LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380065801

Issued 11/15/90
Expires 05/15/91

ESTABLISHMENT

RANDALL BENES
T12N R6E SEC 17 QTR NE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RANDALL BENES
5310 W BENTON ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
11/19/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED OCT 1 0 1990

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: $ 150.00

FILE NO. _____

DATE: 7-12-90

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 PART NE/4 [illegible];
   Block _____ : Lot _____ : Addition UNDER [illegible]
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: N/A ft.

Randall L. Benes
Signature of Applicant (Owner or Lessee)
475-8471

5310 W. Benton
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/13/90. Date Frwd. 11/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Harold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-14-90. Date Frwd. 11-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 11/14/90. Date Frwd. 11/14/90. ACTION: Approved ☐ Disapproved ☒ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/19/90 by: H.C. Hood too small, seal liner too steep minus cleanout
Date: 11/21/90 by: H.C. Hood
Date: 10-29-91 by: [illegible]

INSTALLATION FINAL WRITTEN APPROVAL
Date: NOV-1-91 By: Ron Mayer

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

FORM 23-43

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

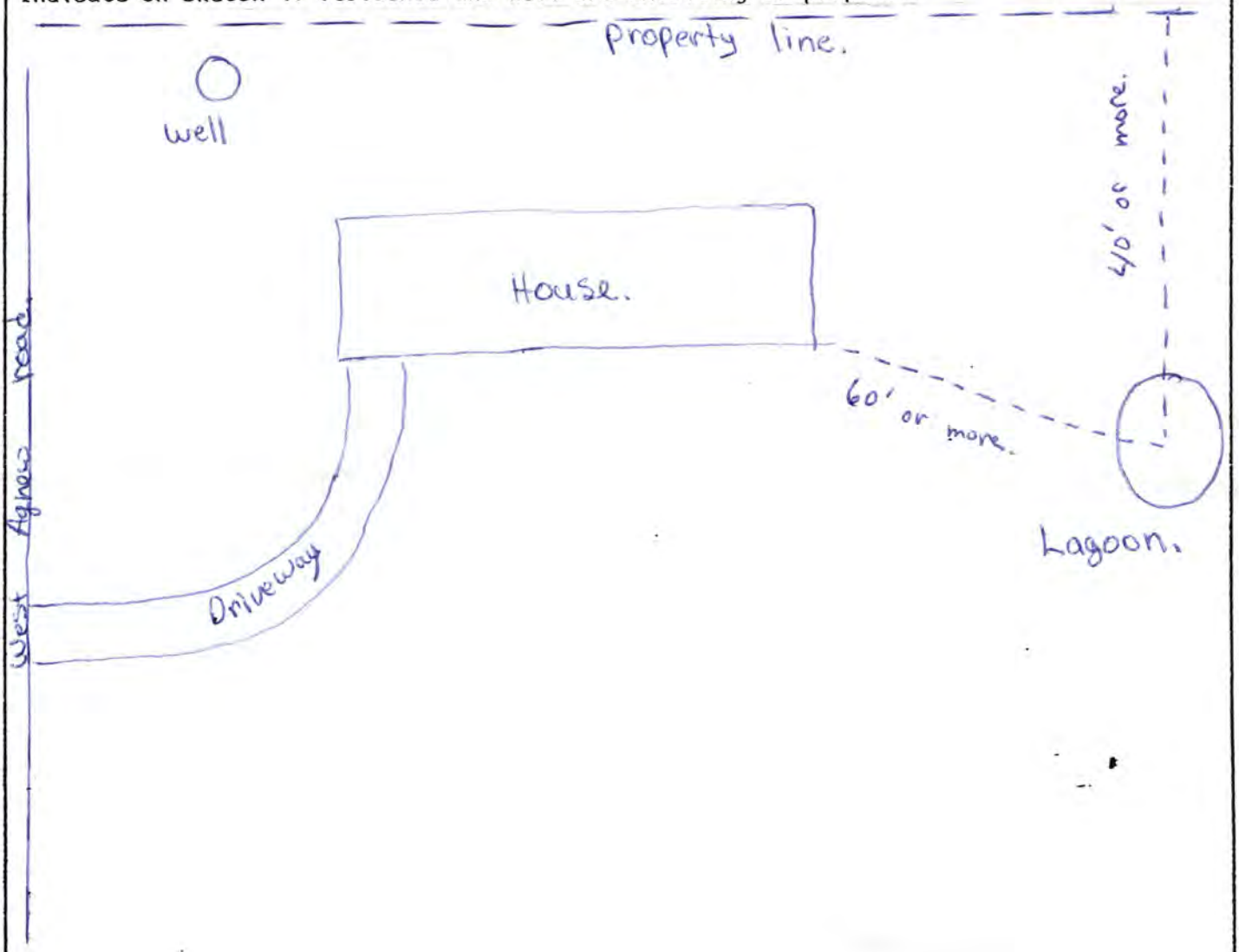
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

