LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2497-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 18, 1987 — THIS PERMIT EXPIRES

RANDALL P. JOHNSON — ISSUED TO

14101 ALVO RD., R.F.D. WAVERLY, NE 68462 — ADDRESS

T11N; R8E; Sec 33;NE¼; 14101 Alvo Rd.; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
MG	5-18-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

B & R. 4327 Madison

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2497-C

DATE: _____

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. 11N ; Range 8E ; Section 33 ; NE¼ 33-11-8 Lanc. NE¼
   Block _____ : Lot _____ ; Addition _____
   Street Address 14101 Alvo Rd

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.

Randall P. Johnson
Signature of Applicant (Owner or Lessee)

14101 Alvo Rd. RFD Waverly Ne 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/15/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest Simmons

3. City or County Engineer: Date Rec'd. 5/18/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-17-87 by: rm need drawing Schedule 40 for sewer line did not use (3035) PROVISIONAL
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 6-19-87 By: Ron Magnuson

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

FORM 23-43

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. 2497-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 8 ; ~~Section~~ & NE ¼ Section 33 .
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 5-1-87 to 5-2-87 . Weather: Precip. 0 Temp. 96½ .

OWNER: Randall C. Johnson

Address: 14101 Abbott Rd Lavaca 68462

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	30	5-1	2:00	5-2	7:00	5-2	10:30	21	11:00	22 3/4	30	1 3/4	
2	30	5-1	2:00	5-2	7:00	5-2	10:30	13 7/8	11:00	20 7/8	30	2	
3	30	5-1	2:00	5-2	7:00	5-2	10:30	22 3/8	11:00	24	30	1 5/8	
4	30	5-1	2:00	5-2	7:00	5-2	10:30	17 3/4	11:00	19 5/8	30	1 7/8	
5	30	5-1	2:00	5-2	7:00	5-2	10:30	19 5/8	11:00	21	30	1 3/8	
6	30	5-1	2:00	5-2	7:00	5-2	10:30	23	11:00	24 1/2	30	1 1/2	

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

Rosemary Oviman
Signature of Person Conducting Test

Address 4337 - Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM
Date: MAY 15, 1987

Approved Percolation Rate (a)
A. 18 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 ☐

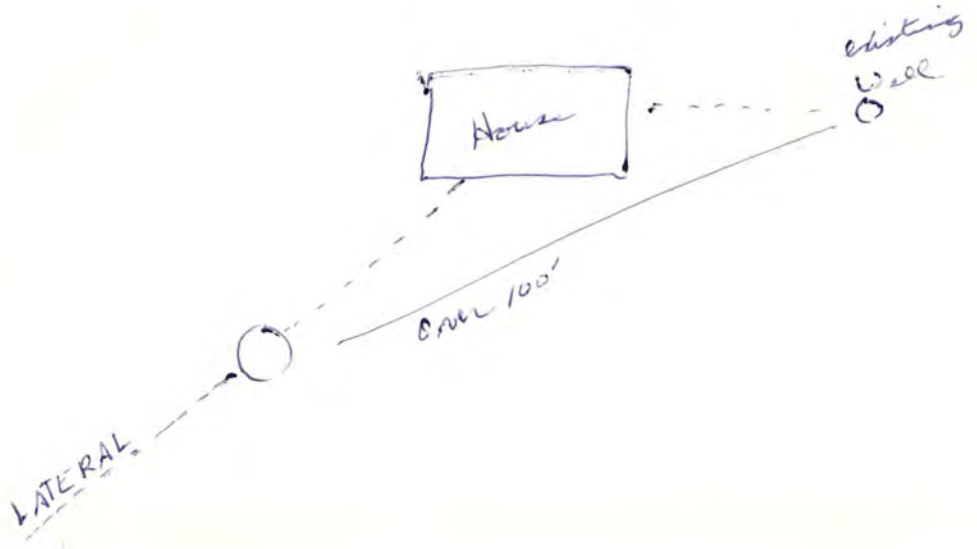
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 2497-C

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



REVIEWING ACTION

Remarks: _____

Date: MAY 15, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 101 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 202 sq.ft.

