LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90590019801

Issued 08/13/90
Expires 02/13/91

ESTABLISHMENT

DAVID TILLY
T12N R5E SEC 8 QTR NE

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

DAVID TILLY
22205 NW 112 ST
AGNEW NE 68428

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/14/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

9039001 98

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: 471-7800)

FILE NO. _____

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

DATE: 8-9-90

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. 12N ; Range 5E ; Section 8, NE 1/4 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential 4 ☒; Commercial _____ ☐
No. Bedrooms _____
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: add 100' of perforated pipe lateral - 2 x (50') by 3 ft wide

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$ > 400	00
b. Labor	$	
c. Other	$	
TOTAL	$	

* should not have laterals
livestock over laterals
Not sufficient ft² of
laterals.

Dave Tilly by Brad Southwick
Signature of Applicant (owner or lessee)

Valparaiso, Ne Hickman, Ne 68372
Address

(Do not write below this line)

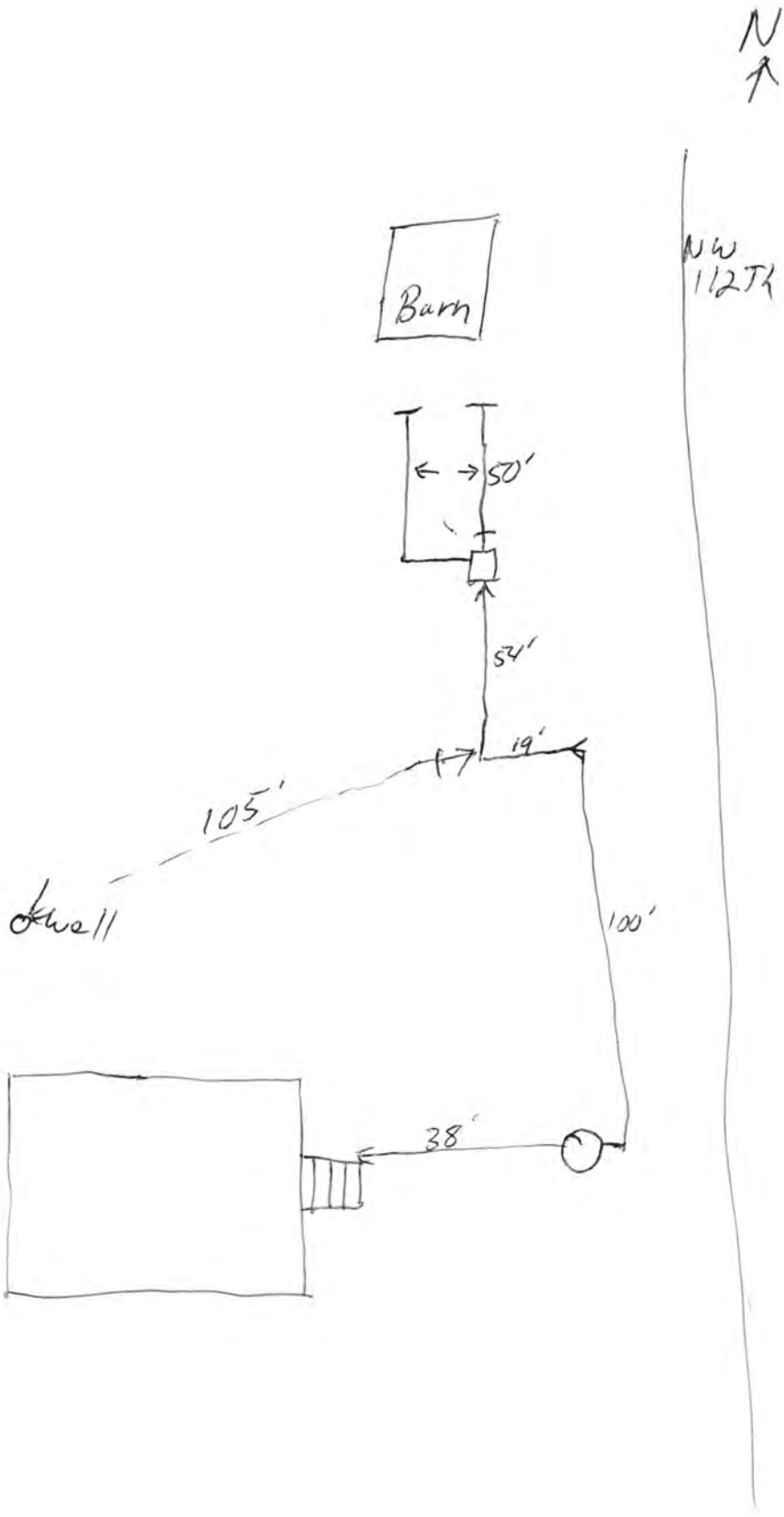
REVIEWING ACTION

1. Date Rec'd: 8-9-90
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-9-90 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ PROVISIONAL ; Disapproved ☐
by: Ron Maynard
PROVISIONAL *

