LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 801-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 24, 1976 — THIS PERMIT EXPIRES

Nebraska Modular Home — ISSUED TO

5300 West "O" Street, Lincoln, NE — ADDRESS

T10N; R5E; Sec. 7-~~W½ of S½ of S½ of NE¼~~ of NW¼; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-	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. 801-C

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

DATE: Apr 20-76

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. 10N; Range 5E; Section 7
   Block _____; Lot _____; Addition [redacted] NE¼ of NW¼
   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 West "O" St.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/23/76. Date Frwd. 4/26/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 4-27-76. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch
3. City or County Engineer: Date Rec'd. 4/27/76. Date Frwd. 4/27/76. ACTION: Approved ☒ Disapproved ☐ Signature: Allen J. Luekenga

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. 801-C

DATE: Apr 20 - 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. 10 N ; Range 5 E ; Section 7 ; Block ; Lot ; Addition [redacted] NE¼ of NW¼
   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. 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).

Norma Begley for
Signature of Applicant (owner or lessee)
Mtr. Modular Home
5300 West "O" St
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: by:
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 4/23/76
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5/14/76 by: Jerrold C. Hood

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. 801-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10; Range 5
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	30	5/19	8:00	5/20	8:00	5/20	11:50	11 1/4	12:20	12	3/4	30	
2	"	"	"					18 1/4		21 1/8	2 7/8	"	
3	"	"	"					21 1/4		24	2 3/4	"	
4	"	"	"					12 3/8		13 7/8	1 1/2	"	
5	"	"	"					13		14 1/4	1 1/2	"	
6	"	"	"					11 5/8		12 1/2	7/8	"	

Signature of Person Conducting Test

Address 5126 Benton
Phone: 466 5210

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 23, 1976

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. 801-C

SPECIFICATIONS

DATE: Apr 20-76

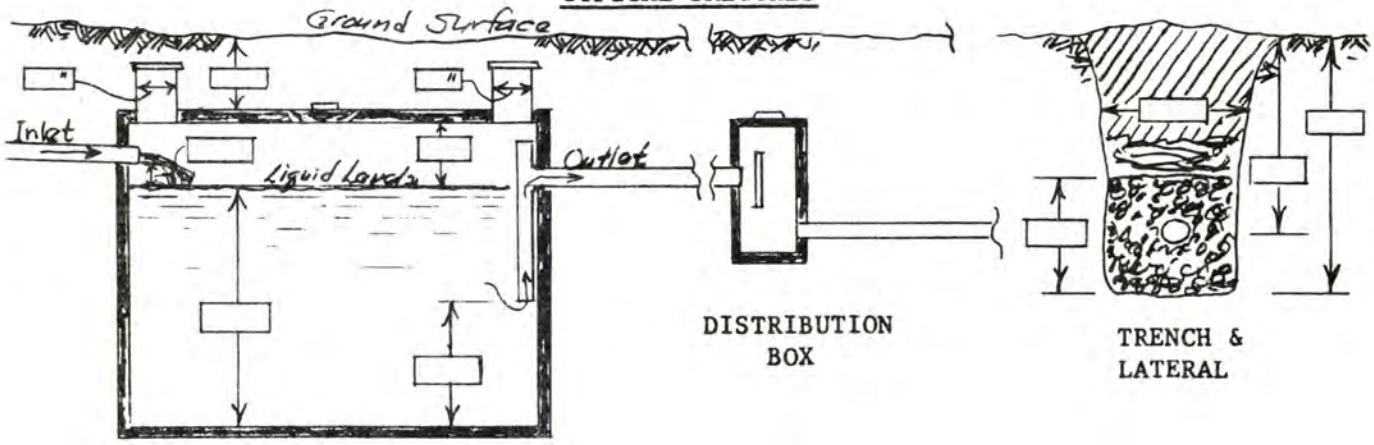
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 152 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



Norma Berglin
Signature of Applicant

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. _____

SPECIFICATIONS

DATE: May 7- 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 GLASS; 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.

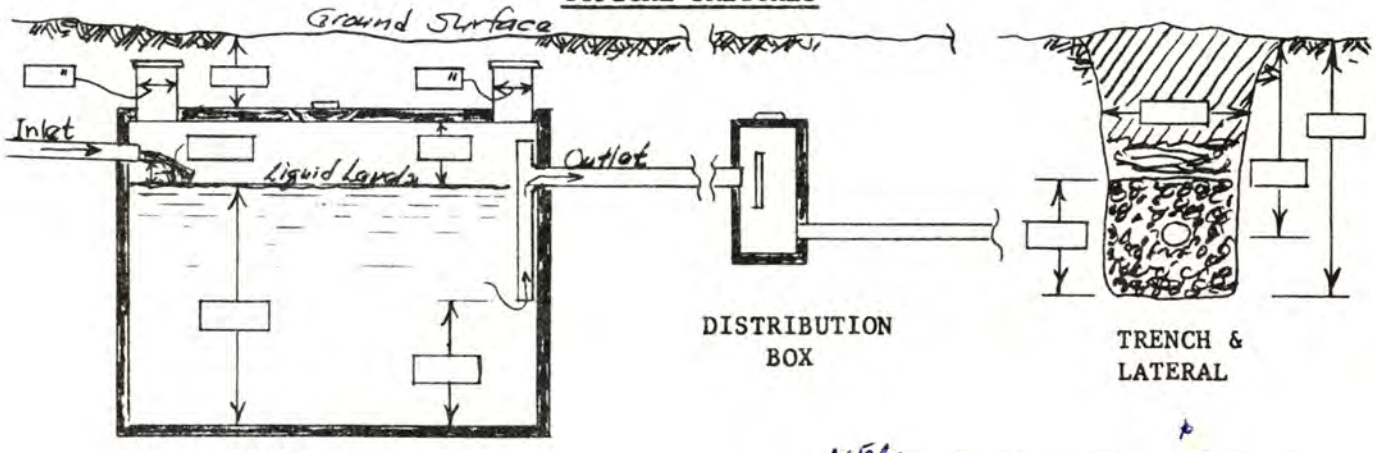
C. DISTRIBUTION BOX

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 ____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 ____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

NEBR. MODULAR HOMES
JOHN VERHAGS
Signature of Applicant

2½' DEEP
100' x 4'
3' DEEP
2½' DEEP
50' x 4'
10'
98'
45'
48'-9"
12'

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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: 1-19-93

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

Legal Description of Property: TWP. 10N; RANGE SE; SECTION 07; BLOCK ____

LOT 24; ADDITION _____; Street Address RR1 Pleasant Dale

Directions to Property 3/4 mile west on W. Superior from 126, 3rd South on Lane - Dead Ends

Location of Well North east of house - Between garage & house under Bucket Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Ruth Pearson	RR1 Pleasant Dale	
Tenant/Buyer:	Ronda & Jerry Chab	5007 W. Mathis	970-3429
Return to:	Firstier Bank	P.O. Box 81008 Lincoln 68501-9925	

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

Signature of Applicant Ronda Chab Address 5007 W. Mathis, Lincoln

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HEALTH DEPARTMENT USE ONLY

Date Received 01/22/93 Received $150.00 Check ☒ #501 Cash ☐

PRELIMINARY STATUS--DATE 1-25-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 1-25-93	by rm
Bacteria	☒	☐	Provisional:	☒	Date _____	by ____
Nitrate	☒ <0.1 ppm	☐	Disapproved:	☐	Date _____	by ____

Comments: Recommend checking to see if septic tank needs pumping. Heavy snow cover prevented a thorough inspection of the septic system. Thus, a provisional approval. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard, R.S. DATE 1-29-93

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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