Gerrold C. Hoods
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: 471-7800

D

DATE: _____

FILE NO. _____

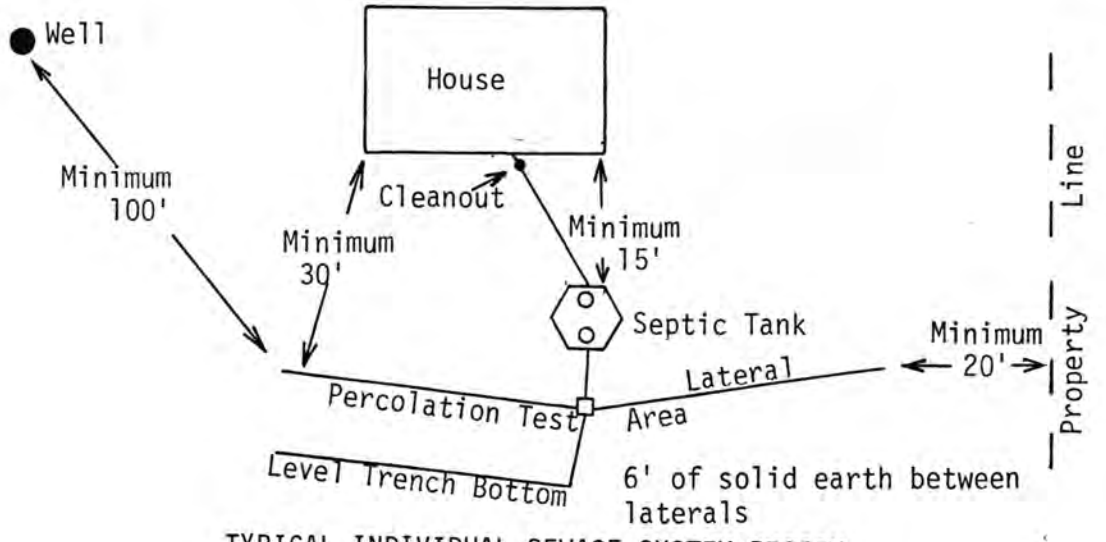
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SOIL 40# PLASTIC; Diameter 4 in.
2. Distance above basement floor 45 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 45 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 84 ft.; Stream 80 ft.; Pressure Line 30 ft.; Property Line 60 ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE-CAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☐ Grade 1 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 84 ft.; Stream 150 ft.; Pressure Line 60 ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 6 73 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 8, ____, ____, ____ ft.;
Total length of laterals 108 ft.;
Distance between lateral lines 9 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1 in/100 ft.; Average Depth 28" 39 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 20" in.
5. Distances to:
Well or Suction Line 140 ft.; Stream 80 ft.; Pressure Line 130 ft.; Property Line 110 ft.