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-9-90 by: Ron Maynard


N
NW
112TH
Barn
50'
54'
19'
105'
well
100'
38'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

Rush!! Please

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: 4-17-90

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION 8; BLOCK ___

LOT 5; ADDITION NE1/4; Street Address 22205 N. 62. 112th

Directions to Property Hwy 79 to Ogden, West on W. Ogden Rd (3 mi) to 112th Then No. 3/4 mi - Yellow Stucco on left side of Rd.

Location of Well 20' from N.W. Corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System N.E. East from Front of house Year Installed 77

Towards the ROAD

	NAME	ADDRESS	PHONE
Present Owner:	David & Terrill Tilly 475 Est 2611 276	RR #1, Box 26, Valparaiso, NE	794-3191
Tenant/Buyer:	Terri + Ramona Bratton	Rt Box 12 A Chappell NE 69129	
Return to:	Sandra Russell Harper	Woods Bro 3201 Pioneer Blvd. 68502	483-4151

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

Signature of Applicant [signature] Address Rt 1 Box 12A Chappell NE 69129

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HEALTH DEPARTMENT USE ONLY

Date Received April 16, 90 Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 4-20-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 4-20-90 by RM
Bacteria	☐	☐	Provisional:	☐	Date 4-26-90 by RM
Nitrate	☒	☐	Disapproved:	☒	Date 5-4-90 by RM

Comments: Water well appears to be too close to septic system. Drawing of Compounds of septic system in relation to well must be provided. Sewage effluent seeping to the ground surface is in violation of County regulations. Must correct sewage violation prior to sale of property. See Attached Letter ☐

Corrections MADE

FINAL STATUS

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

APPROVED BY Ken Mayhew DATE 8-16-90

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

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002902

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380267901

Issued 07/28/03
Expires 01/28/04
Revenue Code 3157

Establishment JACK & VIRGINIA YUEILL
T12N R5E SEC 8 QTR NE
LOT 5IT
22205 NW 112 ST-VALPARAISO

FEES: $200.00

Permittee JACK & VIRGINIA YUEILL
22205 NW 112 ST
VALPARAISO NE 68065

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380267901

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 22205 NW 112th St. (no rural route) City Valparaiso NE, Zip NE 68065

Legal Description ~~NE~~ NE 1/4 8 Section 12N Township 5E Range ~~Lot~~ Subdivision Addition Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jack & Virginia Yuell Signature _____

Address 22205 NW 112th St. City/State/Zip Valparaiso, NE 68065

☐ Check if owner designed system Home Phone 402-784-2043 Work Phone _____

C. Contractor

Name Lloyd Jakoubek Company Name Raymond Contracting

Address 12800 NW 70th St City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 402-890-6009

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-890-6009

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 7/28/03 Date frwd 7/28/03 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
   8-29-03, mm reapplication
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Marquardt

Date 9-5-03

Business Office Use Only

Date Rec'd 07/28/03

Amt Paid 200.00

Rec'd By LS Cash/Check No. 5002

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: 033802679

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22205 NW 112th St (no rural route) City Valparaiso NE, Zip NE 68065

Owner Jack & Virginia Yueill Addresss 22205 NW 112th St

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

Date of Tests 7/2/03 to 7/3/03 Weather: Precipitation 0 Temperature 93°

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	32"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6	7/3	2:00p	30	1.5	20
2	28"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6	7/3	2:00p	30	3.25	9.2
3	29"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6	7/3	2:00p	30	2	15
4	31"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6	7/3	2:00p	30	3	10
5	29"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6	7/3	2:00p	30	4	7.5
6	30"	7/2	11:00A	7/2	3:00p	7/3	10:00a	6		2:00p	30	1.25	24

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting
Phone: 402-890-3870
Address 12800 NW 70th St
Raymond, NE 68428

Sum of Percolation Rates: 85.7
Average of Rates: 14.28
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be Sharpsburg Soil
this permit is to replace + old existing system for an older farm home.

