LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1540-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 24, 1979 — THIS PERMIT EXPIRES

Dewey Cook — ISSUED TO

5624 Bodie Circle, Lincoln, NE 68516 — ADDRESS

T10N, R5E, Section 5, Block 4, Lot 1, Addition Pawnee Estates — 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

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

A

FILING FEE: $ 60.00

FILE NO. 1540-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. 10N ; Range 5E ; Section 5 ;
   Block 4 : Lot 1 : Addition Pawnee Estates
   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: None ft.

Dewey D Cook
Signature of Applicant (Owner or Lessee)

5624 Bodie Circle
Address Lincoln NEB

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/24/79. Date Frwd. 5/24/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

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

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-24-79 by: sewer line + tank jw
Date: 12-11-79 by: jw
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-25-80 By: jw

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. 1540-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section NW¼.
Property Dimensions: 297.4 ft. x 512.02 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: 22 May 79 to 23 May 79. Weather: Precip. None Temp. 70.

525-530

OWNER: Dewey Cook

Address: 5624 Bodie Circle

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	22 May	6 pm	22 May	10 pm	23 May	855 am	6	925 pm	0	30	6	
2	36					"	"	6	"	3	30	3	
3	36					"	"	6	"	5 3/8	30	5/8	
4	36					"	"	6	"	4 5/8	30	1 3/8	
5	36					"	"	6	"	5 5/8	30	3/8	
6	36					"	"	6	"	5 3/4	30	1/4	

Dewey D Cook
Signature of Person Conducting Test

Address 5624 Bodie Circle Phone 4235517

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Morrill Clay Loam & Pawnee Clay Loam

Date: May 24, 1979

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

525-530

	555	625	655	725	755	825	855	925
1	6	6	6	6	6	6	6	6
2	4	4	3 1/2	3 1/2	3 1/2	3 1/4	3	3
3	3/4	3/4	1/2	1/2	1/2	5/8	1/2	5/8
4	2 1/8	2	1 3/4	1 1/2	1 3/4	1 3/4	1 1/2	1 3/8
5	1/4	1/2	1/2	1/4	5/8	1	3/8	3/8
6	1/4	1/4	3/8	1/4	3/8	3/8	1/4	1/4

