LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1645-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 1, 1980 — THIS PERMIT EXPIRES

M.L. Villalobos for Terrie Swarts, 10410 145th Street, Waverly NE 68462

ISSUED TO — ADDRESS

T11N, R5E, Section 33

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1645-C

DATE: March 27, 1980

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: SEE ATTACHED

1. Legal description of property: Twp. 11 N ; Range 8E ; Section 33 ;
   Block n/a : Lot n/a : Addition n/a
   Street Address n/a

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2+1 . Describe 2 on main level 1 in basement

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

4. Distance to public sewer: n/a ft. PERCOLATION RETEST WILL PUT INDICATED SYSTEM BASED ON IT.

m F Nielsen for TERRIE SWARTS.
Signature of Applicant (Owner or Lessee)

10410 145th Street, Waverly, NE 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/31/80. Date Frwd. 4/1/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-1-80. Date Frwd. 4-1-80. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Williamson

3. City or County Engineer: Date Rec'd. 4-1-80. Date Frwd. 4-1-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 5/20/80 by: J. C. H.
Date: by:
Date: by:

* Probed the subsurface laterals on this date and found that laterals were at the 5 ft mark indicating the upper 1 foot of soil has been removed

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-25-91 By: Ron Maynard

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

Needs 1 foot of soil removed from over lateral field.

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. 1645-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 8E ; Section & ¼ Section 33 . SW 1/4
Property Dimensions: 209 ft. x 209 ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 27 MARCH 80 to 28 MARCH 80 . Weather: Precip. ¼ RAIN Temp. 42° .

OWNER: TERRIE SWARTS.

Address: 10410 145th Street Waverly, NE

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	MAR 27	9:00 AM	MAR 27	1:00 PM	MAR 28	9:45 AM	6"	10:15	5 3/4	30	1/4	1/120
2	36							6"		5 3/4	30	1/4	1/120
3	36							6"		5 1/2	30	1/2	1/60
4	36							6"		5 7/8	30	1/8	1/240
5	36							6"		5 1/2	30	1/2	1/60
6	36							6"		5 3/4	30	1/4	1/120

M. L. Villalobos
Signature of Person Conducting Test

Address RFD Garland, NE Phone 588-2643

Sum of Percolation Rates: 6/120
Average of Rates: 1/120
Mean of Rates: 1/6 IN Remain

(Do not write below this line)

REVIEWING ACTION

Remarks: To be retested
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 31, 1980

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

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. 1645-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 8E ; Section & ¼ Section SW.
Property Dimensions: 209 ft. x 209 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: 6 MAY 80 to 7 MAY 80. Weather: Precip. 0 Temp. 50°.

OWNER: Terrie SWARTS

Address: Waverly NE.

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"	5-5	9:00	5-5	1:00	5-6	10:00	6"	10:30	4"	30	2"	1/5
2	"	"	"	"	"	"		6"		5½	"	½"	1/60
3	"	"	"	"	"	"		6"		5¼	"	¾"	1/40
4	"	"	"	"	"	"		6"		5	"	1"	1/30
5	"	"	"	"	"	"		6"		5	"	1"	1/30
6	"	"	"	"	"	"		6"		5½	"	½"	1/60

