Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-INSTALL LATERAL &
REPLACE DISTRIBUTION BOX

Establishment

DEWEY COOK
T10N R5E SEC 5
PAWNEE ESTATES BLK 2 LOT 4
12100 TRAIL'S END

Permittee

DEWEY COOK
5901 NW 123 ST
LINCOLN NE 68524

Permit # 01390069101

Issued 04/10/01
Expires 10/10/01
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014638

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 10 Range 5 Section 5 1/4 Section _____
   Block 2 Lot 4 Addition Pawnee Estates
   Parcel ID 04-05-102-004-000 (i.e. 99-99-999-999-999)
   Street Address 12100 Trails End

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace distribution box and install 150' of 4" wide lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Dewey Cook

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dewey Cook Address 5901 NW 123rd Phone 796-2411
Applicant Signature (owner or lessee) Dewey Cook

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/9/01 REVIEW: ☒ Approved ☐ Disapproved By: Paul Drotzmann

Site visits
Date 5/14/01 By P.D 4-9-01
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 5/30/01 By Paul Drotzmann

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 04/10/01 Amount 100.00 Check No. 3625 Initials LS

White - Division Copy Pink - Business Office Revised 9/00

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

D

Permit Number: 01390069,01

Sewage Disposal System

As Built Plans & Specifications

Date 5-30-01 Dan Carney 5-10-5 Pawnee Estates

System Location (Indicate correct number and street)

Address 12100 Trails End (no rural route) City _____ NE, Zip _____

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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

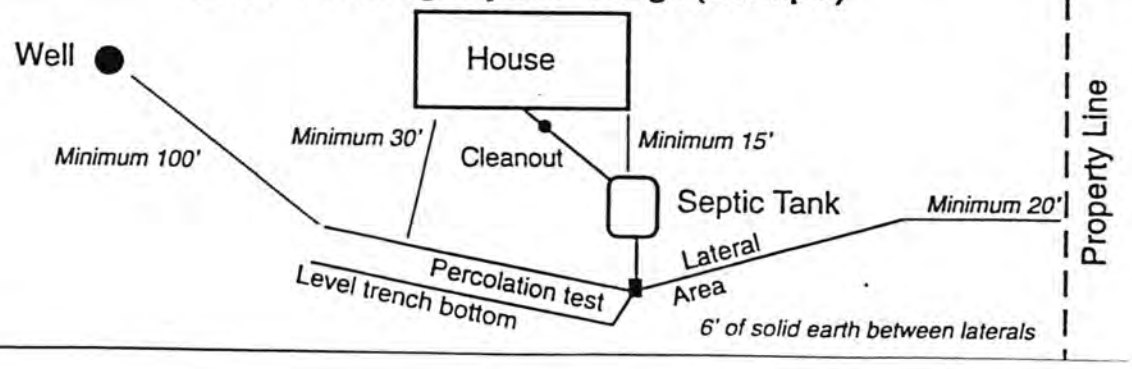
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe infiltrator
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 75 ft. 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 24-36 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