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

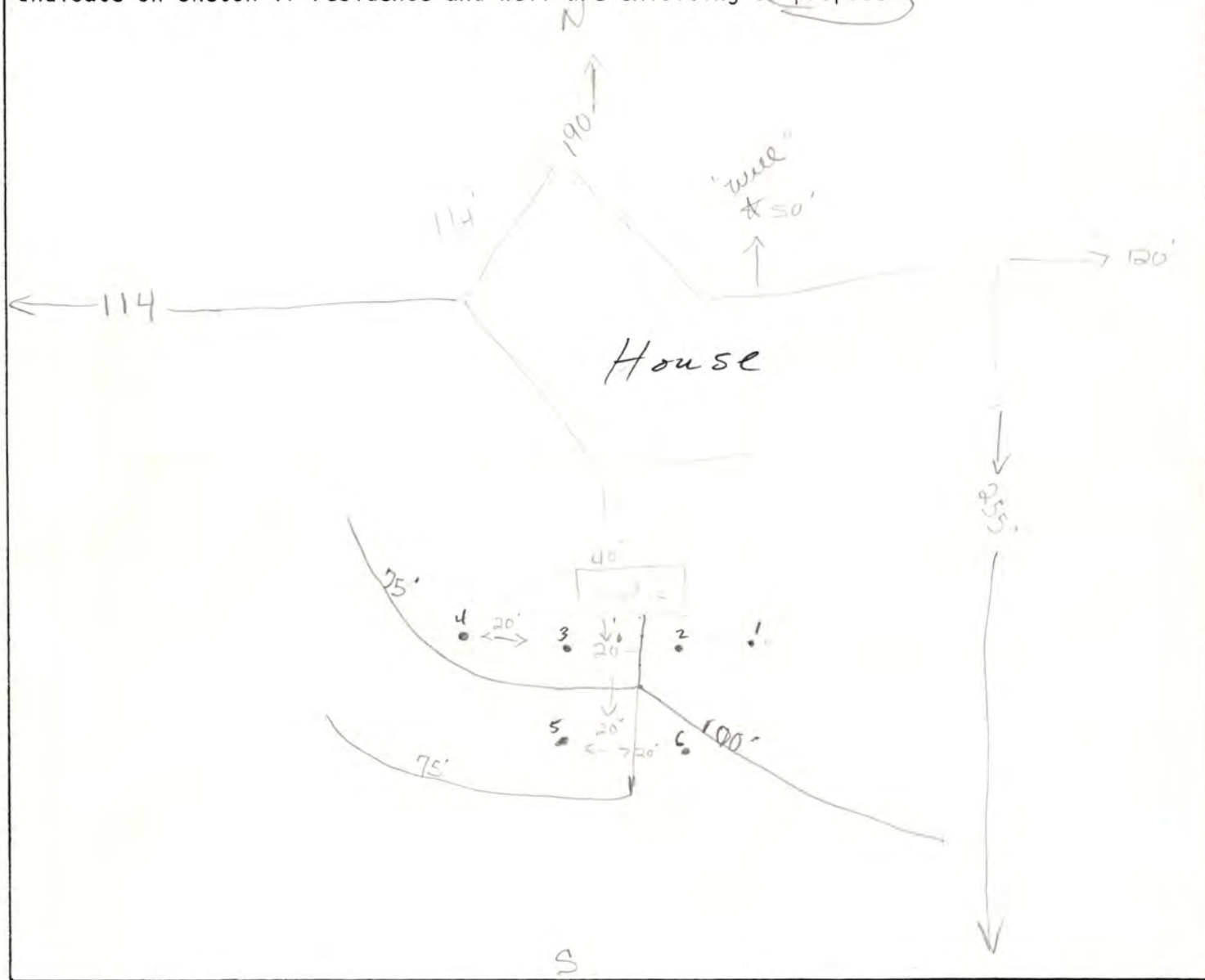
C

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

FILE NO. 1540-C

W Fletcher Road

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



REVIEWING ACTION

Remarks: _____

Date: May 24, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 143 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 570 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

D

DATE: _____

FILE NO. _____

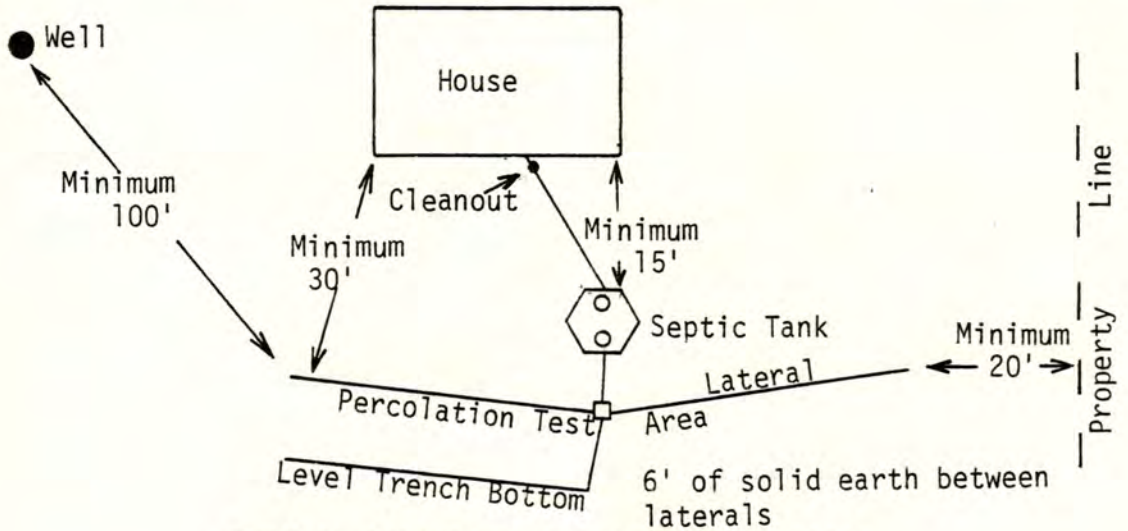
SPECIFICATIONS AS BUILT

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:
1. Material CONCRETE; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets FIVE.
2. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
3. Distance from Septic Tank 2 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 48, 100, _____, _____, _____ ft.;
Total length of laterals 148 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: GRAVEL
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



