LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380148401

Issued 09/11/96
Expires 03/11/97
Revenue Code 18754

Establishment
MARGARET SMITH
T10N R5E SEC 5
BLK 2 LOT 2
PAWNEE ESTATES

FEES: $150.00

TOTAL $150.00

Permittee
MARGARET SMITH
BOX30873
BOX 30873
LINCOLN NE 68503

2555

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: $ 150.00

FILE NO. _____

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. 10 N ; Range 5 E ; Section 5 ; Block 2 : Lot 2 : Addition Pawnee Estates
   Street Address _____

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

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

4. Distance to public sewer: N/A ft.

K. Fish for Margaret Smith
Signature of Applicant (Owner or Lessee)

P.O. Box 30873 Lincoln NE 68503
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/96 . Date Frwd. 9/9/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/9/96 . Date Frwd. 9/9/96 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 09/09/96 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-16-96 by: [illegible] need drawing (received)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-30-96 By: [illegible]

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

FORM 23-43

DEC 2 0 1996

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Margaret Smith
Box 30873
Box 30873
Lincoln NE 68503

Date 12/17/96

System Location (Indicate correct number and street)

Address T10N R5E Sec 5 BIK2 Lot 2 City _____ NE, Zip _____
Pawnee Estates (no rural route)

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☑ below grade 12" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 80 ft.
   Stream none ft.
   Pressure line 50' ft.
   Property line 75' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 2
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

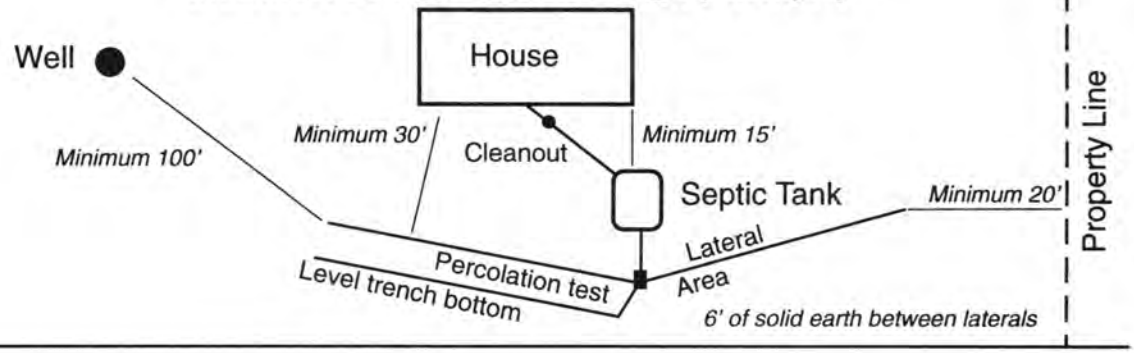
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 20"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☑ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 64' ft. 64' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1" in/100 ft.
   Average depth 3½' in
4. Filter material: Road Gravel
   Depth of material 10 in.
5. Distances to: Well or suction line 140' ft.
   Stream none ft.
   Pressure line 80' ft.
   Property line 100' ft.

Complete "As Built" drawing on back of this form.

