LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380091501

Issued 09/16/92
Expires 03/16/93
Revenue Code 18754

Establishment
ROBERT BENES
T10N R5E SEC 27
LOT 37&38

FEES: $150.00

TOTAL $150.00

Permittee
ROBERT BENES
2212 Q ST
LINCOLN NE 68503

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"

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: 9-15-92

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. ~~27~~ 10N ; Range ~~to~~ 5E ; Section ~~5~~ 27 SE¼ SE¼
   Block _____ : Lot ~~37~~ 38 : 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: _____ ft. WILL INSTALL WHATEVER SOIL TEST INDICATES

Robert Y Bam
Signature of Applicant (Owner or Lessee)

2212 Q Lincoln, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/15/92. Date Frwd. 9/16/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Norma Duryea

3. City or County Engineer: Date Rec'd. 9/16/92. Date Frwd. 9/16/92. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Bostelman

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT YET~~

Site Visits:
Date: 11-6-92 by: P.D
Date: 2-13-95 by: P.D. Need lock + Signs
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-16-96 By: Paul D Lamm

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

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 27 ; Range 10 ; Section & ¼ Section 5 SE
Property Dimensions: 460 ft. x 492 ft. Area: 5± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 9-14-92 to 9-15-92. Weather: Precip. none Temp. 80°

OWNER: Bob Benes

Address: 2212 Que St.

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	34"	9-14-92	11:00 A	9-14-92	3:00p	9-15-92	12:30p	28 1/2"	1:00	28 7/8	30	3/8"	80
2	36"	" "	11:00A	9-14-92	3:00p	" "	12:32p	22"	1:02	22 1/2	30	1/2	60
3	35"	" "	11:00A	9-14	3:00p	" "	12:34	22 1/4"	1:04	22 7/8	30	5/8	48
4	36"	" "	11:00A	9-14	3:00p	" "	12:36	18 1/2"	1:06	19 3/4	30	1/4"	120
5	36"	" "	11:00A	9-14	3:00p	" "	12:38	25 3/8"	1:08	26"	30	5/8"	48
6	36"	" "	11:00p	9-14	3:00p	" "	12:40	23 1/4"	1:10	23 5/8	30	3/8	80

Sum of Percolation Rates: 436
Average of Rates: 72.6
Mean of Rates: 72

Bob Benes
Signature of Person Conducting Test

Address 2212 Q Phone 432-9503

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): SkC, PaD2 + BpF
Date: 9-15-92

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☒

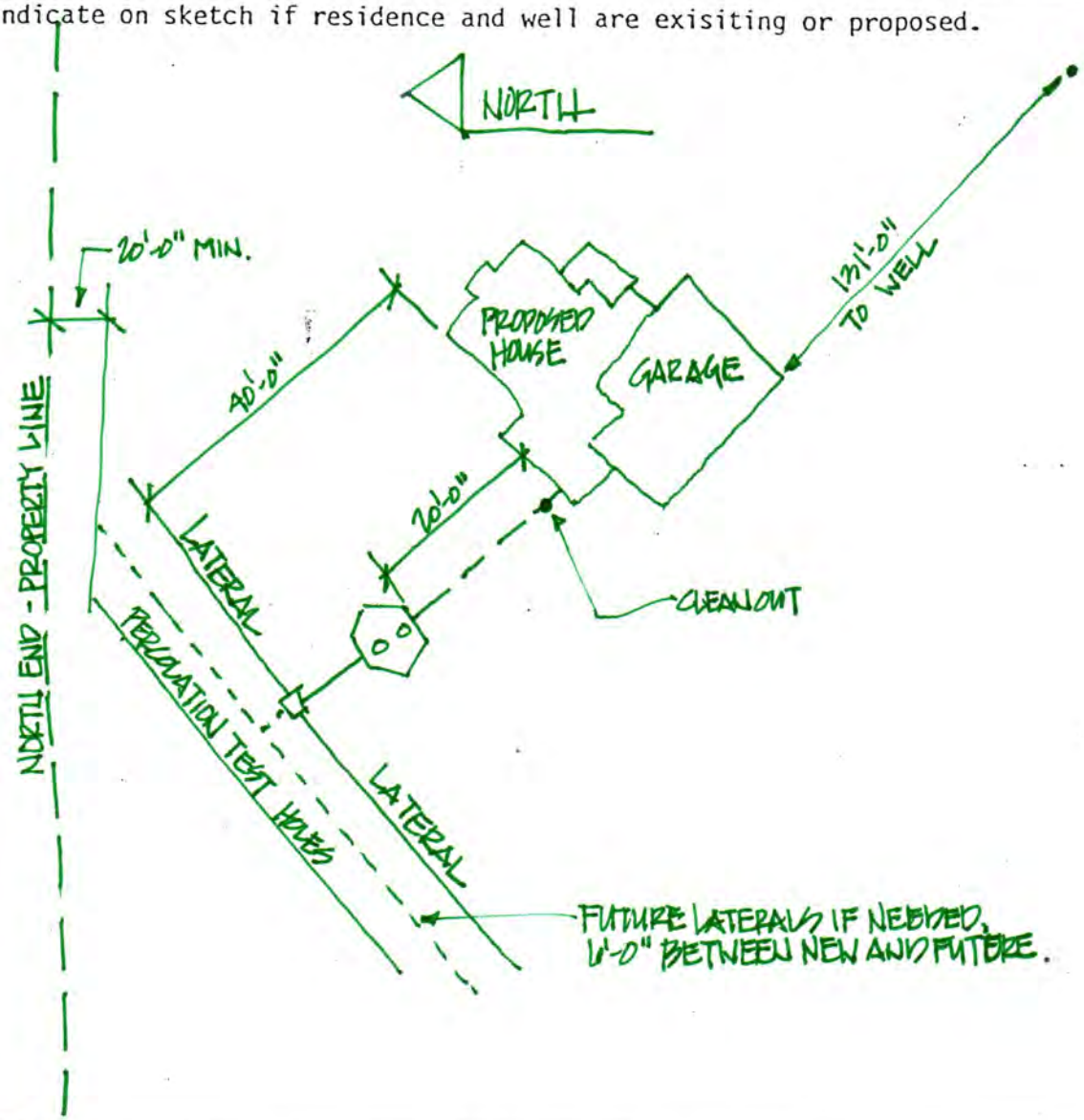
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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

