LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380182501

Issued 08/19/98
Expires 02/19/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment
TERRY RASMUSSEN
T10N R5E SEC 28 QTR SW
E 1/2 OF SW 1/4 LOT 41
10500 W A ST

Permittee
TERRY RASMUSSEN
1711 BENTON ST
LINCOLN NE 68521

Issued By Health Director
Lincoln-Lancaster County Health Department

007974

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10500 West "A" (no rural route) City Lincoln NE, Zip 68532

Legal Description E ½ of SW¼ 28 10N R5 Lot 41
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Terry Rasmussen Signature _____

Address 1711 Benton City/State/Zip Lincoln NE 68522

☑ Check if owner designed system Home Phone 438-9462 Work Phone 730-5017

C. Contractor

Name Terry Rasmussen Company Name _____

Address 1711 Benton City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 730 5017

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Terry Rasmussen Firm _____ Work Phone 730-5017

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 8/19/98 Date frwd 8/19/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/19/98 Date frwd 8/19/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/19/98 Date frwd 8/19/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/24/98 Need dirt removed from top. J. EH. + drawing

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/19/98
Amt Paid 150 =
Rec'd By _____ Cash/Check No. 2257

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10500 W. "A" ST (no rural route) City Lincoln NE, Zip

Owner Address 105th West A Street

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests 4/8/97 to 4/9/97 Weather: Precipitation dry Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No..	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	7/8	34 mpi
2	30	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	1/2	60
3	28	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	3/4	40
4	30	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	1 1/4	24
5	28	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	1	30
6	29	4/8	10:00	4/9	10:00	4/9	2:00	6	4/9	2:30	30	1 1/2	21
													>20 mpi Variance
													Thus, 60 mpi

Sum of Percolation Rates: 60
Average of Rates: N.A
Rate Used for Calculation: 60 mpi

330' x 4'

Person Conducting Percolation Tests

Name: John Stuhmer
Phone: 466467 NW. 48th
Address Lincoln, Nebr. 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be in Shelby clay loam

Signature of Reviewing Official Date 8-19-98

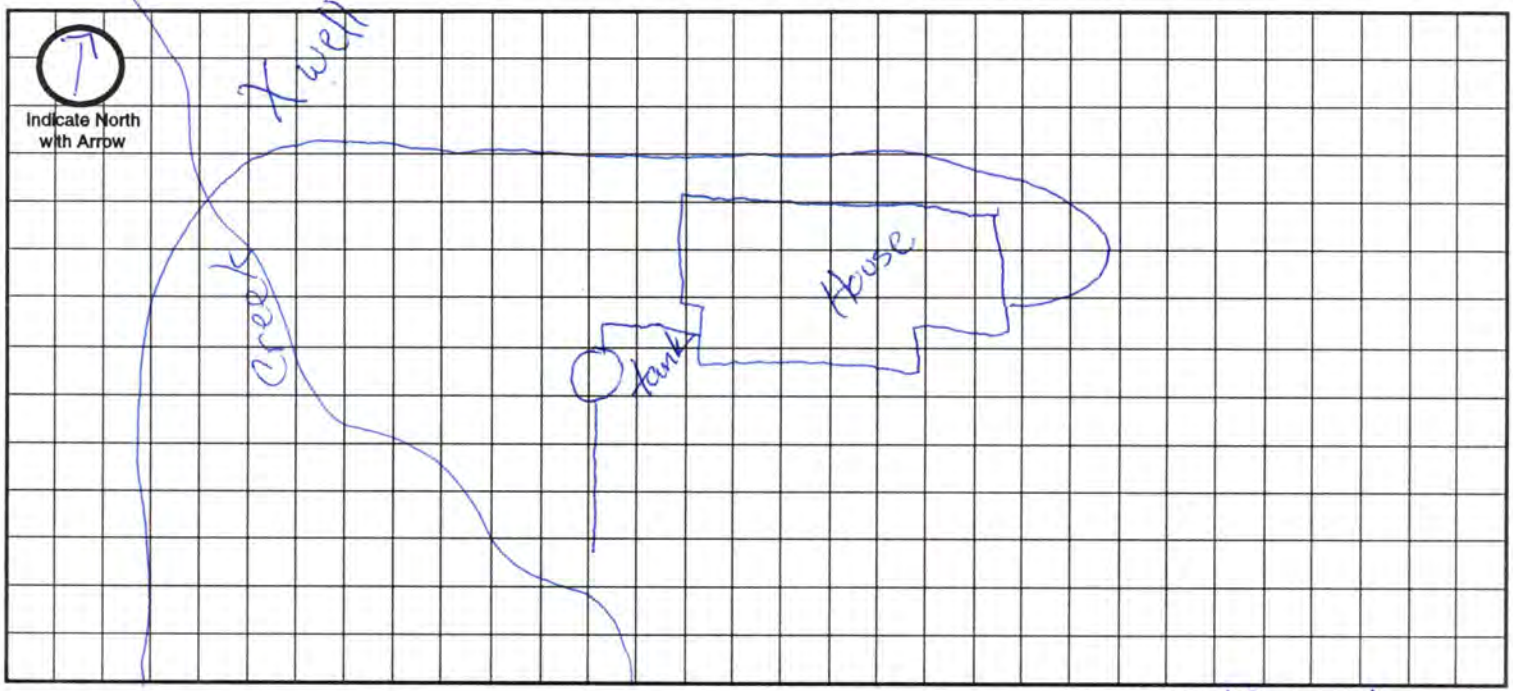
Lincoln-Lancaster County Health Department
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10500 West A City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~330~~ 247 ft. Number of Trenches 4 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

