# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit No. 96380149901

SEWAGE INSTALLATION
SEPTIC TANK

Issued 10/14/96
Expires 04/14/97
Revenue Code 18754

Establishment

KAREN BREY
T12N R5E SEC 11
LOT 25
7555 WEST LITTLE SALT ROAD

FEES: $150.00

TOTAL $150.00

Permittee

KAREN BREY
1945 PARK AVE
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

2709

**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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00 # 5031
10/14/96 ~

FILE NO. _____

DATE: October 14, 1996

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. 12N ; Range 5E ; Section 11 NE¼;
   Block _____ : Lot 25 Fit; Addition _____
   Street Address 7555 WEST LITTLE SALT - Valparaiso
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: — ft.

1 mile North of Agnew on hwy 79. Turn West on Little Salt an drive is ¼ mile.

Karen Brey
Signature of Applicant (Owner or Lessee)

1945 Park Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/14/96 . Date Frwd. 10/14/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 10/14/96 . Date Frwd. 10/14/96 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-2-96 by: rm sewerline + tank
Date: 1-3-96 by: rm drainfield
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-7-97 By: Ron Margrave

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

FORM 23-43

473-6107

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: 471-7800

**B**

FILE NO. 3140 N

PROPERTY WHERE SOIL TESTED:

Location: Township Valparaiso; Range _____; Section & ¼ Section 11.
Property Dimensions: _____ ft. x _____ ft. Area: 50 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-31-96 to 9-1-96. Weather: Precip. _____ Temp. _____.

Perc test at
7565 WEST LITTLE SALT
VALPARAISO-

OWNER: JOHN & KAREN BREY
Address: 1945 PARK AVE
LINCOLN NE 68502

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 | 36" | 8-31 | 1:15 | 8-31 | 7:15 | 9-1 | 11:10 | 7" | 2:40 | 5¼ | 210 | 1¾ | 17MIN/IN |
| 2 | 36" | 8-31 | 1:15 | 8-31 | 7:15 | 9-1 | 11:10 | 6" | 2:40 | 5¼ | 210 | ¾ | 40MIN/IN |
| 3 | 36" | 8-31 | 1:10 | 8-31 | 7:10 | 9-1 | 11:12 | 6" | 2:42 | 2 | 210 | 4 | 8MIN/IN |
| 4 | 36" | 8-31 | 1:10 | 8-31 | 7:10 | 9-1 | 11:12 | 6" | 2:42 | 3 | 210 | 3 | 10MIN/IN |
| 5 | 36" | 8-31 | 1:05 | 8-31 | 7:05 | 9-1 | 11:14 | 6" | 2:44 | 4½ | 210 | 1½ | 20MIN/IN |
| 6 | 36" | 8-31 | 1:05 | 8-31 | 7:05 | 9-1 | 11:14 | 8" | 2:44 | 6 | 210 | 2 | 15MIN/IN |
| 7 | 36" | 8-31 | 1:00 | 8-31 | 7:00 | 9-1 | 11:16 | 6" | 2:46 | 5 | 210 | 1 | 30MIN/IN |
| 8 | 36" | 8-31 | 1:00 | 8-31 | 7:00 | 9-1 | 11:16 | 6" | 2:46 | 1 | 210 | 5 | 6MIN/IN |
| 9 | 36" | 8-31 | 1:00 | 8-31 | 7:00 | 9-1 | 11:16 | 6" | 2:46 | 2 | 210 | 4 | 8MIN/IN |
| | | | | | | | | | | | | | |

Karen & John Brey
Signature of Person Conducting Test
Address 1945 Park Ave Phone 402 435 1020 HOME

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

(Do not write below this line) 436-5663 - KAREN - WORK

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): INTO JUDSON SILT LOAM
Date: OCTOBER 14, 1996