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: Nov 6

FILE NO: _____

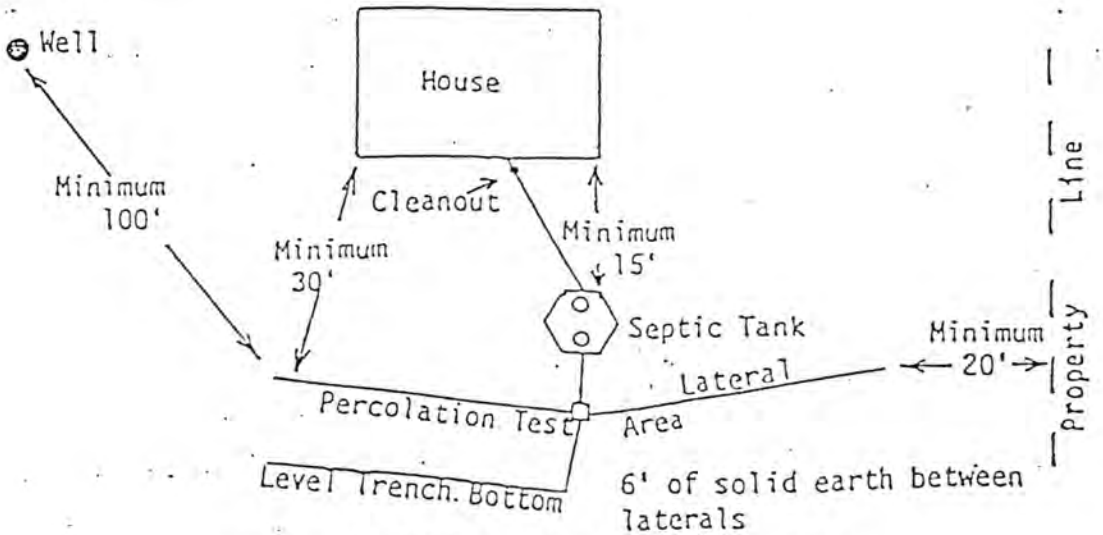
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 125 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 _____; 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

N
Lagoon
SW
84
'A'

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

Legal Description of Property: Street Address 1331 SW 84th Street, Lincoln, 68532

Twp 10N Range 5E Section 27 1/4 ___ 1/4 ___ Block ___ Lot 37/38 Addition Lot 37 & 38, SE 27-10-5 LCN

Directions to Property near Emerald, 1 mile South of Emerald, West 84th & A street

Location of Well on property, 2 wells, East of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System Lagoon Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Tom & Jackie Hinrichsen	1331 SW 84 Street Lincoln, NE 68532	476-6738 H
Tenant/Buyer:	M. Aaron & Lori Caldwell	RR#1 Box 106 Kennard NE 68034	427-7229 H
★ Return to:	Patrick A. Kavan	PHH mortgage Services 6940 'O' Street Suite 300 Lincoln, NE 68510	466-3007 467-4455 Fax

Signature of Applicant M. Aaron Caldwell
Lori Caldwell

Address RR#1 Box 106
Kennard, NE 68034

Date 7 / 1 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 07 / 05 / 96
Initials ___
Amount $150.00
Check No. 1468

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7 / 8 / 96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ corrected
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☐	Date 7 / 16 / 96 by mm
Provisional	☒ heavy water use	Date 7 / 24 / 96 by mm
Disapproved	☐	Date 7 / 25 / 96 by ___

Comments: SLIGHT DEPRESSION AROUND WELL. COUPLE SCREWS MISSING FROM ELECTRICAL PLATE. UNUSED WELL MUST BE PROPERLY ABANDONED IF NOT GOING TO BE USED. See Attached Letter ☐

SEWAGE LAGOON IS EXTREMELY FULL BUT NOT GOING OVER.

FINAL STATUS

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

Approved by Ron Mayhew Date 7 / 29 / 96

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