RECEIVED NOV 0 1 1991

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: 10-29-91

FILE NO. _____

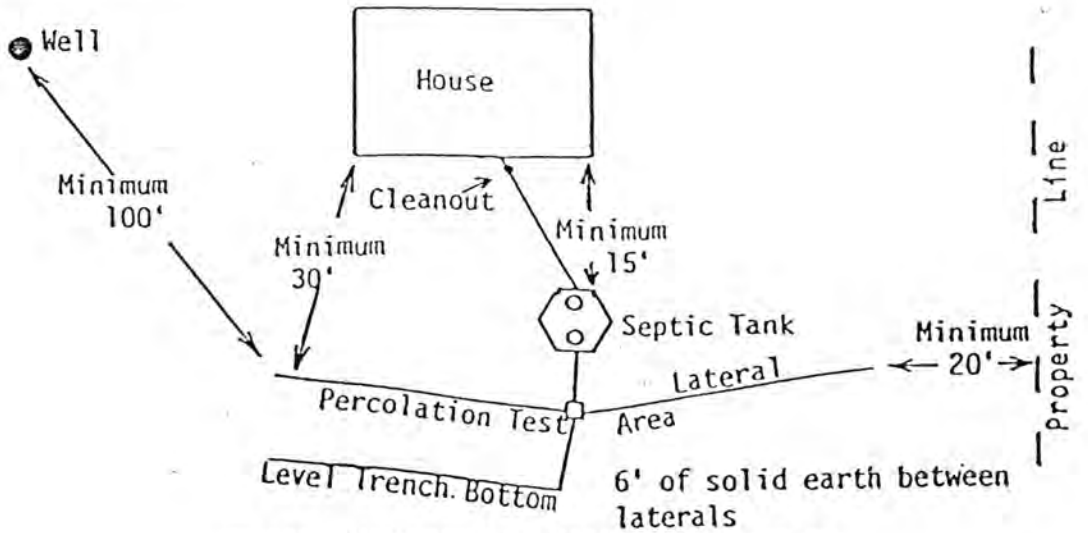
Fill out A. 1, 4, & 5 only. SPECIFICATIONS AS BUILT

A. BUILDING SEWER: schedule #40
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and ~~septic~~ Lagoon tank [redacted] ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 190 ft.; Stream None ft.; Pressure Line 130 ft.; Property Line 60 ft.

B. ~~SEPTIC TANK:~~ omit
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. ~~DISTRIBUTION BOX:~~ omit
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

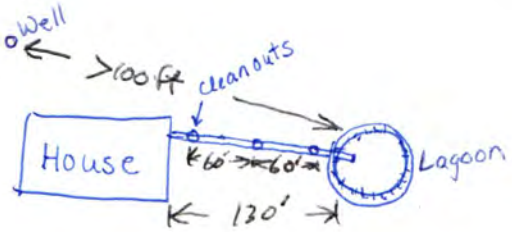
D. ~~ABSORPTION FIELD:~~ omit (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ 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

property line

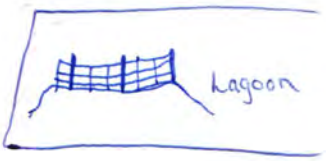
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N

S

W



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: 10-23-91

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

Legal Description of Property: TWP. 12 N; RANGE 6E; SECTION 17; BLOCK ____

LOT ____; ADDITION _____; Street Address 2801 W. Agnew RD

Directions to Property 3 miles east on Agnew

Location of Well N.E. Corner, east of house Tap Location: Inside ☐ Outside ☑

Location of Sewage System (Lagoon) 125' South of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Randy & Jeanette Benes	2801 W. Agnew RD	783-2060
Tenant/Buyer:			wk 473-9711
Return to:			

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

Signature of Applicant Randall L. Benes Address 2801 W. Agnew RD

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HEALTH DEPARTMENT USE ONLY

Date Received 11-1-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-29-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒ Corrected	Date 10-29-91 by mm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 0.3 chloride 24	☐	Disapproved:	☒	Date _____ by ____

Comments: Recommend seeding grass on dikes of lagoon as soon as possible.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangelsen, RS DATE 11-6-91

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