LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1086-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 22, 1977 — THIS PERMIT EXPIRES

Mrs. Vern L. Dart — ISSUED TO

1409 Meadow Dale Dr., Lincoln, NE 68505 — ADDRESS

T10N, R5E, Section 29 E½ NW¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

RECEIPTED BY — DATE — AMOUNT

D K

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.

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. 1086-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. 10N ; Range 5E ; Section 29 E½ NW¼
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Mrs Vern L. Dart
Signature of Applicant (Owner or Lessee)

1409 Meadow Dale Dr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/22/77. Date Frwd. 6/22/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 6/22/77 ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 6-22-77. Date Frwd. 6-22-77. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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. 1086-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. 10N ; Range 5E ; Section 29E½NW¼ ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
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).

Mrs Jean L Dart
Signature of Applicant (owner or lessee)

1400 Winding Dale Dr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-4-77 by: jm
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 8-22-77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-77 by: James Wevecka

Vern Dart

FORM HD-43 (73) 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)

FILE NO. 1086-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N : Range 5 E
Section & ¼ Sect. 29
Property Dimensions: ____ ft. x ____ ft.
Area: 80 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Vern L Dart
Address: 1409 Meadowdale Dr

Dates of Tests: 6-11-77 to 6-11-77. Weather: Precip. T Temp. 70°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	6/11	1 PM	6/12	11 PM	6/12	11 PM	12"	1:30 PM	8	30'	½	
2										8¼		½	
3										4		1	
4										10		¼	
5										4		1	
6										4½		1	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone 432 3595

(Do not write below this line)

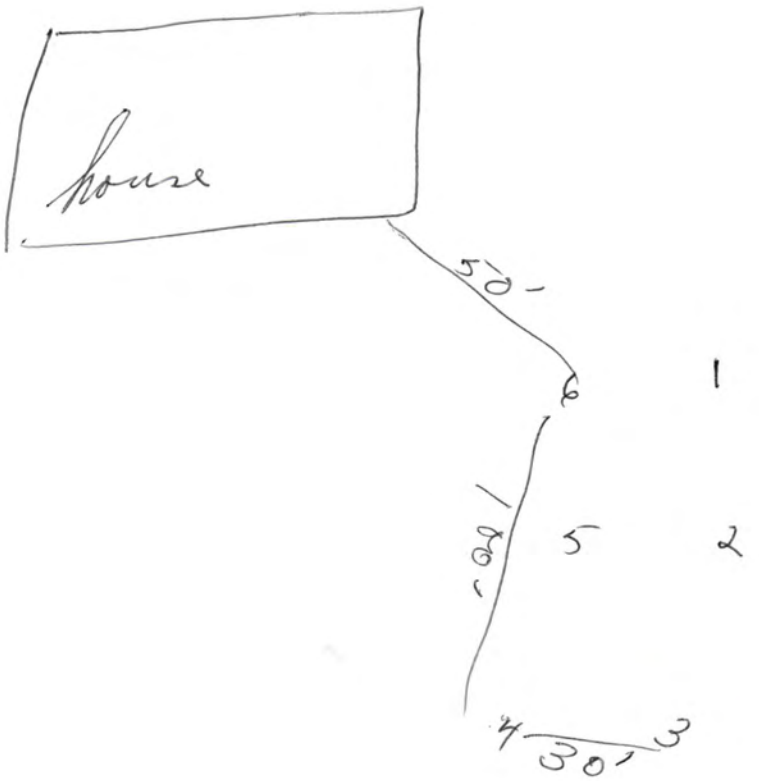
REVIEWING ACTION

REMARKS: Shrapsburg Silty Clay Loam (S.C.S.)
DATE: June 22, 1977

Approved Percolation Rate (a)
A. 44 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Road N



FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1086-C

SPECIFICATIONS

DATE: _____

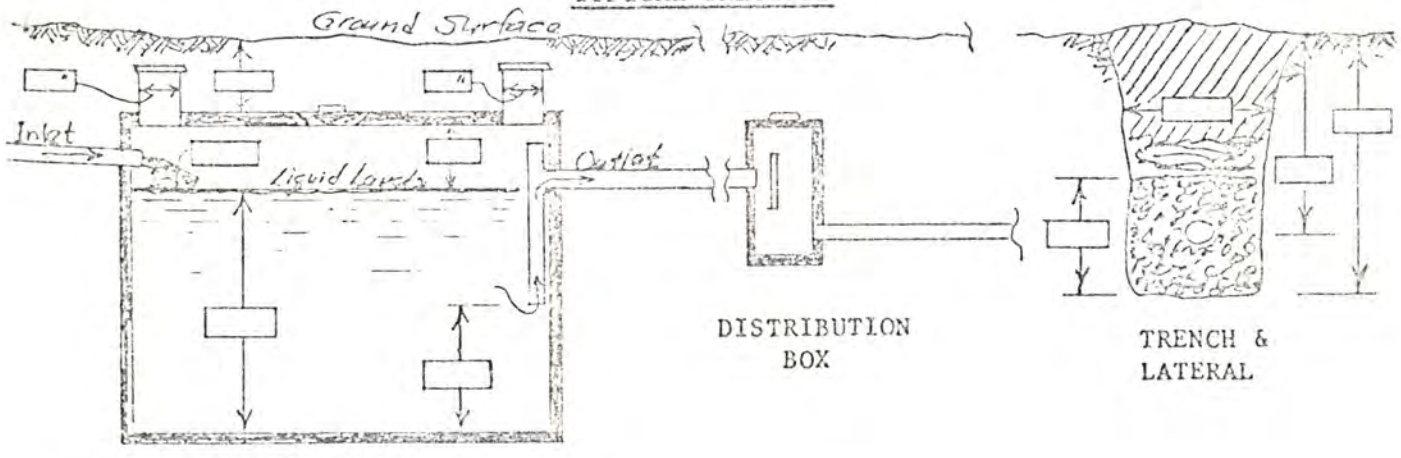
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concr; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 4 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 Concr; No. available outlets 2.
2. Factory Built: Yes ☒, (Company Pre Cast Step Co) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 4 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

