LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2430-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 1, 1987 — THIS PERMIT EXPIRES

MARLENE MC DONALD — ISSUED TO

ROUTE #4 LINCOLN, NE 68524 — ADDRESS

TION; R5E; Sec 16; Lot 8; I.T. NE¼ — 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

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: $_____

FILE NO. 2430-C

DATE: Dec. 1, 1986

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. 10 ; Range 5 ; Section 16 ;
   Block _____ : Lot 8 : Addition S.T. NE 1/4
   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: _____ ft.

Marlene McDonald
Signature of Applicant (Owner or Lessee)

RR 4 Lincoln, Ne 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/1/86. Date Frwd. 12/1/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/1/86. Date Frwd. 12/1/86. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Kelly

3. City or County Engineer: Date Rec'd. 12/1/86. Date Frwd. 12/1/86. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/17/86 by: L.C.H. need gate, signs + 2 ft of water
Date: 5-18-87 by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-28-91 By: Ron Hoyumpa

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 _____; Range _____; Section & ¼ Section _____.
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: 11/21/86 to 11/22/86. Weather: Precip. 0 Temp. 39°.

OWNER: DANIEL L CASEY

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	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	5 7/8"	30	1/8"	
2	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	6"	30	0	
3	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	6"	30	0	
4	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	6"	30	0	
5	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	6"	30	0	
6	36"	11/21	9:00	11/22	9:30	11/22	9:30	6"	1:30	6"	30	0	

James R. Krupl
Signature of Person Conducting Test

Address 2121 South 52 Phone 483-5523 or 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

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. 2430-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section No. [redacted]
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: November 28 to November 29 . Weather: Precip. 0 Temp. 50° .

OWNER: Don + Tammy Casey
Address: Route 4 Lincoln, NE.

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	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	4	30	2	
2	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	4 1/4	30	1 3/4	
3	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	5	30	1	
4	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	4 3/4	30	1 1/4	
5	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	4 1/2	30	1 1/2	
6	32	11/28	3:00	11/28	7:00	11/29	3:00	6 in	7:00	4 3/4	30	1 1/4	

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

Donald E. Casey
Tammy Casey
Signature of Person Conducting Test

Address Route 4 Phone 470-3584

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg silty clay loam
Date: DECEMBER 1, 1986

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

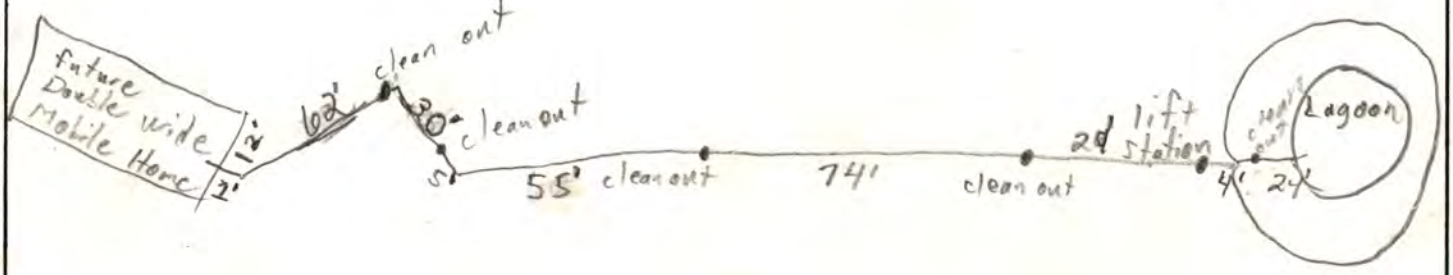
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2430-C