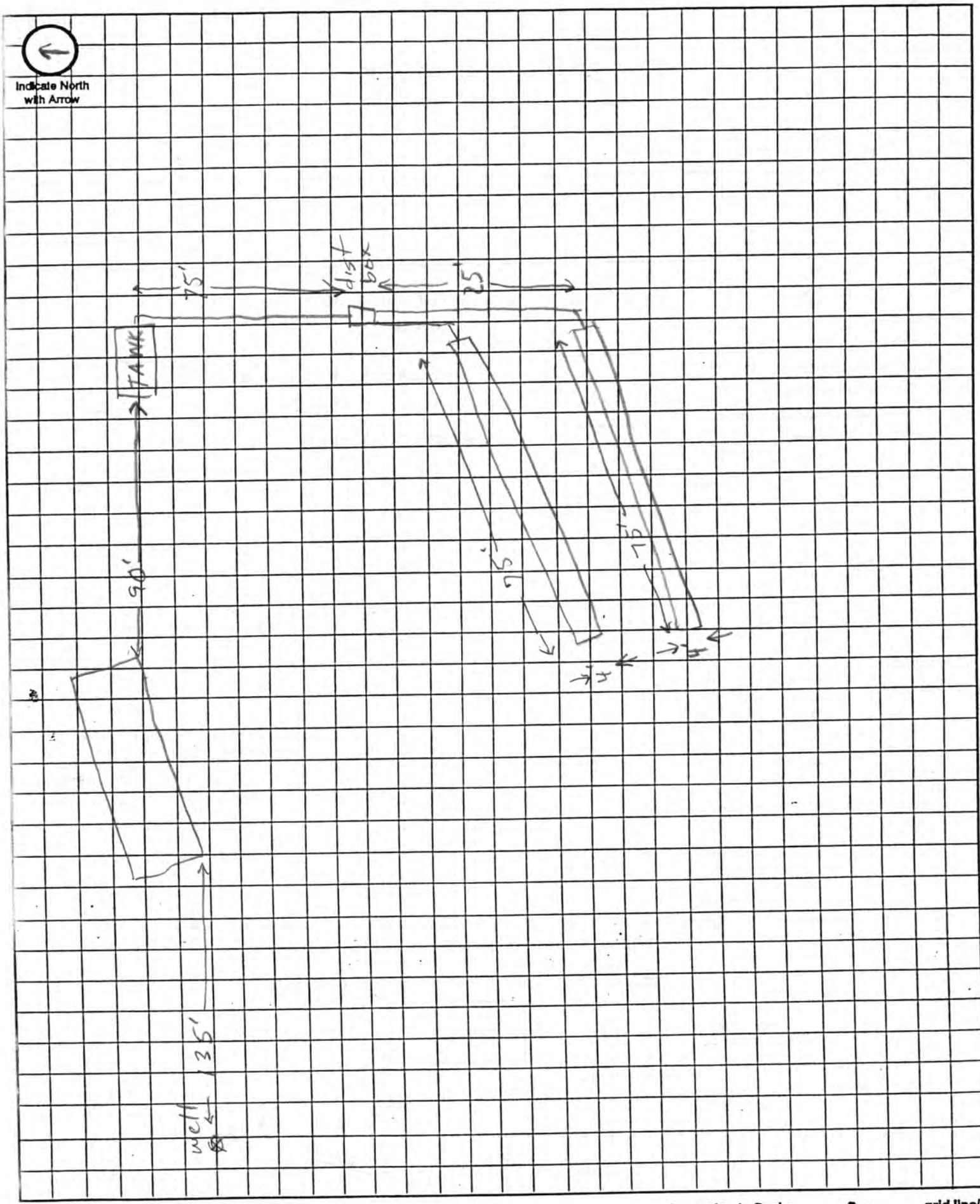
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1260-C

INDIVIDUAL SEWAGE DISPOSAL CONSTRUCTION — TYPE OF PERMIT

JULY 24, 1978 — THIS PERMIT EXPIRES

Daniel J. Cerny — ISSUED TO

5010 Aylesworth, Lincoln, NE 68504 — ADDRESS

TION, R5E, Section 5, Bloc. 2, Lot 4, Addition Pawnee 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

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1260-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 24 JAN 78

The undersigned hereby requests SITE CLEARANCE 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 NW 4 5
   Block 2 ; Lot 4 ; Addition PAWNEE ESTATES
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Daniel J. Berry
Signature of Applicant (Owner or Lessee)

5010 AVLESWORTH, LINCOLN NE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/24/78 . Date Frwd. 1/24/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 1-24-78 . Date Frwd. 1-24-78 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Harry M. Sherwood
3. City or County Engineer : Date Rec'd. 1/24/78 . Date Frwd. 1/24/78 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1260-C

