LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1368-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 19, 1979 — THIS PERMIT EXPIRES

David Dixon — ISSUED TO

3815 Everett, Lincoln, NE — ADDRESS

T12N, R6E, Section 32, Block 1, Lot 3, 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

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

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. 1308-C

DATE: _____

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. 12 N ; Range 6 E ; Section 32 ; Block 1 : Lot 3 : 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.

David N Leighton
Signature of Applicant (Owner or Lessee)

3815 Everett, Lincoln, Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/18/78. Date Frwd. 7/19/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-17-78. Date Frwd. 7-17-78. ACTION: Approved ☑ Disapproved ☐ Signature: Sheey D. Grant, Clerk

3. City or County Engineer: Date Rec'd. 7-19-78. Date Frwd. 7-19-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-22-78 by: jm
Date: 9/26/78 by: J.C.H.
Date: 9/27/78 by: J.C.H.
Date: 9/28/78 J.C.H.

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 9/28/78 By: Jerrold C. Hood
Conditional

* The nature of the final installation is substantially different from a conventional installation so it must be considered an experimental system.

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
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B

FILE NO. 1368-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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.)

Test holes were 12-15" deep
Lateral can be only that deep—

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

James Waverka
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

Date: July 17, 1978

Approved Percolation Rate (a)
A. 48 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
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 ☐

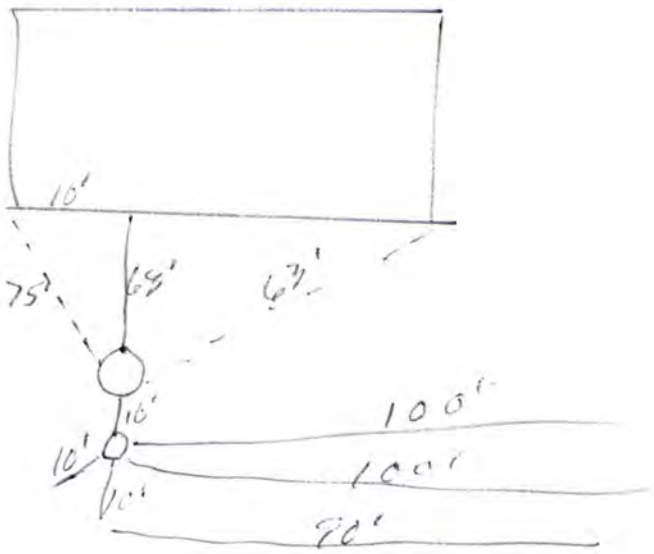
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

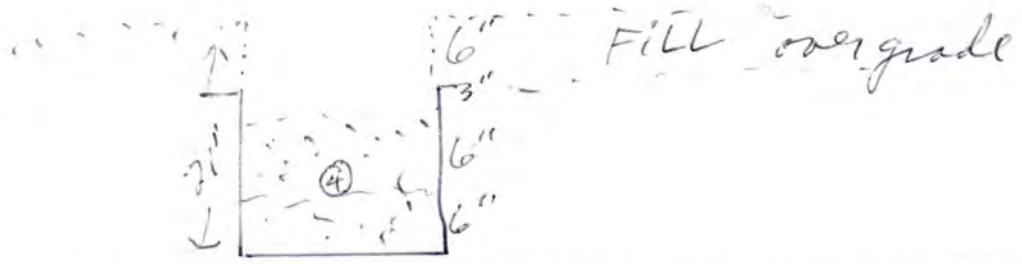
C

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

FILE NO. 1368-C

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





REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 305 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
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. 1368-C

