LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2866-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

MARK J. SOUTHWICK — ISSUED TO

1020 NO. 52ND LINCOLN, NE 68504 — ADDRESS

T11N; R8E; Sec. 7 — LEGAL DESCRIPTION

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

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

R. J. NUERNBERGER, Lancaster County Treasurer
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. 2866-C

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

DATE: July 14, 1989

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 8E; Section 7;
Block ____; Lot 5; Addition ____
Street Address ¼ N. 112 & W. Waverly Rd. E. Side

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

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

4. Description of proposed alteration, extension or repair: 90' of 2" wide Lateral
2 New Dist. Boxes, 2-50'x6' Perf. Pipe Lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL OVER	$ 400

Mark J. Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln
Address

(Do not write below this line)

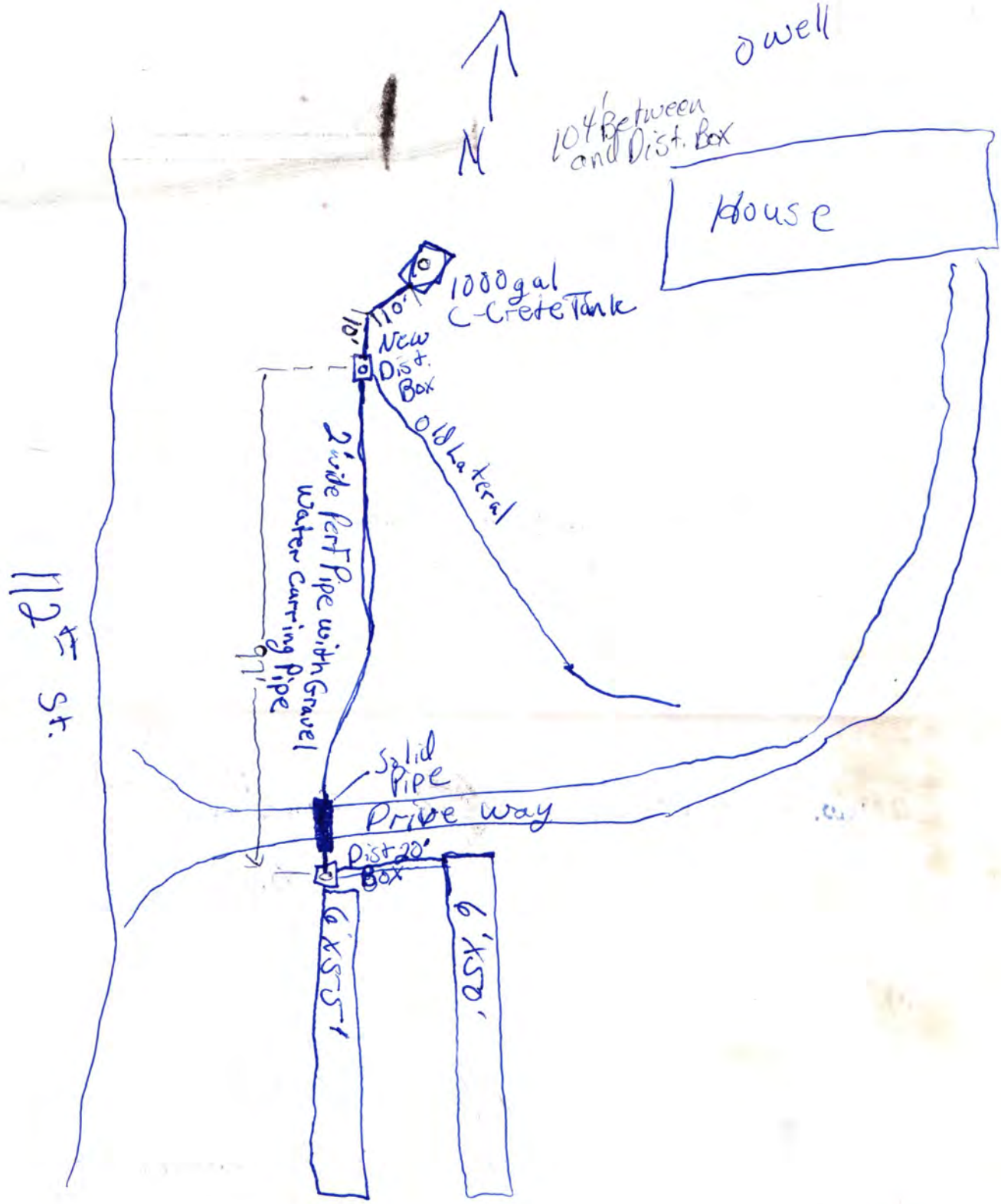
REVIEWING ACTION

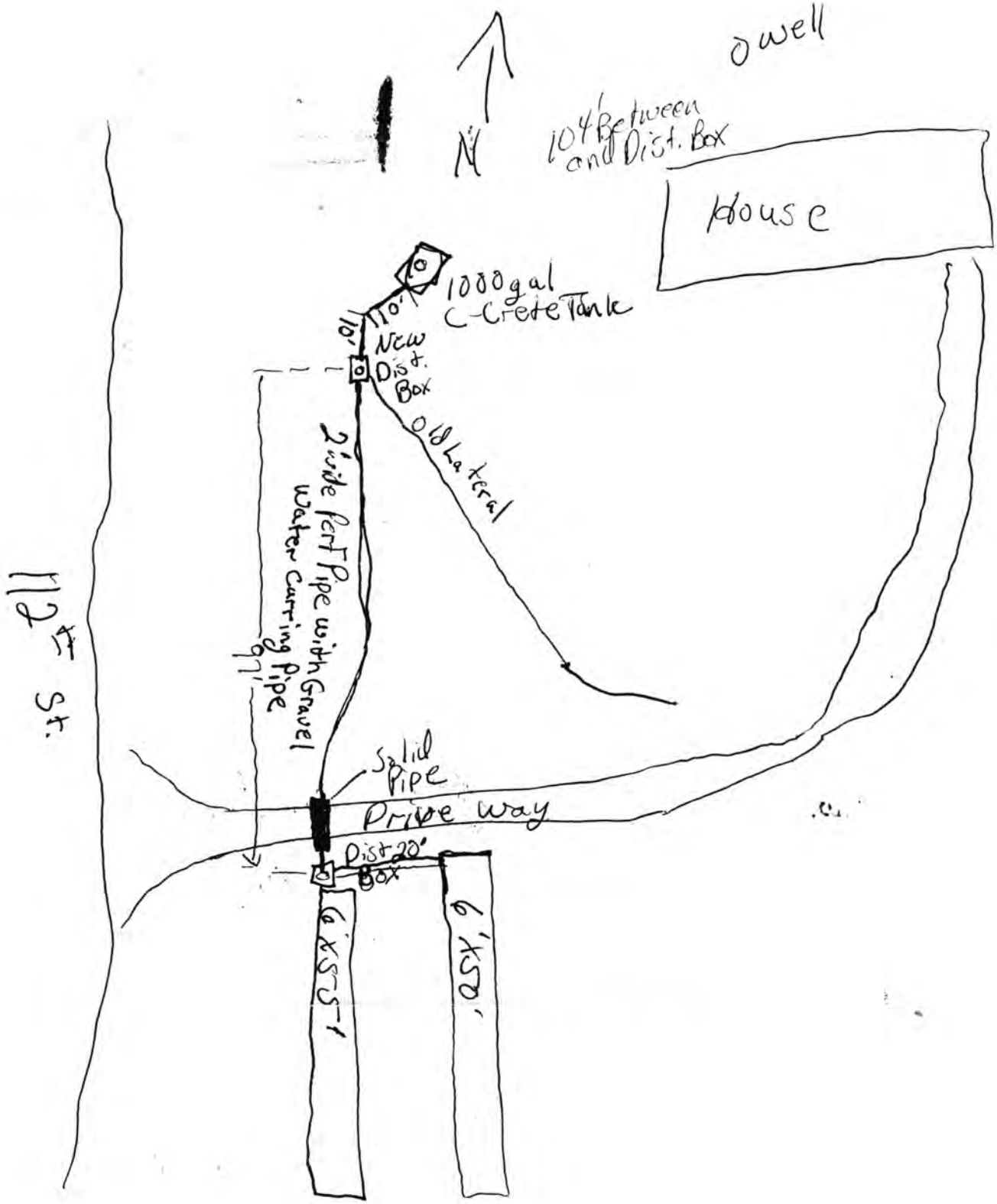
1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-13-89 by: mm
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-17-89 by: Ron Maynard


N
owell
104' Between and Dist. Box
House
1000 gal C-Crete Tank
110'
10'
New Dist. Box
Old Lateral
2" wide Perf Pipe with Gravel Water Carrying Pipe
97'
Solid Pipe
Drive way
Dist Box
20'
6' x 20'
6' x 20'
211 ft. St.



Copy of Sewer System on file
installed 1989

RECEIVED

DEC 16 1991

DIVISION OF DRINKING WATER
