LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1792-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 1111981 — THIS PERMIT EXPIRES

KENNETH M WHITE — ISSUED TO

RT. 1 BOX 12 DAVEY NE 68336 — ADDRESS

T12N, R5E, Section 21, Lot 1 IT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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
EB	6/18/1	

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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1792-C

DATE: _____

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. 8N ; Range 5E; Section 21 ;
   Block _____ : Lot 12 E.T. : Addition _____
   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: NONE ft.

Kenneth M. White
Signature of Applicant (Owner or Lessee)

Rt. 1 Box 12 Davey Ne. 68336
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/11/81 . Date Frwd. 6/11/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-11-81 . Date Frwd. 6-11-81 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bruno

3. City or County Engineer: Date Rec'd. 6/11/81 . Date Frwd. 6/11/81 . ACTION: Approved ☐ Disapproved ☐ Signature: Tommy V. Worrell Dep.

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-24-81 by: JRM 3 Need manhole over outlet 10" lateral 10-12" drop 3 Need cleanout 75° } Corrected 7-31-81
Date: 7-31-81 by: JRM
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-20-81 By: Ron Maynard

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

(potty - CO plumbing)

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N; Range 5E; Section & ¼ Section 3 NW.
Property Dimensions: 1337.90 ft. x [illegible] ft. Area: 20.51 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒?; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6/7/81 to 6/8/81. Weather: Precip. 0 Temp. 90°.

OWNER: Kenneth M. + Judith F. White

Address: RT. 1 Box 12 Davey Ne. 68336

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	6/7/81	4 Pm	6/8/81	5 Pm	6/8/81	5:30 Pm		6 Pm		30	1 3/4"	
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	3/4"	
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	3/4"	
4	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	7/8"	
5	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	7/8"	
6	〃	〃	1	〃	〃	〃	〃	〃	〃	〃	〃	3/4"	

Kenneth M. White
Signature of Person Conducting Test

Address Rt. 1 Box 12 Davey Ne-68336 Phone 783-2520

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 11, 1981

Approved Percolation Rate (a)
A. 32 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 ☒

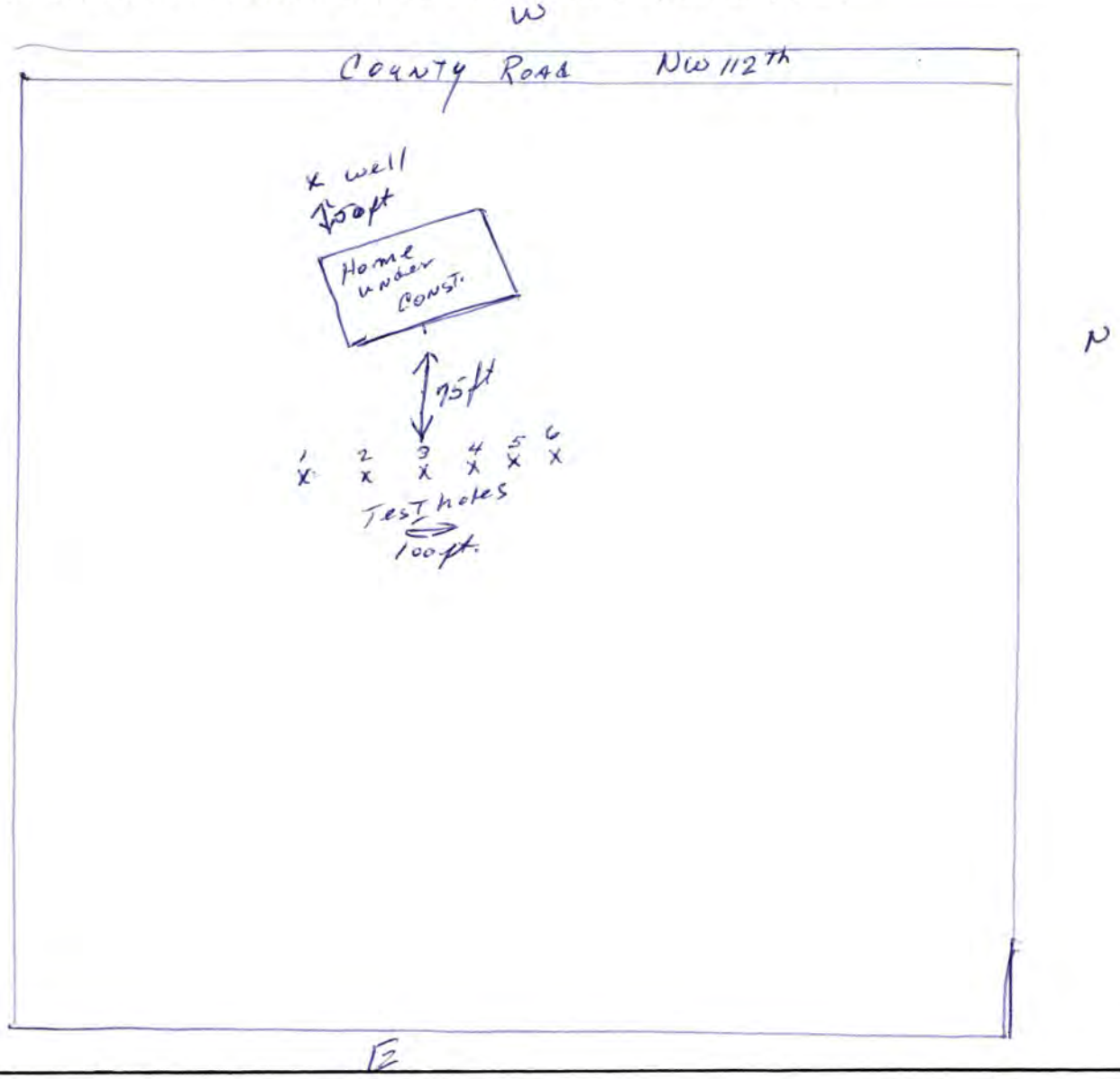
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: June 11, 1981

