LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2323-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 9, 1986 — THIS PERMIT EXPIRES

GLENN SLOTHOWER — ISSUED TO

ROUTE #4 — ADDRESS

LINCOLN, NE 68524

T14N; R5E; Sec 5; Bk 2; Lot 1; Pawnee Estates; 5800 NW 123 St — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

CB 5/11/86

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2323-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. ~~Lincoln~~ 10N ; Range ~~Lancaster~~ 5E ; Section 5 ;
   Block 2 : Lot 1 : Addition Pawnee Estates
   Street Address 5800 NW 123

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.

Glenn Slothower
Signature of Applicant (Owner or Lessee)

PR 4 Lincoln Ne 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/9/86 . Date Frwd. 5/9/86 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/9/86 . Date Frwd. 5/9/86 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Thurwood

3. City or County Engineer: Date Rec'd. 5-9-86 . Date Frwd. 5-9-86 . ACTION: Approved ☒ Disapproved ☐ Signature: Harold E. Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-28-86 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-8-86 By: Ron Maynard

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

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. 2323-C

PROPERTY WHERE SOIL TESTED:

Location: Township Lincoln; Range Lancaster; Section & ¼ Section _____.
Property Dimensions: 237 ft. x 549 ft. Area: 3+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5-6-3.00 to 5-7-_____. Weather: Precip._____ Temp. 78.

OWNER: Glenn Slothower

Address: RR4 Lincoln

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	31½	5-6	3.00	5-7	7.00	5-7	5.00		9.00		230	1	
2	31½	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	¾	
3	32	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	1¾	
4	31	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	½	
5	29	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	¾	
6	31	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	3⅜	
7	30	5-6	3.00	5-7	7.00	5-7	5.00		9.00		30	½	

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

Glenn Slothower
Signature of Person Conducting Test

Address RR 4 Lincoln Ne Phone 796-2487

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): MORRILL CLAY LOAM

Date: MAY 9, 1986

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☒

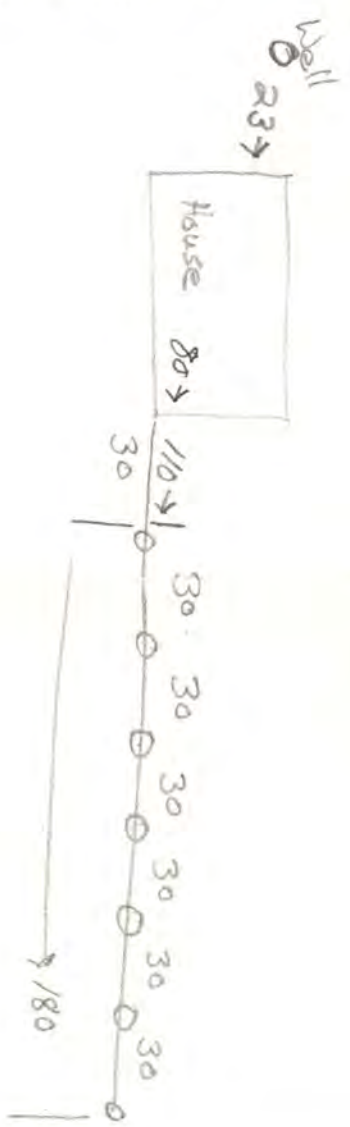
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

Date: MAY 9, 1986

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 677 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

REC'D SEP 5 1986

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. _____

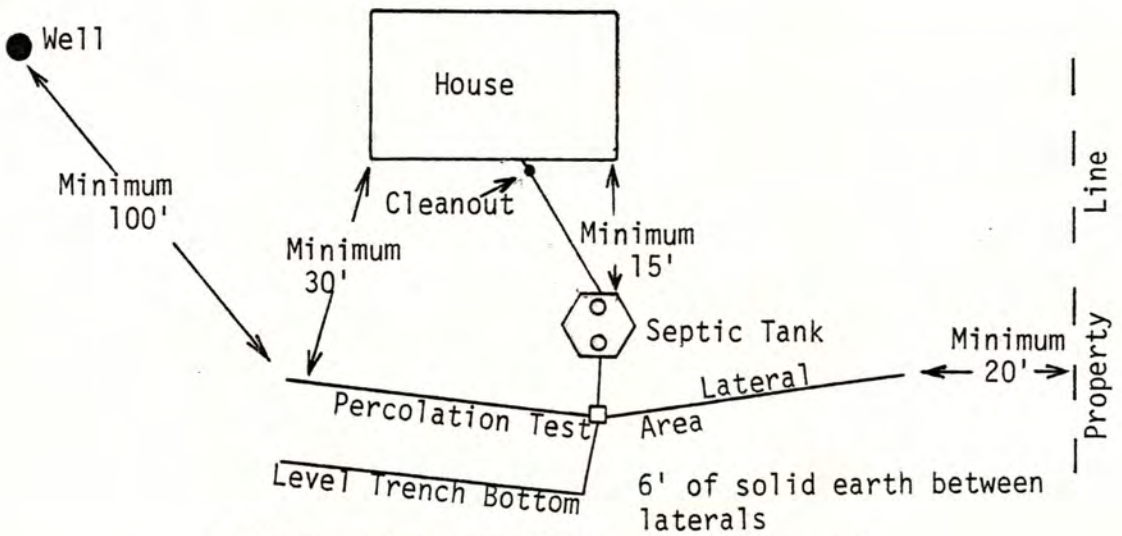
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8" (slab) in.
3. Distance between dwelling and septic tank 15 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 Pre Cast; 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 6" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 80, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 2" in.
5. Distances to:
Well or Suction Line 100' ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



