LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1345-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 20, 1978 — THIS PERMIT EXPIRES

Paul D. Patzel — ISSUED TO

6321 Fairfax, Lincoln, NE — ADDRESS

T10N; R5E; Sect. 5; Block 1; Lot 1; Pawnee Estates Addition — 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
Frank Golden	12078	30.00

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. _____

DATE: 6/19/78

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. 10 N ; Range 5 E ; Section 5 ;
   Block 1 : Lot 1 : Addition PAWNEE ESTATES
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Paul D. Patzel
Signature of Applicant (Owner or Lessee)

6321 FAIRFAX Lincoln Ne.
Address
466-5268

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-19-78. Date Frwd. 6-20-78
   ACTION: Approved ☒ Disapproved ☐ Signature: James Neverka

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/20/78. Date Frwd. 6/20/78.
   ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stewart

3. City or County Engineer: Date Rec'd. 6-20-78. Date Frwd. 6-20-78.
   ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-7-78 by: _____
Date: 9-8-78 by: _____
Date: 10-25-96 by: appears to be satisfactory

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-30-96 By: Ron Moyer

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. _____

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: 6-17-78 to 6-18-78. Weather: Precip. 0 Temp. 80° 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	32"	6/17	1 PM	6/18	7 AM	6/18	7 AM	12"	9:30 AM	3½	30M	1	
2			1 PM	6/18						3¼		1	
3										3		0	
4										3		1	
5										3¼		1/2	
6										3¼		1/2	
				refill		5 Hr at 8:30							

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

Sum of Percolation Rates 6
Average of Rates: 1
Mean of Rates: _____

(Do not write below this line)

