LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380184301

Issued 09/03/98
Expires 03/03/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
JEFF BUEL
T12N R6E SEC 25 QTR SE
LOT 3IT
2200 BRANCHED OAK RD

Permittee
JEFF BUEL
2409 S 214 ST
EAGLE NE 68347-1997

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008096

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

A 1 of

Permit Number: 98380 1843

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street) CR 3691

Address 2200 Branched Oak Rd. (no rural route) City Dawes NE, Zip

Legal Description Lot 3 25 12 6
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Latitude

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Jeff Buel Signature

Address 2409 So 214 City/State/Zip Eagle NE 68347

☐ Check if owner designed system Home Phone 791-2160 Work Phone 432 3813

C. Contractor John ~~Stryker~~ Stromeyer

Name ~~Excel Home Inc~~ Company Name Excavating Inc.

Address 6667 NW 48 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 470 3100

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9-2-98 Date frwd **ACTION** ☒ Approved ☐ Disapproved Signature James Bauer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jim Bauer / John E Mundy

Date 9/9/98

Replace existing system.

Business Office Use Only
Date Rec'd 09/02/98
Amt Paid 100.00
Rec'd By
Cash/~~Check~~ No. CASH

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: ~~98390058~~ 7 JB
98380184 3

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2200 Branched Oak Rd (no rural route) City _____ NE, Zip _____

Owner Jeff Buel Addresss _____

Soil Type (SCS): Silty Clay loam Percolation Rate: _____ min./inch

Date of Tests 6/26/98 to 6/27/98 Weather: Precipitation _____ Temperature 92°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24"	6/26	1:00 PM	6/27	1:00 PM	6/27	2:30 PM	6"	6/27	3:00 PM	30	1	30
2	32	6/26	1:00	6/27	1:00	6/27	2:30	6"	6/27	3:00	30	1	30
3	31	6/26	1:00	6/27	1:00	6/27	2:30	6"	6/27	3:00	30	1 1/8	22
4	30	6/26	1:00	6/27	1:00	6/27	2:30	6"	6/27	3:00	30	1	30
5	30	6/26	1:00	6/27	1:00	6/27	2:30	6"	6/27	3:00	30	7/8	34
6	30	6/26	1:00	6/27	1:00	6/27	2:30	6"	6/27	3:00	30	1 1/4	27

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 6667 N W 48th
Lincoln NE 68524

Sum of Percolation Rates: 173
Average of Rates: 28.83
Rate Used for Calculation: 29

144' Lateral

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

D

Permit Number: ~~9839000587~~ 16
98380184 3

Sewage Disposal System

As Built Plans & Specifications

Date 7 28 98

System Location (Indicate correct number and street)

Address 2200 Brandeis (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: -0- in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 10 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 12 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Con
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 150 ft.

D. Absorption Field

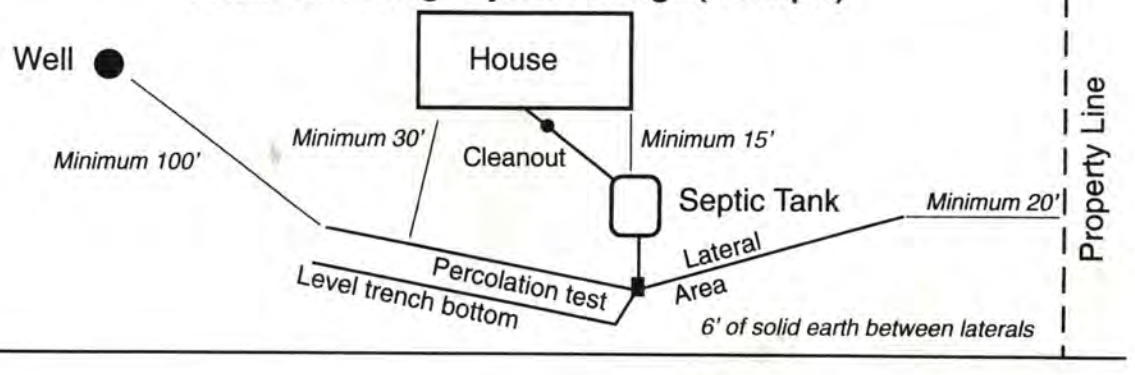
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INSITREATOR
2. Lateral lines: Number 2
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Pea gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