Sum of Percolation Rates: 1/5
Average of Rates: 1/30
Mean of Rates: 15/16

Signature of Person Conducting Test

Address RFD #1 Garland NE. Phone 558-2643

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 7, 1980
Verified 5/20/80

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☒

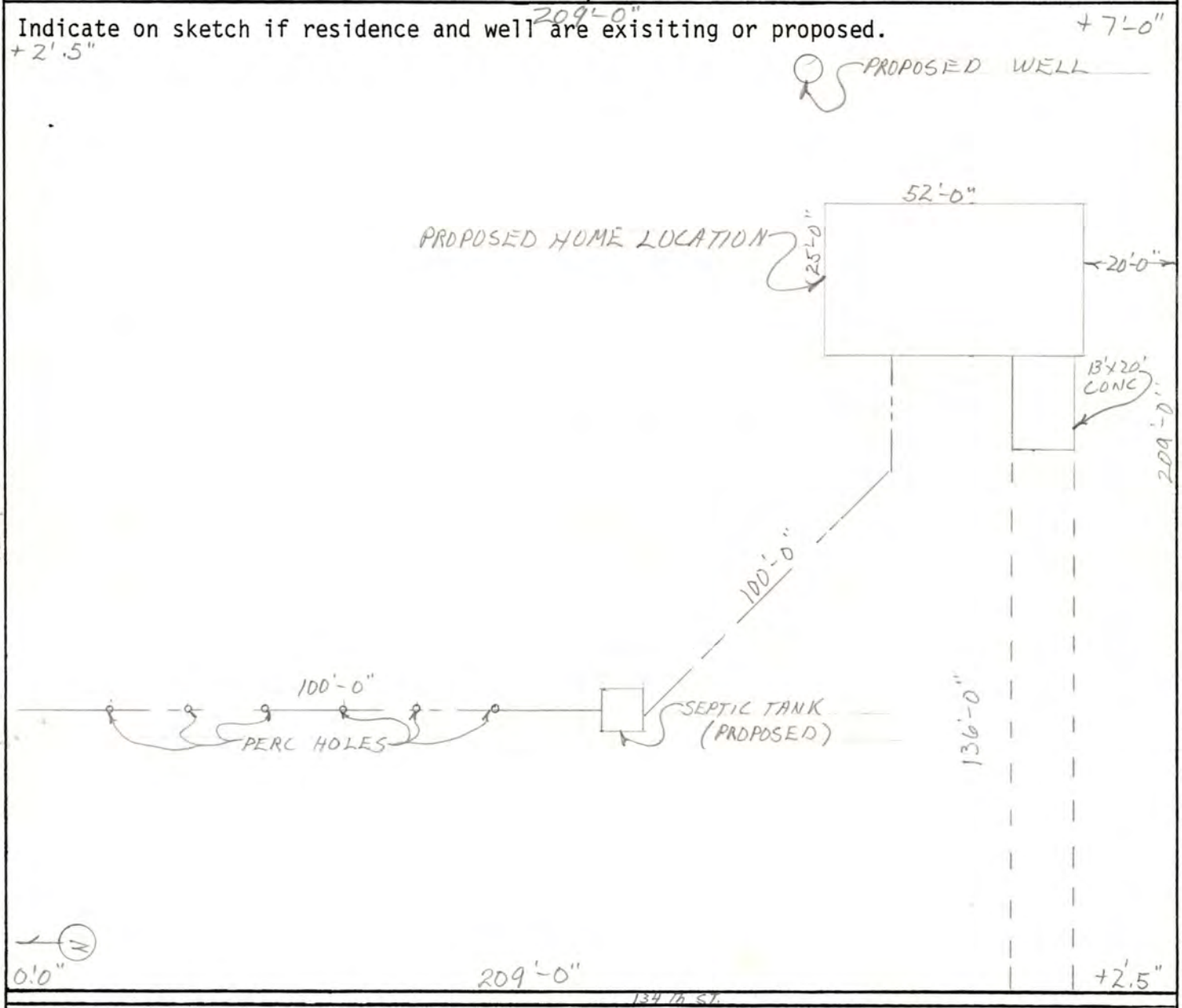
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1645-C

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



REVIEWING ACTION

Remarks: _____

Date: March 31, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 258 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 774 sq.ft.

