LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380106301

Issued 09/17/93
Expires 03/17/94
Revenue Code 18754

Establishment
JIM HELTER
T10N R5E SEC 17
LOT 21
1700 NW 126 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JIM HELTER
BOX 00093
PLEASANT DALE NE 68423

Issued By M. Jane Ford
Health Director

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

RECEIVED SEP 14 1993

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: 9/12/93

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. 10N ; Range 5E ; Section 17 ;
   Block _____ : Lot 21 I.T. : Addition South west Quarter SW¼ Section 17
   Street Address 12200 N.W 126 st

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.

Jim Keller
Signature of Applicant (Owner or Lessee)

Box 93 Pleasant Dale Ne 68423
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/14/93. Date Frwd. 9/15/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/15/93. Date Frwd. 9/15/93. ACTION: Approved ☒ Disapproved ☐ Signature: Kay Spence

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Clough

REMARKS OR REASONS FOR DISAPPROVAL _____

10-29-93 Sewer line + Lagoon size appear satisfactory P.D.
6-10-96 NO warning signs or locked gate No evidence lagoon was sealed w/ bentonite or liner

Site Visits:
Date: 10-29-93 by: P.D.
Date: 5-28-96 by: sum since up.
Date: 6-10-96 by: PD
6-28-96 RD.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-3-96 By: Paul Hohmann

FORM 23-43

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section 17 .
Property Dimensions: 644.49 ft. x 676.14 ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Sept 10.93 to Sept. 11. 93 . Weather: Precip. None Temp. 80 .

OWNER: Jim Helter

Address: 1700 N.W 126th

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	9/10	7PM	9/10	6.60	9/11	7PM	12"	6.30	10	30m	0	
2										8		0	
3										7		½	
4										5½		1	
5										5		1	
6										8½		½	

Jim Helter
Signature of Person Conducting Test

Address Box 93 Pleasant Dale Ne. Phone 796-2365

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon must be sealed
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 60 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 ☐

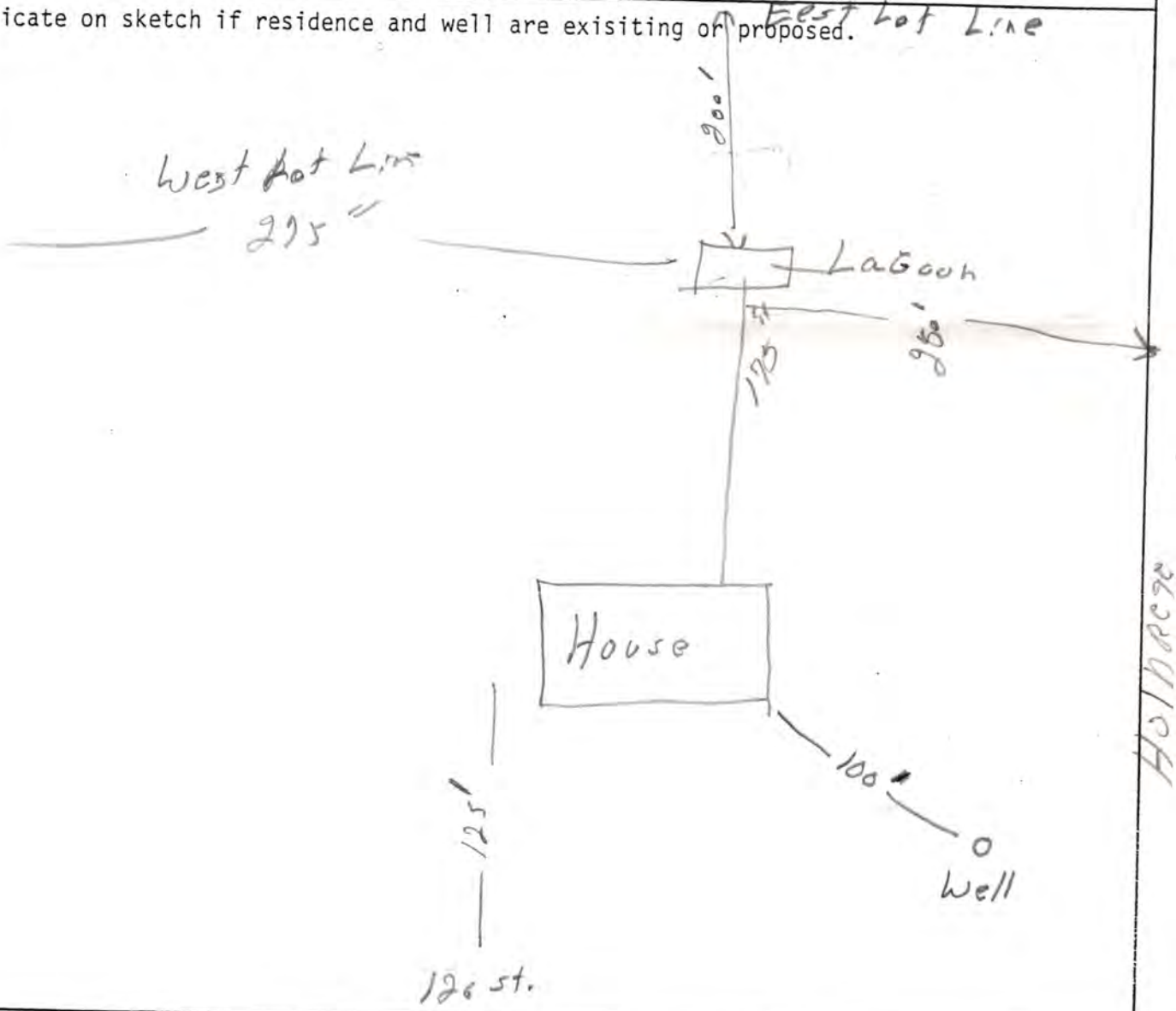
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 10-5-17 Lot 21 Location 170 NW 126

Owner/Requestor Jim Helter

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

REMARKS Signs up, gate locked Spoke w/ mr. Helter. He said he believed lagoon was sealed during construction but wasn't certain. Asked him to ck his bill or to contact installer. Also, he said water level was low because they don't spend much time at this residence and are gone about every other week and several months during the winter.

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. Leech 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. (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: Paul Drotzmann Received by: _____

Date: 6-28-96

WA1002