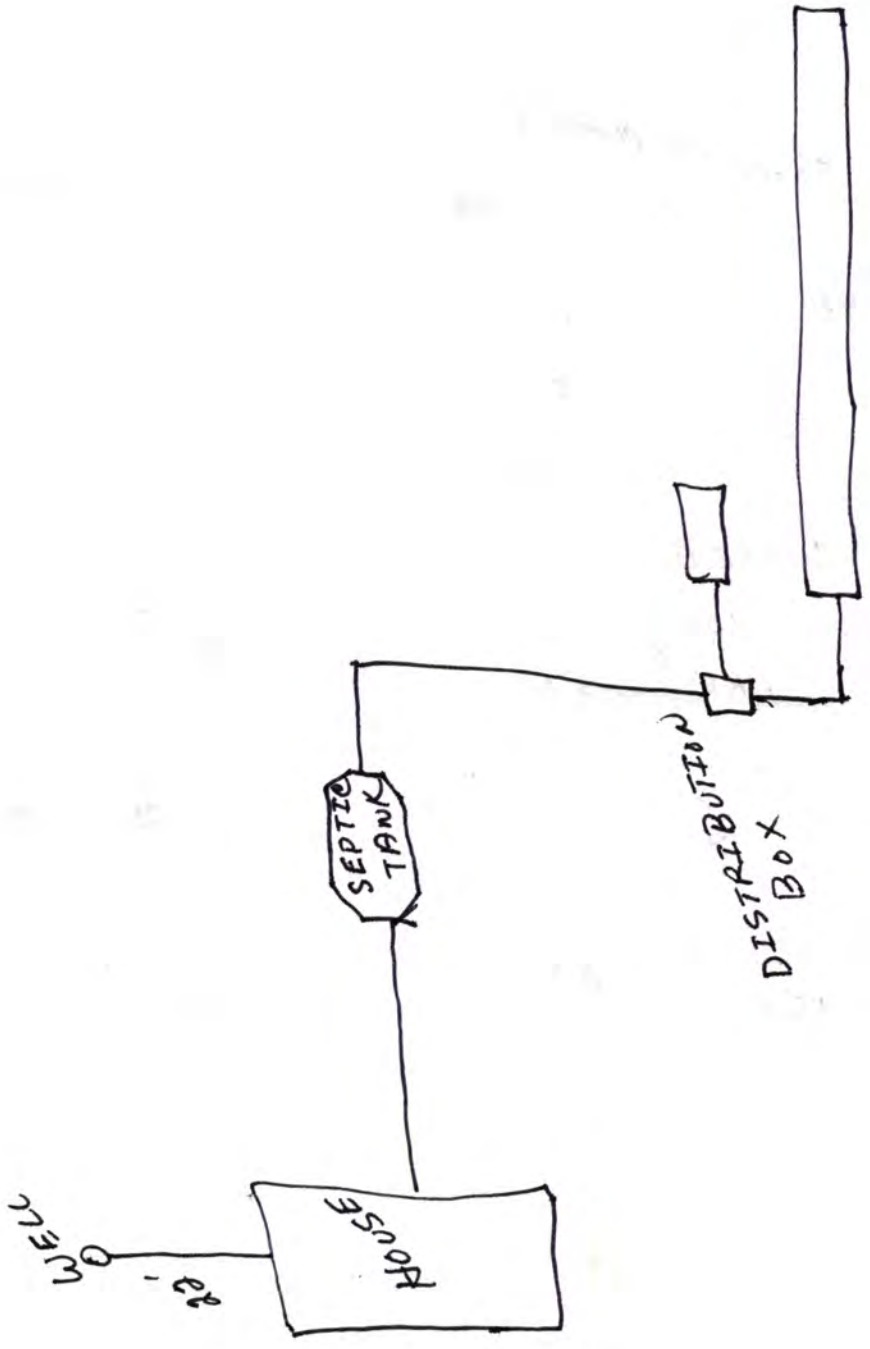


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N

B&R Pumps

T11N, R8E, 33



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: May 31, 1990

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

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

LOT ____; ADDITION _____; Street Address 14101 Alvo Road

Directions to Property East on O street to 148 street turn North. North on 148th Street to Alvo Road turn West. Appx 1/2 mile west final place on left side.

Location of Well West side of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North & East Year Installed 6/87

	NAME	ADDRESS	PHONE
Present Owner:	Randy Johnson	14101 Alvo Road, Waverly	
Tenant/Buyer:	Robert A. Lemke	501 South 14, Lincoln	471-0859
Return to:	Denise Applebee	PO Box 95043 Lincoln 68509	474-5557

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

Signature of Applicant Robert A. Lemke Address 501 South 14 Lincoln

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received MAY 31, 1990 Received ~~$75.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-1-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 6-1-90 by rm
Bacteria	☒	☐	Provisional:	☒	Date ____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: Recommend checking to see if septic tank need pumping. Original installation had somewhat less heavy gauge sewer pipe.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mergent DATE 6-11-90

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