LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380083401

Issued 05/07/92
Expires 11/07/92

ESTABLISHMENT

FLOYD BECKMANN
T10N R5E SEC 34
LOT 15
2655 SW 84 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

FLOYD BECKMANN
2645 SEWELL ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/8/92	PAID

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

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: $ 150.00

FILE NO. _____

DATE: 5/6/92

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. 10 NORTH ; Range 5E EAST OF 6TH P.M. ; Section 34 (SE ¼ OF) ;
   Block _____ : Lot 15 I.T. : Addition _____
   Street Address 2655 SOUTHWEST 84TH ST. LINCOLN, NE.

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

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

4. Distance to public sewer: N-A ft.

Floyd Beckmann
Signature of Applicant (Owner or Lessee)

2645 SEWELL LINCOLN, NE 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/7/92. Date Frwd. 5/7/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/7/92 Date Frwd. 5/7/92 ACTION: Approved ☑ Disapproved ☐ Signature: Mel Goddard

3. City or County Engineer: Date Rec'd. 05/07/92. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Virgil Diamond

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/7/92 by: JR
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

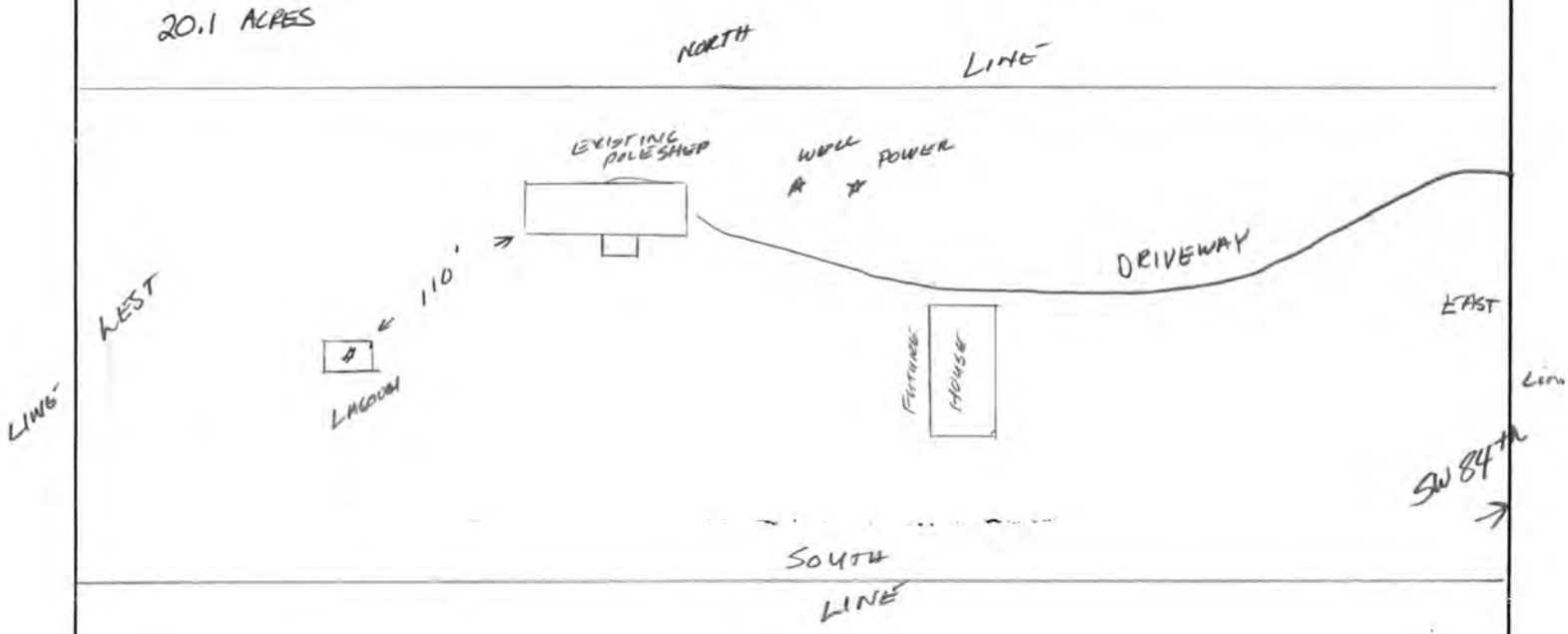
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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

