LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380112001

Issued 02/22/94
Expires 08/22/94
Revenue Code 18754

Establishment
MICHAEL EDEN
T12N R6E SEC 25 QTR NW
NW 1/4

FEES: $150.00

TOTAL $150.00

Permittee
MICHAEL EDEN
BOX 00443
CERESCO NE 68017

Issued By M. Jane Ford
Health Director

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

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: 471-7800

RECEIVED FEB 18 1994

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FILING FEE: $150.00
ck #2929 CW

FILE NO. _____

DATE: 2-15-94

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. 12N ; Range 6E ; Section 25 ;
   Block _____ : Lot _____ : Addition NW¼NW¼ 25-12-6
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Michael R. Eb
Signature of Applicant (Owner or Lessee)

P.O. Box 443 Ceresco, NE 68017
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/22/94. Date Frwd. 2/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2/22/94. Date Frwd. 2/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Bob Tulle

3. City or County Engineer: Date Rec'd. 2-22-94. Date Frwd. 2-22-94. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: Summer 94 by: DM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-24-98 By: Ron Bryant

FORM 23-43

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: 471-7800

Test Location 14th + Davey Rd. 100 yards East So. side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section 25 . NW¼
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 12-10-93 to 12-11-93 . Weather: Precip. 0 Temp. 40° .

OWNER: Michael L. Eden

Address: 117 Spruce Box 443 Ceresco, NE
→ Ph. 665-2500 H W-665-3431 68017

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"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 7/8	30m	1/8"	
2	36"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 3/8"	30m	5/8"	
3	36"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 1/4"	30m	3/4"	
4	36"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 1/2"	30m	1/2"	
5	36"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 1/4	30m	3/4"	
6	36"	12-10	12:30 pm	12-11	12:00 pm	12-11	12:00 pm	6"	4:00 pm	5 1/2"	30m	1/2"	

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

Mike Haverland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE. Phone 464-0635
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 22, 1994

Jerrold C. Hood
Signature of Reviewing Official

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FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

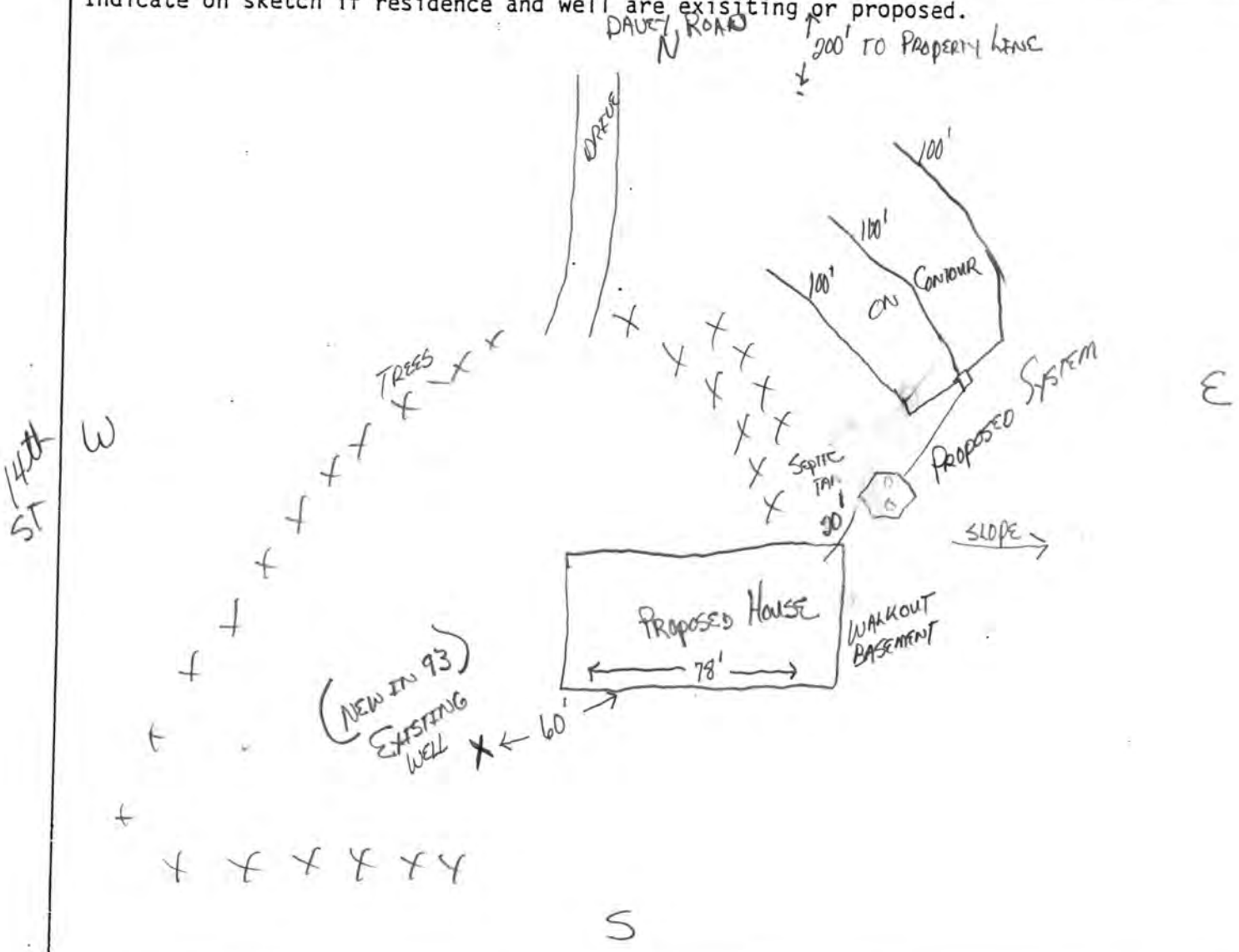
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: February 22, 1994