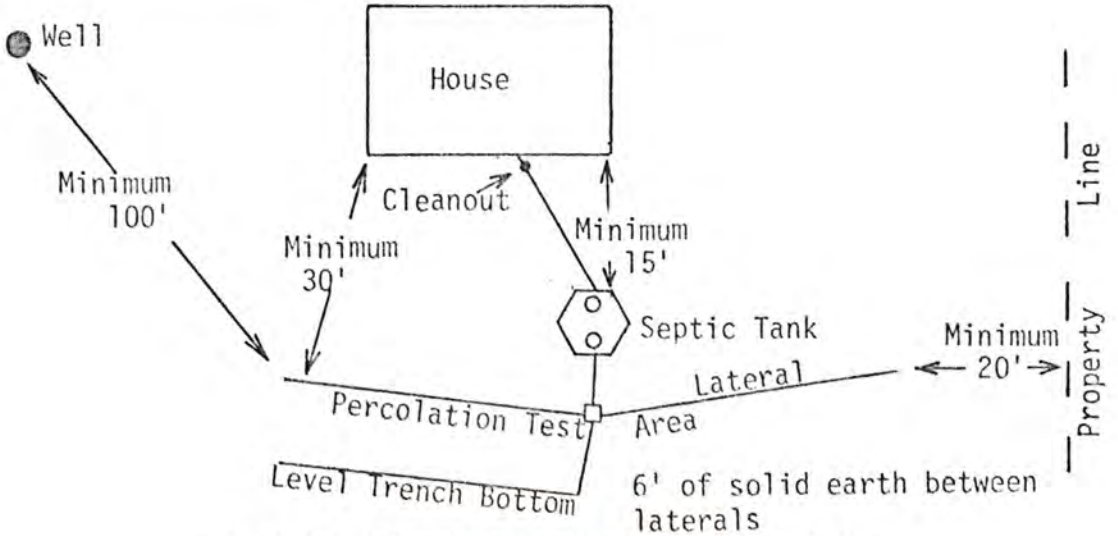
SPECIFICATIONS AS BUILT

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 1000 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 305 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 36" 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.

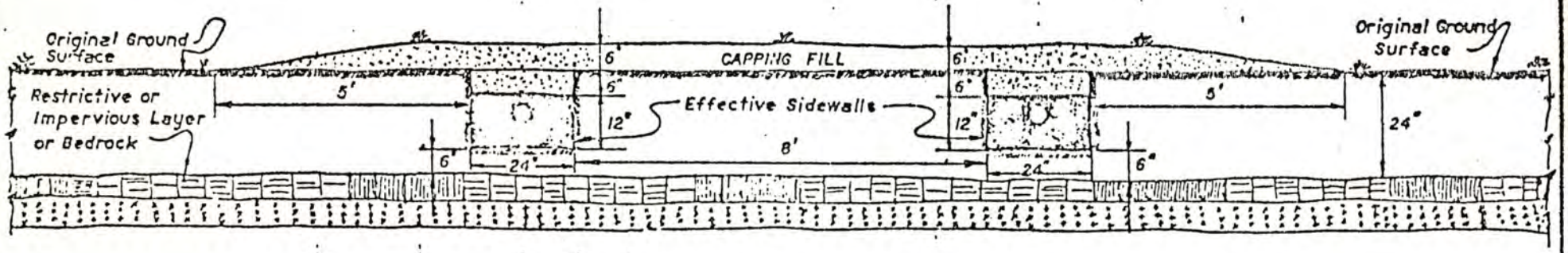


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

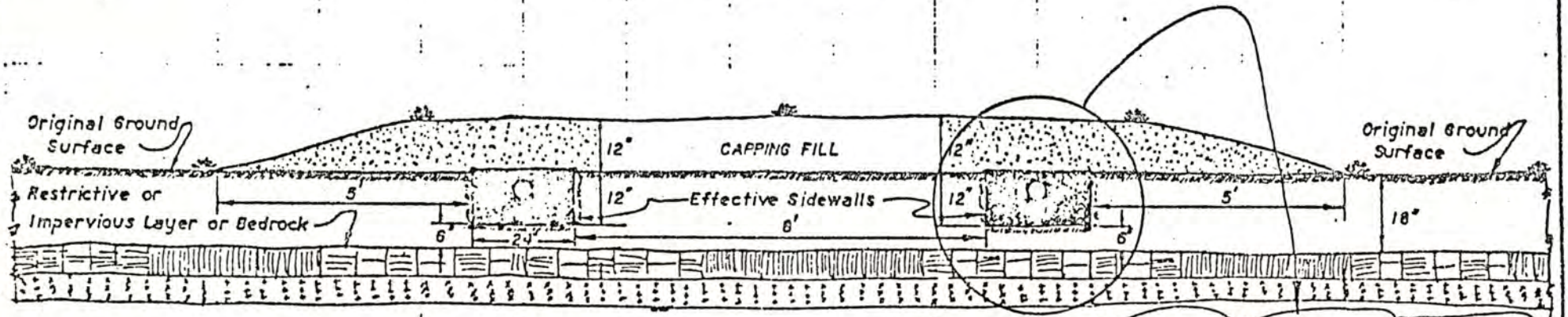
AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