_____
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: 5-7-92

FILE NO. _____

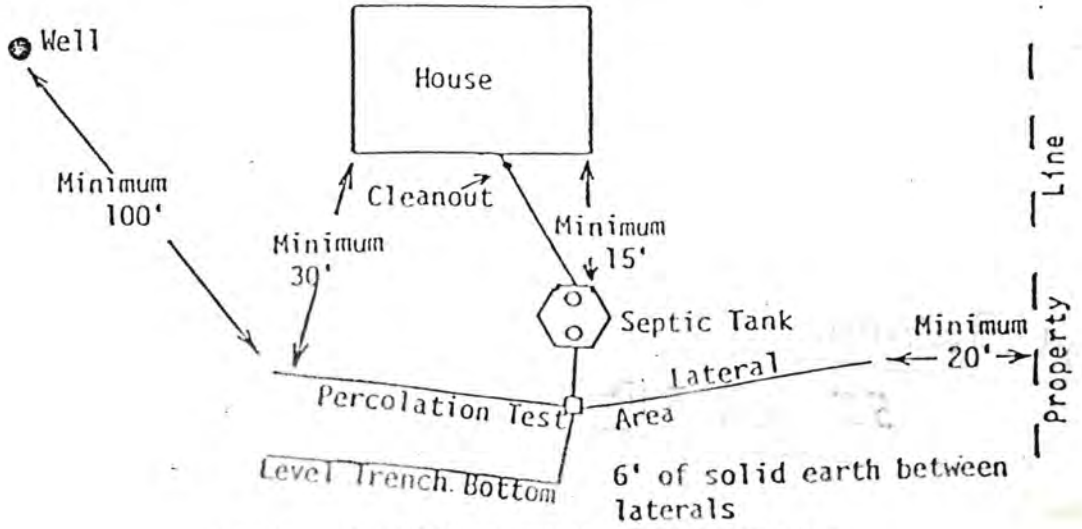
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material D2241 ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank — ft.
4. Number of clean-outs 3 .
5. Distances to:
Well or Suction Line 150 ft.; Stream — ft.; Pressure Line — ft.; Property Line 600 ft.

~~B.~~ SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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.

