LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1153-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 1, 1978 — THIS PERMIT EXPIRES

Randy P. Johnson — ISSUED TO

R.F.D. #3, Lincoln, NE 68505 — ADDRESS

T11N, R8E, Section 33 SE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1153-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8-22-77

The undersigned hereby requests SITE CLEARANCE 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 SE¼
   Block _____; Lot _____; Addition See Attached
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Randy P Johnson
Signature of Applicant (Owner) or Lessee)

RFD #3 Lincoln Neb. 68505
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8-22-77 . ACTION: Approved ___ ☒ Disapproved ☐
   Date Frwd. 8-22-77 . Signature: James Wevelka

2. Supt. Bldg. Insp.: Date Rec'd. 9-2-77 . ACTION: Approved ___ ☒ Disapproved ☐
   Date Frwd. 9-2-77 . Signature: W W

3. City or County Engineer : Date Rec'd. 9-2-77 . ACTION: Approved ___ ☒ Disapproved ☐
   Date Frwd. 9-2-77 . Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1153-C

DATE: 8-22-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11N ; Range 8E ; Section 33 SE¼ ; Block ; Lot ; Addition See Attached .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 3
Other Use
Describe:
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Randy P. Johnson
Signature of Applicant (owner or lessee)

RFD #3 Lincoln Neb 68505
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 8-22-77
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-24-77 by: MM
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: James Neverka

4. INSTALLATION ~~FINAL~~ PROVISIONAL WRITTEN APPROVAL
Date: 12-15-77 by: Ron Maynard

FORM HD-43 (73) 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)

FILE NO. 1153-C

14600 Fletcher

PROPERTY WHERE SOIL TESTED:
Location: Township 11N : Range 8E
Section & ¼ Sect. SE¼ of 33
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Randell P Johnson
Address: RFD #3 Lincoln Neb

Dates of Tests: 4-7-77 to 4-8-77. Weather: Precip. 0 Temp. 70

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	4/7	6 PM	4/8	8am	4/8	9am	6"	1Pm	~~3~~4	30	~~2~~2	
2	28	4/7	6 PM	4/8	8am	4/8	9am	6"	1Pm	3½	30	2½	
3	26	4/7	6 PM	4/8	8am	4/8	9am	6"	1Pm	2	30	4	
4	24	4/7	6 PM	4/8	8am	4/8	9am	6"	1 PM	2¼	30	3¾	
5	25	4/7	6 PM	4/8	8am	4/8	9am	6"	1Pm	3½	30	3½	
6	30	4/7	6 PM	4/8	8am	4/8	9am	6"	1Pm	3	30	3	

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

Randell P Johnson RFD #3 Lincoln Neb
Signature of Person Conducting Test
Address Randy P Johnson
Phone 786 2164

(Do not write below this line)

REVIEWING ACTION

REMARKS: Okaboma silty clay loam (O.k. & C.k.) soils map. Okay.

DATE: April 19, 1977

Approved Percolation Rate (a)
A. 10 min./inch
B. ____ min./inch
C. ____ min./inch

Carlotte C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

14600 Fletcher

FILE NO. 1153-C

SPECIFICATIONS

DATE: _____

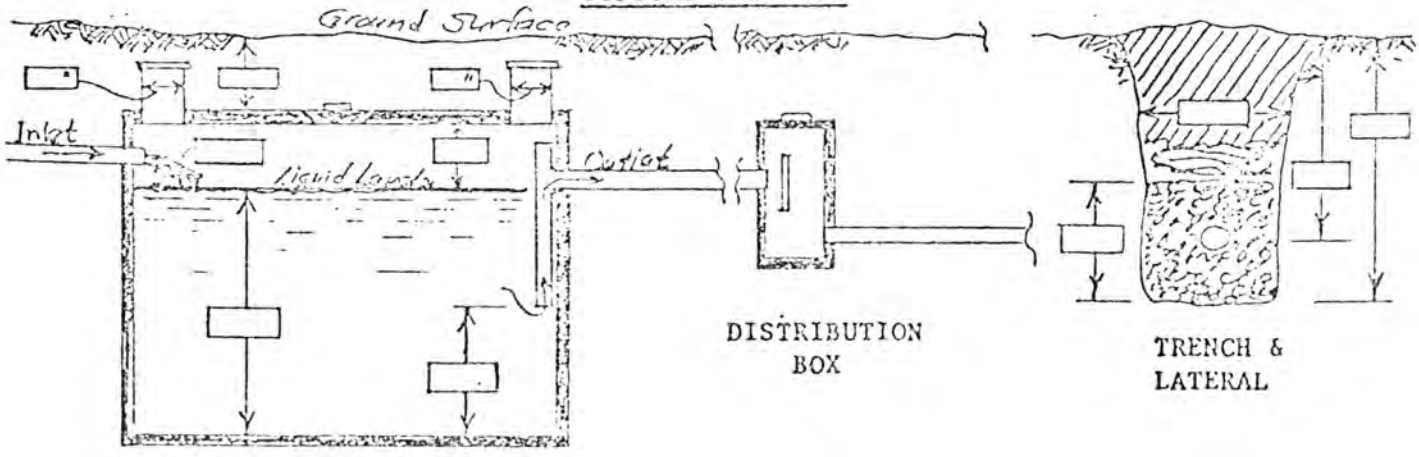
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 124 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

