LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1385-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 11, 1978 — THIS PERMIT EXPIRES

Marty W. Ivins — ISSUED TO

P.O. Box 121, Denton, NE 68339 — ADDRESS

T10N, R5E, Section 19, Lot 12 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 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. 1385-C

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

DATE: 8-10-77

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 5 E. ; Section 19
Block ____ ; Lot 12 I.T. ; ~~Addition~~ ~~trng. tract SW¼~~ - 6.17 Acres
Street Address ____

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

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

4. Distance to public sewer: none ft.

Marty W. Ivins
Marty W. Ivins
Signature of Applicant (Owner or Lessee)

PO Box 121
PENTON, Ne 68339
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/11/78 . Date Frwd. 8/11/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8/11/78. Date Frwd. ____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer : Date Rec'd. 8-11-78 . Date Frwd. 8-11-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

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. 1385-C

DATE: 8-11-77

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 19 SW¼ ; ~~Block~~ - ; Lot 12 I.T. ; Addition ~~IRREG. TRACT~~ 6.17 Acres .
Street Address none .

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

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

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).

Marty W. Ivins
Marty W. Ivins
Signature of Applicant (owner or lessee)

P.O. Box 121
Denton, Ne. 68339
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10-31-78 by: jw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 8/11/78
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-23-92 by: Ron Hoyumpa

Rm 218 - for Jerry 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. 1385-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N ; Range 5 East
Section & ¼ Sect. 19 . SW ¼
Property Dimensions: 585 ft. x 822.4 ft. (tract irregular)
Area: 6.17 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [ ]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [X]; Sandy Clay [ ]

Owner: Marty W. Wins
Address PO Box 121 - DENTON NE

Dates of Tests: 8-10-77 to 8-11-77. Weather: Precip. ____ Temp. 75°F

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	24	8-10	3:25 PM	8-10	3:30	8-11	5:45	13	6:15	12 7/8"	30	1/8"	240"/in
2	23	8-10	3:30	8-11	3:30	8-11	5:46	16	6:16	15 15/16"	30	1/16	480"/in
3	23	8-10	3:40	8-11	3:30	8-11	5:46	14	6:16	13 15/16"	30	1/16	480/in
4	24	8-10	3:50	8-11	3:30	8-11	5:46	17	6:16	17"	30	0	0
5	25	8-10	3:55	8-11	3:30	8-11	5:47	13	6:17	12 3/4	30	1/4	120/in
6	26	8-10	4:20	8-11	3:30	8-11	5:48	13	6:18	12 7/8	30	1/8	240/in

Sum of Percolation Rates 1560
Average of Rates: 260 min/inch
Mean of Rates: ____

Marty W. Wins
Signature of Person Conducting Test

Address PO Box 121 DENTON, NE 68339
Phone: DENTON - 797-3370

(Do not write below this line)

REVIEWING ACTION

REMARKS: Lagoon indicated. Probably Morrill Clay Loam (S.C.S.) Possibly Dawnee Clay Loam.

DATE: August 11, 1978

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

Gerald C. Hood
Signature of Reviewing Official

92032504

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: 3/12/92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$75.00~~ $150.00

Legal Description of Property: TWP. 10N; RANGE 5; SECTION 19; BLOCK ____

LOT 18; ADDITION ____; Street Address Rt 6 Box 88B Lincoln NE 68502

Directions to Property Call owners Marty W Ivins or Lynn D Ivins home #474-1255
NW1/4 40' & N1/4, Wo[illegible] Please call Lynn at work 474-7471 for day phone

Location of Well S of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System S. & E of House. Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Marty & Lynn Ivins	Rt 6 Box 88B Lincoln NE	474-1255 w-474-7471
Tenant/Buyer:	owners		
Return to:	SECURITY FEDERAL SAVINGS P O Box 80609 Lincoln NE 68501		474-4444

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

Signature of Applicant Velda R Menard Address 1330 N Street P O Box 80609 Lincoln NE 68501
Velda R Menard

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received 03/13/92 10 Received ~~$75~~00 Check ☑ Cash ☐ #26326

PRELIMINARY STATUS--DATE 3-17-92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	☒ < 0.1 ppm N	☐

SEWAGE SYSTEM: Corrected 3-23-92

Approved: ☒ Date 3-17-92 by [illegible]

Provisional: ☐ Date 3-23-92 by [illegible]

Disapproved: ☒ Date ____ by ____

SITE VISIT:

Comments: ____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Marquardt, RS DATE 3-23-92

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 19-10-5 Location Rt#6, Box 88B
Owner/Requestor Marty Ivins

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
X Loan approval
___ Consultation
___ Other (Specify)

REMARKS well ok, Lagoon needs fence
3-23-92 fence ok

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 X 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 Marquart
Date: 3-17-92

Received by: _____

WA1002