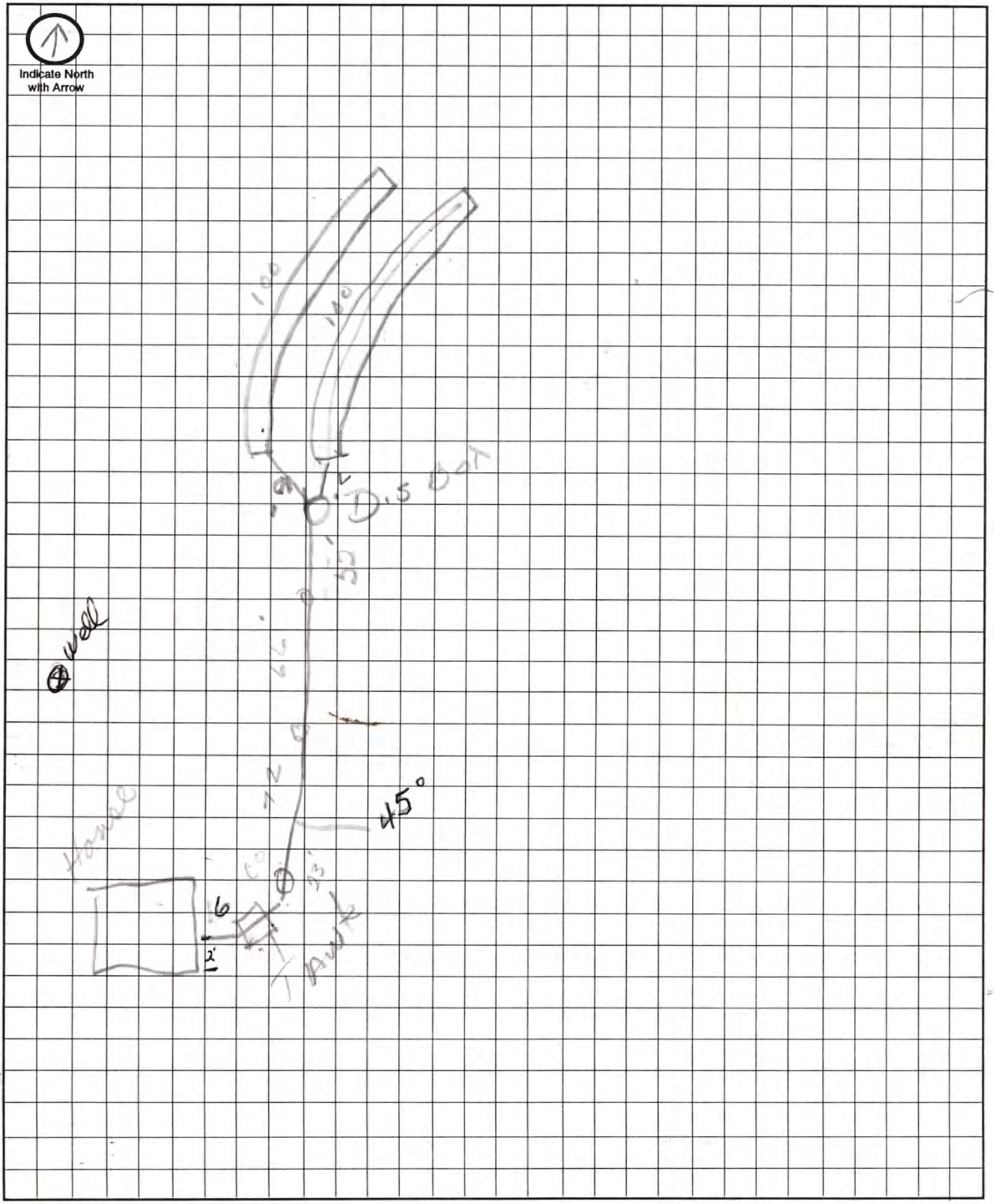
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 2200 Branched Oak Rd

Twp 12N Range [redacted] Section [redacted] 1/4 ___ 1/4 SE Block ___ Lot 13 Addition Lancaster County, Nebraska

Directions to Property 14th St to Branched Oak Rd take a Rt 3/4 mile bottom of hill on north side of road.

Location of Well 50 ft north of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System West of buildings. Just replaced Year Installed 1998

	NAME	ADDRESS	PHONE
Present Owner:	Jeff Buehl	2409 South 214th Eagle, NE 68347	402-432-3813
Tenant/Buyer:	Ervin + Irene Steponek	2200 Branched Oak Rd Davey, NE 68336	402-785-2424
Return to:	Mid-America Mortgage Attn: Carrie	PO Box 452 Weeping Water, NE 68463	402-267-5401

Signature of Applicant [signature] Address PO Box 452 Weeping Water, NE 68463 Date 4 / 5 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 04 / 06 / 99
Initials ro
Amount $ 150.00
Check No. 3405

DATA ENTRY

Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4 / 7 / 99

WATER SYSTEM:	Approved	Disapproved
Construction	☒ physical disconnection	☒ separate well interconnected
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 4 / 9 / 99 by RM
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

Comments: A new onsite septic system was installed in September of 1998 to replace old system

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 4 / 13 / 99

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

See. P7726-10