LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 96380141701

SEWAGE INSTALLATION
FOR RICK GOLDEN

Issued 04/15/96
Expires 10/15/96
Revenue Code 18754

Establishment

WELLMANN PLUMBING
T12N R6E SEC 30
1655 NW 40 STREET

FEES: $150.00

Permittee

WELLMANN PLUMBING
3301 S 6 ST
APT B
LINCOLN NE 68502

TOTAL $150.00

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 4-12-96

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 30 ; Block _____ : Lot 12 E.I. : Addition _____
   Street Address 16555 N.W. 40th.
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: NA ft.

Rick Golden.
Signature of Applicant (Owner or Lessee)

16555 N.W. 40th.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/15/96. Date Frwd. 4/15/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/17/96. Date Frwd. 4/17/96. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Klug
3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluyk

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/23/96 by: J. C. Hood Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/25/96 By: Jerrold C. Hood

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

FORM 27.41

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 6E ; Section & ¼ Section 30 SE
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 4-10-96 to 4-11-96. Weather: Precip. _____ Temp. _____

OWNER: Rick Golden

Address: 16555 NW 40th St

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	36"	4-10	10:00	4-11	2:00	4-11	12:30	3¼	1:00	4¼	30	1	30
2	1	4-10-96	(	(		(		3	...	3⅞	(	⅞	34.28
3		(						3½		4¾		1¼	24
4								4		E		2	15
5								5¼		E		¾	40
6								E		2¼		2¼	13.33

Sum of Percolation Rates: 156.61
Average of Rates: 26.10
Mean of Rates: _____

Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Ok Sharpsburg Silty Clay Loam

Soil Type (SCS): _____

Date: _____

Gerald C. Hoad
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
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

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

FILE NO._____

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_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

16555 W. W. 40th

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: 471-7800

D

DATE: 4-23-96

FILE NO. _____

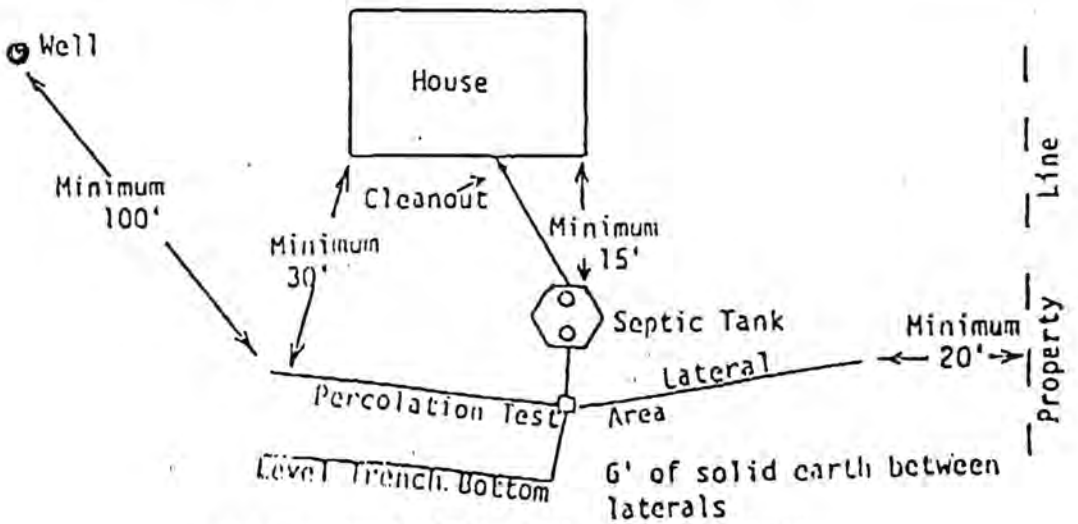
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1
5. Distances to: Well or Suction Line 500 ft.; Stream — ft.; Pressure Line — ft.; Property Line 500 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☒ Grade 4 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to: Well or Suction Line 500+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

