LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2201-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 28, 1985 — THIS PERMIT EXPIRES

LYLE M. LADD — ISSUED TO

2030 NO. 56 STREET, LINCOLN, NE 68504 — ADDRESS

T12N; R6E; Sec 23; Lot 16 I.T.; 1st & Davey Road — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
EB	6/10/85	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2201-C

DATE: 5/28/85

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. 12 N ; Range 6 E ; Section 23 ;
   Block ____ : Lot 16 I.T. : Addition ____
   Street Address 1ST + DAVEY ROAD LINC NEBR

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

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

4. Distance to public sewer: ____ ft.

Lyle M Ladal
Signature of Applicant (Owner or Lessee)

2030 N 56TH LINC NE 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/29/85. Date Frwd. 5/29/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-10-85. Date Frwd. 6-10-85. ACTION: Approved ☒ Disapproved ☐ Signature: Carl Bowman

3. City or County Engineer: Date Rec'd. 5/29/85. Date Frwd. 5/29/85. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 9/5/85 by: J.C.H. observe perc test
Date: 9/17/85 by: J.C.H.
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/17/85 By: Jerrold C. Hood

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

B

FILE NO. 2201-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 6, E, ; Section & ¼ Section 23 .
Property Dimensions: _____ ft. x _____ ft. Area: 1436 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8:00 AM 5/24/85 to 1:00 PM 5/24/85. Weather: Precip. 0 Temp. 90 .

OWNER: Lyle M Laird
Address: 2020 N. 56th Lin Ne 68504

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	5/24/85	8 AM	5/24/85	5/24/85	5/24/85						6	
2	36	"	"	"	"	"						4⅞	
3	36	"	"	"	"	"						2⅞	
4	36	"	"	"	"	"						3¼	
5	36	"	"	"	"	"						2⅜	
6	36	"	"	"	"	"						6	
7	36	"	"	"	"	"						5	

Lyle M Laird
Signature of Person Conducting Test

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

Address 2020 N. 56th Lin Ne. 68504 Phone 466-1561

(Do not write below this line)

REVIEWING ACTION

Remarks: Lee second test
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official



STARTED 9:00 A.M.

2201-C

	9:30	10:00 2	10:30 3	11:00 4	11:30 5	12:00 6	12:30 7	1:00 8
1	D	D	D	D	D	D	D	D
2	D	D	D	1 1/8"	D	D	1 1/4"	1 1/8"
3	2 1/2"	2 3/4"	2 1/2"	3"	2 7/8"	2 3/4"	3 1/2"	3 1/8"
4	D	1/2"	1"	1 3/4"	1 1/4"	1 1/2"	3"	2 3/4"
5	D	1 3/8"	2 1/2"	4"	3 1/2"	3"	4 1/4"	3 5/8"
6	D	D	D	D	D	D	D	D
7	D	D	D	D	D	3/4"	1 1/2"	1"

$$7 \overline{)30.0} = 4.2$$

$$28$$

$$2.0$$

$$2\frac{7}{8}$$

$$2\frac{7}{8}$$

$$3\frac{2}{8}$$

$$2\frac{3}{8}$$

$$\frac{3}{8}$$

$$2.1 \overline{)4.2}$$

$$\frac{7}{2}$$

$$3-1$$

$$1.$$

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section 23 SW¼.
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: _____ to 9/5/85 . Weather: Precip. 0 Temp. _____.

OWNER: LYLE LADD

Address: _____

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											30	2½	
2											30	2	
3											30	3⅜	
4											30	⅜	
5											30	⅛	
6											30	⅜	
7											30	1	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Witnessed by Jerrold C. Hood
Soil Type (SCS): Burchard Clay Loam
Date: September 5, 1985

NOT VERIFIED BY THE FIELD CHECK

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

	9	9½	10	10½	11	11½	12	12½
1	2¼	2¾	2¾	2¾	3½	2¾	3⅛	3½
2	D	3	2⅝	3½	3¾	3⅜	4¼	4
3	½	2½	2½	2½	2½	2	2½	2⅜
	10¼ start	8"	7⅜	6⅞	6⅜			
4	8¼	7⅜	6⅞	6⅜	5⅞	5½	5½	5⅝
	18¼ start	17⅝	16⅞	16¼	16⅛	15⅝	15½	14⅞
5	17	16⅞	16¼	16⅛	15⅝	15½	14⅞	14¾
			5¾	5¼	6			
6	5½	5¾	5¼	4⅞	5⅜	5		
					3⅞	3⅞		
7	5"			4"				

Water Chemistry Services
Division of
Industrial Chemical Laboratories, INC.

