LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2215-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 25, 1985 — THIS PERMIT EXPIRES

Lon A. Sorenson — ISSUED TO

BOX 505 WALTON, NE 68461 — ADDRESS

T11N; R8E; Sec 6; Lot P 16 I.T.; 11400 MILL ROAD — 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
EB	12/25/85	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2215-C

DATE: 6-24-85

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 6 ;
   Block _____ : Lot P 16 I.T. : Addition _____
   Street Address 11400 Mill Road

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

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

4. Distance to public sewer: _____ ft.

M. A. Johnson
Signature of Applicant (Owner or Lessee)

Box 505 Walton, NE. 68461
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/24/85. Date Frwd. 6/25/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/25/85. Date Frwd. 6/25/85. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 6/25/85. Date Frwd. 11. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-24-85 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-24-85 By: Ron Maynard

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. 2215-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 8E ; Section & ¼ Section 6 SW¼
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: 10-10-84 to 10-11-84 . Weather: Precip. 0 Temp. 65°.

OWNER: Robert Stickney
Address: Box 505 Walton NE. 68461
488-8224

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"	10-10	5:00 pm	10-11	3:00 pm	10-11	3:00 pm	6"	7:00 pm	5"	30m	1"	
2	"	"	"	"	"	"	"	6"	"	5¼"	30m	¾"	
3	"	"	"	"	"	"	"	6"	"	5"	30m	1"	
4	"	"	"	"	"	"	"	6"	"	5"	30m	1"	
5	"	"	"	"	"	"	"	6"	"	5"	30m	1"	
6	"	"	"	"	"	"	"	6"	"	5"	30m	1"	

William Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Shrewsbury Silty Clay Loam
Date: October 15, 1984

Approved Percolation Rate (a)
A. 32 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 ☐

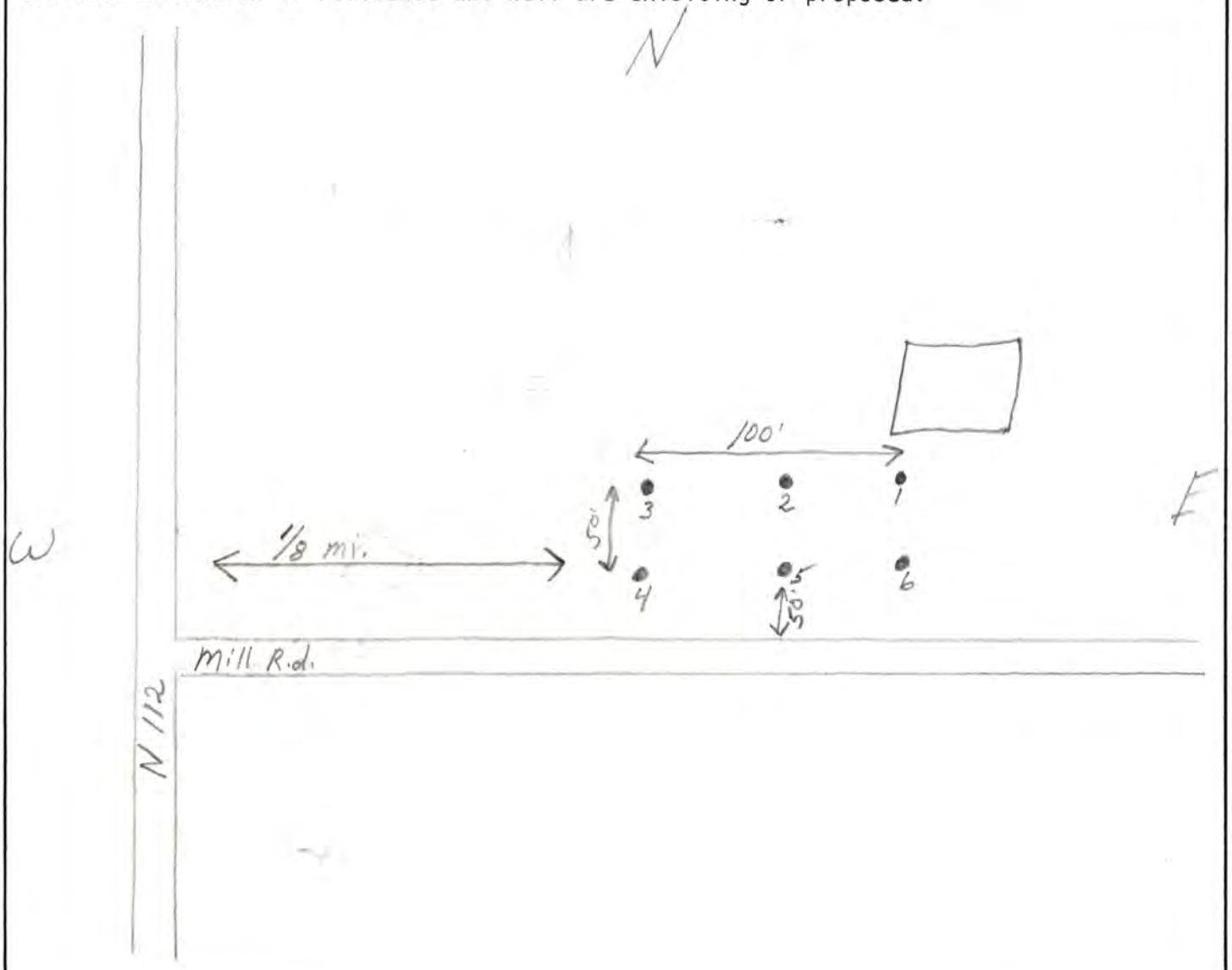
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

