LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1721-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 21, 1981 — THIS PERMIT EXPIRES

Richard Hedrick, Route 1, Box 200, Waverly, NE 68462 — ISSUED TO / ADDRESS

T11N, R8E, Section NW¼ of 16 — 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. 1721-C

DATE: Oct. 15, 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:

1. Legal description of property: Twp. 11 N ; Range 8E ; Section NW¼ 16 ;
   Block _____ : Lot 19 I.T. : Addition _____
   Street Address 11905 NORTH 141ST STREET, WAVERLY, NEBRASKA

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe 3 upstairs / 1 basement

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

4. Distance to public sewer: Approx. 2000 ft.

Mrs. Richard Hedrick
Signature of Applicant (Owner or Lessee)

Rt 1 Box 200, Waverly, Ne. 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/21/80. Date Frwd. 10/21/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-15-80. Date Frwd. 10-16-80. ACTION: Approved ☒ Disapproved ☐ Signature: Gary A Jonsson insp

3. City or County Engineer: Date Rec'd. 10-21-80. Date Frwd. 10-21-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-25-81 by: from records of sealing
Date: 1/17/06 by: L.C.H.D. Sealing done.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/17/06 By: Jerrold C. Hood

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: 474-1541

B

FILE NO. 1721-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 8 ; Section & ¼ Section NW¼ 16.
Property Dimensions: 132 ft. x 114 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: 10-14-80 to 10-15-80 . Weather: Precip. misty Temp. 65° .

OWNER: Richard Hedrick

Address: Rt. 1, Box 200, Waverly, Ne. 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	36"	10/14	5:30 pm	10/14	9:30 pm	10/15	5:50 pm		6:20 pm		30	¼"	
2	36"	10/14	5:30 pm	10/14	9:30	10/15	5:52 pm		6:22 pm		30	½"	
3	36"	10/14	5:30 pm	10/14	9:30	10/15	5:56 pm		6:26 pm		30	¼"	
4	36"	10/14	5:30 pm	10/14	9:30	10/15	5:58 pm		6:28 pm		30	⅛"	
5	30"	10/14	5:30 pm	10/14	9:30	10/15	6:01 p.m.		6:31 pm		30	⅛"	
6	36"	10/14	5:30 pm	10/14	9:30	10/15	6:03 pm		6:33 pm		30	⅜"	

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

Mrs. Richard Hedrick
Signature of Person Conducting Test

Address Rt 1, Box 200, Waverly, Ne. 68462 Phone 786-3159

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be leveled
Soil Type (SCS): Crete Silty Clay Loam
Date: October 21, 1980

Approved Percolation Rate (a)
A. 120 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 ☐