CORPORATE HEADQUARTERS:
1015 North 14th Street
Omaha, NE 68102
(402) 342-4248

1	$2\frac{1}{2}$
2	2
3	$3\frac{5}{8}$
4	$\frac{3}{8}$
5	$\frac{1}{8}$
6	$\frac{5}{8}$
7	1

24 min/in

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

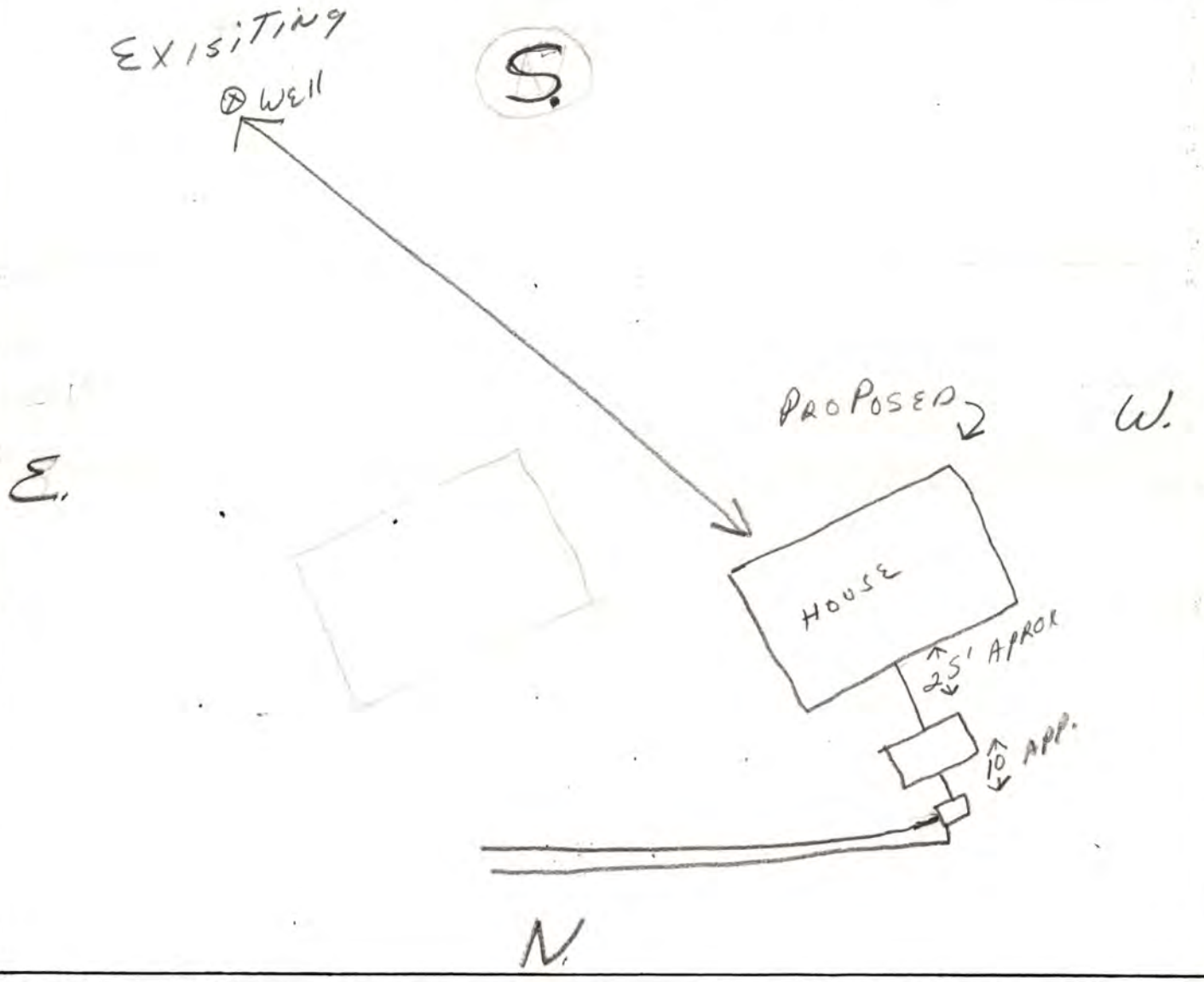
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2201-C