Signature of Reviewing Official Ron Mazour Date 7-25-03

FORM 23-101 10-96

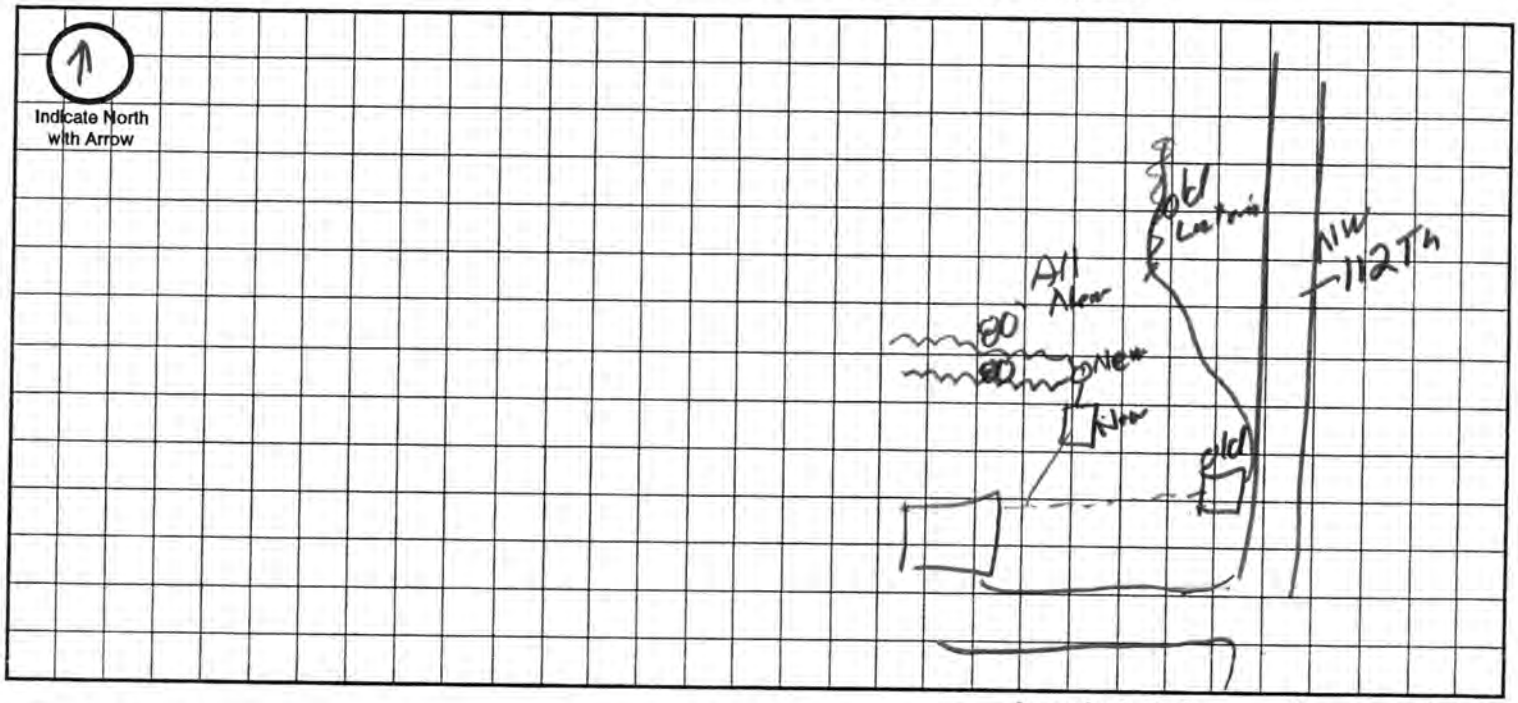
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802679

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 22205 NW 112th St City Valparaiso NE, Zip NE 68065

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 14.28 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: H-10 Standard.

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 160 ft. Number of Trenches 2 Trench Width _____

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 _____

Installer Lloyd J Jahn Date 7/25/03

FORM 23-102 10-96

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

RECEIVED SEP 5 2003

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/29/03

System Location (Indicate correct number and street)

Address 22205 NW 112th. (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: PVC - class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 57 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14" in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 50 ft.