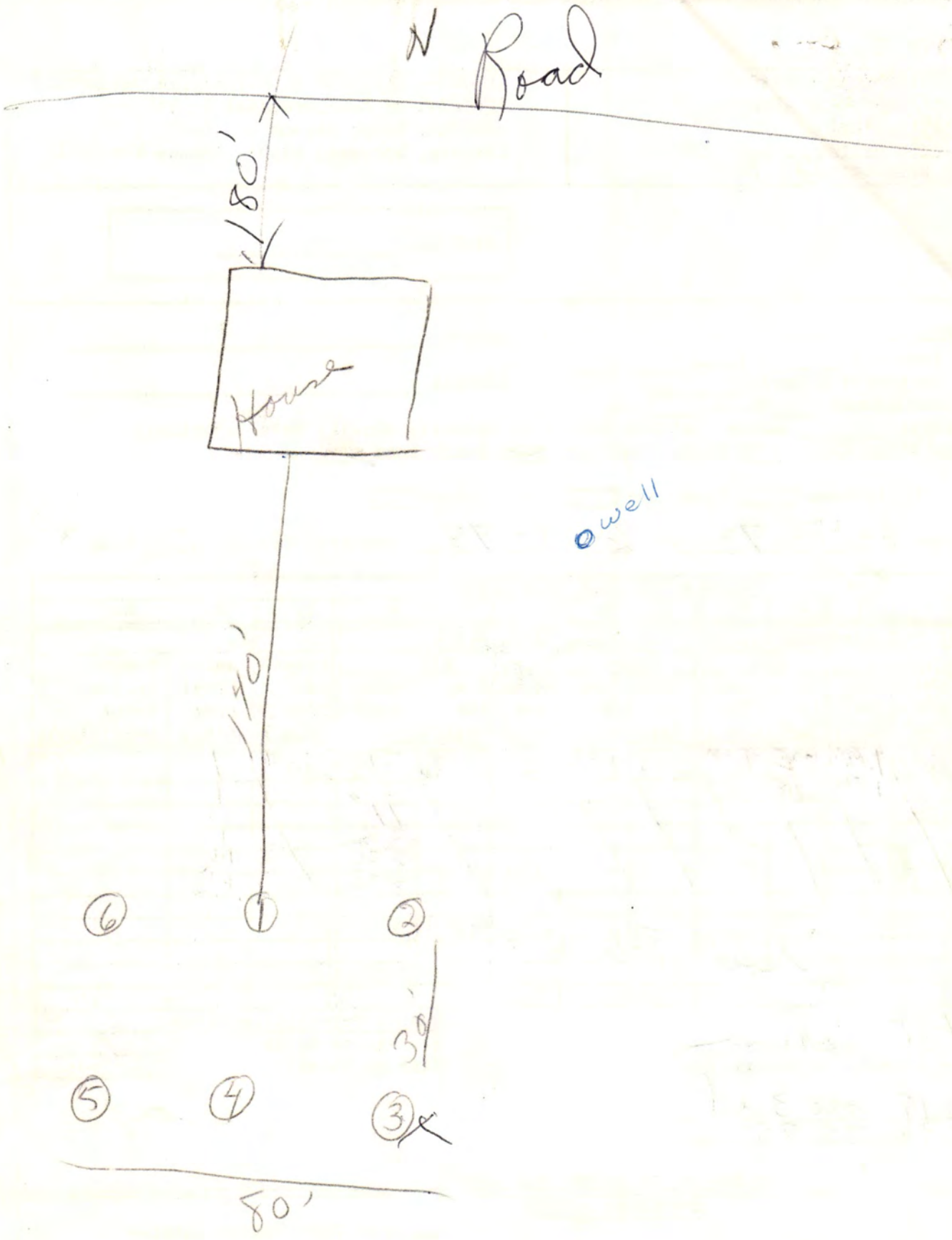
REVIEWING ACTION

REMARKS: Looks like PaC - 6-19-78
Visit to site indicates house will be in PaC, system would be in McD 6-20-78

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 6-20-78

James Wevelka
Signature of Reviewing Official


N Road
180'
House
well
170'
6
1
2
39'
5
4
3
80'

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. _____

SPECIFICATIONS

DATE: 6-20-78

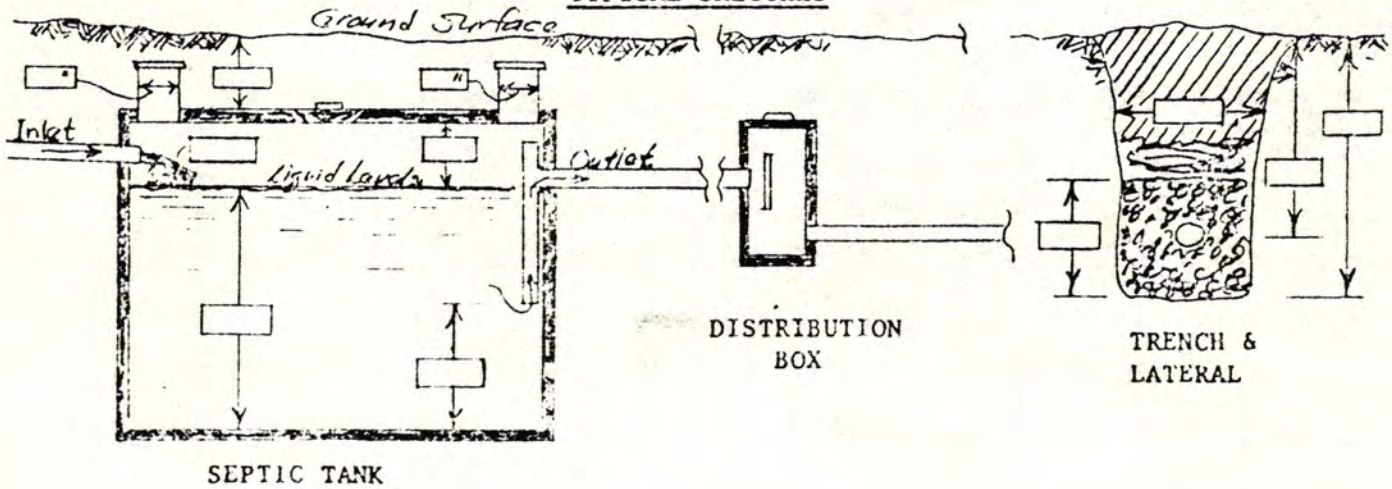
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments _____. 1250
2. Capacity ~~1000~~ gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Steps) 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 5.
2. Factory Built: Yes ☒, (Company Pre Cast Steps) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 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 250 ft.;
Slope ____in/100 ft. Diameter of pipe 20 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: 30 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