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



REVIEWING ACTION

Remarks: _____

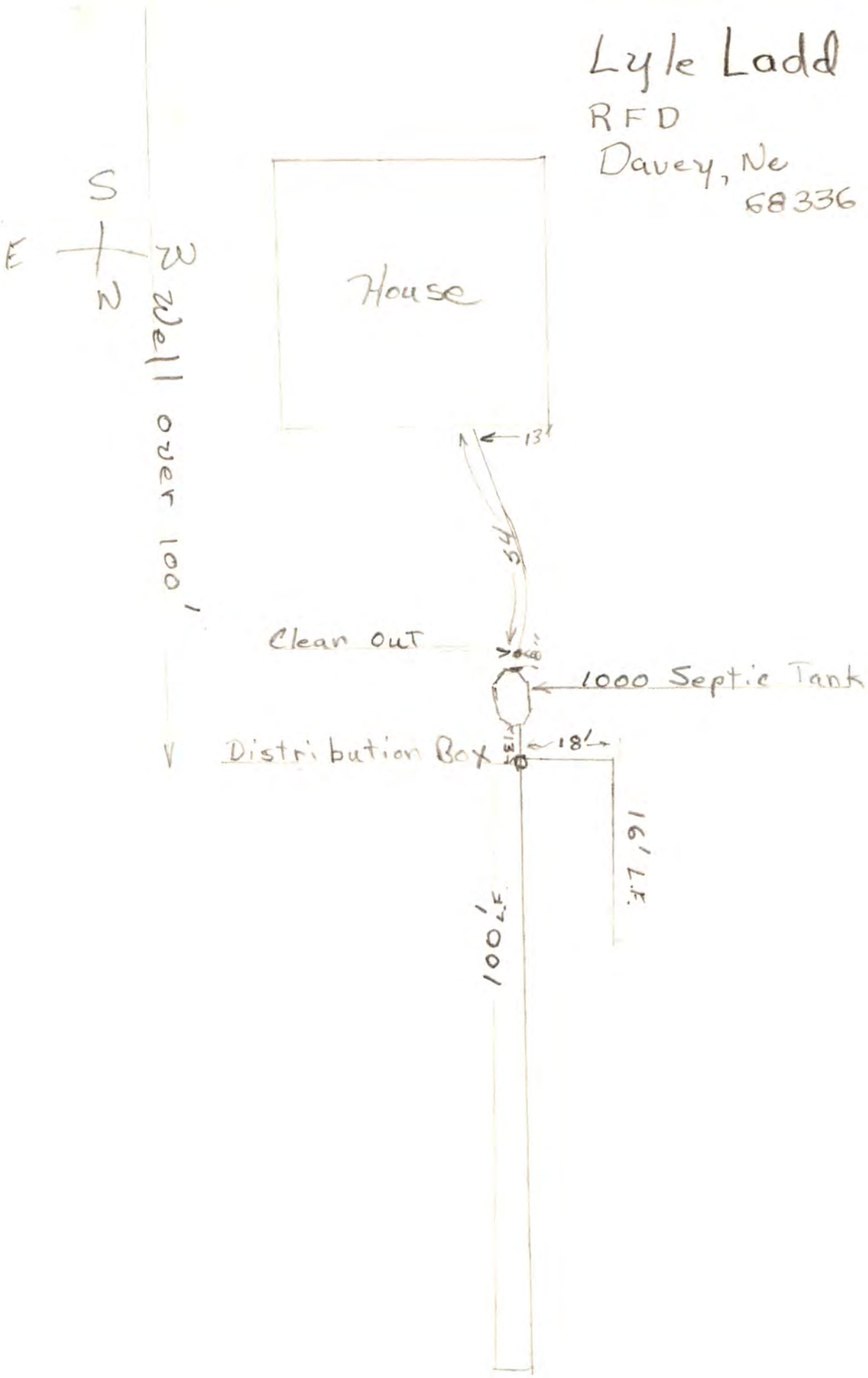
Date: SEPTEMBER 5, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 450 sq.ft.

Jerrold C. Wood
Signature of Reviewing Official

113' IF HALF MOON IN 4' WIDE TRENCH, 150' IF 3" WIDE TRENCH USED.

Lyle Ladd
RFD
Davey, Ne
68336



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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 400 Davey Rd. Davey Nebr. 68336

Parcel ID 13-23-300-005-000 (i.e. 99-99-999-999-999)

Twp 12N Range 6E Section 23 1/4 1/4 Block Lot W.F. Addition

Directions to Property Take 14th street north From Superior to Davey Rd. Turn Left and go about 10 Blocks. Turn Right into Drive.

Location of Well South of metal building towards Rd. Tap Location: Inside ☐ Outside ☒ on house

Location of Sewage System straight out to street from house (Owner will locate) Year Installed

Site Hazards (dogs, etc.) None (3 small dogs inside fence)

	NAME	ADDRESS	PHONE
Present Owner:	Peggy Ladd	400 Davey Rd.	~~785-7655~~ Disconnected
Tenant/Buyer:	Angie & Shaun Raney	7144 Webster St. Lincoln, Ne. 68507	~~464-4672~~ Cell 890-3726
Return to:	Angie & Shaun Raney	7144 Webster St. Lincoln, Ne 68507	Same (Fax)

Signature of Applicant Angie Raney Address 7144 Webster St. Lincoln, Ne. 68507 Date 4/9/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04/13/05 Amount 200.00 Check No. 1138 Initials

DATA ENTRY Date ____/____/____ Case No. Initials

PRELIMINARY STATUS--By Ron Maranville **DATE:** 4/14/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/9/05 by rm

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: Recommend checking to see if septic tank needs pumping and that septic tank is watertight.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maranville Date 6/15/05

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: 9-00