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

N ↑

EXISTING DRAWING



REVIEWING ACTION

Remarks: _____

Date: 12/17/86

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

Ron Marquardt
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: _____

FILE NO. _____

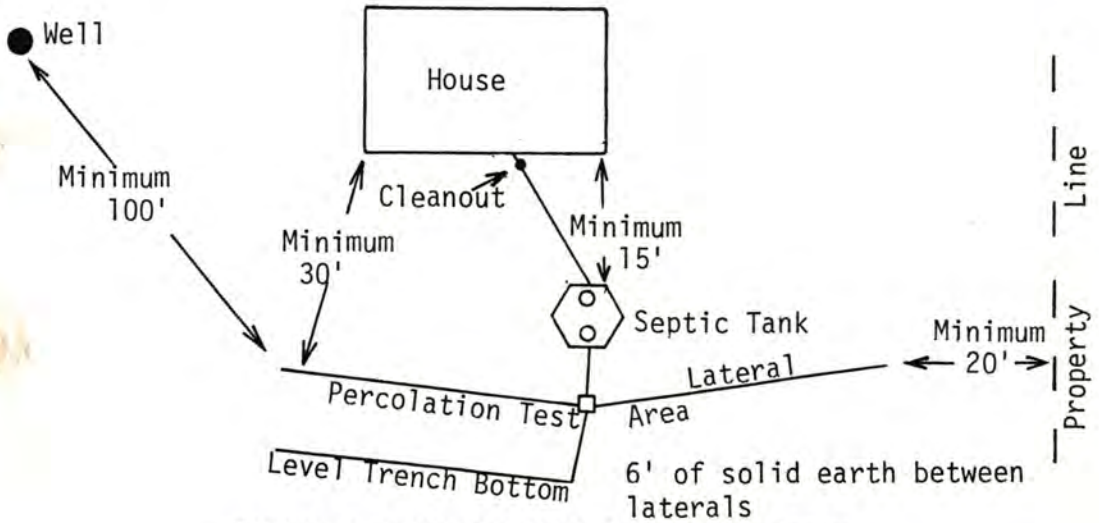
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material plastic; Diameter 4" in.
2. Distance above basement floor X in., or below basement floor 2'-10" in.
3. Distance between dwelling and septic tank X ft.
4. Number of clean-outs 5.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
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:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 _____.
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

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 10301 W ADAMS Lincoln, Ne 68524

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10 Range 5E Section 16 1/4 ___ 1/4 ___ Block ___ Lot 8 & 9 Addition ___

Directions to Property 2 North of Emerald Flashing light to W Adams West to 10301 W Adams. (Behind pawnee lake DAM)

Location of Well South of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of house Lagoon Year Installed 1987

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Larry & Marlene McDonald	9805 W Adams	470-3584
Tenant/Buyer:	ANDY HUFF	10301 W Adams Lincoln Ne 68524	470-0847
Return to:	ANDY HUFF	Same as Buyer	474-7441 304-3374 475-1359 (Fax)

PLEASE FAX

Signature of Applicant _____ Address 10301 W Adams Lincoln, Ne 68524 Date 08/12/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 08/13/03 Amount 200.00 Check No. CASH Initials ___

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/14/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/20/03 by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Lagoon fence needs to be pulled up in places to be 4 Ft high. Need two signs on fence (no trespassing), and need gate with lock in fence. Must maintain a minimum of 2 Ft of water in lagoon. Need a depth marker for water level in lagoon. Recommend checking to see if left pump is functioning properly. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart RS Date 8/21/03

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.

8-14-03 P23653-1

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

RECEIVED AUG 20 1991

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: August 16, 1991

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 16 NE¼ BLOCK —

LOT 8; ADDITION _____; Street Address 10301 W. Adams

Directions to Property 2± NORTH OF EMERALD FLASHING LIGHT TO W. ADAMS, WEST TO 10301 WEST ADAMS, (AS WEST ADAMS CURVES AROUND LAKE)

Location of Well SOUTH OF HOUSE Tap Location: Inside ☐ Outside ☑

Location of Sewage System EAST OF HOUSE, OTHER SIDE of TREES Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	DAN AND TAMMY CASEY	10301 W. ADAMS	470-3110
Tenant/Buyer:	ANN McDONALD, GERALD McDONALD	Rt. 4, Lincoln 68528	470-3552
Return to:	KYLE MOSEMAN & PRESENT OWNERS HOME REAL ESTATE	111 PIAZZA TERRACE 68510	483-4663

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

Signature of Applicant X Ann McDonald Address X RED#4 Box 44 Lincoln Nebr 68528

Kyle Moseman

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 21, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-21-91 ted.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒ no tap back	☐	Approved:	☑ Corrected	Date 8-21-91	by rm
Bacteria	☒	☐	Provisional:	☐	Date 8-23-91	by rm
Nitrate	☒ <0.1	☐	Disapproved:	☒	Date 8-28-91	by rm

Comments: Need gate with lock in lagoon fence. Need warning signs. Recommend periodic inspection of lift station to be sure sewage ejector pumps is functioning properly. Must remove tall vegetation at water's edge. Must maintain Minimum 2 ft water level See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Margenat RS DATE 8-30-91

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

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description T10N, R5E, sec 16 NE¼ Location 10301 W. Adams
Owner/Requestor Dan Casey Rick Moseman

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
✓ Loan approval
___ Consultation
___ Other (Specify)

REMARKS Lagoon fence needs standard gate + lock. Need warning signs. Must remove tall vegetation at waters edge. Must maintain 2 ft waterlevel

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ✓ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. (8.) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Maravart
Date: 8-21-91

Received by: _____

WA1002