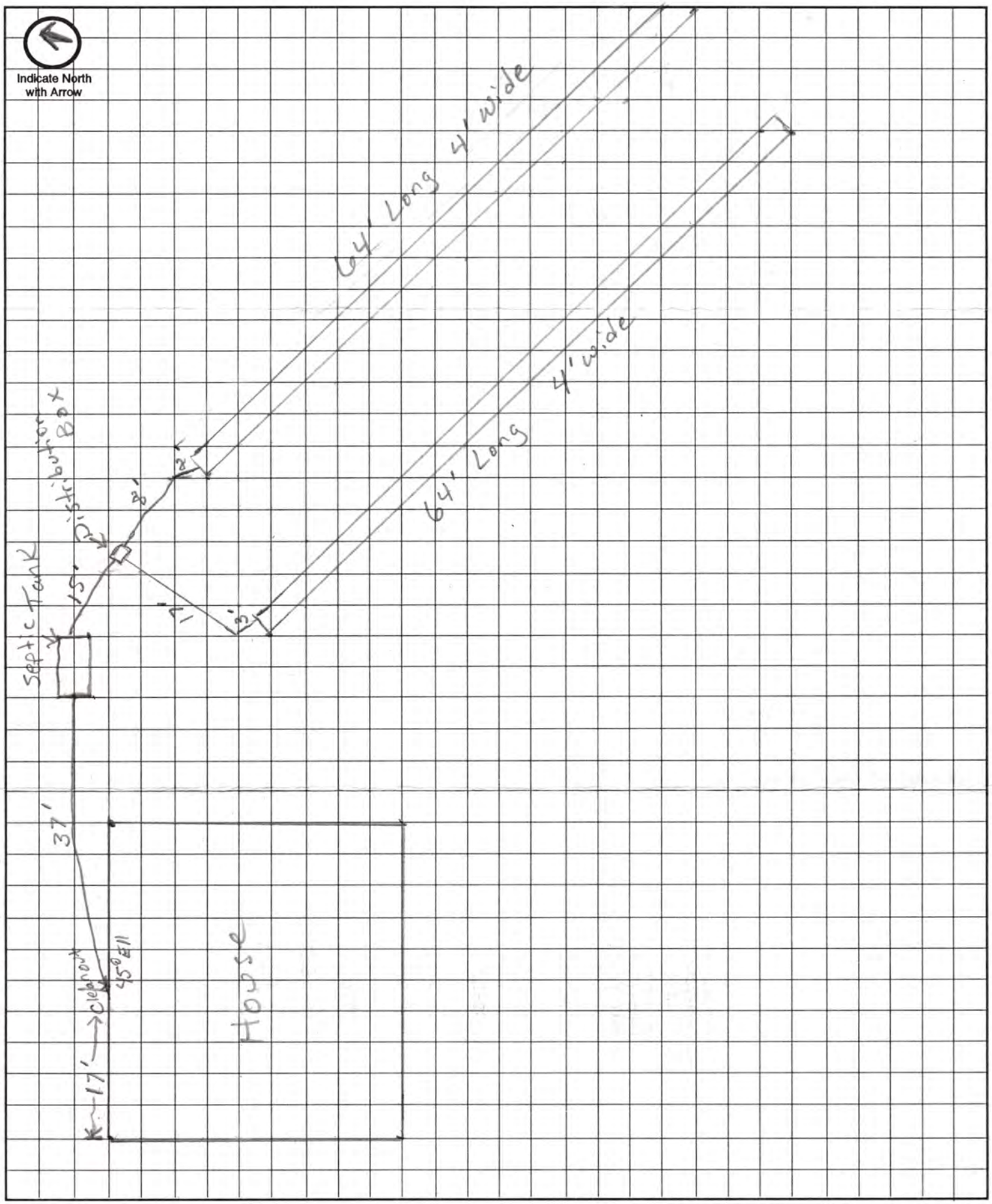
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 4 ft. = 1 grid line/s

002

05/23/96 THU 07:32 FAX 402 483 8433 CARDIO&VAS_SERV

SURVEY RECORD

TO ALL PARTIES INTERESTED IN PREMISES SURVEYED.
This is to notify that I have, this date made a survey on the property described herein, located in Lancaster County, Nebraska, further described as follows:

Lot 2, Blk. 2, Pawnee Estates, located in the NW 1/4 of Section 5, Township 10 North, Range 5 East, of the 6th Principal Meridian, Lancaster County, Nebraska.

LEGEND

◆ = Section or 1/4 Corner Found
● = Corner Found
■ = Corner Set
M = Measured Distance
P = Platted Distance

