 Date 8/24/93

HEALTH DEPARTMENT USE ONLY

Date Received 8/30/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 8/30/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date 1/4/94 by mm
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 1/6/94 by mm
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒ Corrected	Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 1/6/94

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.

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