DATE: 24 JAN 78

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 5E ; Section 5 ; Block 2 ; Lot 4 ; Addition DAWNEE ESTATES .
Street Address _____.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

David Kenny
Signature of Applicant (owner or lessee)

5010 AYLESWORTH LINCOLN NE
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6-15-78 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 1/24/78
by: Jerrold E. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-15-78 by: James Waverka

III

Cerney

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 474-1541)

FILE NO. 1260 C

PROPERTY WHERE SOIL TESTED:
Location: Township 10N : Range 5E
Section & ¼ Sect. _____
Property Dimensions: 539 ft. x 449 ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: H.C. Heiser
Address: 6131 Gladstone

Dates of Tests: 10-22-77 to 10-23-77. Weather: Precip .04 Temp. 40's.
Lot 4 Block 2 Pawnee Estates

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	10/22	2 PM	10/22	9 30 AM	10/23	9 30 AM	12"	12 PM	8	30 M	1 3/4	
2										8		2	
3										8 1/4		1 3/4	
4										8		2	
5										7 3/4		2	
6										8 1/2		1 1/2	
					Refill all holes at 11:AM								

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone 432 3595

Sum of Percolation Rates: 11
Average of Rates: 1.833
Mean of Rates: _____

(Do not write below this line)

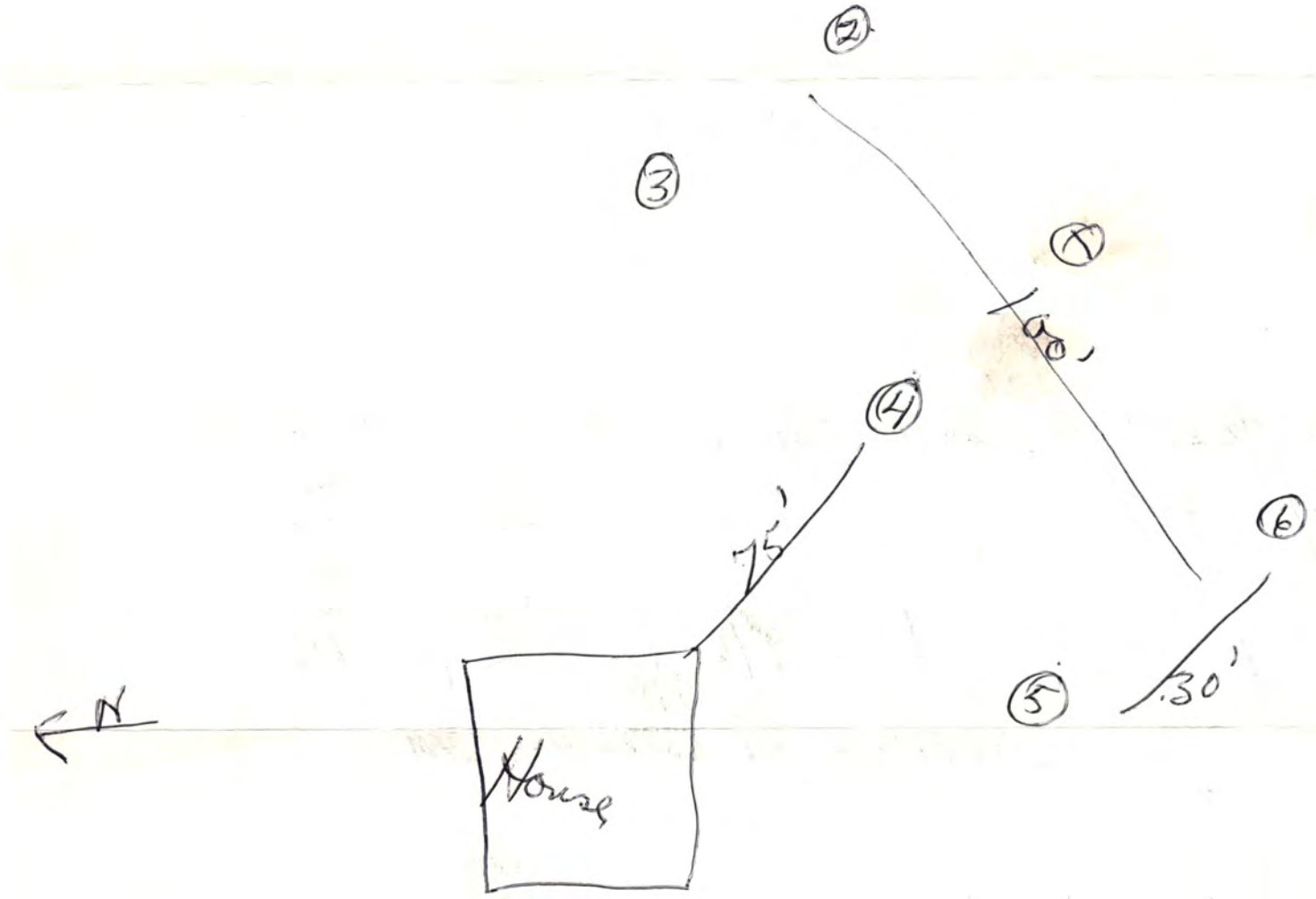
REVIEWING ACTION

REMARKS: Malcolm Silt Loam. (S.C.L.)

DATE: January 24, 1978

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoak
Signature of Reviewing Official


2
3
1
90'
4
75'
6
5
30'
N
House

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. 1260-C

SPECIFICATIONS

DATE: _____

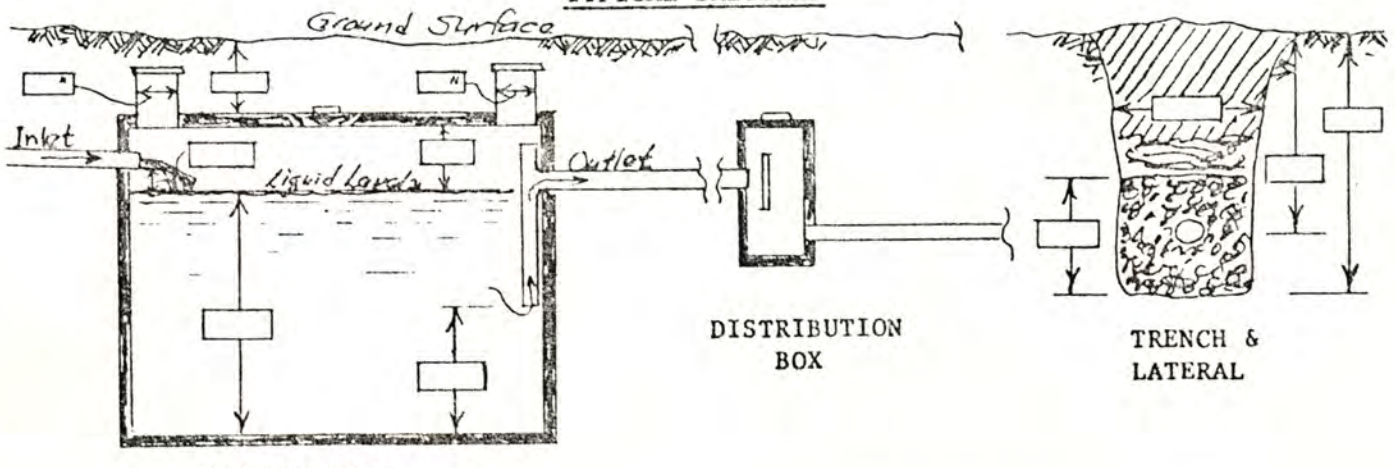
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___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.