Gerrold C. Hood
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: 5/20/80

FILE NO. _____

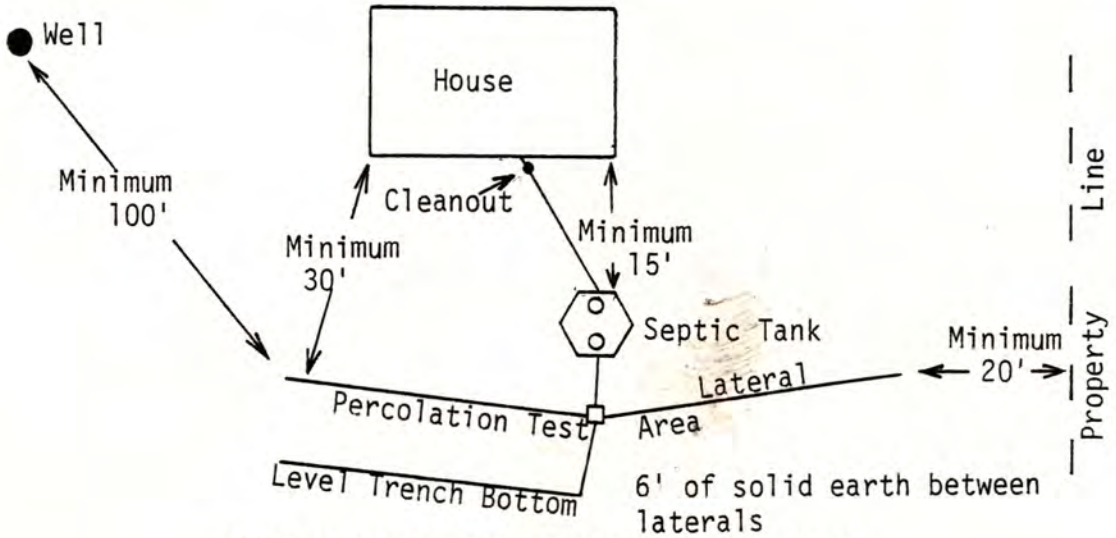
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 0 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material fiberglass ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Corp-A-Glas)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 60 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 60 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream — ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 7 .
2. Factory Built: Yes ☑ No ☐
(Company Corp-A-Glas)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4 in.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 4 ; Length of each line 90, 75, 50, 40, ____ ft.;
Total length of laterals 258 ft.;
Distance between lateral lines 6+ ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 5-ft in.
4. Filter Material: road gravel 2A
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 20 ft.