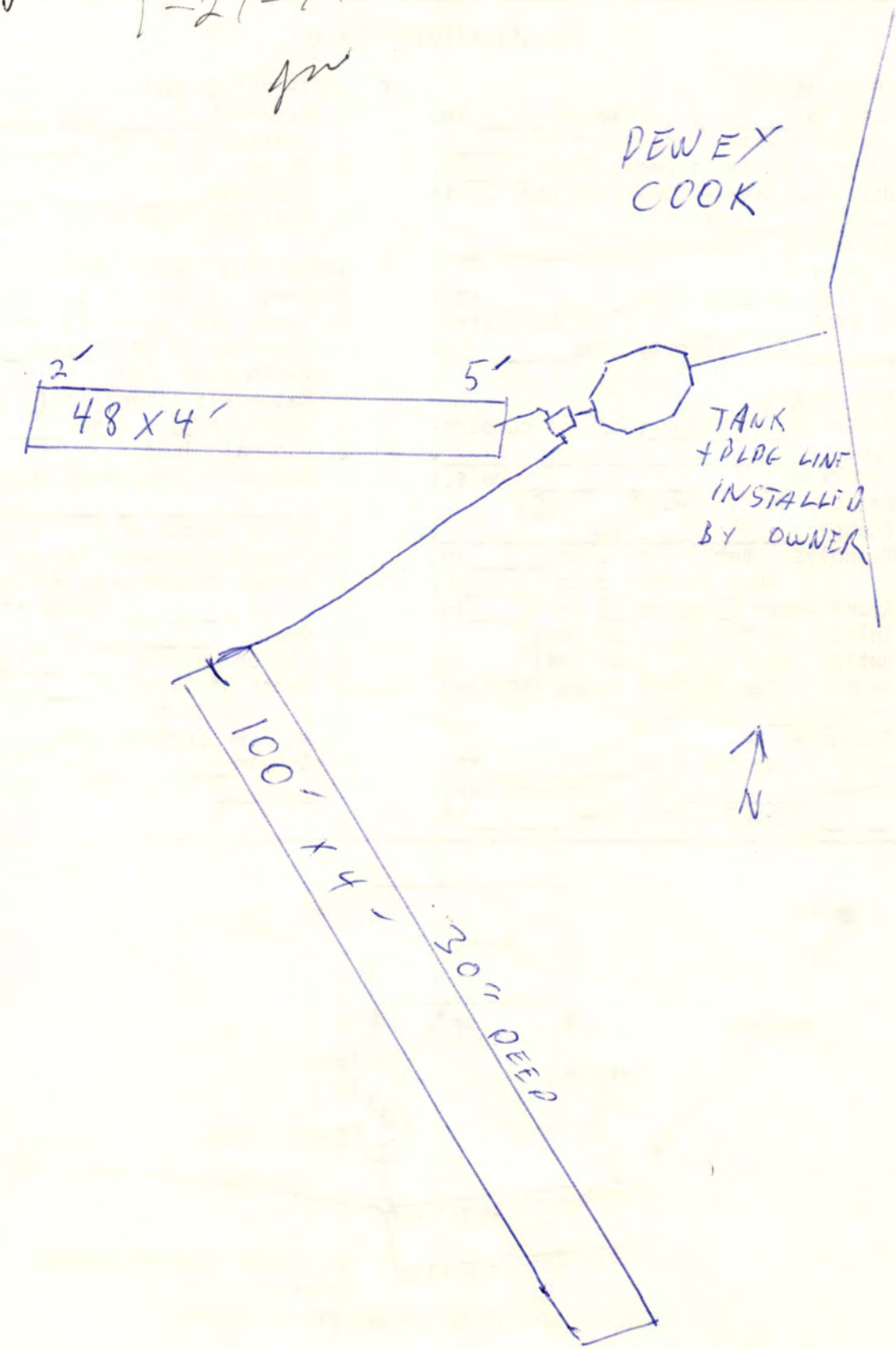
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER FRIESEN