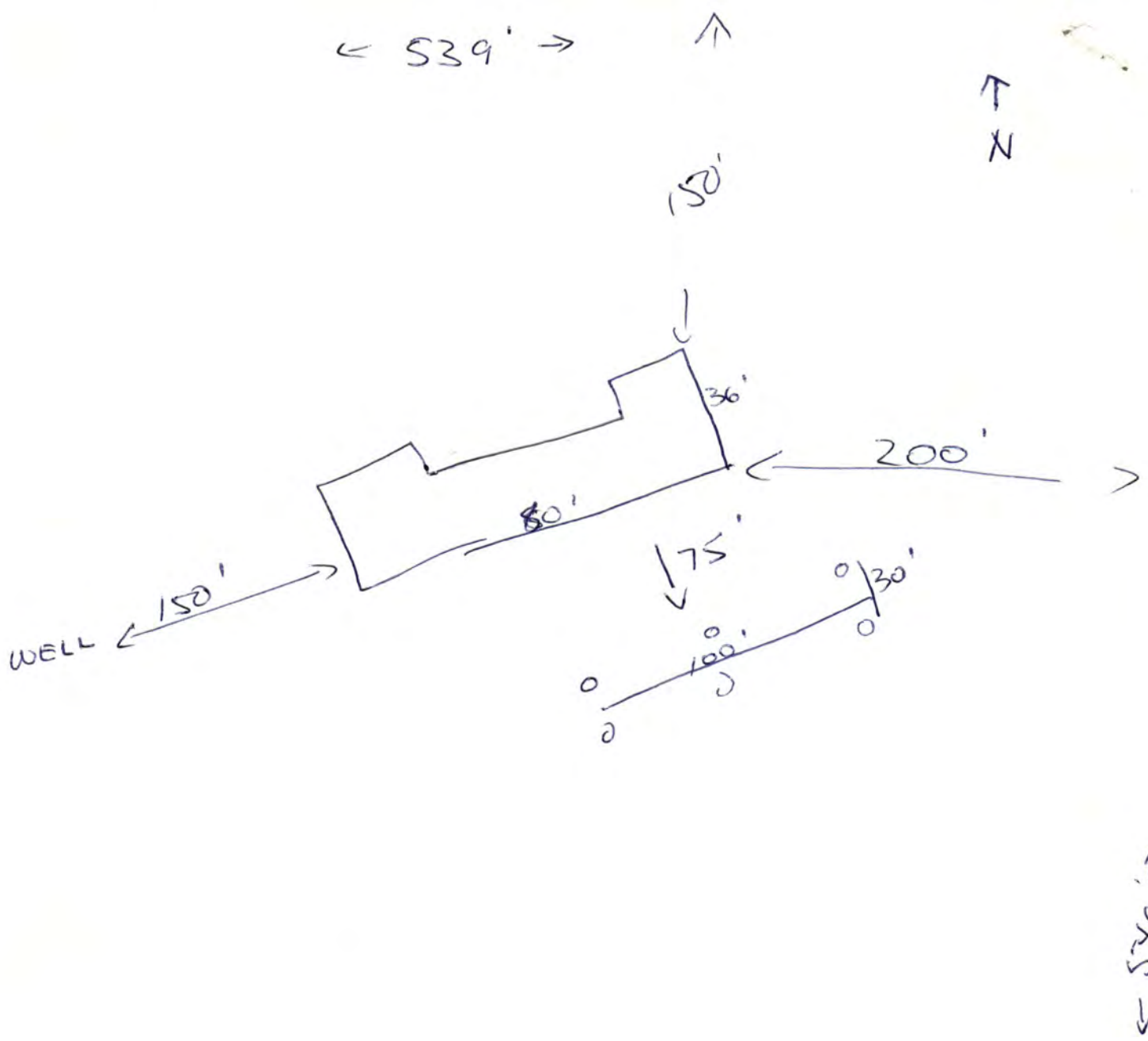
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 149 or 198 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions. Depth ___in.; Width 18 or 36 in.
4. Filter Material: _____.
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: 17 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