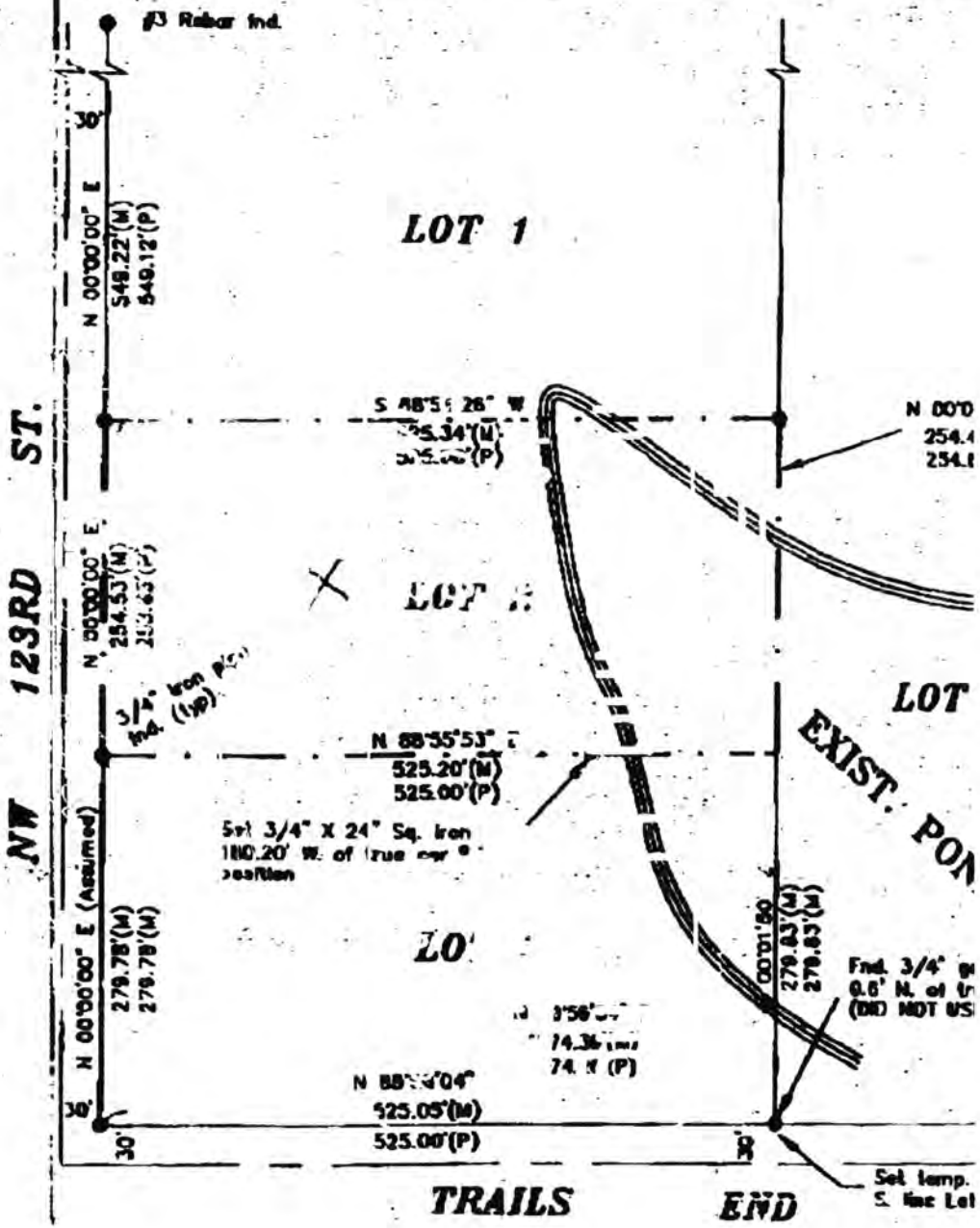
BOUNDARY CERTIFICATE

I, Joyme M. Malone, a Professional Registered Land Surveyor under the laws of the State of Nebraska, certify the above survey was executed be me, or the date shown. Permanent monument corners as described in the survey drawing were placed at all missing or remonumented corners. Distances shown are measured in feet and decimals of a foot.

