LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 810-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 3, 1976 — THIS PERMIT EXPIRES

Nebraska Modular Home — ISSUED TO

5300 West "O" Street, Lincoln — ADDRESS

T10N; R5E; Sec. 7; — 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

FRANK GOLDEN, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. [redacted]

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. 810-C

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

DATE: May 5 - 76

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. 10 N ; Range 5 E ; Section 7
Block _____ ; Lot _____ ; Addition See attached
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.

NEBR. MODULAR HOME
Signature of Applicant (Owner or Lessee)

5300 W "O" ST
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/6/76 . Date Frwd. 5/6/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 5/6/76 . Date Frwd. 5/6/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Marvin L. Elliott Rec'd by mail 5/6/76

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. 810-C

DATE: May 5-76

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 7 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3
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).

Peter Modular Home
Signature of Applicant (owner or lessee)

5300 W "O" St
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-30-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 5/6/76
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-30-76 by: James Pavelka

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. 810-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10N; Range 5E
Section & ¼ Sect. 7 NW¼
Property Dimensions: ____ ft. x ____ ft.
Area: 5 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: NEBR MODULAR HOME
Address 5300 W "O" ST

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____

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	28	MAY 3	8:00AM	MAY 4	8:00AM	MAY 4	9:00	13	9:30	13 3/8	30	3/8	
2	"	"	"	"	"	"	"	14 1/4	"	14 5/8	"	3/8	
3	"	"	"	"	"	"	"	13 7/8	"	14 7/8	"	1	
4	"	"	"	"	"	"	"	15	"	15 7/8	"	7/8	
5	"	"	"	"	"	"	"	12 3/8	"	12 5/8	"	1/2	
6	"	"	"	"	"	"	"	12 3/8	"	13 1/2	"	1 1/8	

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

Norman Berglund
Signature of Person Conducting Test

Address 3300 N 53
Phone: 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 47 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 6, 1976

Jerrold 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. 810-C

SPECIFICATIONS

DATE: May 5-76

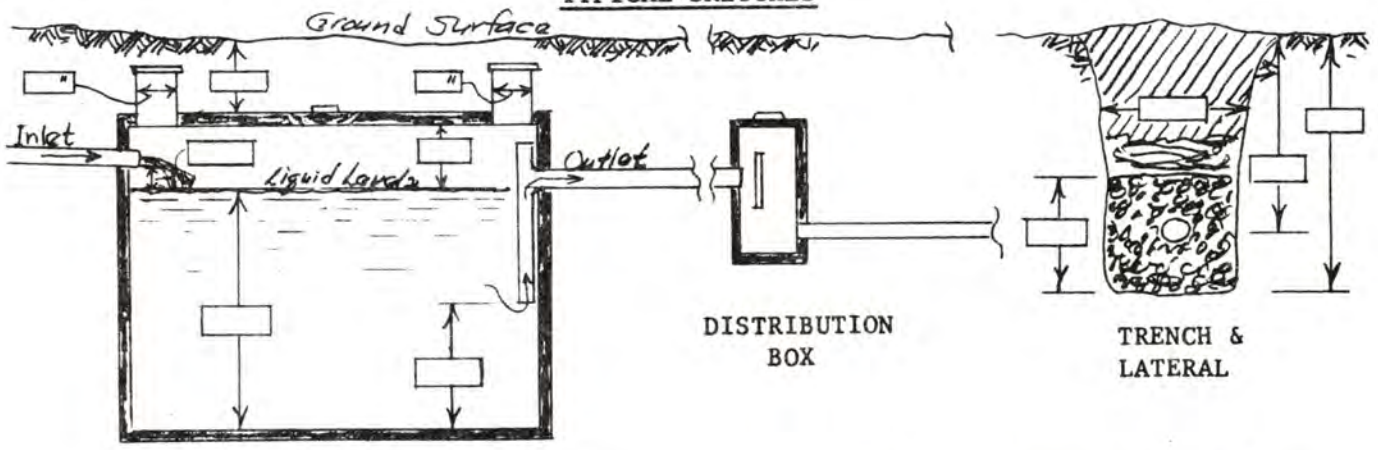
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBER GLAS; 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.)