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

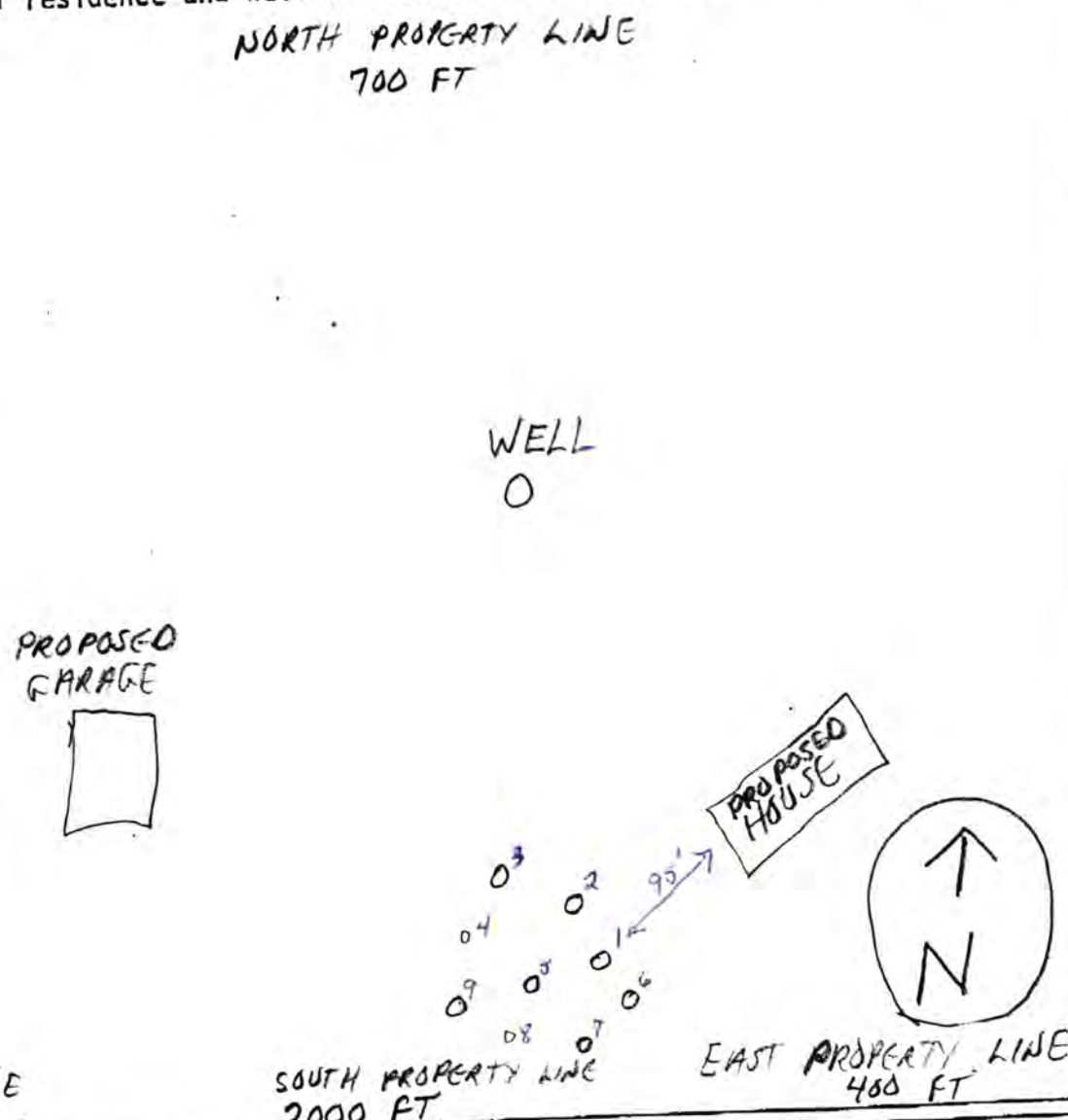
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line. 50 ACRES

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.




REVIEWING ACTION

Remarks: _____

Date: OCTOBER 14, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 574 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

TOTAL P.02

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

**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date _____

**System Location (Indicate correct number and street)**

Address _____ City _____ NE, Zip _____
(no rural route)

## A. Building Sewer

1. Material: Plastic Sch 40
   Diameter: 4" in.
2. Distance above basement floor: ~~12"~~ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 60' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 180' ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

## B. Septic Tank

1. Material: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 100+ ft.
   Property line — ft.

## C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 44' ft.

## D. Absorption Field

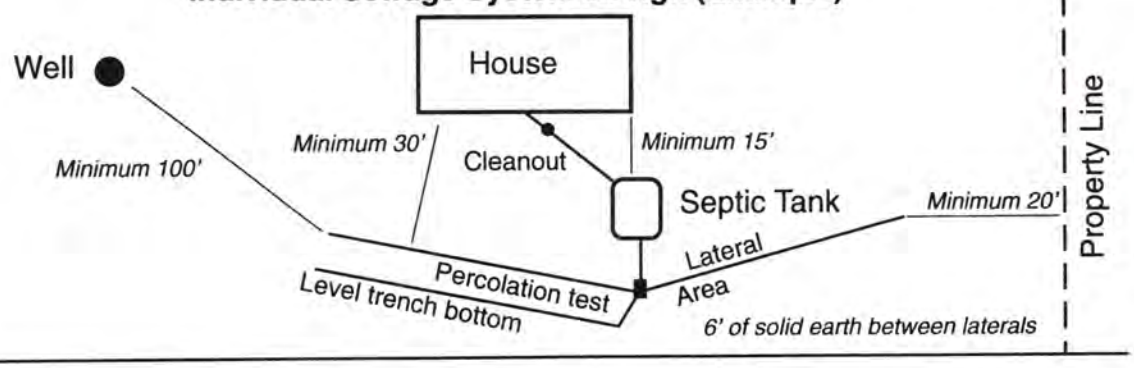
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 60 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1 in/100 ft.
   Average depth 36" in
4. Filter material: Gravel
   Depth of material 22 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line 100+ ft.
   Property line _____ ft.