C. Distribution Box

1. Material: PVC 24"
   Number available outlets: 8
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 60' ft.

D. Absorption Field

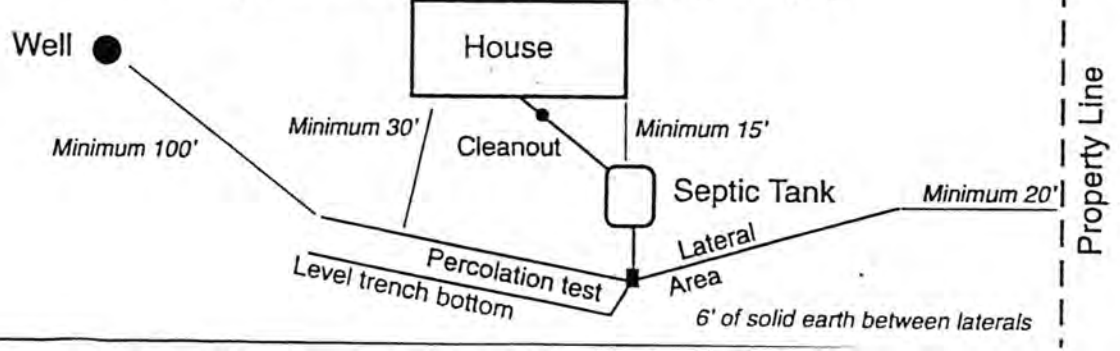
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 Hy-capacity
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 81.5 ft. 81.5 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' wide. ft.
   Slope Flat in/100 ft.
   Average depth 24" in
4. Filter material: Dirt
   Depth of material 24" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

Indicate North with Arrow

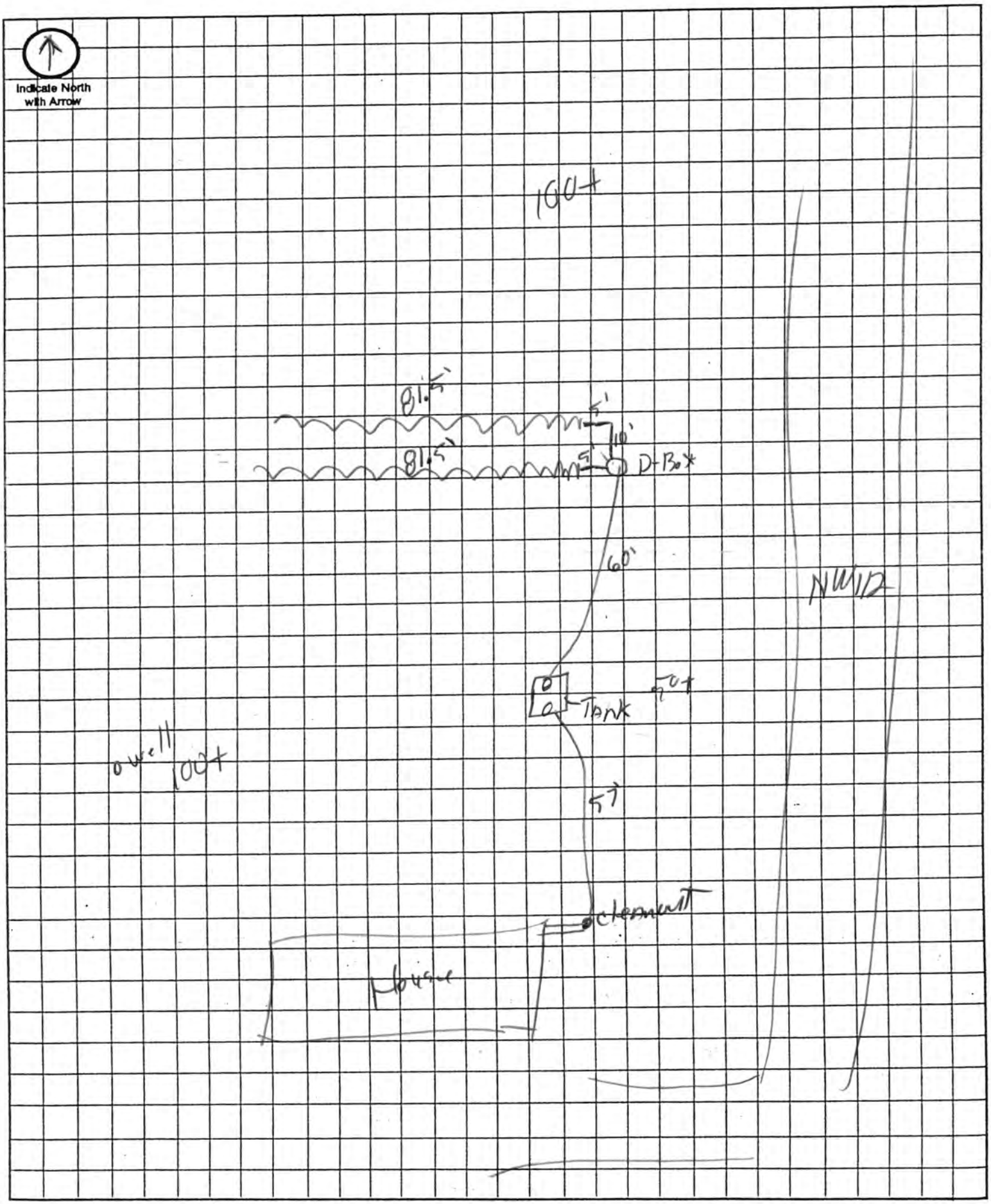
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

