LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2717-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JAMES M. KING RT 13, 6901 NO. 148TH — ISSUED TO

LINCOLN, NE 68527 — ADDRESS

T11N; R8E; IT of NE ¼; Sec 33; 6901 No. 148th — 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
MC	5 23 88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: 471-7800

A

FILING FEE: $_____

FILE NO. 2717-C

DATE: 8-19-88

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 ; IT of NE¼ of
   Block _____ : Lot 5 IT : Addition _____
   Street Address 6901 N 148th
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: 2+ miles ft.

Jan M. Y
Signature of Applicant (Owner or Lessee)

6901 NORTH 148th RR13
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8-19-88. Date Frwd. 8-19-88. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Moyer
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-19-88. Date Frwd. 8-19-88. ACTION: Approved ☒ Disapproved ☐ Signature: Carl Baum
3. City or County Engineer: Date Rec'd. 8/22/88. Date Frwd. 8/22/88. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-24-89 by: _____
Date: _____ by: _____
Date: _____ by: _____

EXPERIMENTAL PROVISIONS

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 8E ; Section & ¼ Section NE ¼ of Sec. 33
Property Dimensions: _____ ft. x _____ ft. Area: 6.93 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-17 to 8-18 . Weather: Precip. 0 Temp. 85-90.

OWNER: JAMES M. & PEGGY KING
Address: 6901 NORTH 148th RR13

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	8/17	1730	8/18	1300	8/18	1700	21 Y2	1730	22 5/8	30	1 Y8	
2	30	8/17	1730	8/18	1300	8/18	1710	21 Y8	1740	22 7/8	30	1 3/4	
3	30	8/17	1735	8/18	1300	8/18	1720	22 1/8	1750	23 1/2	30	1 3/8	
4	30	8/17	1735	8/18	1300	8/18	1730	21	1800	22 5/8	30	1 5/8	
5	30	8/17	1740	8/18	1300	8/18	1740	22 Y8	1810	23	30	7/8	
6	30	8/17	1740	8/18	1300	8/18	1750	22 Y2	1820	23 5/8	30	1 Y8	

Sum of Percolation Rates: 1.312
Average of Rates: _____
Mean of Rates: _____

JAMES M. KING
Signature of Person Conducting Test

Address 6901 NORTH 148 RR13 Phone 786-3666

(Do not write below this line)

REVIEWING ACTION

Remarks: Sharpsburg silty clay loam
Soil Type (SCS): ShD
Date: 8-19-88

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Moyer
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: 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

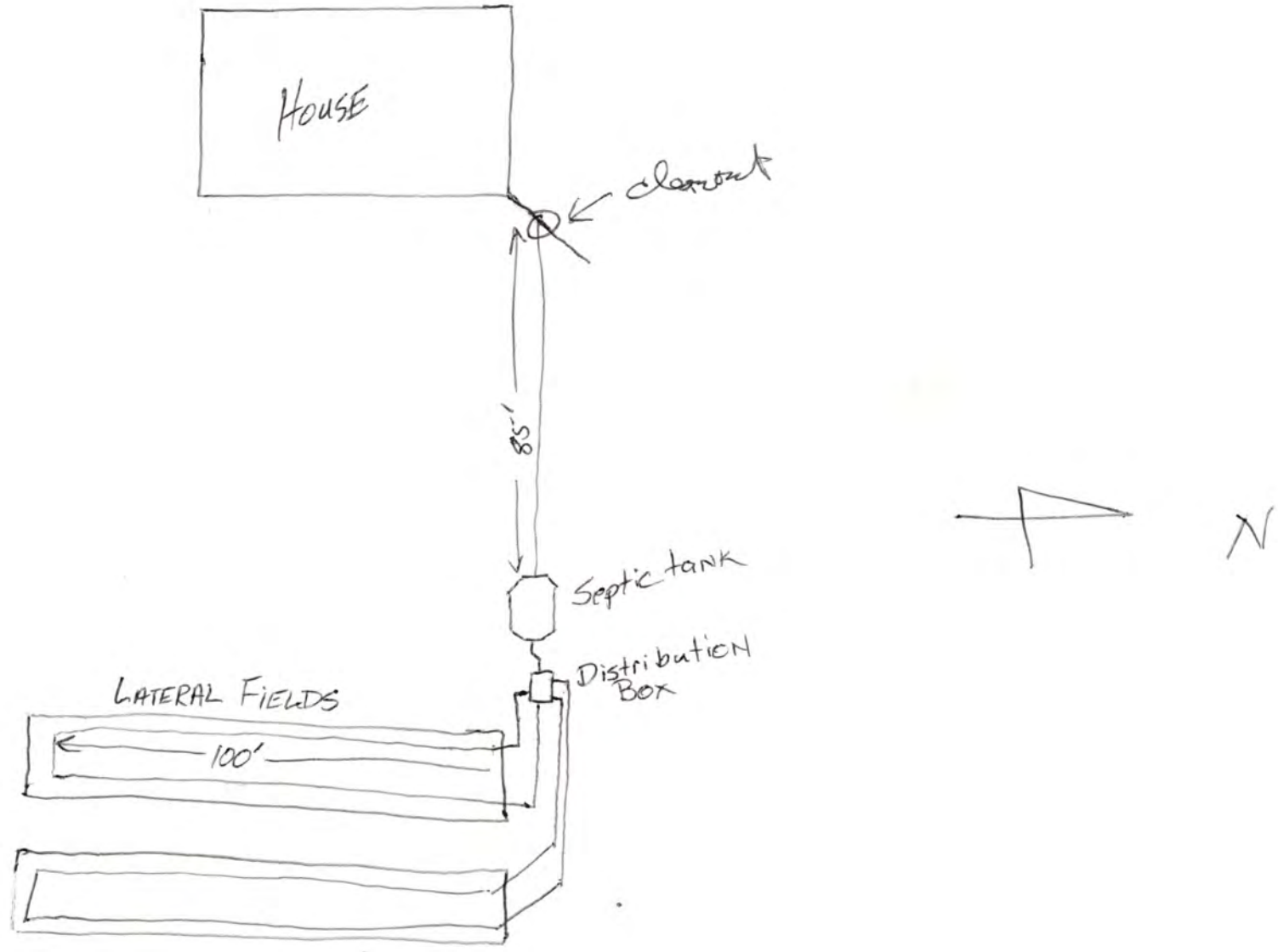
Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 166 ft.
3. With a Trench Width of 4.5 in.
4. Total Area of Lateral needed 663 sq.ft.

Ron Magnuson
Signature of Reviewing Official


HOUSE
cleanout
85'
Septic tank
Distribution Box
LATERAL FIELDS
100'
N

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 6901 N 148TH ST Lincoln NE 68527

Twp 11N Range 8 Section 33 1/4 NE 1/4 Block ___ Lot 33 Addition ___

Directions to Property 5 miles Northeast of Lincoln - 2 miles South of Waverly

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

Location of Sewage System ___ Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	James M. & Peggy L King	6901 N 148th St Lincoln NE 68527	786-3666
Tenant/Buyer:	N/A		
Return to:	Frontier Bank Residential Lending	100 N 56th St Lincoln NE 68505	467-5044 434-1117 - FAX

Signature of Applicant [signature] Address 6901 N. 148th St Lincoln NE Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 6/21/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By JChesp **DATE:** 6/21/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☒	Date ___/___/___ by ___
Nitrate	☒ 1.8 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: IF IT has been awhile since the tank was pumped (2-3 years) it should be checked to see IF it is needed.

See Attached Letter ☒

FINAL STATUS

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

Approved by John J Chesp Date 6/28/95

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.