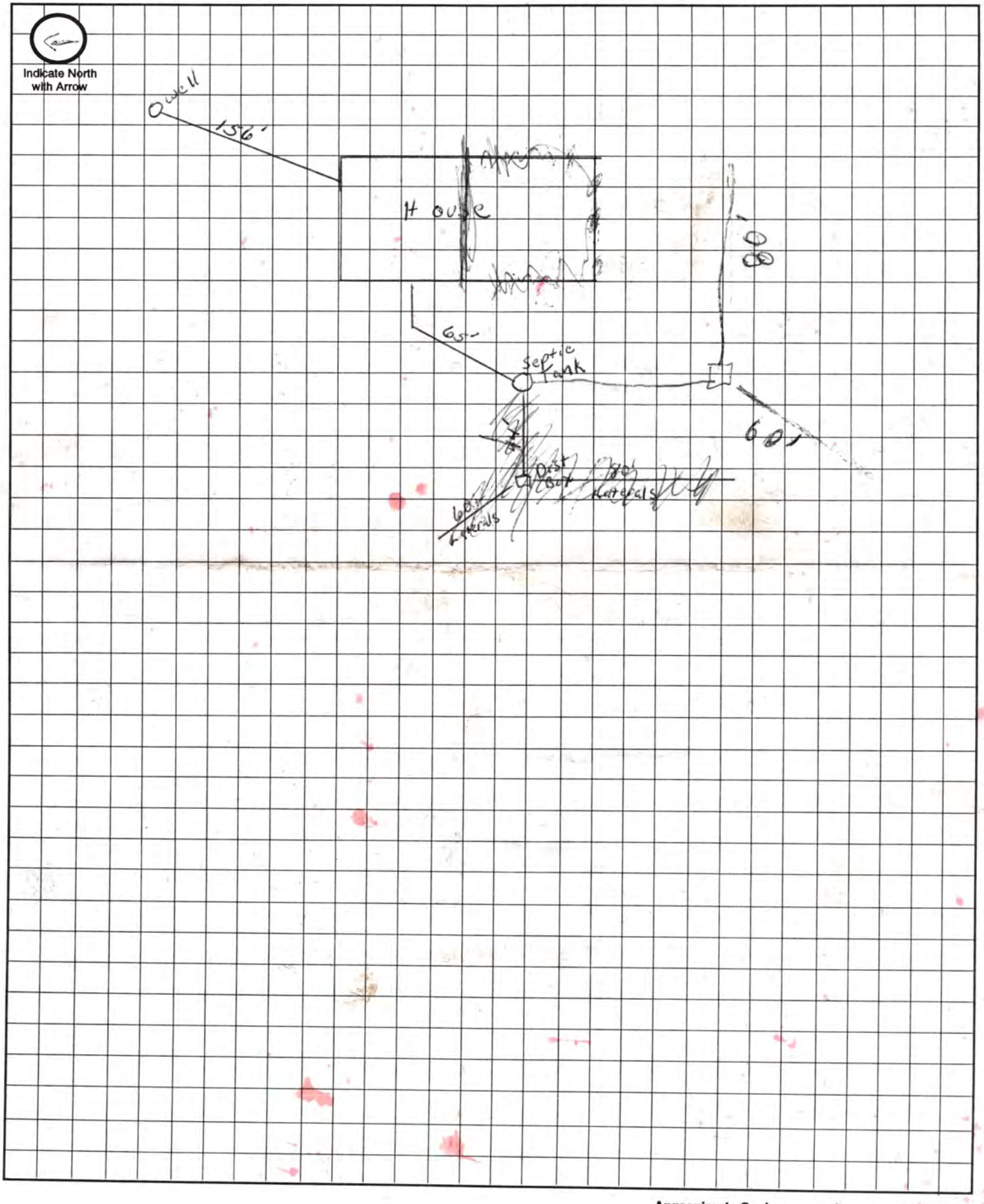
**Complete "As Built" drawing on back of this form.**

Indicate North with Arrow

### Individual Sewage System Design (Example)



# As Built Drawing




Approximate Scale: _____ft. = _____ grid line/s

7555 w Little Salt LANCASTER COUNTY.



# 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

NE 1/4 Lot 25 [illegible] Little Salt

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 7555 W. Little Salt

Twp 12N Range 5E Section 11 1/4 ___ 1/4 ___ Block ___ Lot 25 Addition ___

Directions to Property N of Agnew

Location of Well N. of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System S. of House Year Installed 1997

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | BREY JOHN | 7555 W LITTLE SALT VALPARAISO NE | 784-6666 |
| Tenant/Buyer: | | | |
| Return to: | SAME → | | |

Signature of Applicant John M Brey Address 7555 W LITTLE SALT VALPARAISO NE Date 1/6/98

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**

Date 1/7/98

Initials JH

Amount #150.00

Check No. #9317

**DATA ENTRY**

Date ___/___/___

Case No. ___

Initials ___

**PRELIMINARY STATUS--By** Ron Marquart **DATE:** 1/6/98

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

**SEWAGE SYSTEM**

Approved ☒

Provisional ☐

Disapproved ☐

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** Recommend checking the septic tank every 2-3 yrs to see if it needs pumping.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Ron Marquart, RS Date 1/12/98

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