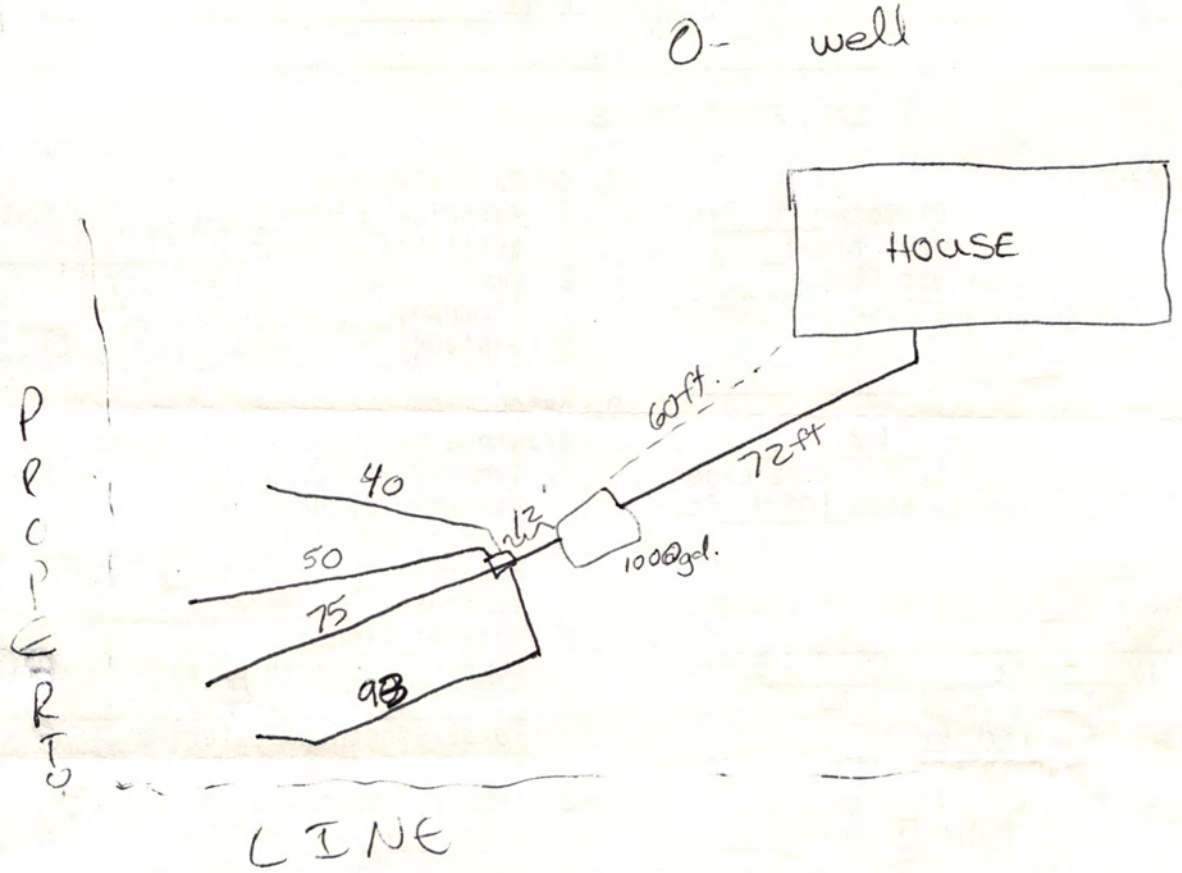


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5/20/80 INSTALLER Pat Hyco Plmg

Don Miller



A poition of SW 1/4 of Section 33, Township 11N Range 8E of the 6th P.M. Lancaster County Nebraska: Commencing at the E 1/4 Corner of Section 33, Township 11N Range 8E of the 6th P.M. Lancaster County Nebraska and extending then along the E-W center line of said Section 33, 33.0 feet at the point of beginning thence continuing E along the said section line for a distance of 1,063.0 feet; thence along the line parallel to and 1,096.0 feet E of the W line of the said Section 33 for a distance 209.0 feet thence along the line parallel to and 209.0 feet S of the E-W center line of the said Section 33 for a distance of 1,063.0 feet then along a line parallel to and 33.0 feet E of the N line of said Section 33 for a distance of 209.0 feet to the point of beginning contains 5.10 acres more or less.

009

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☑ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6600 N 134 TH

Twp 11N Range 8E Section 28 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ½ MILE BETWEEN ALVO & FLETCHER RD TOP OF HILL EAST SIDE OF ROAD ½ BLUE FRAME BRICK HOUSE

Location of Well BACK YARD Tap Location: Inside ☑ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	JAMES HAMSA	6600 N 134 WAVERLY NE 68462	786-7057
Tenant/Buyer:			
Return to:	MIDLAND MORTAGE	SUITE 145 4535 VALLEY BLVD LINCOLN NE	483-4500

Signature of Applicant James A Hamsa 11.30 Address 6600 N 134 TH Date 11 / 30 / 93

HEALTH DEPARTMENT USE ONLY

Date Received 11 / 30 / 93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 12 / 1 / 93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐ Corrected	☑ conduit broken	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 0.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by R. Marquart, R.S. Date 12 / 14 / 93

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.

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

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: 7-20-91

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

Legal Description of Property: TWP. 11E; RANGE 8E; SECTION 33; BLOCK ____

LOT ____; ADDITION _____; Street Address 6600 N 134TH

Directions to Property _____

BACK

Location of Well ~~FRONT~~ OF PROPERTY Tap Location: Inside ☒ Outside ☐

Location of Sewage System FRONT OF PROPERTY Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	JAMES J. HAMSA	RR1 Box 100 Waverly, NE 68462 SAME	786-7057
Tenant/Buyer:	TERRIE L SWARTS	SAME	SAME
Return to:	NORWEST BANK		

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

Signature of Applicant James Hamsa Address 6600 N 134TH

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HEALTH DEPARTMENT USE ONLY

Date Received 7-23-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-23-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 7-23-91 by RRM
Bacteria 0	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 0.2ppm	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping (owner tells us that they have the tank pumped every 1½ years)

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Mayfield DATE 7-25-91

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