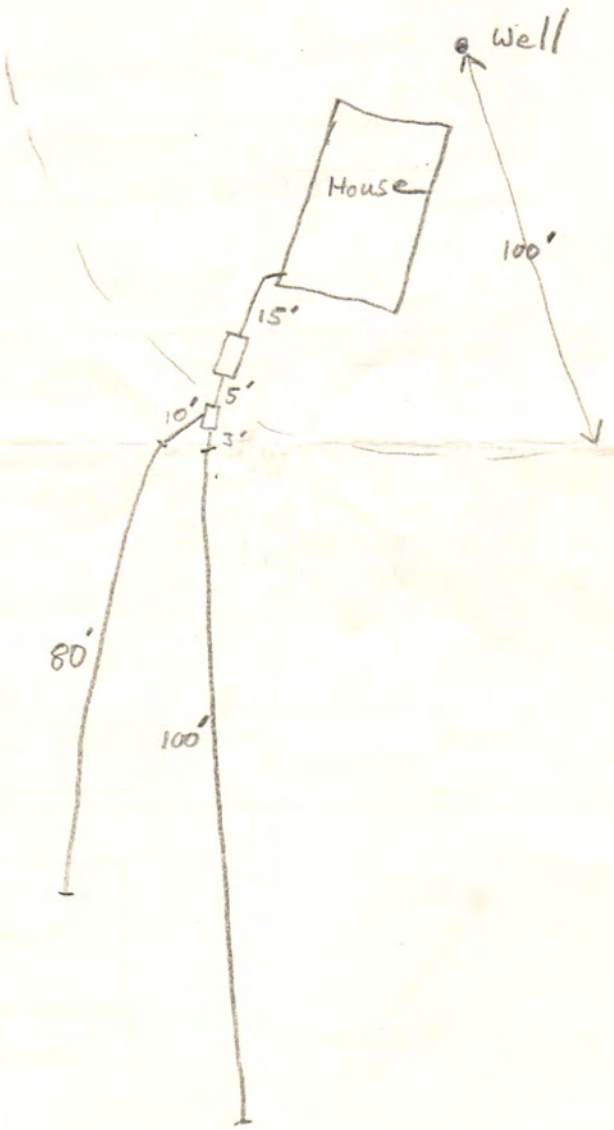
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE Aug 28 - 86 INSTALLER Larry Schwarck

5800 NW 123rd

North



002

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. 3203

Legal Description of Property: Street Address 5800 NW 123 Lincoln NE. 68524

Twp 10N Range 5E Section 5 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Pawnee Estates

Directions to Property from West Hiway 34 go to NW 112th St turn South 1 mile to Fletcher To 123rd St. Turn West and it is on East side of Road and has Davidson Sign in Yard.

Location of Well North side To the back Tap Location: Inside ☐ Outside ☐

Location of Sewage System South side - West side of House Year Installed 86

	NAME	ADDRESS	PHONE
Present Owner:	Glenn Slothower	5800 NW 123 Lincoln Ne 68524	796-9512
Tenant/Buyer:	Robert W + Peggy E Tewes	2211 S.W. 14th St Lincoln, NE 68522	476-2969
Return to:	Davidson Agency	1241 Main St. Crete, Ne 68333	402-826-5141

Signature of Applicant Glenn Slothower Address 5800 NW 123 Lincon Ne. 68524 Date 11/13/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/19/96
Initials ___
Amount 150.00
Check No. 28573

DATA ENTRY

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/19/96

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date___/___/___by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☐	Date___/___/___by___

Comments: 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 11/25/96

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