312 sq ft / 4 / 1250 / 17 / 10

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1250 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: 471-7800

D

DATE: 6-29-94

FILE NO. _____

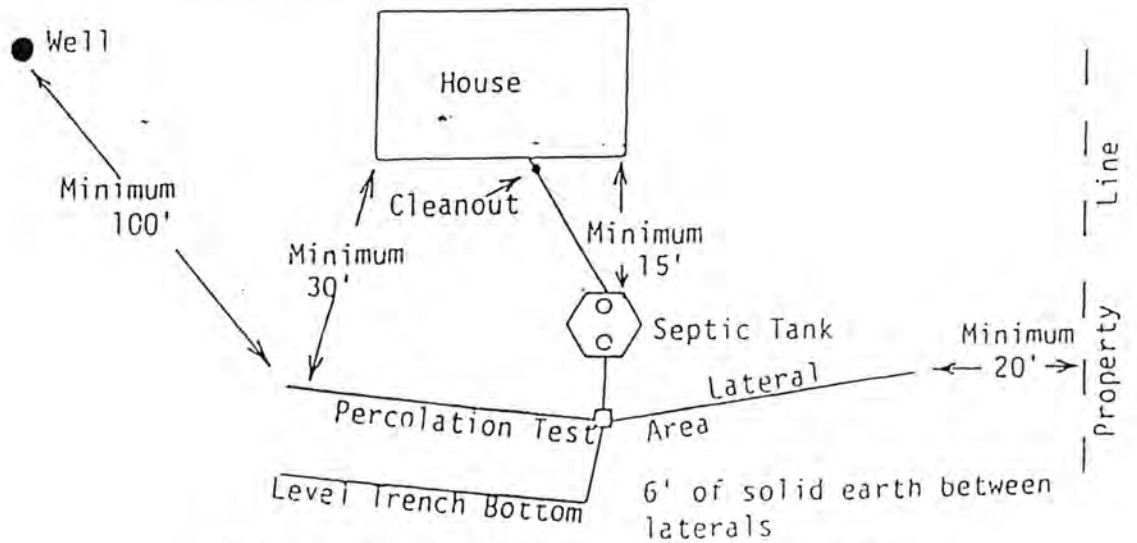
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: sch 40
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 44 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 250 ft.; Stream NA ft.; Pressure Line 250 ft.; Property Line 700 ft.

