LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 597-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 17, 1975 — THIS PERMIT EXPIRES

Charles Predmore — ISSUED TO

Raymond, Nebraska — ADDRESS

T12N; R5E; Sec. 36; Lot 8 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 597-C

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

DATE: _____

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. 12N ; Range 3E ; Section 32
Block _____ ; Lot 8 I.T. ; Addition _____
Street Address Route 1 - Raymond

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

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

4. Distance to public sewer: _____ ft.

Keith Biggerstaff (Charles Pardmore)
Signature of Applicant (Owner or Lessee)

7120 Sqan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/17/75 . Date Frwd. 4/17/75 . ACTION: *PROVISIONALLY Approved ☐ Disapproved ☐ Signature: Jerrold C. Nood R.S.

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 4-17-75 . Date Frwd. 4-17-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Marvin L. Gillespie

REMARKS OR REASONS FOR DISAPPROVAL: *Approval is provisional only, applicant must adequately demonstrate that surface and ground water problems can be alleviated to allow system to properly function. If not a new system must be lagised and installed.

Sally S. Grant, Clerk
Village of Raymond

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. 597-C

DATE: _____

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. 12N ; Range 5E ; Section 36 ; Block ; Lot B.I.T. ; Addition .
Street Address .

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

Other Use
Describe:

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

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).

Keith Bogenrief (Charles Bridgman)
Signature of Applicant (owner or lessee)

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: *PROVISIONALLY Approved ☒; Disapproved ☐ 4/17/75
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

* See Form HD-40(73)

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 597-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Charles Redmond
Address Raymond Nebr.

Dates of Tests: 4-15-75 to 4-16-75. Weather: Precip. None Temp. 65° F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	4-15	12:00	4-16	12:00	4-16	12:00	30"	2:00	~~27~~"	120	3"	
2	36	"	"	"	"	"	"	"	"	27¼"	"	2¾"	
3	36	"	"	"	"	"	"	"	"	26½"	"	3½"	
4	36	"	"	"	"	"	"	"	"	28½"	"	1½"	
5	36	"	"	"	"	"	"	"	"	28¼"	"	1¾"	
6	36	"	"	"	"	"	"	"	"	28¾"	"	1¼"	

Keith Biggerstaff
Signature of Person Conducting Test

Address Keith Biggerstaff
Phone: 466-7682

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 17, 1975

Gerrold C. Hood
Signature of Reviewing Official

FORM HD- 43(73) SOIL ADSORPTION 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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 12N; Range 5E
Section & ¼ Sect. 36 SEY4
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: L. C. PREDMORE
Address RT #1 BOX 84 RAYMOND NE 68482

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____

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)

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

Norma Berghuis
Signature of Person Conducting Test

Address 3300 N 53
Phone: 466-5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: Percolation test taken from Dairy Queen results on same lot.

Approved Percolation Rate(s)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: November 3, 1976

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 597-C

SPECIFICATIONS

DATE: _____

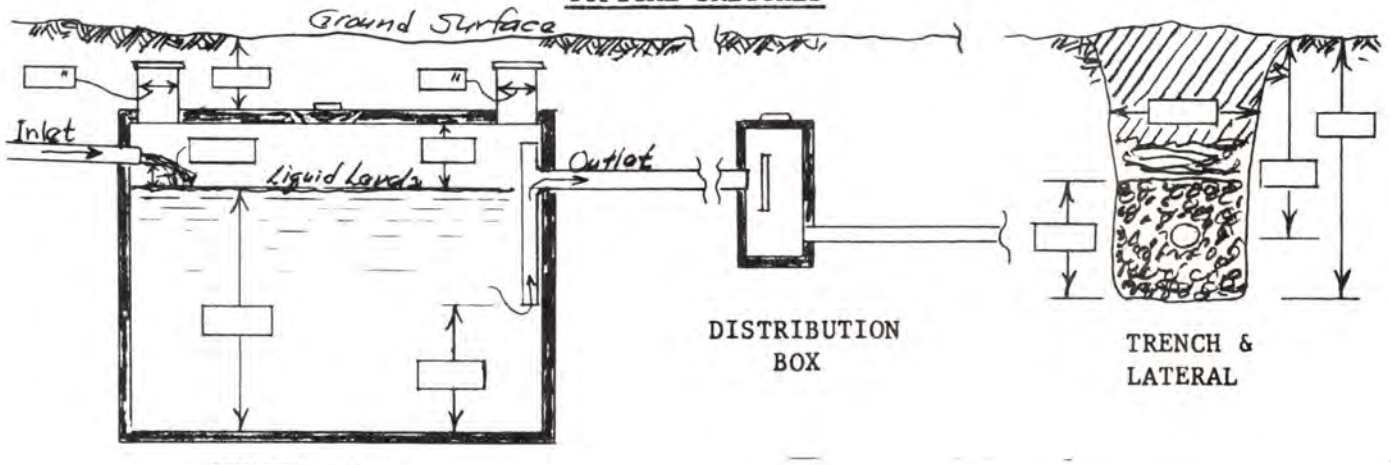
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company CORR-A-GLASS) No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___in.
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 CON; No. available outlets 5.
2. Factory Built: Yes ☐, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 247 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 60 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

PLEASE RUSH (Closing 7-14-99). Jerry

Lincoln-Lancaster County Health Department

990707005

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4095

Legal Description of Property: Street Address 5800 W. Raymond Rd. 68428-4077

Twp 12 Range 5 Section 36 1/4 SE 1/4 Block ___ Lot 15 Addition ___

Directions to Property Hwy 79 to Raymond Rd turn left go ¼ mile appox.

Location of Well North of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North east of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Tony Hager	5800 W. Raymond Rd. Raymond NE	783 3461
Tenant/Buyer:	Todd Fiala	2215 Ashland Rd. Ste. NE 68314 Lincoln	402-5462242
Return to:	ATI Title		434 3716

Signature of Applicant See Mastmeier Address Norwest Mtg Date 6/29/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 06/29/99
Initials ___
Amount 150
Check No. 756

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 6/30/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 7/1/99 by PD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

Approved by Paul Drotzmann Date 7/6/99

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: 10-95