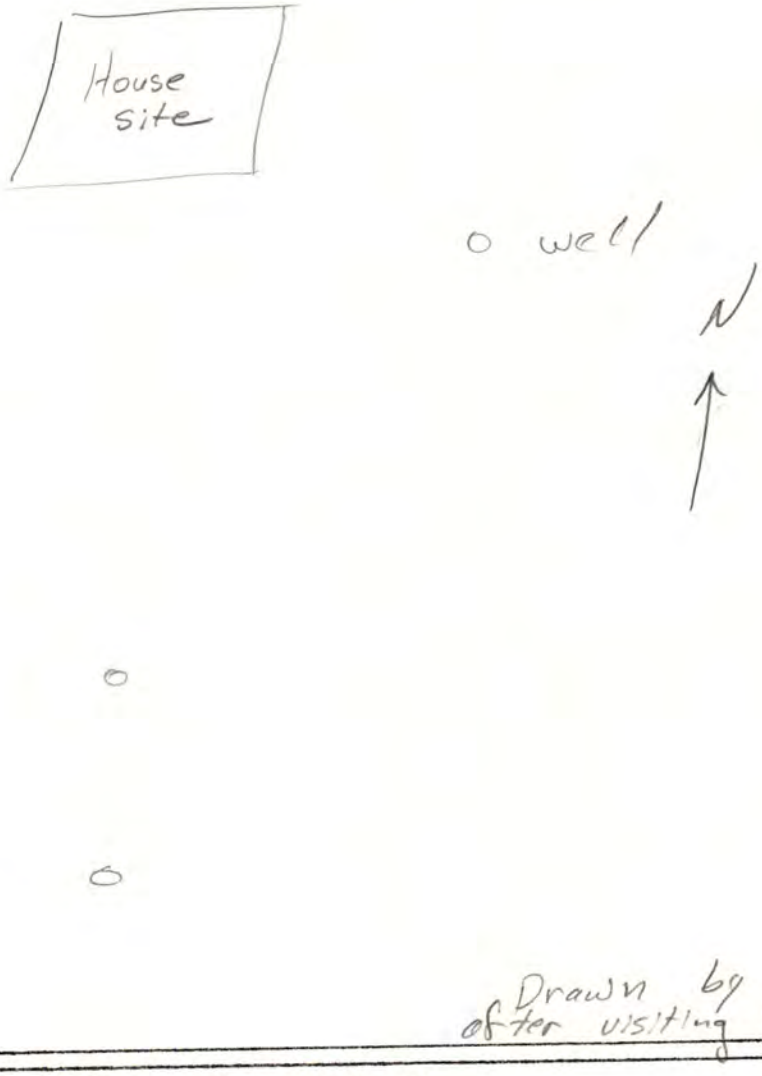
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



Drawn by jw after visiting site

REVIEWING ACTION

Remarks: Perc holes located in Mr D soil From soil map

Date: 6-20-78

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 250 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1000 sq.ft.

James Weverka
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: 9-78

FILE NO. _____

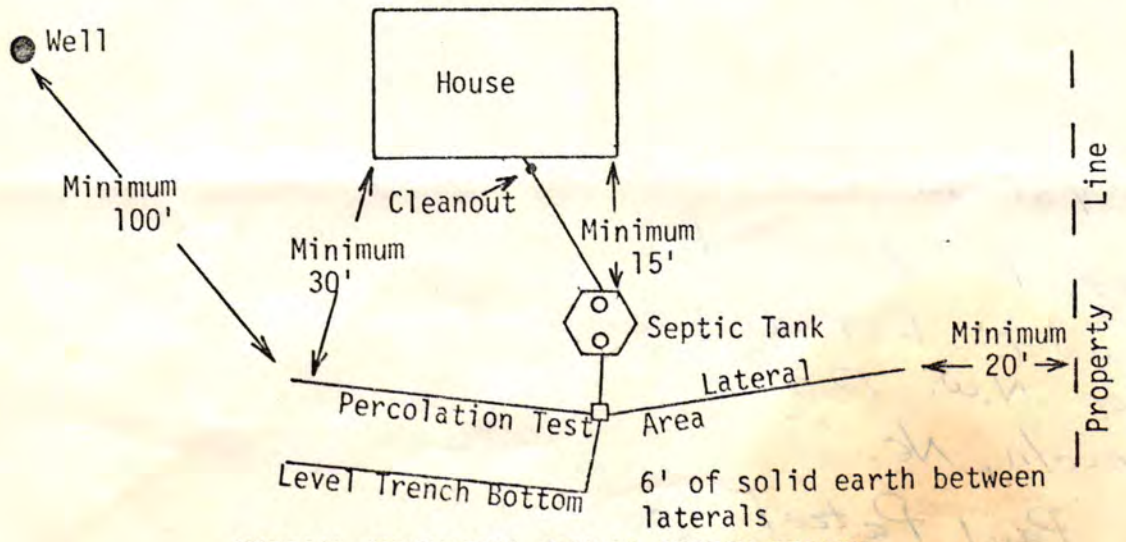
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Soil ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast Step Co.)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade 18 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 75 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 6.
2. Factory Built: Yes ☑ No ☐
(Company Precast Step)
3. Distance from Septic Tank 27' ft.