Drawing was made so late installer forgot some measurements

1-29-79



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: 7 Jan 80

FILE NO. Permit # 1540-C

Dewey Cook
5901 N.W. 123rd

SPECIFICATIONS AS BUILT

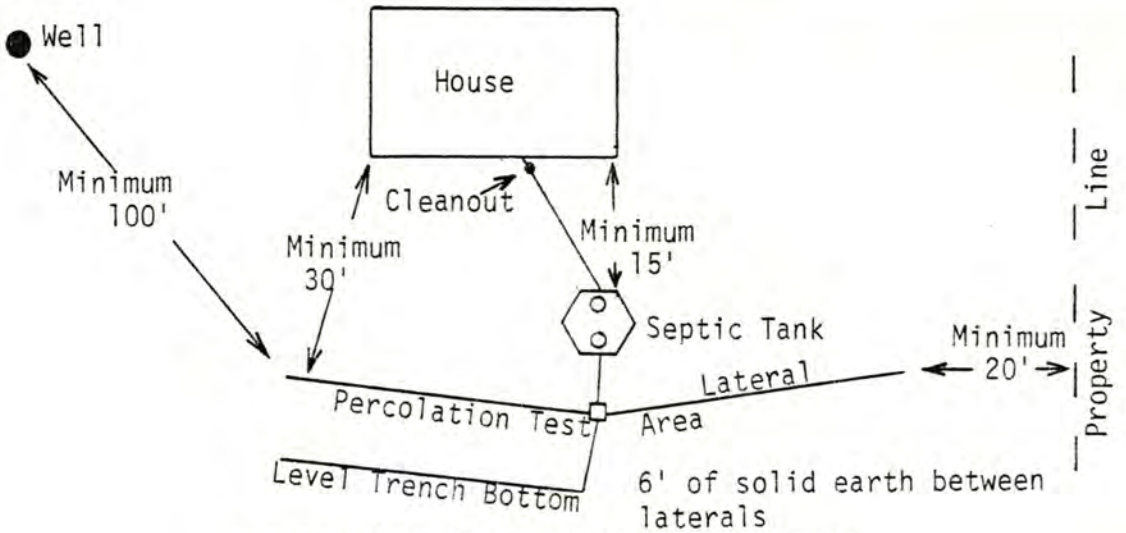
Dewey Cook

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 32 ft.
4. Number of clean-outs 2 .
5. Distances to: Well or Suction Line 140 ft.; Stream — ft.; Pressure Line ____ ft.; Property Line 175 ft.

B. SEPTIC TANK:
1. Material Concrete, No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company PRECAST Step)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to: Well or Suction Line 175 ft.; Stream — ft.; Pressure Line 40 ft.; Property Line 175 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 4 .
2. Factory Built: Yes ☒ No ☐ (Company ____)
3. Distance from Septic Tank 8 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 2 ; Length of each line 100 , 43 , — , — , — ft.; Total length of laterals 143 ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.; Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: gravel Depth of Material 18 in.
5. Distances to: Well or Suction Line 200 ft.; Stream — ft.; Pressure Line 200 ft.; Property Line 225 ft.