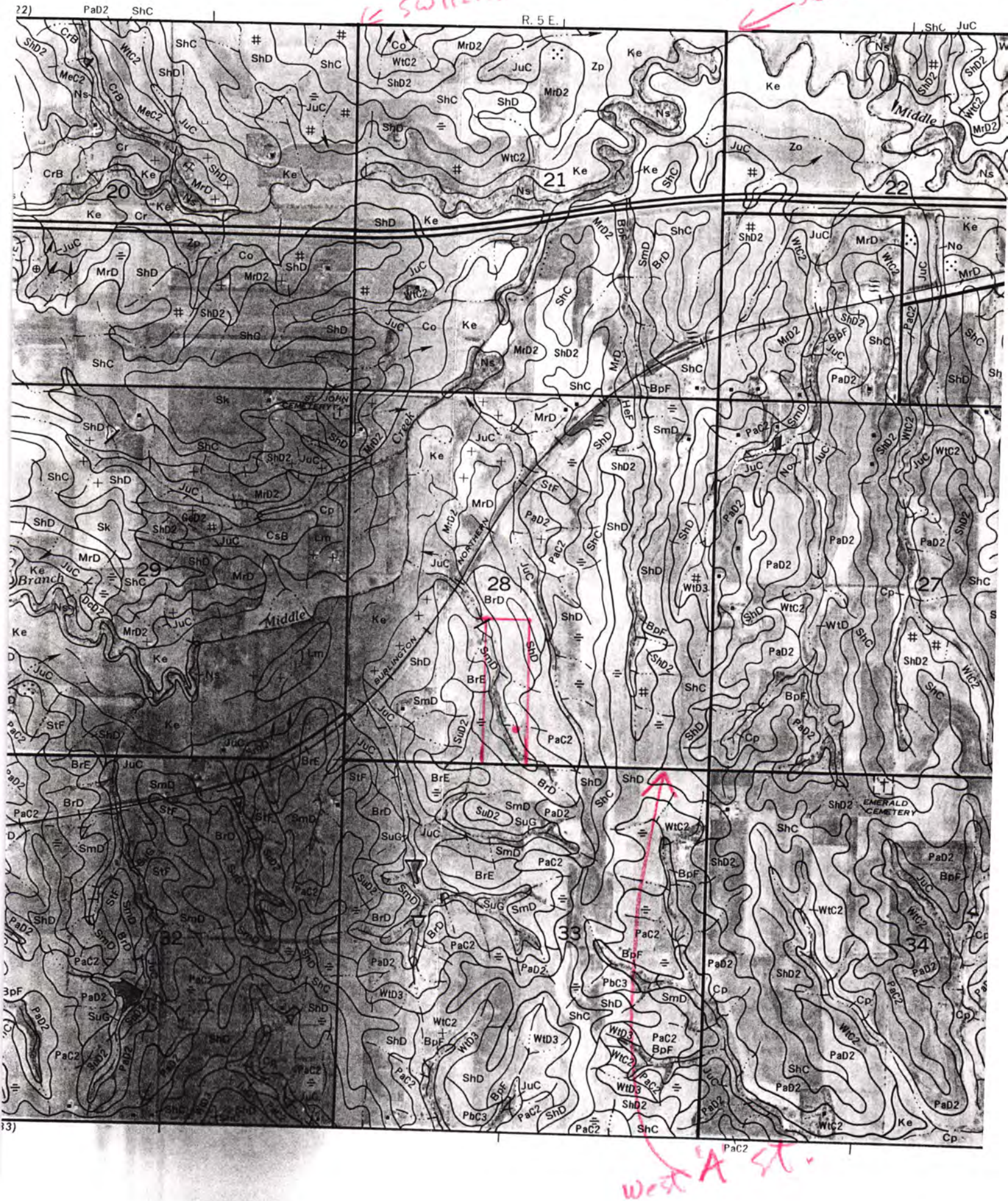
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☐	50 ☑	4 ☐	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 8-19-98

Installer _____ Date 8-19-98

FORM 23-102 10-96


SW 112th
SW 98th
R. 5 E.
Middle Creek
Middle Branch
BURLINGTON NORTHERN
ST JOHN CEMETERY
EMERALD CEMETERY
West 'A' St.
20
21
22
27
28
29
32
33
34

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 10610 W A ST

Parcel ID 04 - 28 - 300 - 013 - 000 (i.e. 99-99-999-999-999)

Twp 10 Range 5E Section 28 1/4 SW 1/4 Block ___ Lot 41 Addition ___

Directions to Property L ST WEST TO WEST 106TH, TURN NORTH ON DRIVEWAY

Location of Well ___ Tap Location: Inside ☐ Outside ☑

Location of Sewage System ___ Year Installed 1998

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	JOHN & SHEILA MC KEGAN	10500 W A ST LINCOLN	AGENT 770-3456
Tenant/Buyer:	BILL AND KELLI KUDAK	1220 ELDON DR LINCOLN NE 68510	484-5420 AGENT 432-6316
Return to:	___	___	434-3801 (Fax)

Signature of Applicant Kelli Kudak Address 1220 Eldon Dr. Lincoln, NE 68510 Date 12/9/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/14/05 Amount #200.00 Check No. 2049 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☑ 0.0 /ml	☐ ___ /ml
Nitrate	☐ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

Approved by ___ Date 12/15/05

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: 9-00