← 539' →
150'
N
36'
200'
80'
75'
150'
WELL
30'
100'
← 539' →

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: 6-15-78

FILE NO. _____

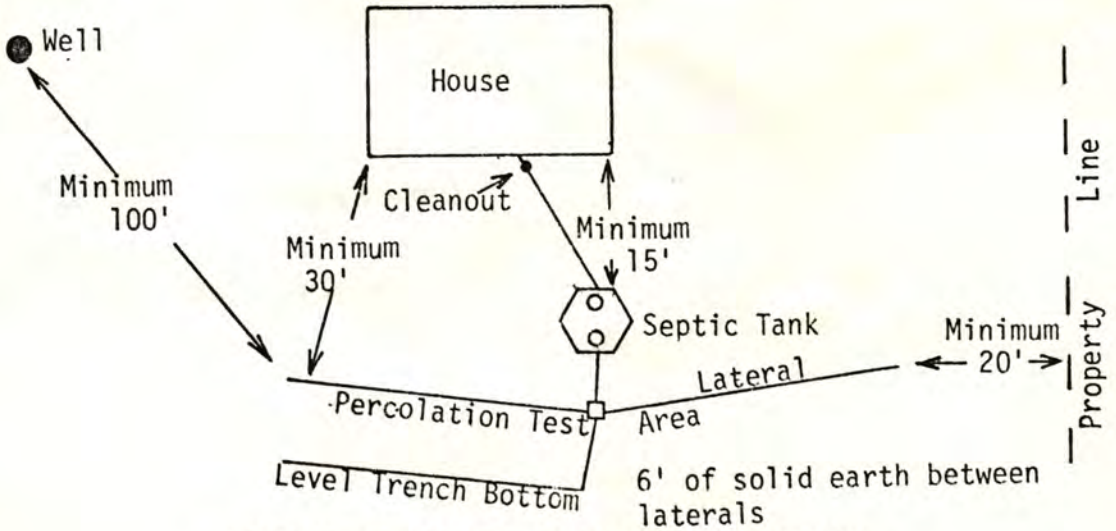
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor ~~12~~ in.
3. Distance between dwelling and septic tank 88 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 150+ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Fiberglass ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Missouri)
4. Manholes: Over Inlet; diam. ~~22~~ 6 in.
Over Outlet; diam. 6 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 36 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 300 + ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Fiberglass ; Number - available outlets 3 .
2. Factory Built: Yes ☒ No ☐
(Company Missouri)
3. Distance from Septic Tank 10 ft.

