LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 97390055401

Issued 06/13/97
Expires 12/13/97
Revenue Code 18754

Establishment
DEWEY COOK
T10N R5E SEC 5
PAWNEE ESTATES BLK 3 LOT 1
11901 TRAILS END

FEES: $50.00

TOTAL $50.00

Permittee
DEWEY COOK
5901 NW 123 ST
LINCOLN NE 68524

Issued By M. Jane Ford
Health Director

4813

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10 June 97

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 10N ; Range 5E ; Section 5 ;
Block 3 ; Lot 1 ; Addition PAWNEE ESTATES
Street Address 11901 Trails End

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

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

4. Description of proposed alteration, extension or repair: Add 1 4' x 60' domed Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Dewey Cook
Contractor's Name

6. Estimated cost of project:

a. Materials	$	700 00
b. Labor	$	800 00
c. Other	$	
TOTAL	$	1500 00

580-2796

Dewey Cook
Signature of Applicant (owner or lessee)

5901 NW 123rd Lincoln NE 68524
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 06/10/97 ns
Filing Fee: $ 50.00 cash 2722

2. Site Visits:
Date: 7-3-97 by: JP
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/3/97 by: JP

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 11901 Trails End (no rural route) City Lincoln NE, Zip 68524

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

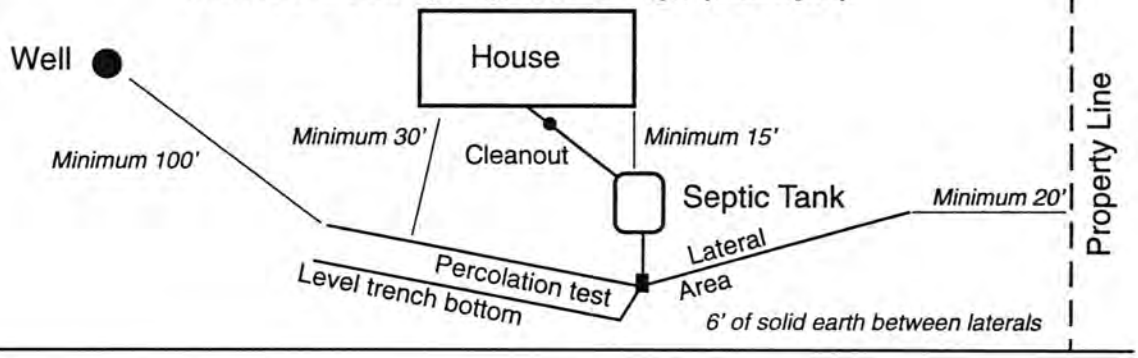
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