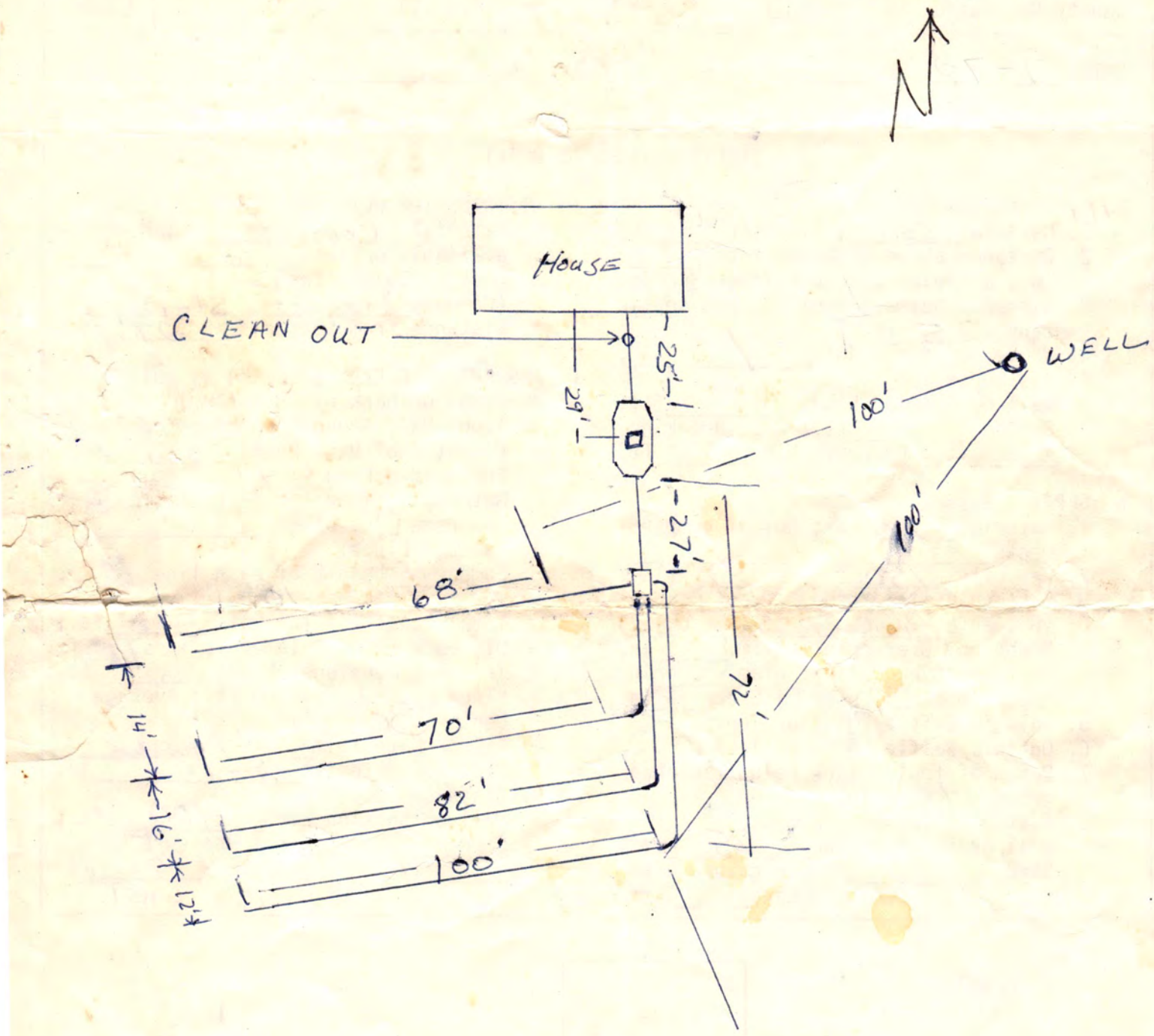
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or
Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other _____
2. Lateral Lines:
Number 4 ; Length of each line 68, 70, 82, 100, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: GRAVEL
Depth of Material 8-12 in.
5. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line was 75' ft.
150 EAST