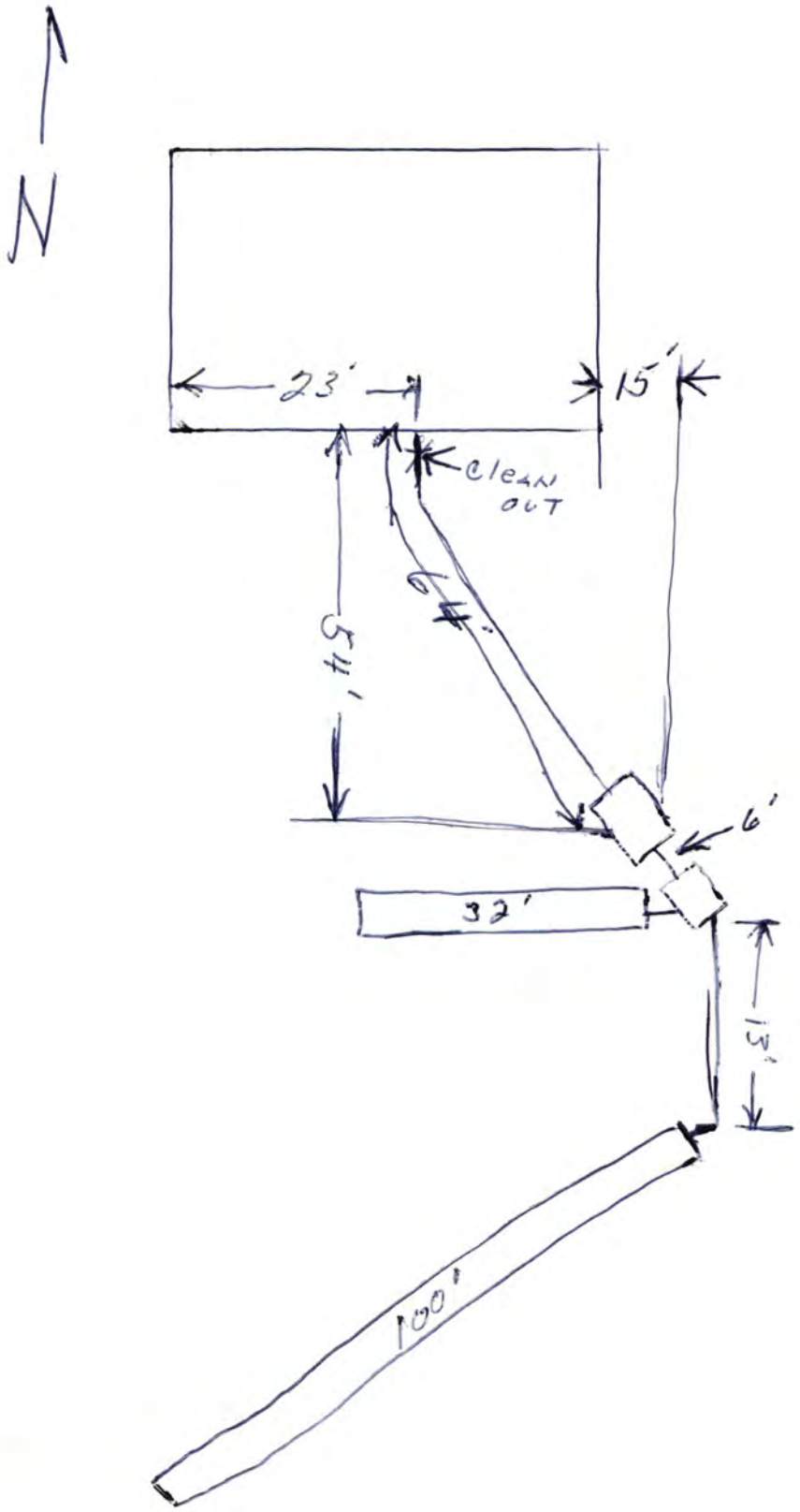
Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 516 sq.ft.

5 5/16 172 (3 1/2)
4 5/16 129 (3 1/2)

_____
Signature of Reviewing Official



7-24-85

Capital City Trenching

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: 5-23-91

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

Legal Description of Property: TWP. ____; RANGE SE; SECTION 6-11-8; BLOCK ____

LOT 19; ADDITION _____; Street Address 11400 Mill Rd.

Directions to Property 2 Blks East of 112th & Mill Road

Location of Well 50 ft. North of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System 75-100 ft. South of house Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Robert Stickney	11400 Mill Rd.	786-5811
Tenant/Buyer:			
Return to:	Same	Same	Same

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

Signature of Applicant Robert Stickney Address Rt. 1 Waverly, NE. 68462

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HEALTH DEPARTMENT USE ONLY

Date Received 6-6-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-6-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-6-91 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 8.1 ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magnuson, R.S. DATE 6-11-91

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