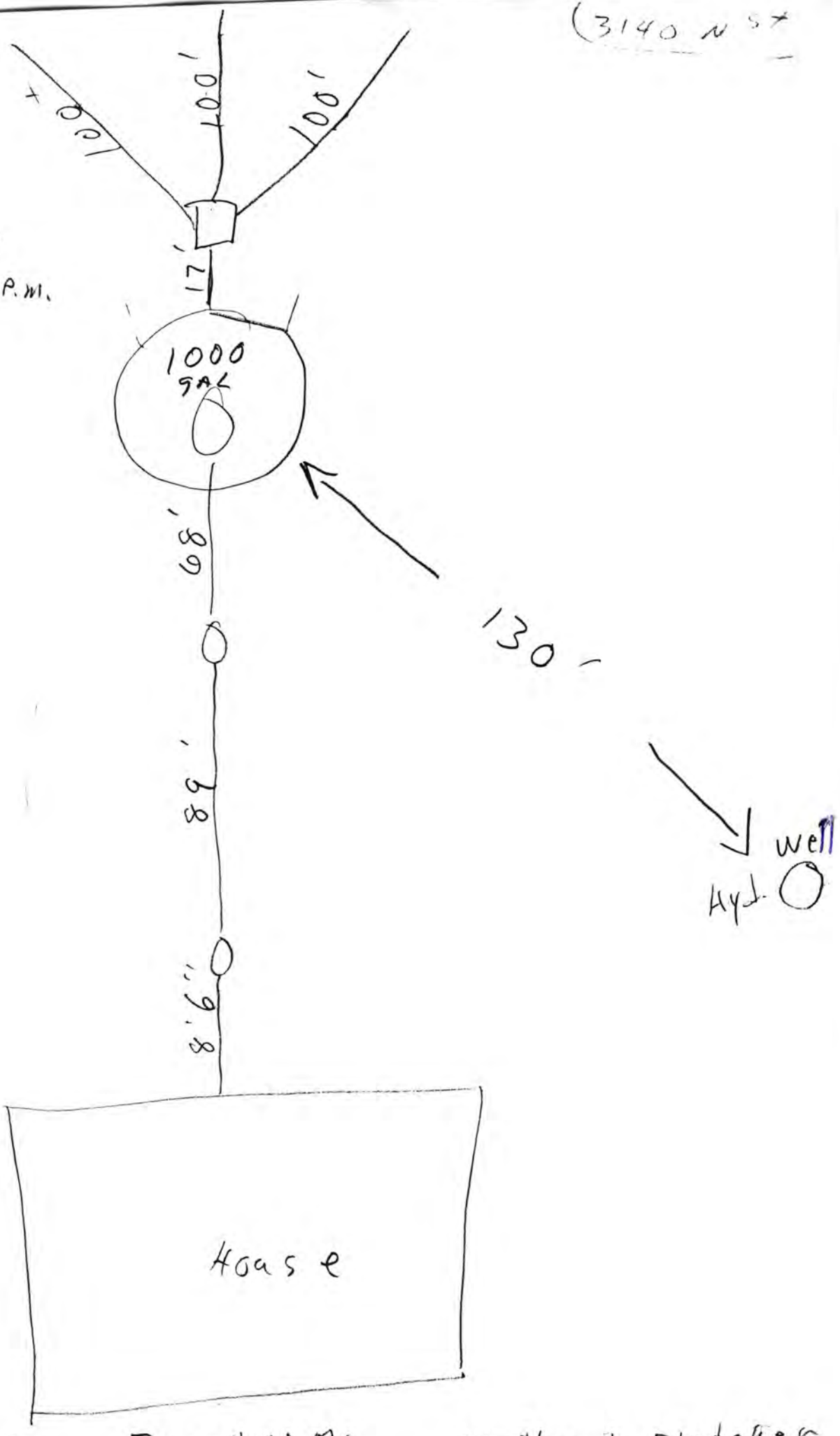
TYPICAL SKETCHES



_____
Signature of Applicant

(3140 N ST

Legal Description



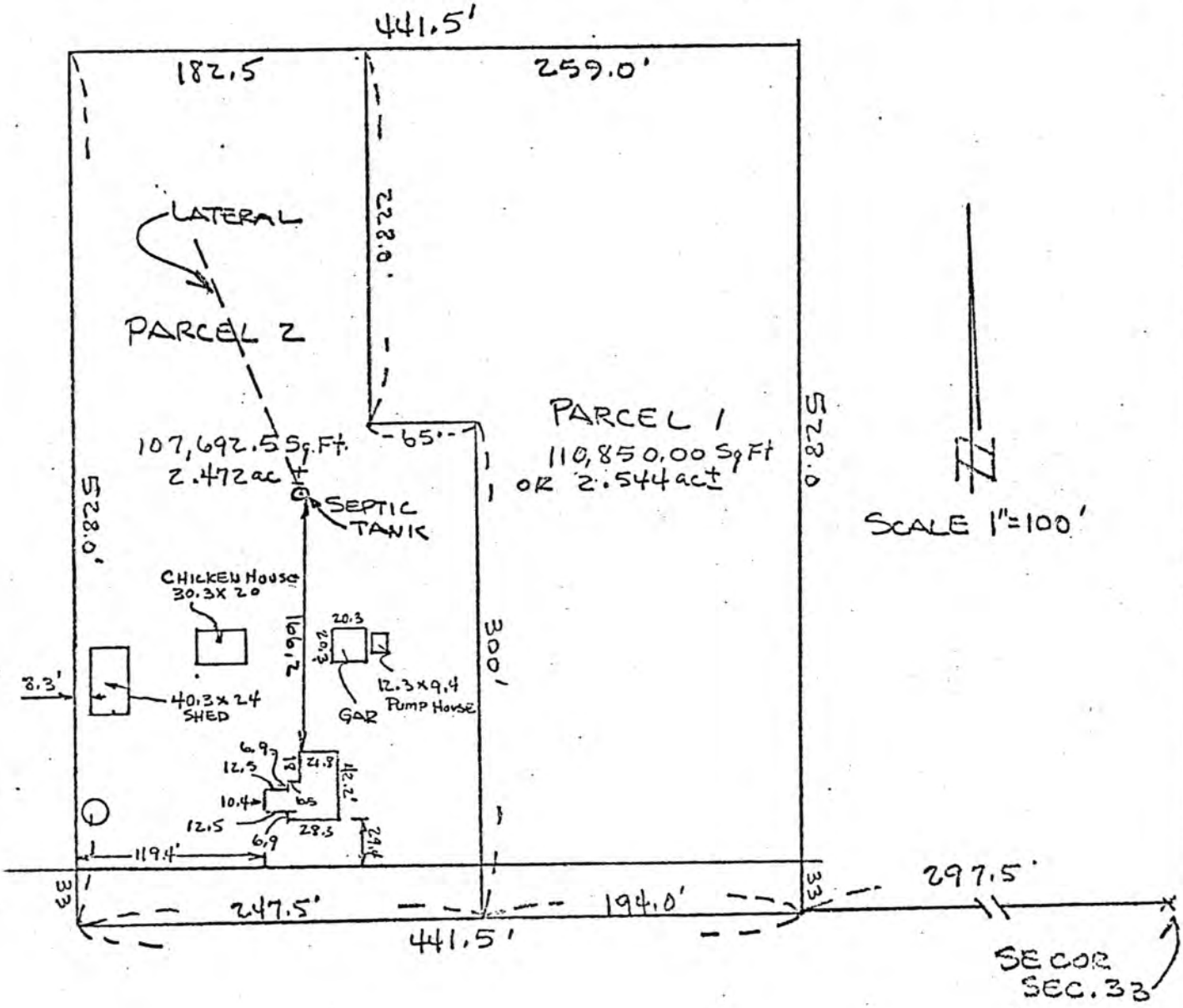
Sec 33, T 11 N, R 8 E of the 6th P.M. Lancaster Co.

786-3408 Larry Fountain 147th East Fletcher

JOB # 77-35

Survey of: ADM. SUB OF A PART LOT 13 I.T.

S½ SE¼ Section 33 T. 11 N, R. 8 E of 6th P.M.



I hereby certify I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked ~~with~~ metal stakes.