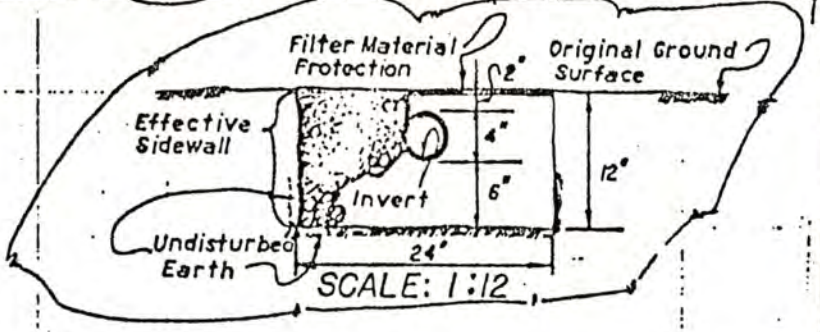
DIAGRAM 7B



(A) SCALE: 1:24



(B) SCALE: 1:24



Proposal

Page No. 1 of 1 Pages

SOUTHWICK SEWER & DRAIN
Brad Southwick
17201 ~~701 E. 4th~~ So. 72nd St
Hickman, NE 68372

PROPOSAL SUBMITTED TO:	PHONE:	DATE: 7-5-96
NAME:	JOB NAME: 15800 NW 30	
STREET:	STREET:	
CITY:	CITY: Raymond	STATE:
STATE:	ARCHITECT:	DATE OF PLANS:

We hereby submit specifications and estimates for: Sewage Lagoon and Lift Station for 3 Bdrm Home at 15800 NW 30th Raymond, Ne

Sewage Lagoon - 46' round with Bentonite sealer
Lift Station - existing Septic Tank, Zoeller 66 series pump with 2in discharge pipe to Lagoon

Sewage Lagoon will be NE of House while piping will be from existing Septic Tank which is South of House

Eletrical will be from SW corner of House to Lift Station

Includes County Health Permit Fees ($150.00) Does not Include Fences

We hereby propose to furnish labor and materials — complete in accordance with the above specifications, for the sum of:

Two Thousand Seven Hundred Forty and 00/100 dollars ($ 2740.00) with payment to be made as follows:

upon completion - 30 day Balances carry 1 3/4 % interest charges

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

This contract is not subject to cancellation

Authorized Signature Brad Southwick

NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted: Signature _____

Date _____ Signature _____

Huffman and Felton & Wolf, Walton, Ne. 68461

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 15800 NW 30th Raymond, NE 68428.
Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 1 Lot 3+7 Addition Willard Estates
Directions to Property ~~NW~~ N 14th St TO RAYMOND ROAD, WEST TO NW 27 N, THEN W TO NW 30th
Location of Well S OF HOUSE (300-400 FT) Tap Location: Inside ☐ Outside ☐ manure
Location of Sewage System E OF HOUSE Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	William + Pamela Miller	15800 NW 30 Raymond NE 68428	783-3723.
Tenant/Buyer:	Scott + Deborah Taylor	1103 Idylwild Lincoln NE 68503	466-1757
Return to:	Nebraska Title Co.	5635 "O" St, Suite 101 LINCOLN NE 68510	486-4900

Signature of Applicant Jennifer Meyer Agent for Buyer Address 111 Piazza Terrace Home Real Estate Lincoln NE 68510 Date 6/27/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 6/27/96
Initials J.C.H.
Amount $150.00
Check No. 1863

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

PRELIMINARY STATUS--By John Chesnut **DATE:** 6/28/96

WATER SYSTEM: Approved 7-8-96 Disapproved 6/28/96

	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 5.1 ppm	☐ ___ ppm

VIA phone w/Carmen.