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9 - 78 INSTALLER Paul D. Patzel



SYSTEM FOR
Lot 1 BLOCK 1
PAWNEE ESTATES
5900 N.W. 123
Lincoln, Ne.
By Paul Patzel (owner)

Attn: Closing is on March 30, 2001. Please Expedite! Thank you very much!!

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

house. On corner of NW 123 St. faces Fletcher.

Legal Description of Property: Street Address 5900 NW 123 St. Lincoln, NE

Parcel ID 04-05-104-003-000 (i.e. 99-99-999-999-999)

Twp 10 Range 5 Section 5 1/4 1/4 Block Lot 1 Addition Pearson Estates

Directions to Property West on West "O" St 3 mi. past Emerald to NW 126 St. N (right) on NW 126 St 3-4 mi. to 61 Fletcher. Right (East) on 61 Fletcher 1/4 to

Location of Well Just North of Outbuilding Tap Location: Inside ☐ Outside ☐

Location of Sewage System Behind house house toward East end of house Year Installed ?

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Gerald Joseph Sexton & Sharon Meyer	3571 Kearney Rd Seward NE 68434	535-2460
Tenant/Buyer:	Clarence & Elizabeth Cooper	6130 Oak Ridge Dr. Lincoln, NE 68516	486-3139
Return to:	State Title Services	1023 Lincoln Mall Lincoln Attn: Sheryl Oldham	434-5039 434-5046 (Fax)

Signature of Applicant Hove Real Estate State Title Ss Address 1023 Lincoln Mall Lincoln Date 3/22/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/23/01 Amount 200.00 Check No. 1356 Initials

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 3/23/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ <10 /ml	☐ /ml
Nitrate	☒ 0.7 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date / / by

Date / / by

Date / / by

Comments: Pump septic tank if not done in past 2-3 yrs.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 3/29/01

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: 9-00

P17119-53

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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 5900 NW 123rd (on corner of 123rd & W Fletcher (driveway on W Fletcher

Twp 10N Range 5E Section 5 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Pawnee Estates

Directions to Property Highway 34 west to 112th Street (this is a gravel junction to Pawnee Lake, South on 112th to Fletcher, West on Fletcher about 3/4 mile

Location of Well NW corner of shed - about 10 ft north Tap Location: Inside ☒ Outside ☐

Location of Sewage System southeast house off the deck Year Installed ? 1978
100 ft of laterals + 4 other laterals off that

	NAME	ADDRESS	PHONE
Present Owner:	Brian & Carol Erickson	2208 Shiloh Rd Billings, Montana 59106	
Tenant/Buyer:	Sharon Meyer	5021 NW 19 LINCOLN, NE 68521	435-3380
Return to:	LILA	CAPITAL TITLE CO. 4645 NORMAL BLVD.	

Signature of Applicant Sharon Meyer Address 5021 NW 9 Lincoln NE 68521 Date 10 / 5 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 10 / 9 / 96
Initials CW
Amount $150.00
Check No. #291

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

PRELIMINARY STATUS--By Ronald E. Hood **DATE:** 10 / 30 / 96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ corrected
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM *
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 10 / 25 / 96 by JM
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

Comments: WELL IS LOCATED IN A DEPRESSION. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS NEED OF PUMPING. SHOULD PUT SOME DIRT IN LOW PLACES IN LATERALS TO KEEP SURFACE WATER FROM STANDING ON THEM. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Moyer Date 10 / 30 / 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