Joyme M. Malone
Joyme M. Malone LS-440 Nebr. L.S. #440

July 29, 1993
Date





3149 N St.

FORM 20103-2477
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: 471-7805

FILING FEE: $ 150.00

FILE NO. _____

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. 10N ; Range 5E ; Section 5
   Block 2 ; Lot 2 ; Addition Pawnee Estates
   Street Address 5200 NW 12 3rd Street

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

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

4. Distance to public sewer: N/A ft

Richard F. Nuss
Signature of Applicant (Owner or Lessee)

4829 Aylesworth, Lincoln, Ne 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/24/93. Date Frwd. 5/24/93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/24/93. Date Frwd. 5/24/93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: [illegible]

3. City or County Engineer: Date Rec'd. 05/24/93. Date Frwd. _____.
   ACTION: Approved ☒ Disapproved ☐
   Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 33-43

06/22/98 MON 08:56 FAX 402 483 3432 CHARLOTTE AS SERV 002

441-8000

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 10N ; Range 5E ; Section & ¼ Section 5 .
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: 5-17-93 to 5-18-93 . Weather: Precip. 0 Temp. 60° .
Test Taken at NW. 123rd + W. Fletcher So. 3/10 of A mile East side

OWNER: Richard F. Nesser
Address: 4829 Aylesworth Lincoln NE 68504
464-7517

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"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	5½"	30m	½"	
2	36"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	5½"	30m	½"	
3	36"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	4 5/8"	30m	1 3/8"	
4	36"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	4 3/4"	30m	1 1/4"	
5	36"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	4 3/4"	30m	1 1/4"	
6	36"	5-17	6:00 pm	5-18	5:00 pm	5-18	5:00 pm	6"	9:00 pm	4 3/4"	30m	1 1/4"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: May 24, 1993

Verrold C. Hood
Signature of Reviewing Official

003
CARDIOVAS SERV
05/22/96 WED 06:06 FAX 402 483 8433

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

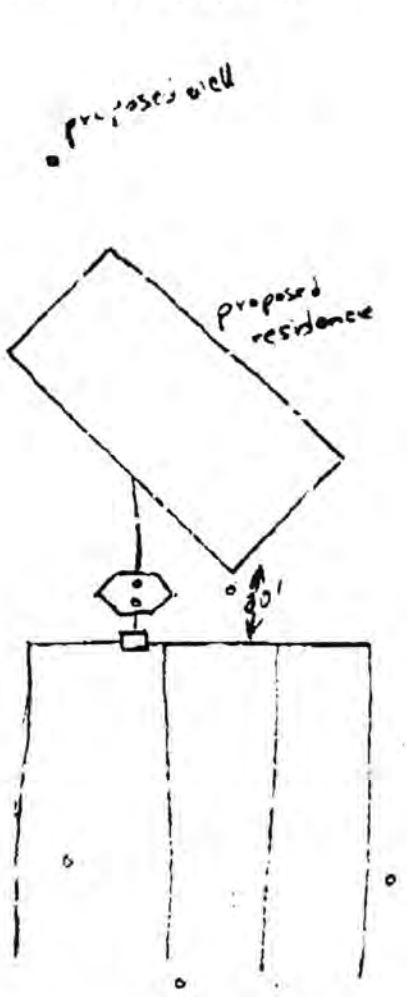
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Mary's Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: MAY 24, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Lateral ~~125~~ 150 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed ~~250~~ 500 sq.ft.

Jerrald C. Hood
Signature of Reviewing Official

05/22/96 WED 08:06 FAX 402 483 8433 CARDIOVAS SERV 004

need for new bank.

005

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 5600 N.W. 123 st

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

Directions to Property Head towards Pawnee LAKE, turn on Fletcher - go to 123rd turn Left - 2nd House on Left

Location of Well West of House, close to 123 st Tap Location: Inside ☐ Outside ☑

Location of Sewage System North of House - Already INSPECTED Year Installed 1997 or Dec 96

	NAME	ADDRESS	PHONE
Present Owner:	Margaret R. Smith Velma L. VanNatta	2803 S. 47	483-1208
Tenant/Buyer:			
Return to:	Kim Baethy	Lincoln Federal S. 48th & SOUTH	488-3411

Signature of Applicant Velma R VanNatta Address 2803 S. 47 Date 2/11/97

* Will Be closing on the 20th Lincoln

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/11/97 ✓

Initials ___

Amount 150.00 ✓

Check No. 6286

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Maryart **DATE:** 2/12/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maryart RS Date 2/19/97

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