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 7/18/96 by JC
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: TALKED W/ Thomas. Depression around well needs to be filled in prior to ~~accept~~ collection of sample for coliform. Visible evidence of sewage. Owner has contacted above ~~repair~~ repair people. System should be repaired within 30 days - Please be sure to apply for the necessary permits. See Attached Letter ☐
Contact Jerry Hord. System is disapproved until it is repaired or replaced with a Lagoon

FINAL STATUS (Disapproved)

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

Approved by John Chesnut Date 7/10/96

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: 10-95

021

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 15800 NW 30th

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Willard Estates

Directions to Property 1 w 7 Vacant

Location of Well South of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Tom Miller	15800 N.W 30th Raymond	783-3723
Tenant/Buyer:			
Return to:	Same		

Signature of Applicant Tom Miller Address Same Date 11/09/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/9/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 11/9/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 12/14/93 by rm
Bacteria	☒ 0 /ml	☒ 32 /ml shock treated	Provisional ☒	Date 12/17/93 by rm
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Original installation was considered an experimental system thus a provisional approval. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 1/3/94

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.

306

Fill Tank

e valve wheel firmly by turning in
n of arrow. (Fig. 6)
e pump knob firmly by turning to the
g.4)
rew fuel cap. (Fig 1)
ern must be in level position. **DO NOT**

funnel and fill only with Coleman fuel
white gas.
ace fuel cap. Tighten firmly. **WIPE UP**
ILLED FUEL.

sen or remove fuel cap while lan-
pen flame,
), or while
touch.

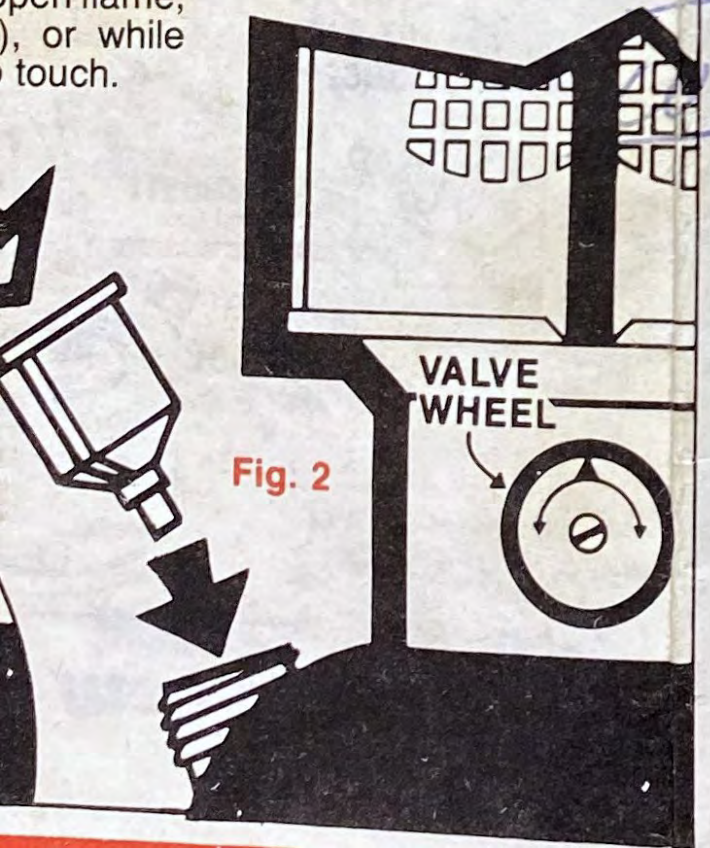


Fig. 2

3 To Tie On Mantles

1. Tie mantles around groove in burner caps. Distribute folds of mantles evenly. Cut off surplus string (See drawing).
2. Light bottom of mantles evenly. Burn until nothing but white ash remains.
3. Allow mantles to cool before lighting lantern. **ALWAYS USE GENUINE COLEMAN MANTLES.**
4. Assemble lantern.



Fig. 3