LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1601-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 25, 1980 — THIS PERMIT EXPIRES

Les Johnson — ISSUED TO

Rural Route 1, Box 974, Waverly, NE 68462 — ADDRESS

T11N, R8E, Section 25 — 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

2832

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1601-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: SEE ATTACHED Twp. 11 north ; Range 8 east of 6th ; Section 25 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: _____ ft.

Les Johnsen
Signature of Applicant (Owner or Lessee)

RR1 Box 97A Waverly, NB 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/24/79. Date Frwd. 9/25/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/25/79 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Mary Sherman

3. City or County Engineer: Date Rec'd. 9-25-79. Date Frwd. 9-25-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/31/79 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/30/82 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. 1601-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 north ; Range Seast 6th Section & ¼ Section 25 NE¼
Property Dimensions: _____ ft. x _____ 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: 9-22 to 9-23 . Weather: Precip. 0 Temp. 80° .

OWNER: Les Johnson

Address: RR1 Box 97A Waverly NB 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"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	27"	1:30 pm	27 ¾	300	¾	
2	36"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	24"	1:30 pm	24 ⅝	300	⅜	
3	36"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	27½"	1:30 pm	28¼	300	¾	
4	36"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	28"	1:30 pm	28 ⅜	300	⅛	
5	36"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	24"	1:30 pm	24 ⅜	300	⅛	
6	36"	9-22	5:00 pm	9-23	9:00 am	9-23	9:30 am	27½"	1:30 pm	28	300	½	

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

Les Johnson
Signature of Person Conducting Test

Address RR1 Box 97A Waverly NB 68462 Phone 786-3287

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 24, 1979

Approved Percolation Rate (a)
A. 40 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 ☐

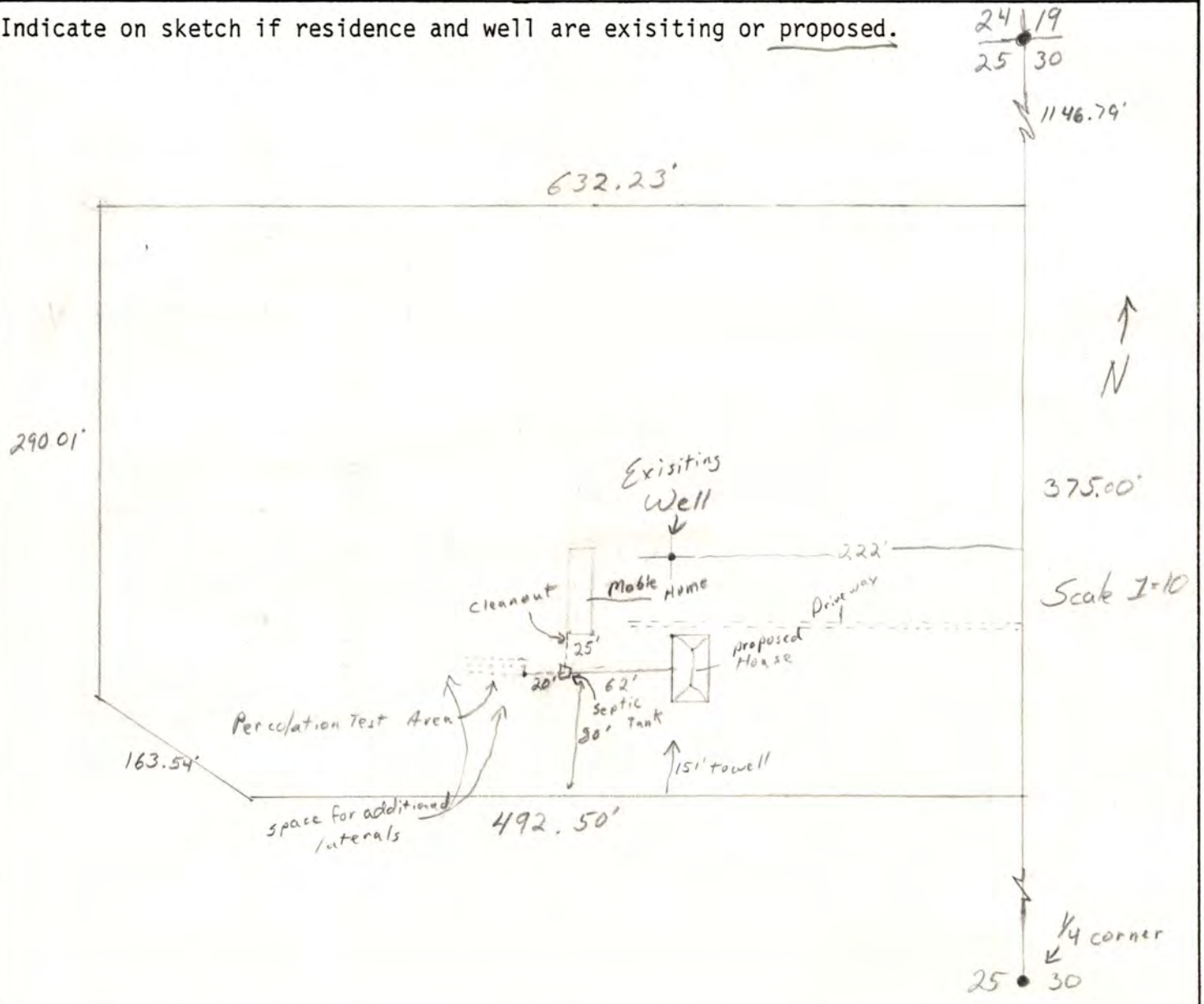
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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