LEGAL DESCRIPTIONS

PARCEL 1; — Randy's

R eferrig to the southeast corner of section 33, T11N R8E of the 6th. P.M., Lancaster County, nebr., thence west along the south line of the said section, a distance of 297.5', to the point of beginning, thence continuing along the last described line, a dist. of 194.0', thence north parallel to the east line of the said section, a dist. of 300.0' thence west parallel to the south line of the said section, a distance of 65.0', thence north parallel to the east line of the said section, a distance of 228.0', thence east parallel to the south line of the said section, a dist. of 259.0', thence south parallel to the east line of the said section, a dist. of 528.0' to the point of beginning, the said tract containing 110,850.0 sq ft. or 2.544 acres more or less not including the county road right of way.

PARCEL 2;

Referring to the southeast corner of section 33, T11N R8E of the 6th P.M., Lancaster County, Nebr., thence west along the south line of the said section, a dist. of 491.5' to the point of beginning, thence continuing west along the last desc. line, a distance of 247.5', thence north parallel to the east line of the said section, a dist. of 528.0', thence east parallel to the south line of the said section, a dist. of 182.5', thence south parallel to the east line of the said section, a dist. of 228.0', thence east parallel to the south line of the said section, a dist. of 65.0', thence south parallel to the east line of the said section, a dist. of 300.0' to the point of beginning, the said tract containing 107,692.5 sq. ft. or 2.472 acres of land more or less, not including the county road right of way.

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 14600 Fletcher Ave.

Parcel ID 24-33-400-005-000 (i.e. 99-99-999-999-999)

Twp 11 Range 8 Section 33 1/4 SE 1/4 Block ___ Lot 15 Addition ___

Directions to Property EAST OUT Hiway 34 (O St.) to 148th - North (4miles) to Fletcher - East 2blocks on Fletcher - House on N side of road Beige 1½ Story older home.

Location of Well NE of House Tap Location: Inside ☒ Outside ☒ Hydrant

Location of Sewage System North of House Year Installed ?

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Larry & Debra Fountain	14600 Fletcher Lincoln, Ne 68505	~~786-3408~~ 402-786-2526
Tenant/Buyer:	Frank & Patrica Mollo	12301 O St. Lincoln, Ne 68520	~~488-2526~~ 483-7819
Return to:	Frank & ~~Larry & Debra~~ Patrica Mollo	12301 O St Lincoln 68520	___ ___ (Fax)

Signature of Applicant Debra Fountain Address 14600 Fletcher Lincoln, Ne Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/09/00 Amount 200.00 Check No. 3421 Initials ___

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 11/9/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	
Construction	☒	☐	Approved	☐
Bacteria	☒ 0 /ml	☒ ___ /ml	Provisional	☒
Nitrate	☒ 2.5 ppm	☐ ___ ppm	Disapproved	☐

shock chlorination corrected problem

Additional Site Visits

Date 11/14/00 by ___

Date 11/20/00 by PD

Date 11/29/00 by ___ 11/30/00 mcl 0

Comments: the record of a 1977 permit concerning construction of this septic system is lacking an as-built drawing. Thus, a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. 12-4-00 See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mayfield Date 12/6/00

Approval or disapproval is based on State and local standards for construction, location and water 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.

11-30-00 coli 0 E.Coli 0 P16996-2

12-4-00 coli - 0 E.Coli - 0 P16996-3

White - Applicant after approval Yellow - Environmental Health Pink - Environmental Health

Revised/Reprint: P17119-20 11-14 coli E.Coli P17119-26 House

11-20-00 PD

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 ~~147~~ 148th

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

Directions to Property 4 mi's N OF Hwy 34 ON 148th TO Fletcher Ave, 1/4 mi: west ON Fletcher TO green FRAME House

Location of Well N + E of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System N of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	LARRY FOUNTAIN	RR#13 Lincoln NE 68527	786-3908
Tenant/Buyer:			
Return to:	LARRY FOUNTAIN	SAME	

Signature of Applicant Larry Fountain Address SAME Date 8/23/94

HEALTH DEPARTMENT USE ONLY

Date Received 8/24/94 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/25/94

9/28/94 by J.C.H.
9/27/94 by J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.4 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits

Date 9/2/94 by rm cl-3.0
Date 9/6/94 by ~~rm~~ cl 0
Date 9/7/94 by rm

Comments: Evaluation of septic system per Lancaster County regulations. There is no record of permit or inspection of this system. Thus a provisional approval. Recommend checking to see if septic tank need pumping. See Attached Letter ☐

9-20-94 by cl 0

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/30/94

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.