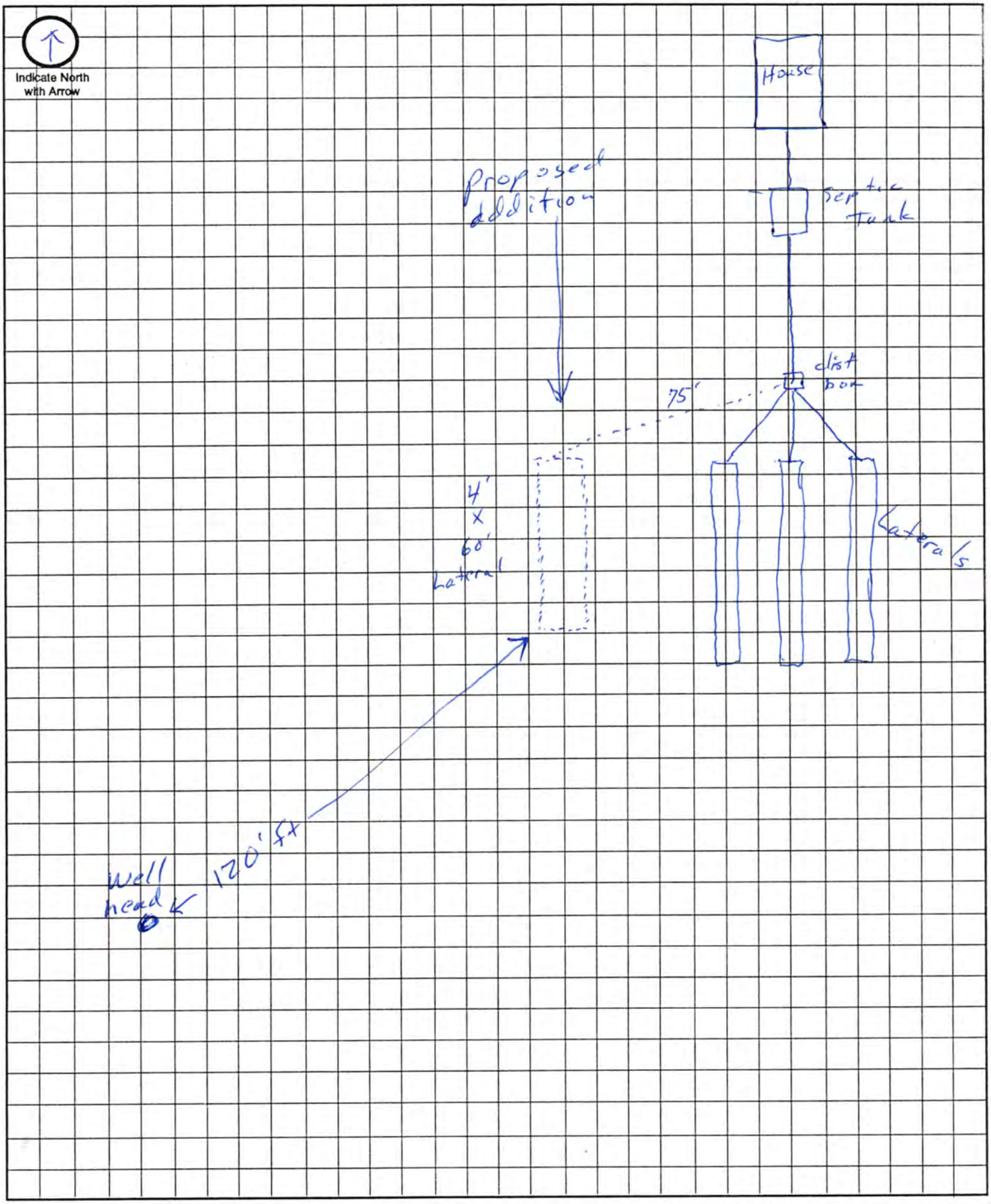
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

11901 Trails End



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1505-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 26, 1979 — THIS PERMIT EXPIRES

Steven Elliott by Don Pentico, — ISSUED TO

1520 Pioneers Blvd., Lincoln, NE — ADDRESS

T1ON, R5E, Section 5, Block 3, Lot 1, Addition Pawnee Estate — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

R. J. NUERNBERGER, Lancaster County Treasurer
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

FILING FEE: $ 60.00

FILE NO. 1505-C

DATE: MARCH 26, 1979

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 3 : Lot 1 : Addition PAWNEE ESTATE
   Street Address _____

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: N/A ft. DEPENDS UPON SOIL PERCOLATION TEST

Steven Elliott by Don Prentice
Signature of Applicant (Owner or Lessee)

1520 PIONEERS BL LINCOLN, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/26/79. Date Frwd. 3/26/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 3-26-79. Date Frwd. 3-26-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-13-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-17-79 By: James Weverka

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 1 Block 3 Pawnee Estates

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: 5-29-79 to 5-30-79. Weather: Precip. _____ Temp. _____.

OWNER: Steve Elliott

Address: % Pettyco Plbg & Ht Box 2521 Lincoln, NE

"THIS WAS IN HOLD FILE"

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./in.)
1	28"	5/29	8:00	5/29	12:00	5/30	5:10	4¼	5:40	3⅝	30	⅝	
2	28"						5:10	5½	5:40	4¾	30	¾	
3	30"						5:15	5	5:45	4½	30	½	
4	30"						5:15	7	5:45	6¼	30	¾	
5	28"						5:20	6¼	5:50	5⅝	30	⅝	
6	30"						5:20	6¾	5:50	5⅝	30	1⅛	

Donald R Ponico
Signature of Person Conducting Test
Address 1520 Pioneers Blvd. Phone 423-0121

Sum of Percolation Rates: 4.375
Average of Rates: .7292
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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: 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.

REVIEWING ACTION

Remarks:_____

Date: June 4, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 893 sq.ft.