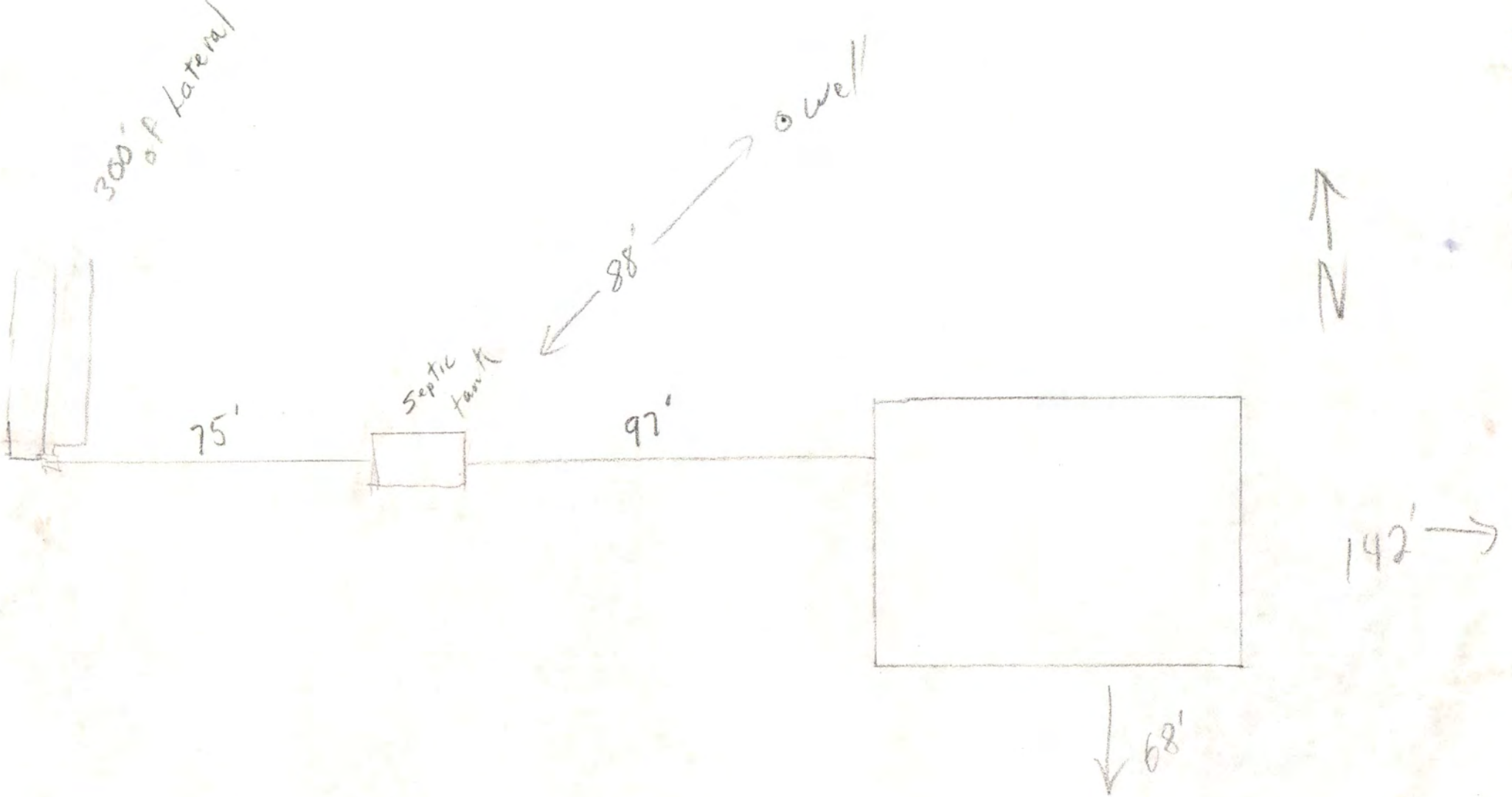
Remarks: _____

Date: September 24, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 287 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Les Johnson
RR 1 Waweig
NB