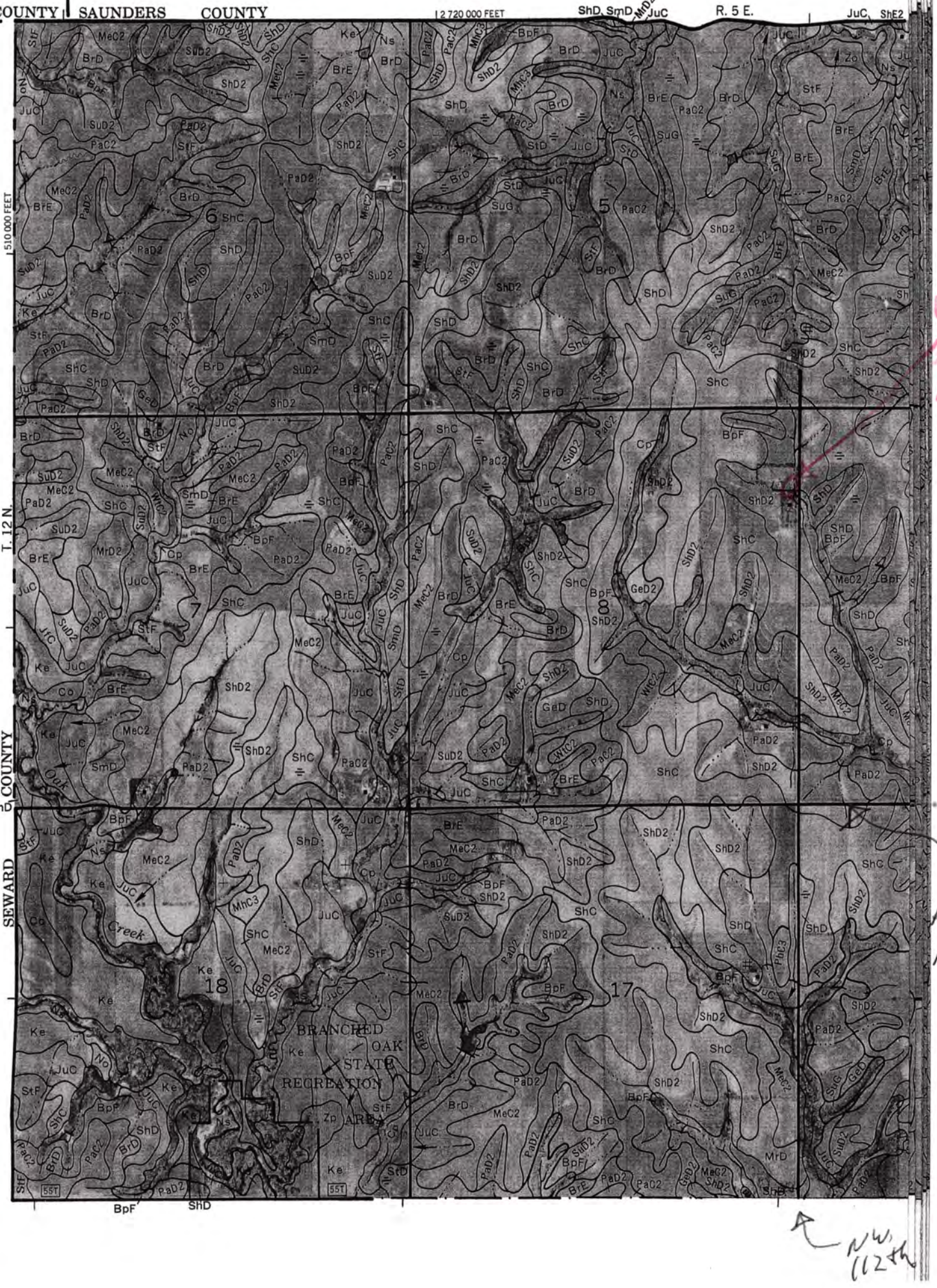


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s


COUNTY
SAUNDERS COUNTY
2 720 000 FEET
R. 5 E.
510 000 FEET
T. 12 N.
SEWARD COUNTY
Oak Creek
BRANCHED OAK STATE RECREATION AREA
Park Test Area
Agua Rd.
NW 112th
1
5
6
7
8
17
18