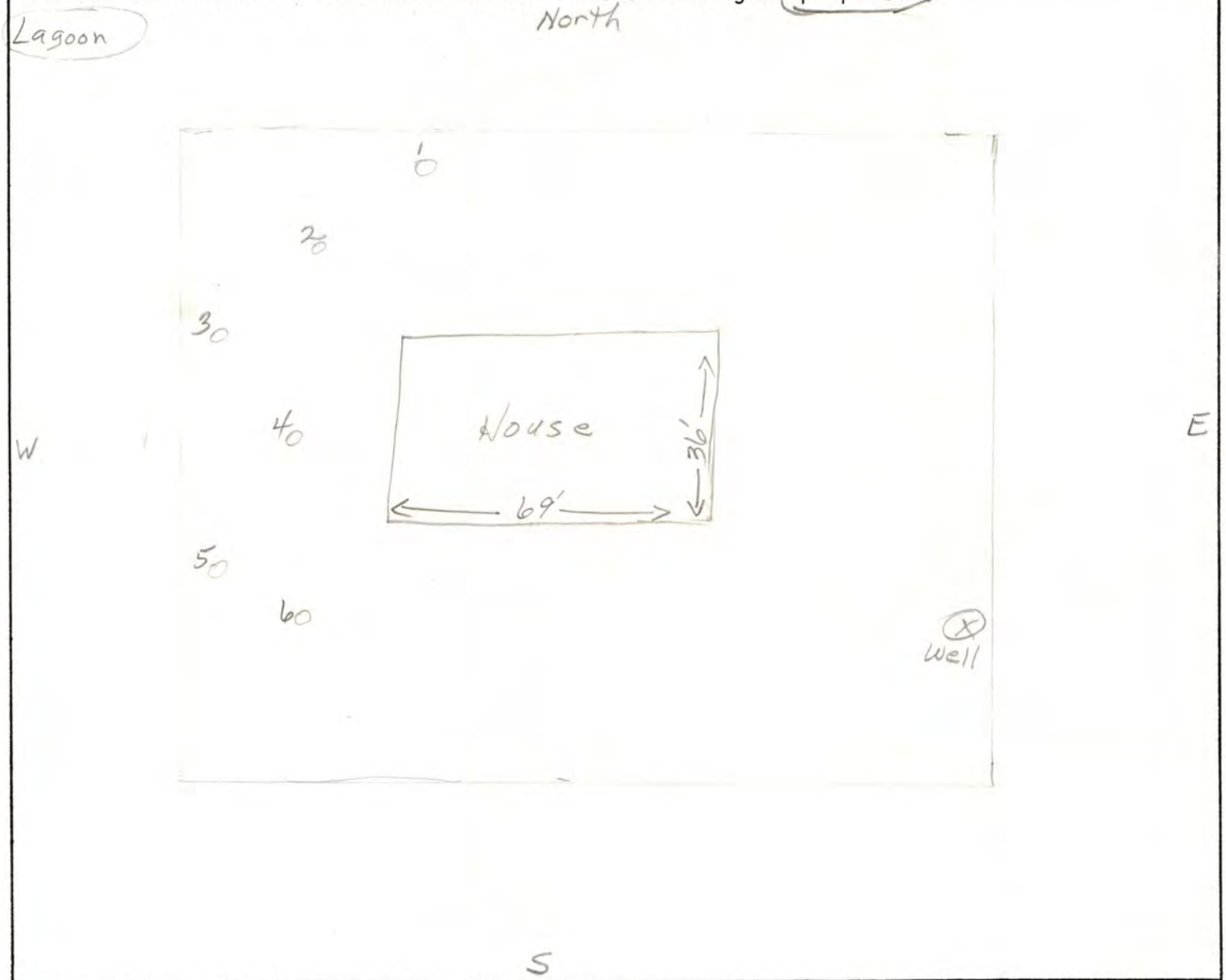
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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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

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

Legal Description of Property: Street Address 11905 No. 141st St. Waverly, Ne.

Twp 11N Range 8E Section 16 1/4 NW 1/4 Block ___ Lot 19 ET Addition ___

Directions to Property Hwy 6 to stop light turn left (north) go approx. 1½ mi. Dunlap name on mail box

Location of Well north side of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon Year Installed 1983 (?)

	NAME	ADDRESS	PHONE
Present Owner:	Household Finance	Reo Dept. 931 Corporate Ctr. Dr Pomona Ca. 91769	909-397-3431
Tenant/Buyer:	Bryan & Mary K. Welty	6100 Vine St A5 Lincoln, NE 68505	325-6332
Return to:	State Title Sheryl FAX 434-5040	P.O. Box ~~30 70~~ 85355 Lincoln, Ne. 68501	434-5020

Signature of Applicant Mary K Welty Address 6100 Vine St A5 Lincoln, NE 68505 Date 11/3/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/3/00

Initials MO

Amount ~~300.00~~ 200.00 ✓

Check No. 1982 ✓

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/7/00

CRI 08 E.Coli 0 P17119-17

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.4 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: ___

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

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: 5-5-95

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

Legal Description of Property: TWP. 11; RANGE 8; SECTION 16; BLOCK ____

LOT 183; ADDITION _____; Street Address 11905 N. 141

Directions to Property S 290' N 590' E 317', Lot 183 NW 1/2 HWY 6 to Waverly. North at 141st (stop light), follow one mile up hill

Location of Well 2 wells to North of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	Clarice Hedrick	11905 No 141st	786-3159
~~Tenant~~/Buyer:	Jerry Dunlap	Walton, Ne	782-2072
Return to:			

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

Signature of Applicant Jerry Dunlap Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 5/09/95 ss Received $150.00 Check ☒ #1882 Cash ☐

PRELIMINARY STATUS--DATE 5-10-95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☒ corrected	Approved: ☐	Date 5-10-95 by rm
Bacteria	☒	☐	Provisional: ☐	Date 5-16-95 by rm
Nitrate	☒ 0.1 ppm	☐	Disapproved: ☒ corrected except sealing	Date _____ by ____

Comments: the original inspection of this lagoon indicates that no evidence of sealing was provided to this department. Thus, a provisional approval.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayeux RS DATE 5-22-95

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