LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 730-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 14, 1976 — THIS PERMIT EXPIRES

Carroll Thompson — ISSUED TO

4642 Baldwin — ADDRESS

T12N; R6E; Sec. 26; Bl. 2; Lot 5; Northridge Add. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABEE

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

ISSUING OFFICER

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

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. 730-C

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

DATE: 11-14-75

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. 12N ; Range 6E ; Section 26
Block 2 ; Lot 5 ; Addition NORTHRIDGE
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Carroll Thompson
Signature of Applicant (Owner or Lessee)

4642 Baldwin, Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/14/75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 11/14/75 . Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. 11/14/75 . ACTION: Approved ☐ Disapproved ☐
Date Frwd. 11/14/75 . Signature: Glenn L. Mellenbergr
Rec'd 11/24/75 mo3

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. 730-C

DATE: _____

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. 12N ; Range 6E ; Section 26 ; Block 2 ; Lot 3 ; Addition NORTHRIDGE ACRES.
   Street Address _____.

2. Property Use: Residential _____ ☒ Commercial _____ ☐
   No. of Bedrooms 2 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).

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: Dec-1-75 by: sm & jw
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 11/4/75
   by: Jerrold C. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: Dec-1-75 by: Ron Maynard

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. 730-C

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: Oct 30 75 to Oct 31 75. Weather: Precip. ____ Temp. ___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	36"	10/30	6 30 PM	10/31	5 00 PM	10/31	5 00 PM	12"	7 30 AM	4½	30 M	1	
2										10		3/4	
3										9¼		1	
4										4½		3/4	
5										4½		1	
6													

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: November 12, 1975

Gerald C. Hood
Signature of Reviewing Official

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. 730-C

SPECIFICATIONS

DATE: _____

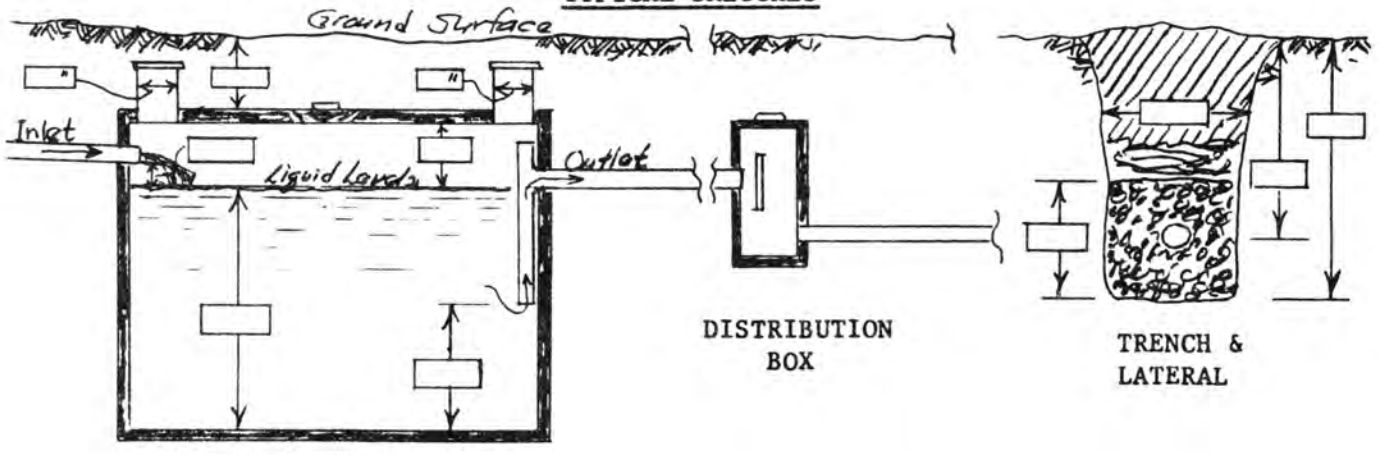
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
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 51 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.