258
3 | 774
6
17
24
3' wide

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 774 sq.ft.

Gerrold C. Hood
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: 474-1541

D

DATE: 7-81

FILE NO. Ken White
7401 12th & Branched Oak

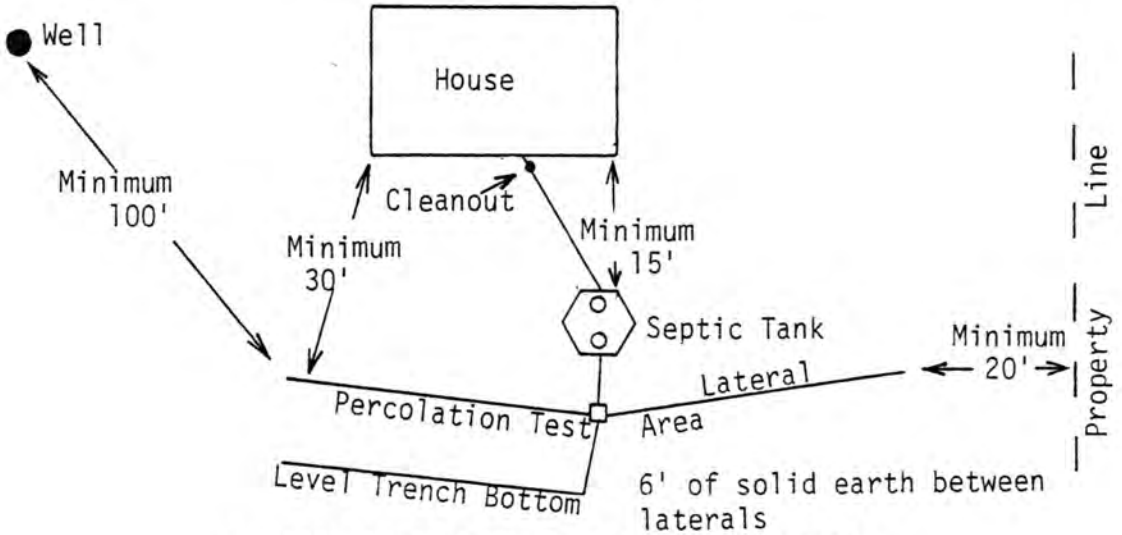
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 36" in.
3. Distance between dwelling and septic tank 107 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Same)
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☐ Grade 2 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 24" in.
8. Distances to:
Well or Suction Line 180 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Perma-Flow)
3. Distance from Septic Tank 18 ft.