Jerrold C. Hood
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

AUG 16 1979

D

DATE: 8/13/79

FILE NO.

Steve Elliott
Bounce Acres

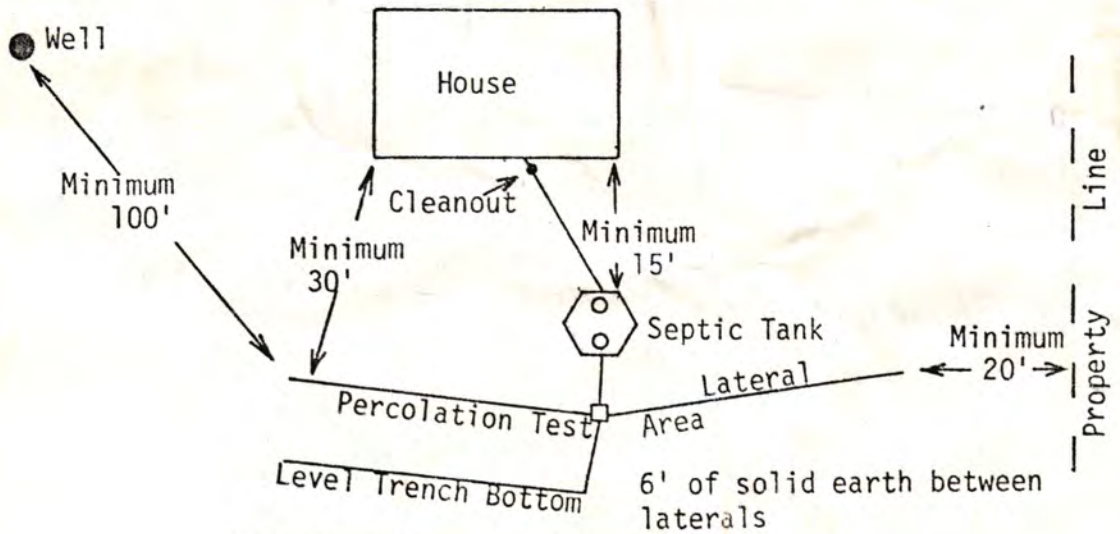
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 34 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 75 ft.; Property Line 44 ft.

B. SEPTIC TANK:
1. Material Fiberglass ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Corr-A-Glas)
4. Manholes: Over Inlet; diam. 17 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 52 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 80 ft.; Property Line 42 ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Calvary)
3. Distance from Septic Tank 37 ft.

