LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1437-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 20, 1979 — THIS PERMIT EXPIRES

Velda Miller — ISSUED TO

Route 1, Box 19, Raymond, NE 68428 — ADDRESS

T12N, R5E, Section 22 SE¼, Lot 5 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
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-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1437-C

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

DATE: 10/10/78

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12 N ; Range 5E ; Section SE 1/4 22 ;
Block _____ ; Lot 5 ~~NW~~ ; Addition _____
Street Address NW 84 + W Davey Rd.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: _____
Install Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒. Jay Felton
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Velda Miller - D.L.
Signature of Applicant (owner or lessee)

Rt 1 Box 19 Raymond Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: 11/1/78 by: L.C.H
Date: 9-26-79 by: [illegible]
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-1-79 by: Ron Moyeant

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. 1437-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-14-78 to 10-15-78. Weather: Precip. 0 Temp. 60s.

OWNER:_____

Address:_____

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	32"	10/14	5PM	10/15	11AM	10/15	11AM	12"	1PM	10	30M	¼	
2										11½		0	
3										12		0	
4										8¾		3¼	
5										7½		1	
6										8		½	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 33rd Phone 432 3595

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

(Do not write below this line)

REVIEWING ACTION

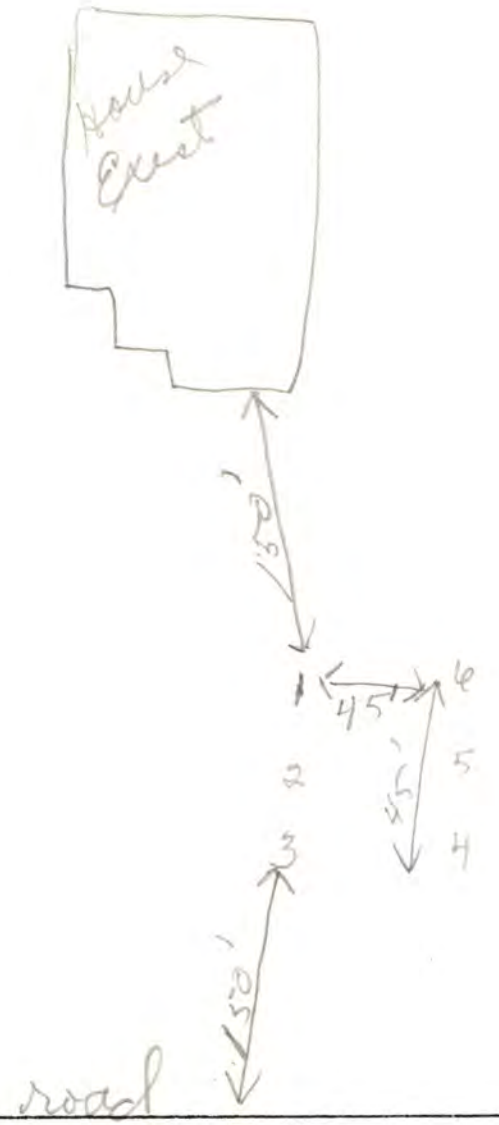
Remarks: Lagoon must be sealed
Soil Type (SCS): Morrill Clay Loam
Date: October 20, 1978

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

Jerrold C. Wood
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. 1437-C

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: 474-1541

D

DATE: _____

FILE NO. 1437-C

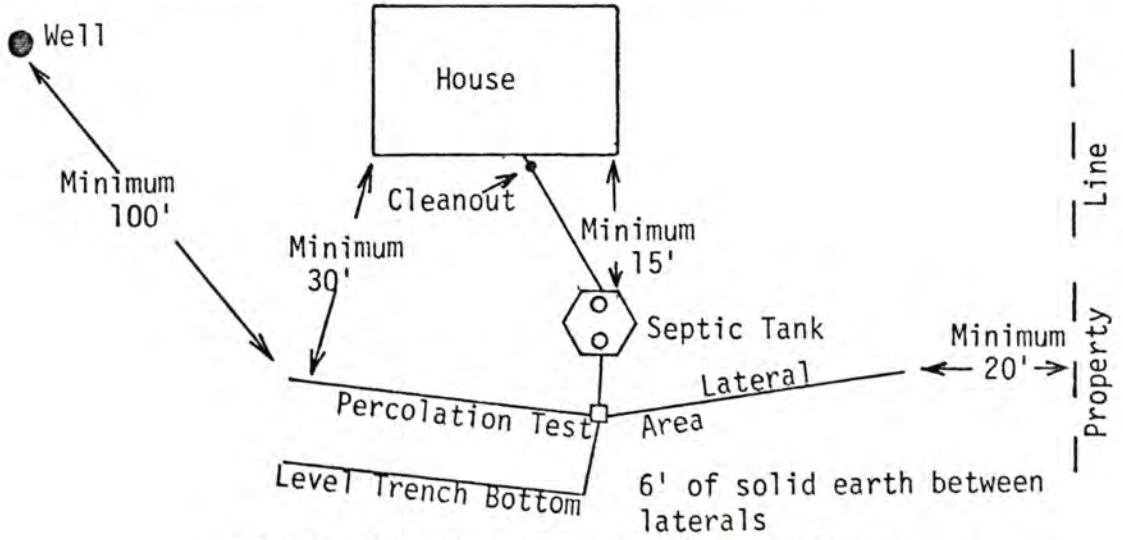
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ 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.