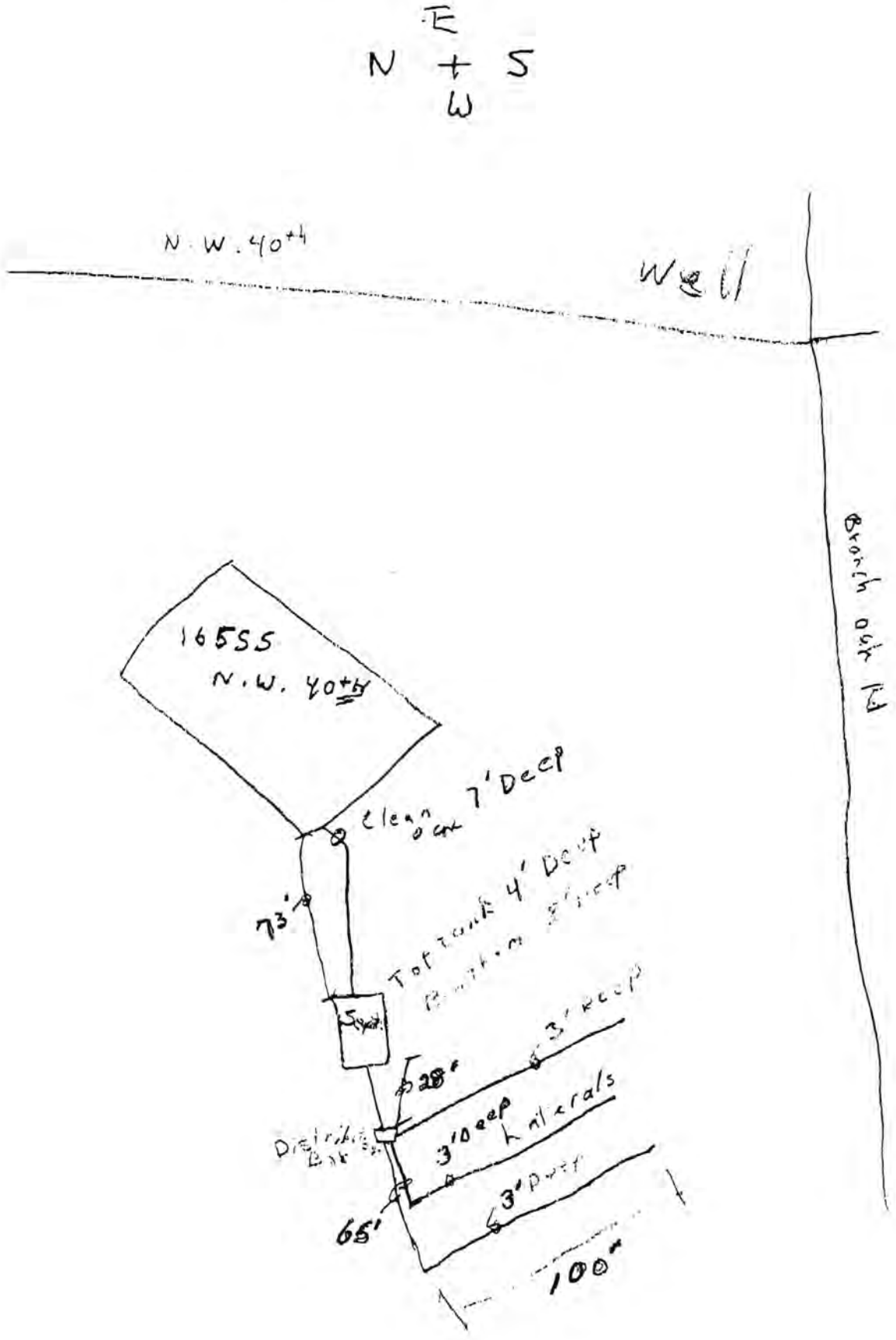
C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5
2. Factory Built: Yes ☒ No ☐ (Company ____)
3. Distance from Septic Tank 28 ft.

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 4". Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____
2. Lateral Lines: Number 3 ; Length of each line 100', ____, ____, ____, ____ ft.; Total length of laterals 300 ft.; Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3' ft.; Slope ____ in/100 ft.; Average Depth 3' in.
4. Filter Material: Gravel; Depth of Material 12" in.
5. Distances to: Well or Suction Line 500+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 120' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

441-8323


E
N + S
W
N.W. 40+4
Well
Brush Oak Rd
16555
N.W. 40+4
clean out 7' Deep
73'
Top tank 4' Deep
3' Deep
3' Deep
3' Deep
Minerals
3' Deep
65'
100'

9801/14003 tof

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.

CR 3526

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 16559 NW 40TH ST.

Twp 12 N Range 6E Section 30 1/4 SE 1/4 ___ Block ___ Lot 12 Addition ___

Directions to Property FROM 14TH & SUPERIOR, GO NORTH 6 MILES, THEN WEST 4 MILES, THEN NORTH 1 MILE, PROPERTY ON NW CORNER

Location of Well 200' SOUTH EAST OF HOUSE Tap Location: Inside ☒ Outside ☐

Location of Sewage System WEST OF HOUSE Year Installed 1996

CR 27215

	NAME	ADDRESS	PHONE
Present Owner:	RICK & LINDA GOLDEN	16559 NW 40TH ST. RAYMOND NE, 68428-4224	783-5155
Tenant/Buyer:	REFINANCE - SAME		
Return to:	RICK & LINDA GOLDEN	16559 NW 40TH ST RAYMOND, NE 68428	783-5155

Signature of Applicant Rick Golden Address 16559 NW 40TH RAYMOND, NE 68428 Date 1 / 2 / 98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 01 / 05 / 98
Initials RS
Amount 150.00
Check No. 1033

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 1 / 7 / 98

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking the septic tank every 2-3yrs. to see if it needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 1 / 13 / 98

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