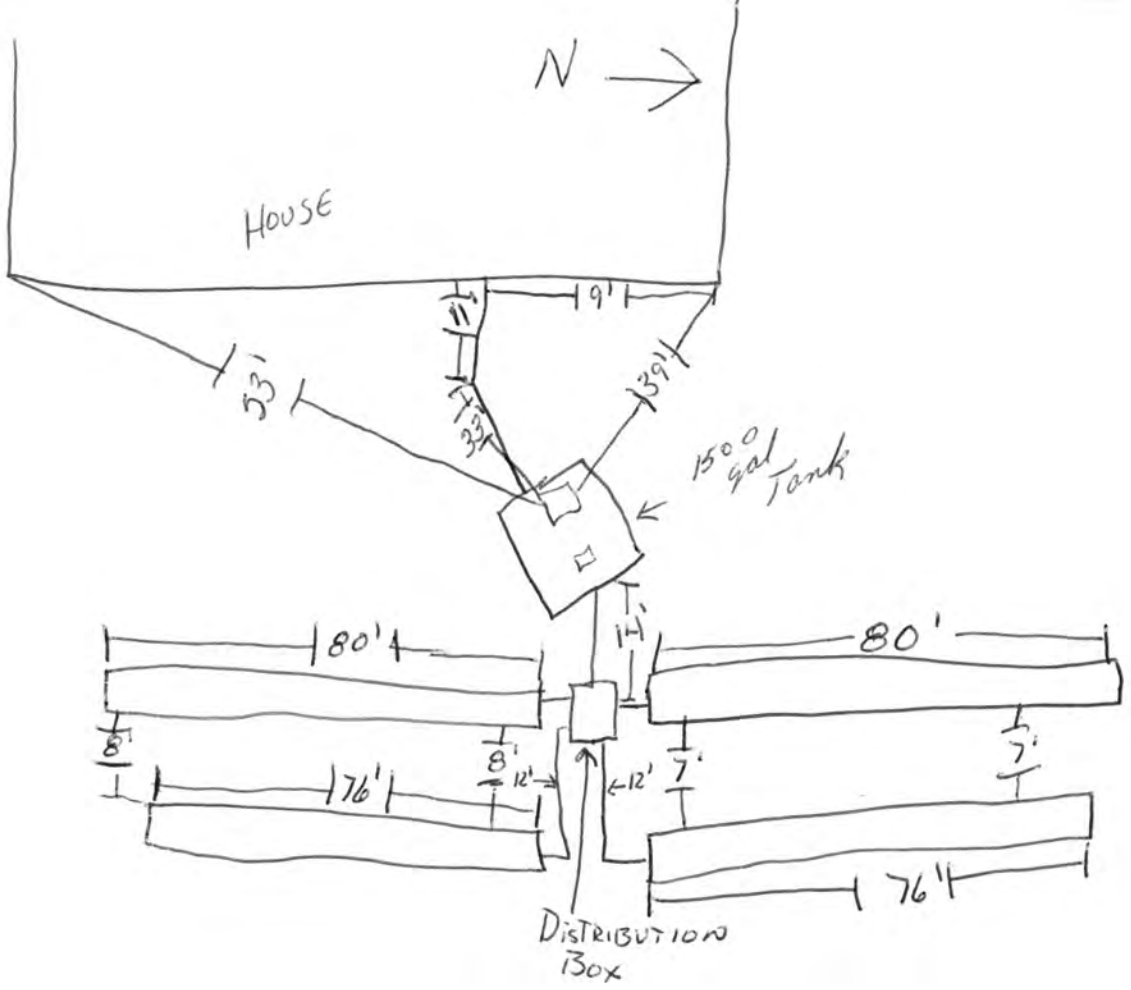
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 3.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☑ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 250 ft.; Stream NA ft.; Pressure Line 250 ft.; Property Line 700 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company American Concrete)
3. Distance from Septic Tank 14 ft.