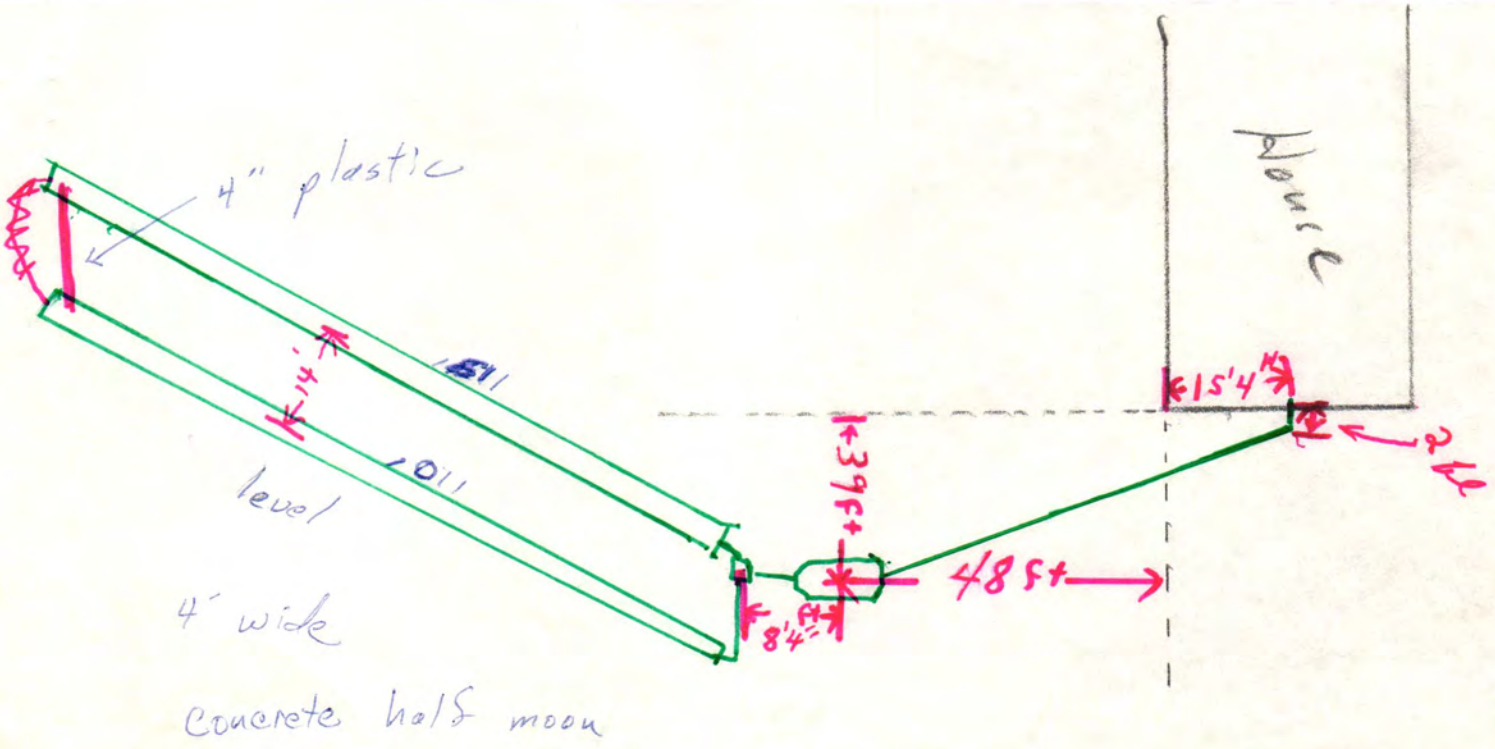
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 223 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Road 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: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

_____
Signature of Applicant



North →

W Hoodsport Aug 4-77

Vern Dart Residence
Septic System

2½ Mile West of Emerald.

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 1250 / WEST OST

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 5E Section 29 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 2½ MI WEST OF EMERALD ON HWY 6

Location of Well WEST OF DRIVEWAY INSIDE YARD Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH EAST CORNER OF BACK YARD OF PATIO Year Installed 1977

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	J. PART		
Tenant/Buyer:	MIKE & CHARLOTTE RALSTON	3301 SW 84th	435 5162
Return to:	NEBR. TITLE CO	DOWN TOWN.	(Fax)

Signature of Applicant Wayne Owen FOR Charlotte Ralston 8/22/01 Address 3301 SW 84TH Date 8/15/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/17/01 Amount $150.00 ~~50.00~~ Check No. 2765 ~~2760~~ Initials ___

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

PRELIMINARY STATUS--By Doug Smith BE SURE KCS THIS **DATE:** 8/20/01

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☑	☐	Approved	☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☑ 0.0 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: - See attached letter

- Approval based on intentions of Ralstons to use well under windmill and septic system on hill in the future. See Attached Letter ☑

FINAL STATUS

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

Approved by Doug Smith Date 9/5/01

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