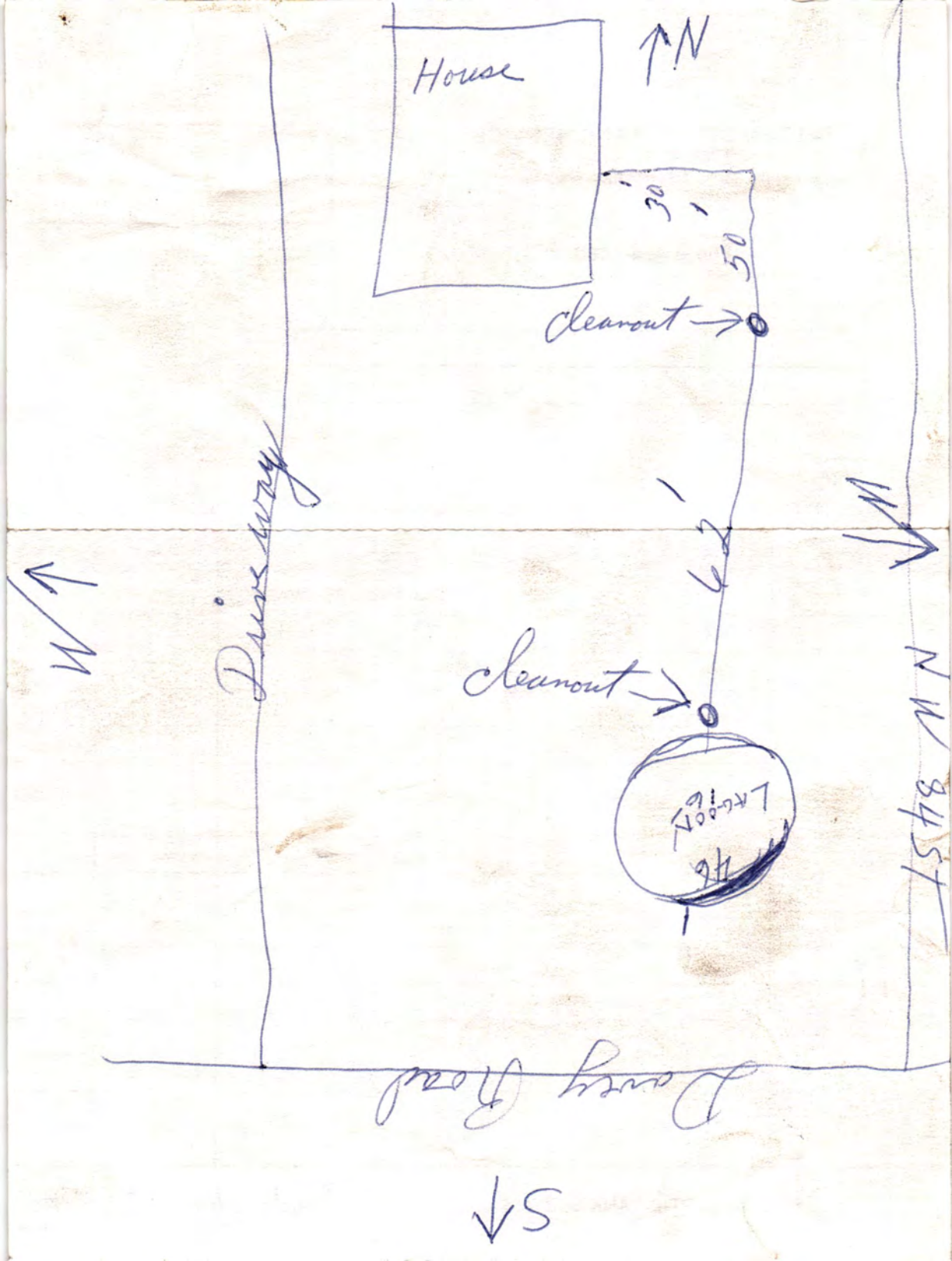
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Stor)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 250 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast Stor)
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 20" 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: Road Gravel
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


House
N
30'
50'
cleanout
cleanout
Driveway
W
E
NW 84ST
Dairy Road
S

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: October 2, 1978

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply
☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 12N ; Range 5E ; Section SE 22 ;
Block ; Lot 5 I.T. ; Addition .
Street Address .
Directions on how to get to property NW. 84 & West Davey Rd.
.
Location of well 200' NORTH OF HOUSE .
Where is tap: Inside ☐ Outside ☒ AT WELL HOUSE .

	NAME	ADDRESS	PHONE
Present Owner:	Velda M Miller	Raymond Ne. Box 19 Rt #1 68428	783-2302
Tenant:	Same		
Lending Agency:	First Federal S & Loan Assoc.		475-0521

(Do not write below double lines)

Health Department: Date Received 10/2/78
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 10-4-78 by rm
Date 9-26-79 by rm
Date ____ by ____

Velda M Miller
Signature of Applicant
Raymond Ne. 68428
Address
Box 19 - Rt. I

PRELIMINARY STATUS -- DATE 10-4-78

Water System:
Approved ☐ Disapproved ☒

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval Well has no sanitary seal & old tile casing
Sewage being discharged onto ground surface CORRECTIONS MADE.
☒ See Attached Letter.

FINAL APPROVAL -- DATE 10-1-79

Water System ☒ . Sewage Disposal System ☒ . BY Ron Maynard

Form Number 20215-0878