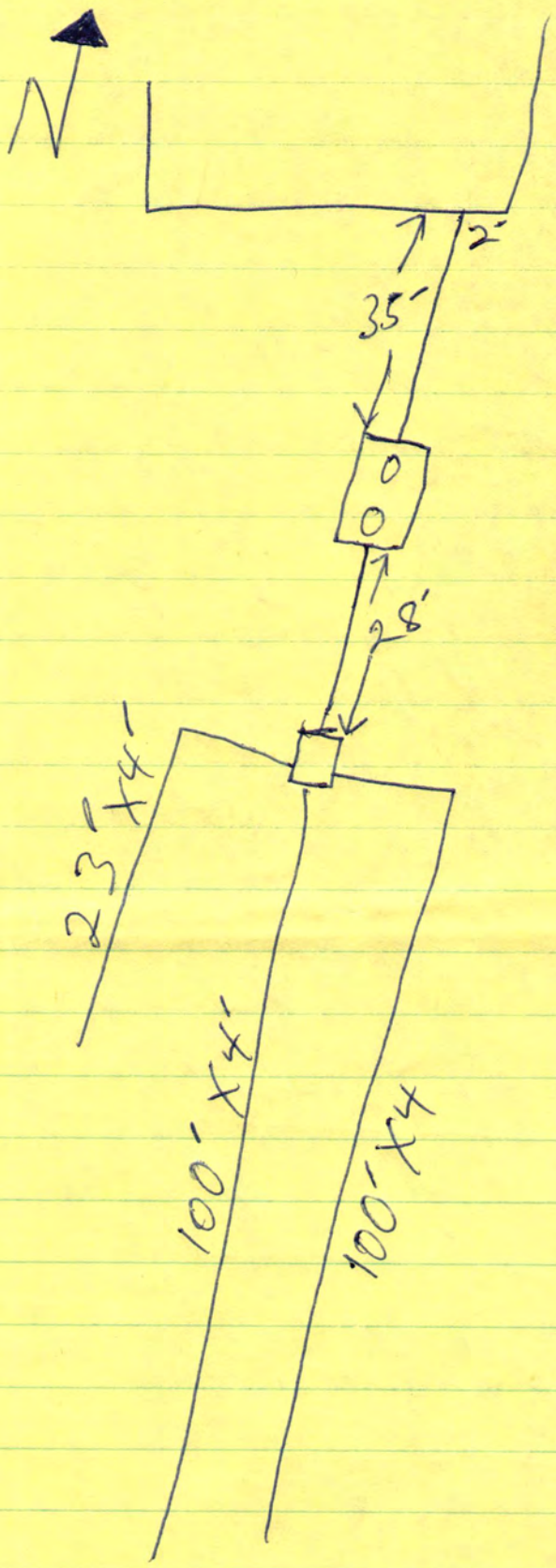
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 223 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 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: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Peter Mockler Home
Signature of Applicant



2" FALL IN 100'

JULY 30 - 76
Norm Berglund

LEGAL DESCRIPTION

A tract of land in the North Half of the Northwest Quarter of Section Seven (7), Township Ten (10) North, Range Five (5) East of the 6th P.M., Lancaster County, Nebraska, more particularly described as follows: Commencing at the Northwest corner of said Northwest Quarter; thence Southerly along the West line of said Northwest Quarter a distance of Eight Hundred Fifty-Nine and No Tenths (859.0) feet to the Point of Beginning; thence Easterly on a deflection angle of Ninety Degrees (90) left from the last described course a distance of Six Hundred Sixty and No Tenths (660.0) feet; thence Northerly and parallel to said West line a distance of Eight Hundred Sixty-Eight and Eight Tenths (868.8) feet to the North line of said Northwest Quarter; thence Easterly along said North line a distance of Five Hundred Thirty-six and Two Tenths (536.2) feet; thence Southerly and parallel to the East line of said Northwest Quarter a distance of One Thousand Three Hundred Twenty-seven and Seventy-four One hundreths (1327.74) feet to the South line of the North Half of said Northwest Quarter; thence Westerly along said South line a distance of One Thousand One Hundred Ninety-Five and No Tenths (1195.0) feet to the West line of said Northwest Quarter; thence Northerly along said West line a distance of Four Hundred Sixty-Three and Seven Tenths (463.7) feet to the Point of Beginning, said tract containing 23.28 acres more or less.

INDEX D
MICRO - FILED
GENERAL
5112-34

LANCASTER COUNTY NEBR.
REGISTER OF DEEDS
1976 MAR 15 PM 3:28
$6.25

ENTERED ON
NUMERICAL INDEX
FILED
INST. NO. 76- 1959

016

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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: May 27, 1993

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION NW¼ 7; BLOCK ___

LOT 32; ADDITION _____; Street Address RR 1, Box 28A3, Pleasant Dale NE

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Melvin + BoxAnne Luben	RR 1, Box 28A3, Pleasant Dale	796-2419
~~Tenant/Buyer~~:	Melvin's work # 467-7543	BoxAnne's work # 441-8578	
Return to:	Security Federal Savings	PO Box 80609, Lincoln 68501	474-4444

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

Signature of Applicant Pamela D. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 28, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-4-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-4-93 by rm
Bacteria	☒ 0	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒ 4.9+	☐	Disapproved:	☐	Date _____ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquardt DATE 6-8-93

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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