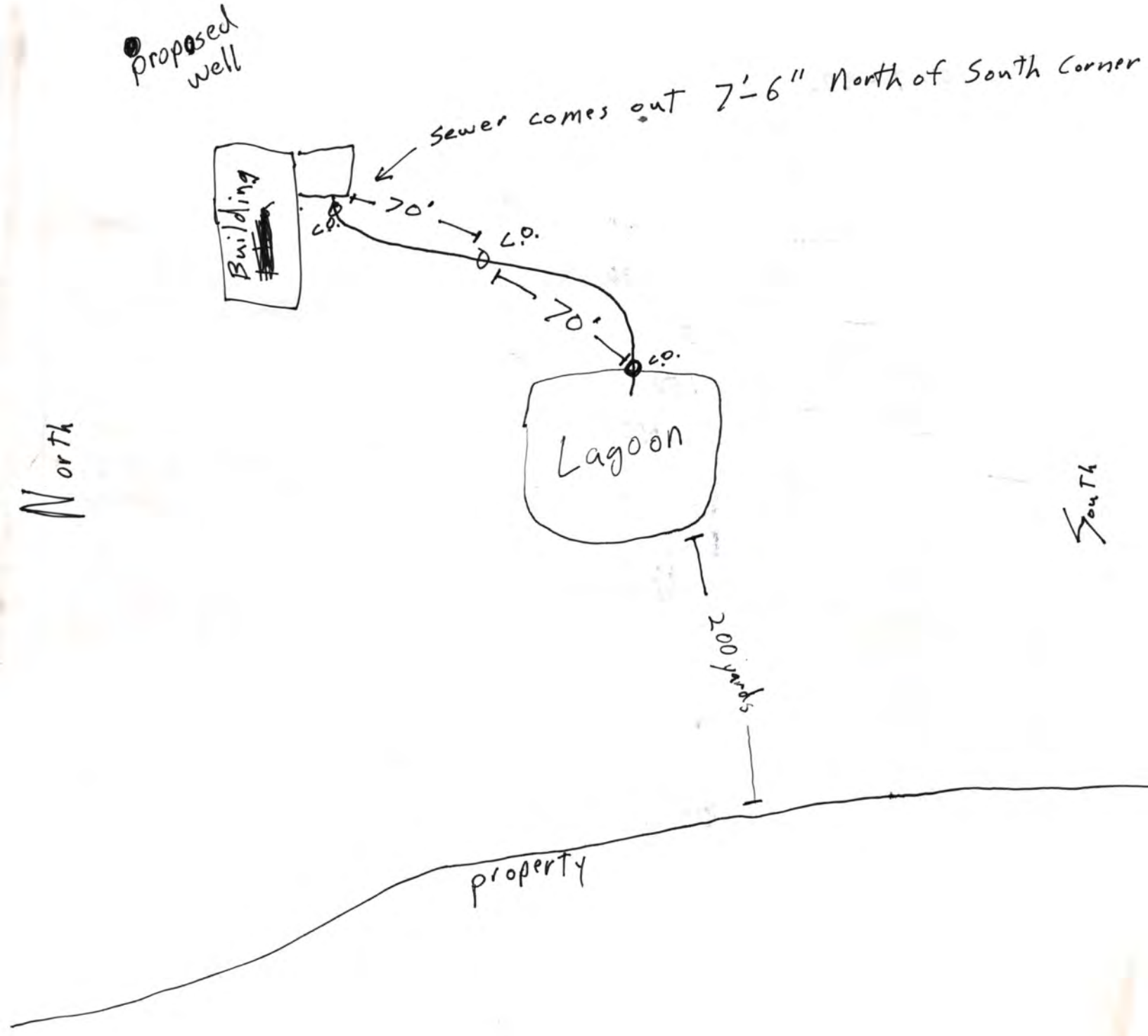
~~C.~~ DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

~~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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

S.W. 84TH



Floyd Beckmann

2655 S.W. 84TH

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description TWP 10N SE 534 **Location** 2655 SW84

Owner/Requestor _____

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
____ Loan approval
____ Consultation
____ Other (Specify)

5/7/92

REMARKS Checked Logan, 3 chem outs as indicated, white powder on surface 4in inlet riser on pipe, concrete blocks underneath. Cleanouts located at inlet edge. Grade level - ~~Depth monitor in place~~ 46 X46 access to top. Property edges were not plowed submitted

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____

Date: _____

WA1002

JAN 3 0 1996

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2655 SW 84th Lincoln, NE 68532

Twp 10N Range 5E Section 34 1/4 SE 1/4 ___ Block ___ Lot 15 Addition Irregular tract in Southeast Quarter

Directions to Property ¼ miles North of ~~enter section~~ SW 84th + ~~turn~~ West van dorn, or 1¾ miles South of Emerald, NE on West 84th,

Location of Well 400' West of mail box, next to pervious Location: Inside ~~☒~~ Outside ☒

Location of Sewage System 018754 ~~issued~~ 5/7/92 pd 150.00 5/8/92 Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Floyd R Beckmann	2645 Sewell Lincoln, NE 68502	438-1465
Tenant/Buyer:			
Return to:	Floyd R. Beckmann	2645 Sewell Lincoln, NE 68502	438-1465

Signature of Applicant Floyd Beckm Address 2645 Sewell Lincoln, Ne 68502 Date 1/28/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 1/30/96
Initials K.C.H.
Amount 150.00
Check No. 3729

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/1/96

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: FENCE TOO SHORT. NEED WARNING SIGNS.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date___/___/___

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