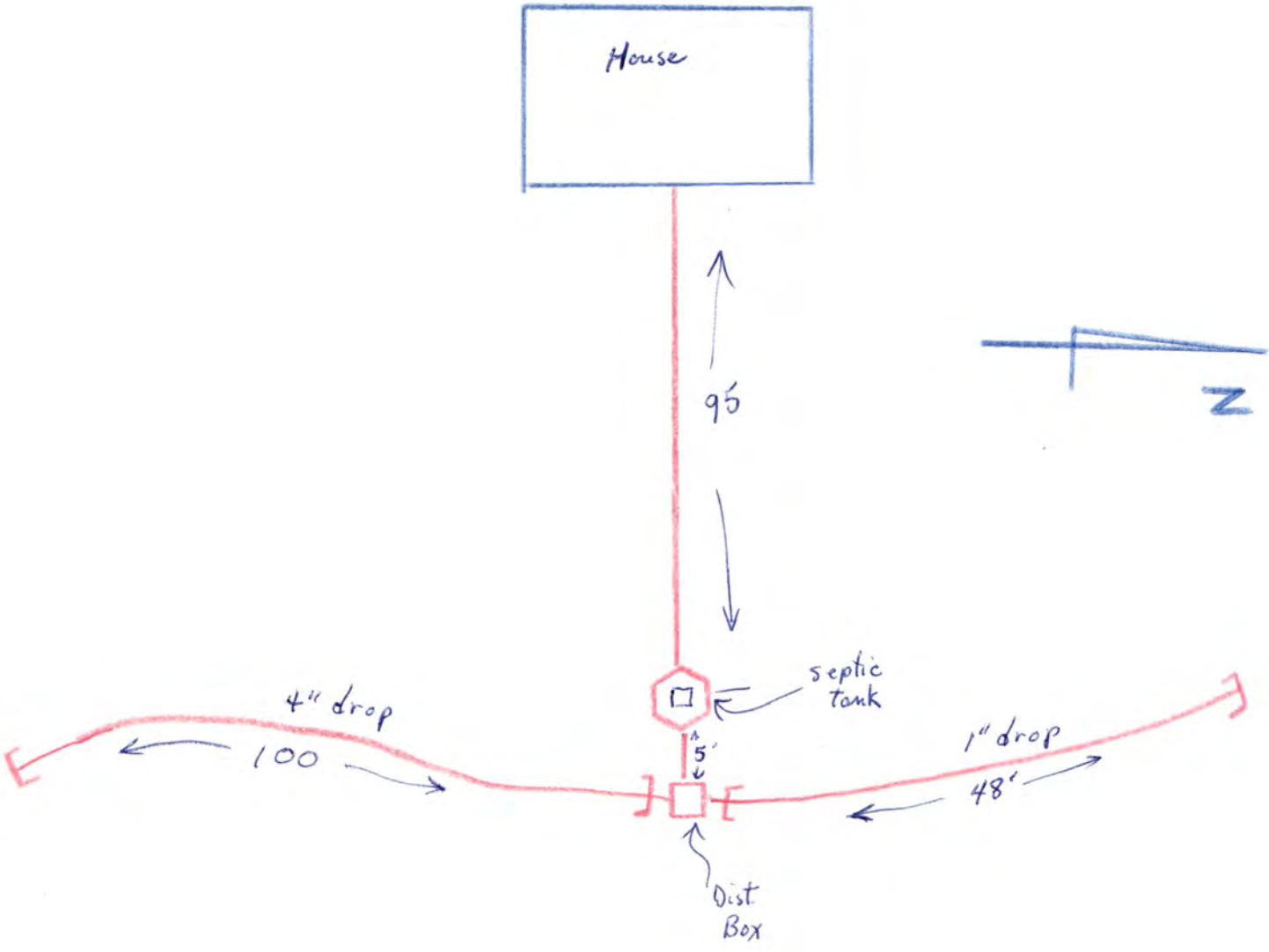
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Steps) No ☐
3. Dimension: Length 16 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

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 144 ft.; Slope ____in/100 ft. Diameter of pipe 24 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: 40 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


House
95'
N
septic tank
4" drop
100'
5'
1" drop
48'
Dist Box

00

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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

Legal Description of Property: Street Address 17600 Northridge LN, Davey NE

Twp 12N Range 6E Section 26 1/4 ___ 1/4 ___ Block 2 Lot 5 Addition Northridge, Lancaster County

Directions to Property 14th & Superior St. North to Davey Road, west approx 1/2 mile, south approx 1/4 mile, Beige house & large garage

Location of Well East of house Creek area Tap Location: Inside ☑ Outside ☐

Location of Sewage System east of house surrounded by pines Year Installed 1977+

(Septic system pumped in '86 see attached).

	NAME	ADDRESS	PHONE
Present Owner:	Delwin & Debra Krohn	17600 Northridge LN Davey NE 68336	785-3695 474-8413
Tenant/Buyer:			
Return to:	Delwin D Krohn	17600 Northridge LN Davey NE 68336	785-3695

Signature of Applicant Delwin D. Krohn Address 17600 Northridge LN Davey NE 68336 Date 2/15/93

HEALTH DEPARTMENT USE ONLY

Date Received 02/18/93 Received $150.00 Check ☑ #7526 Cash ☐

PRELIMINARY STATUS--By rm **DATE:** 2/19/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.9 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping every 2-3 yrs.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mayeur, R.S Date 2/25/93

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.

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