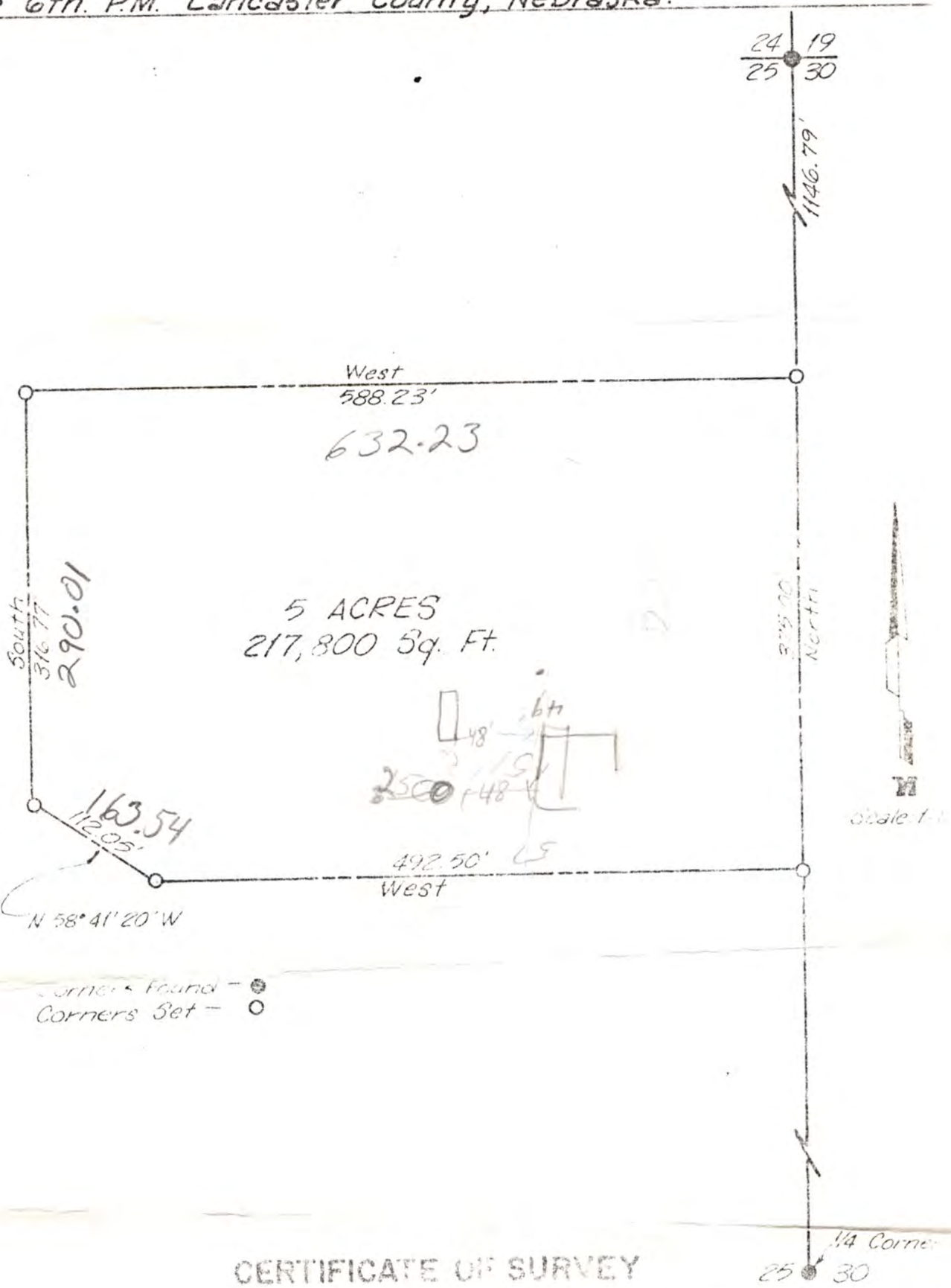


RECORD OF SURVEY

57
94
15 1

20008
JOB NO.

LEGAL DESCRIPTION A 5 Acre Tract of Land Located in the N.E. 1/4, Section 25, Township 11 North, Range 8 East of the 6th. P.M. Lancaster County, Nebraska.



CERTIFICATE OF SURVEY

I hereby certify that I have accurately surveyed the above described property and the results of said survey are truly represented on this plat to the best of my ability.

Dated 6/29/79

LARRY W. MERRELL

014

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 8455 No. 190

Twp 11 N Range 8 E Section 25 1/4 NE 1/4 Block ___ Lot ___ Addition ___

Directions to Property ½ mile north of 190th and Alvo Road, west side of the road

Location of Well NW of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of house Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Les + JoAnn Johnson	8455 No. 190 Waverly, NE 68462	7863287
Tenant/Buyer:			
Return to:	Denis Applebee ~~[illegible]~~ Provident Federal	P.O. Box 95043 Lincoln, NE. 68509	474-5559

Signature of Applicant Les Johnson Address 8455 No. 190, Waverly, NE. 68462 Date 5/7/93

HEALTH DEPARTMENT USE ONLY

Date Received 5/11/93 Received $150.00 Check ☑ #3303 Cash ☐

PRELIMINARY STATUS--By RM **DATE:** 5/14/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.4 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Magnuson Date 5/24/93

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.

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