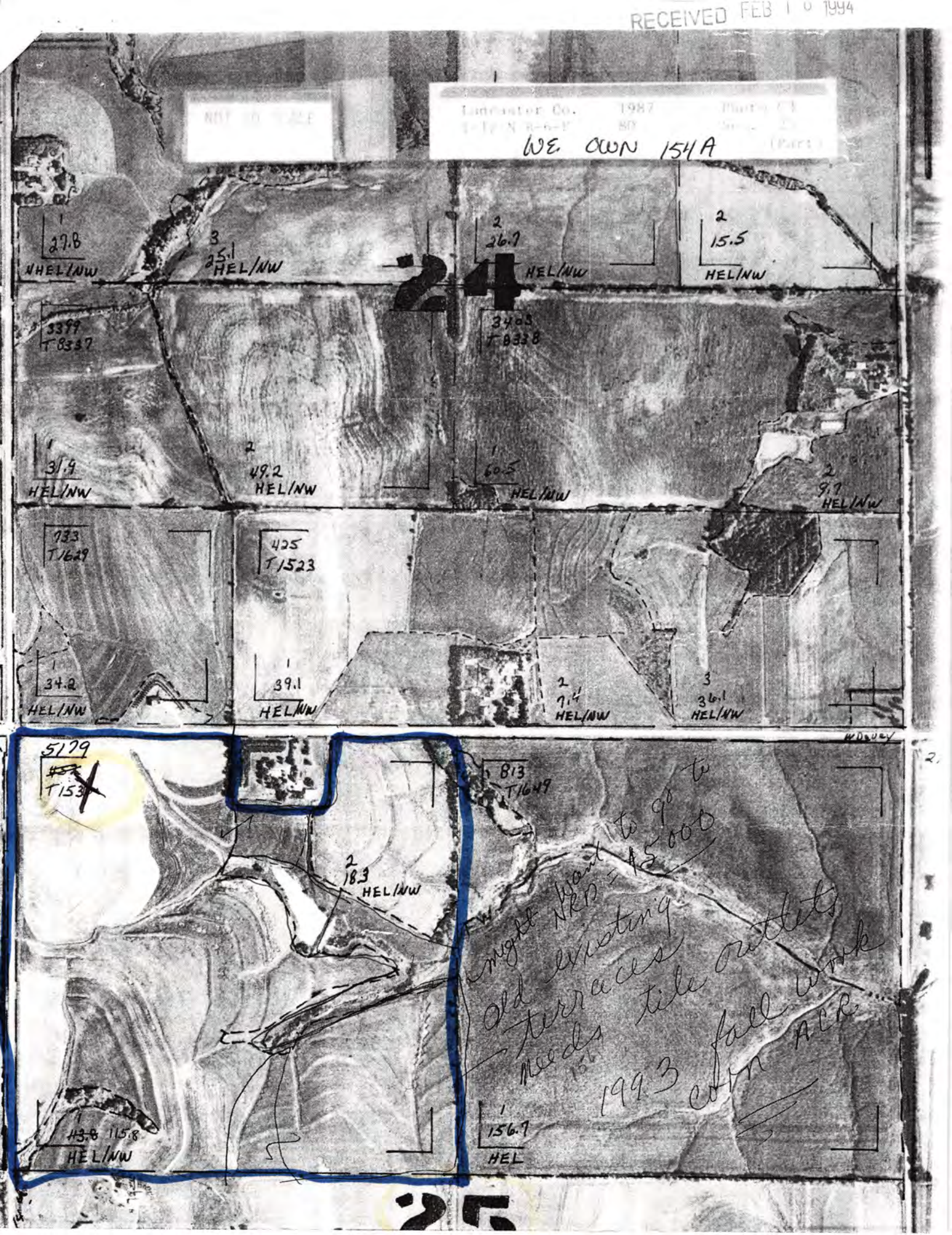
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 76, 76, 80, 80, _____ ft.;
Total length of laterals 312 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
HOUSE
11'
9'
53'
39'
33'
1500 gal Tank
14'
80'
80'
8'
8'
12'
12'
76'
7'
7'
76'
DISTRIBUTION Box

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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 (Copy of Permit Approval of this)

Legal Description of Property: Street Address 1555 Davey Road

Twp 12 Range 6 Section 25 1/4 NE 1/4 Block ___ Lot ___ Addition ___

Directions to Property U Intersection of 14th Road and Davey Road then East 500 feet on South Side of Road

Location of Well SW of house Tap Location: Inside ☐ Outside ☒ ORANGE HYDRANT South of well

Location of Sewage System East of house Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Mike and Kristi Eden	1555 Davey Road, Davey, NE 68336	402-785-5050 665-3431
Tenant/Buyer:			
Return to:	Mike Eden	1555 Davey Road, Davey, NE 68336	402-785--5050

Signature of Applicant Mike & Kristi Eden Address 1555 Davey Rd Davey, NE 68336 Date 9/30/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/06/94 Received $150.00 ✓ Check ☒ Cash ☐ #3295

PRELIMINARY STATUS--By Gerald C. Nord **DATE:** 10/7/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☒ do not correct	Approved ☒	Date 10/7/94 by [illegible]
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/11/94 by [illegible]
Nitrate	☒ 20.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: NEED (POST?) HOLES FILLED IN ON BOTH SIDES OF WELL, corrected 10-11-94

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Magnuson, REHS Date 10/19/94

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.