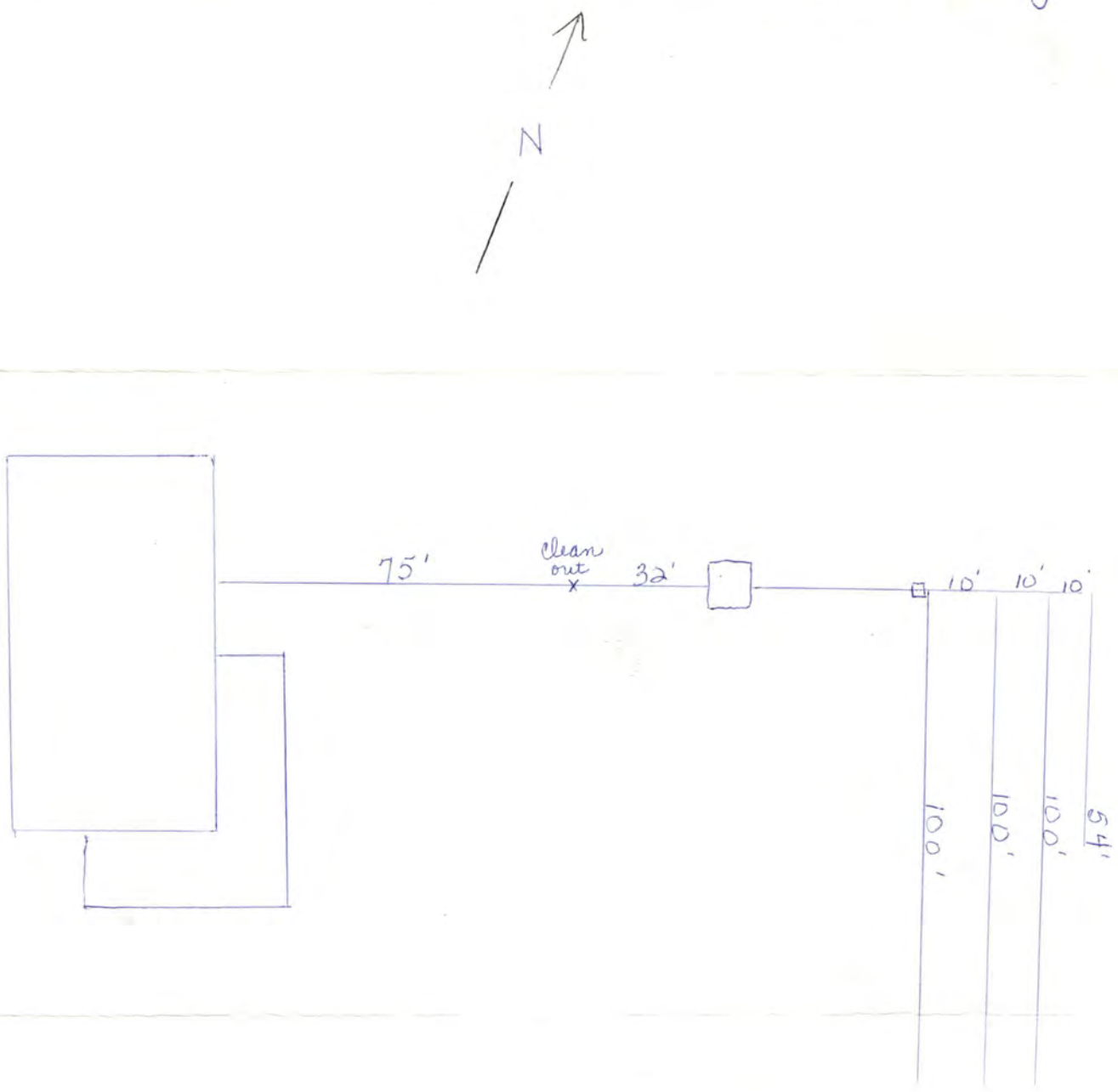
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 54, ____ ft.;
Total length of laterals 354 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: gravel
Depth of Material ____ in.
5. Distances to:
Well or Suction Line 200' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7/81 INSTALLER Pottyco Plumbing



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: 6/26/91

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

Legal Description of Property: TWP. 12N ; RANGE 5E ; SECTION 21 ; BLOCK N668'

LOT III; ADDITION _____ ; Street Address _____

Directions to Property 3 miles west 1½ So. of Agnew

East side (Large Green Mailbox)

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

Location of Sewage System East of House Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	Ken + Judy White	Rt 1 Box 49A	
Tenant/Buyer:		Raymond Ne 68428	783-2306
Return to:	Above Name + Address		

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

Signature of Applicant Kenneth M White Address Raymond Ne.

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 28, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 1, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7/1/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.S. DATE JULY 8, 1991

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