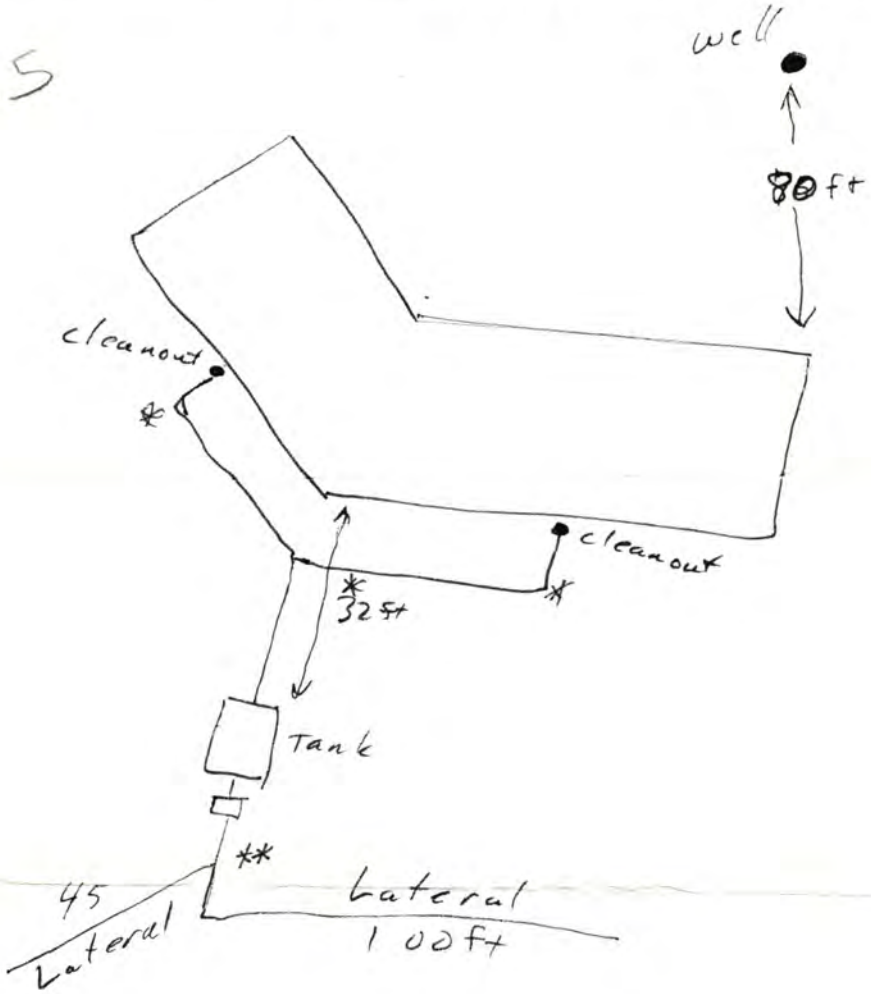


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7 Jan 80 INSTALLER Frieson Excavating

T10NR5E Sec 5



* Don't feel drawing is correct in this area

** Incorrect - separate line for each lateral

1-14-79

QC

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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

Legal Description of Property: Street Address 5901 Northwest 123rd Lincoln
Twp 10N Range 5E Section 5 1/4 ___ 1/4 ___ Block 4 Lot 1 Addition Pawnee Estates
Directions to Property Hwy 34 west to NW 112th, south 1 mile to West Fletcher, 3/4 mile west on West Fletcher to NW 123rd, House is SW corner of that intersection
Location of Well Beside front driveway Tap Location: Inside ☐ Outside ☒
Location of Sewage System South of house - extending South + East Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Dewey & Carol Cook	5901 NW 123rd	796-2411 or 475-3644
Tenant/Buyer:			
Return to:	1st Tier - envelope enclosed		

Signature of Applicant Dewey Cook Address 5901 NW 123rd Lincoln NE 68524 Date 4/8/93

HEALTH DEPARTMENT USE ONLY V#1589 Emp. federal C.U.

Date Received 4/8/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By ____ **DATE:** 4/9/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 2.2 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 Moyer RS Date 4/13/93

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.

196

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 5-10-5 Location 5901 NW 123

Owner/Requestor Dewey Cook

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
__X__ Loan approval
____ Consultation
____ Other (Specify)

REMARKS well & septic ok

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System __X__ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Marauart

Received by: _____

Date: 4-9-93

WA1002