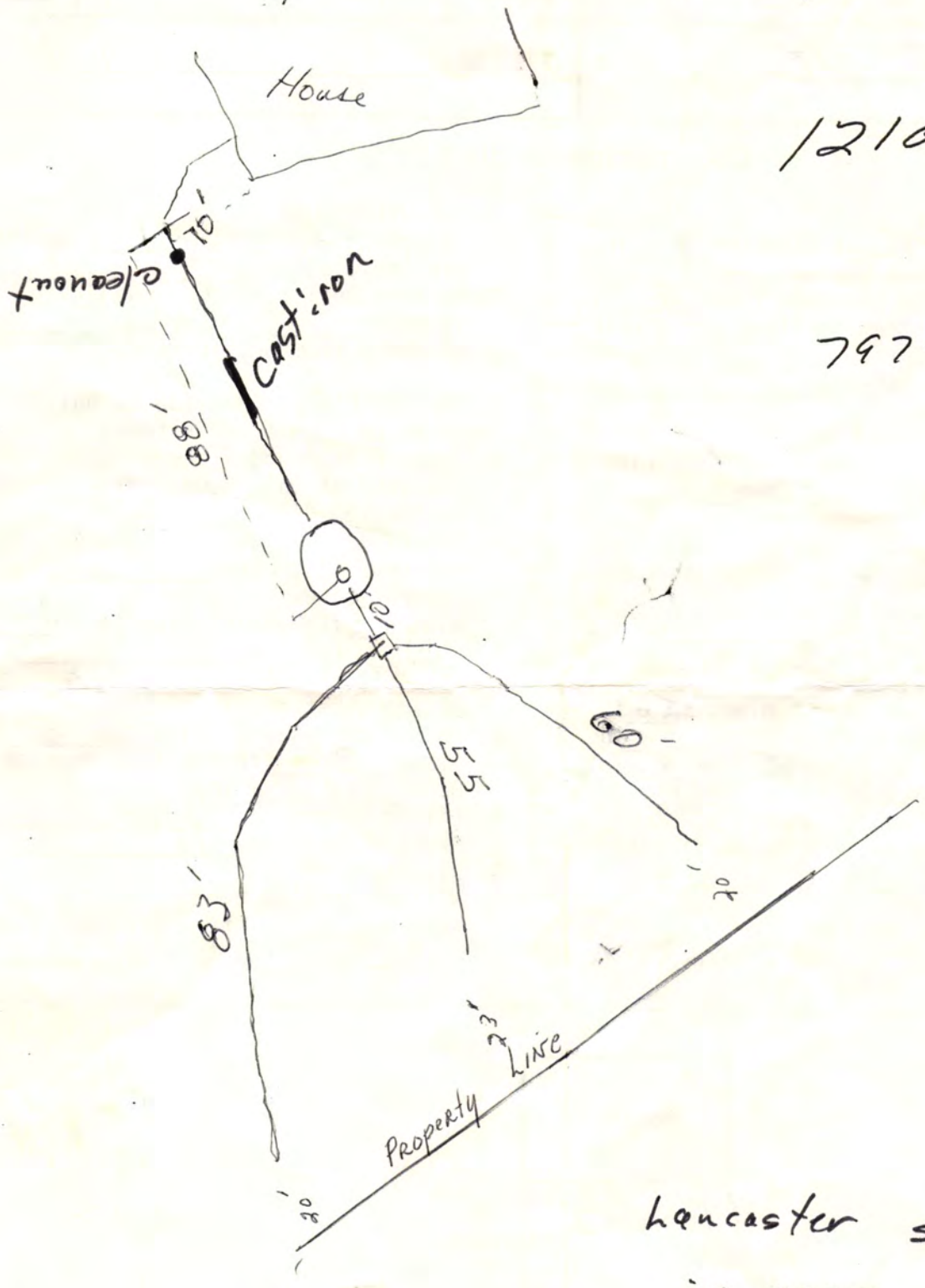
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ~~4~~ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 83 , 55 , 60 , ____ , ____ ft.;
Total length of laterals 198 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 20'/30' ft.;
Slope 3" in/100 ft.; Average Depth 36 in
4. Filter Material: Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 300+ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 6-15 78 INSTALLER Merle J Henkenius



12100 Trails End

797-7475

N

Lancaster sand in some parts

RECEIVED MAY 18 1992

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

007

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 5-14-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 5; BLOCK 2

LOT 4; ADDITION Pawnee Estates Street Address 12100 TRAILS END LINCOLN, NE

Directions to Property FROM NW 112TH & WEST FLETCHER; WEST TO NW 123 - THEN SOUTH TO CORNER; THEN EAST TO DEAD END. NORTH SIDE OF POND. RED BRICK WITH GREEN HOUSE ATTACHED. 68524

Location of Well WEST OF HOUSE 100' Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST OF HOUSE 50' Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	DANIEL CERNY	12100 TRAILS END LINCOLN NE	WK. 477-4141 HM. 796-2295
Tenant/Buyer:	SAME		
Return to:	FIRST COMMERCE SAVINGS ATTN: JERRY	3935 SO. ST. LINCOLN, NE	434-4842

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Daniel J Cerny Address RT 2 BOX 75G LINCOLN NE 68524

HEALTH DEPARTMENT USE ONLY

Date Received MAY 19, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5-27-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 5-27-92 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒ 1.2	☐	Disapproved:	☐	Date _____ by _____

Comments: Recommend checking to see if septic tank need's pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Marquart, RS DATE 6-2-92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120