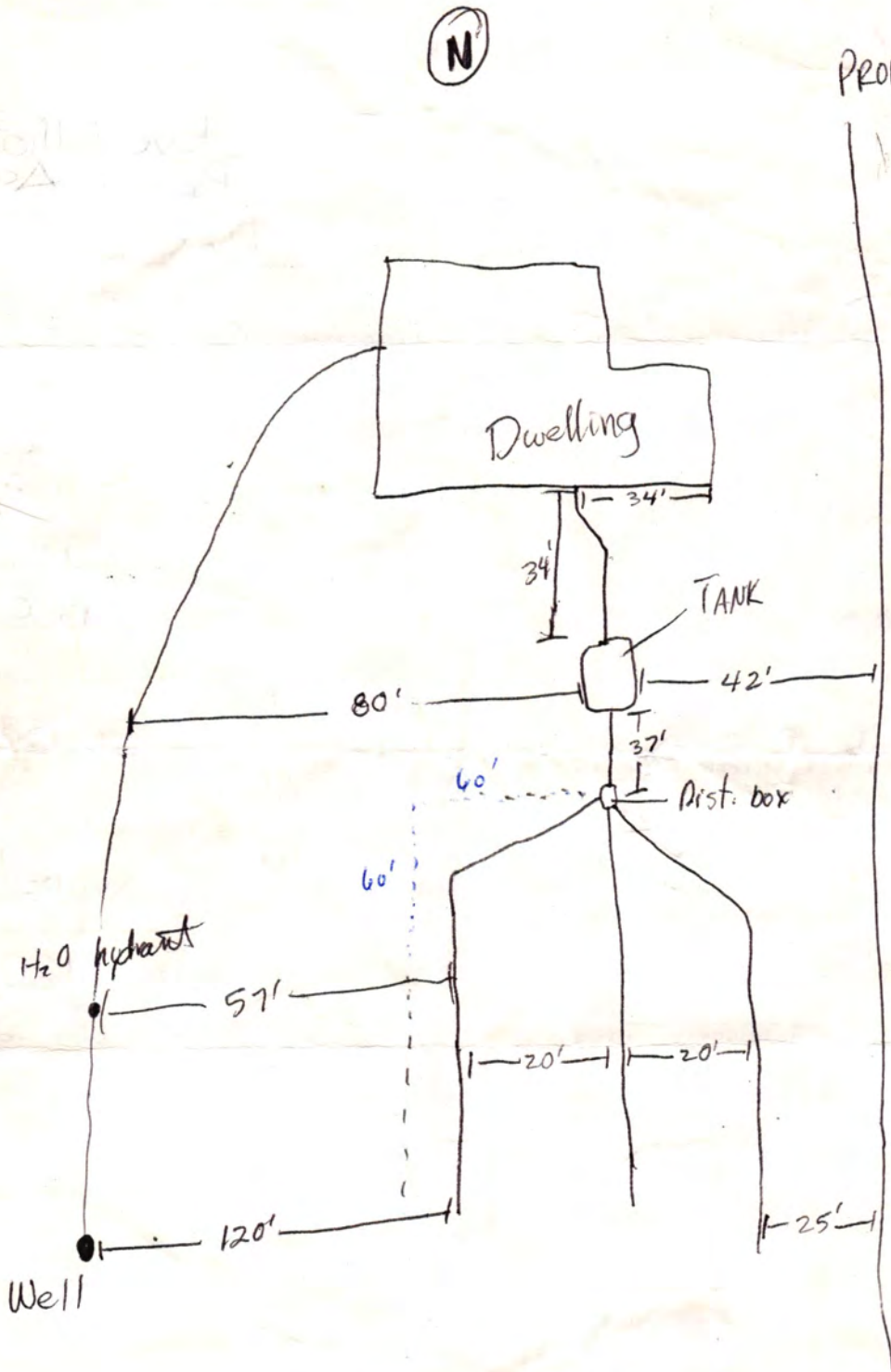
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round ____ or
Perforated Pipe 4 in.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 100 , ____ , ____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 40 in.
4. Filter Material: gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line 120 ft.;
Stream ____ ft.; Pressure Line 57 ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8/13/79 INSTALLER Pottyco PLUMBING



12/4/97 ADDitional lateral added ~ summer 1996

9712090 01

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

CR 3338

Legal Description of Property: Street Address 11901 TRAILS END

Twp 10N Range 5E Section 5 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition PAWNEE LAKE ESTATES

Directions to Property PAWNEE LAKE ESTATES (LATERALS FOR SEPTIC REWORKED SUMMER OF 1996)

Location of Well CONTACT OWNER Tap Location: Inside ☐ Outside ☐

Location of Sewage System CONTACT OWNER Year Installed ___

CR 16738

	NAME	ADDRESS	PHONE
Present Owner:	STEVE + CHERYL ELLIOTT	11901 TRAILS END LINCOLN NE 68524-8847	796-2571
Tenant/Buyer:	JOE + CHERYL	1015 HILL ST. LINCOLN NE 68502	438-6341
Return to:	JOE DROZD	1015 HILL ST. LINCOLN NE 68502	438-6341

Signature of Applicant for Dwg Address 1015 HILL ST. LINCOLN NE. 68502 Date 11/26/97

HEALTH DEPARTMENT USE ONLY

Date Received 12/1/97 lo Received $150.00 ✓ Check ☒ Cash ☐ #4195

PRELIMINARY STATUS--By Jim Baier **DATE:** 12/2/97

WATER SYSTEM:	Approved	Disapproved
Construction 12/2/97	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate APPROX.	☑ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ~~☒~~ JB
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ~~Provisional status~~ granted for sewage system. Additional lateral line added to system ~~did not~~ received an inspection by this department. Recommend septic tank be pumped and inspected. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒
Provisional Approval: ~~☒~~ JB

Approved by James E Baier Date 12/4/97

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.

Dewy Cwok 796 2411 - installed ABD, Lateral.