ENVIRONMENTAL SANITATION

APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY AND SEWAGE TREATMENT SYSTEM

Owners
~~BUYERS~~ NAME Cory F. / Debra A. Coriche HOME PHONE (402) 786-3823

WORK PHONE (402) 486-7480 Del

ADDRESS (11th & Waverly Rd) Rt 3 CITY Lincoln ZIP 68505 COUNTY Lancaster

LENDING AGENCY SAC F.C.U. MAILING ADDRESS P.O Box 13007 OAFB Omaha, Ne. 68113-0007

TYPE OF LOAN: ○ Conventional ○ FHA ⊗ VA ○ Other

LEGAL DESCRIPTION OF PROPERTY Lot 5, SE 1/4 of Section 7, Township 11 North, Range 8 East of the 6th P.M.

DIRECTIONS TO PROPERTY Hwy #77 to Waverly Rd., East on Waverly Rd to 11th St. North 1/4 mile on 11th St. Sandstone house on east side of Rd.

RESULTS OF EVALUATION SHOULD BE SENT TO SAC F.C.U. Attn: James Ronni - This is for a refinance on home for interest rate reduction.

If appointment for inspection is to be made with someone other than buyer, please specify name and telephone number _____

$80 INSPECTION FEE MUST BE INCLUDED WHEN SUBMITTING THIS FORM

****FOR HEALTH DEPARTMENT USE ONLY****

Receipt # _____ Assigned to _____ Date _____

Water Sample Results

Before Well Bacteria _____ After Well Bacteria _____

Improvement Nitrate _____ Improvement Nitrate _____

DIRECTIONS: Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA as all blanks must be filled. If you have any questions concerning completion of this form, please call (402) 471-2541 for assistance.

INFORMATION DESCRIBES: ⊗ Existing Well ○ Proposed Well

WATER SUPPLY - PART A

1. In the event of poor water quality, is rural or municipal water available?
   ⊗ Yes ○ No 3 miles Distance from home

2. Direction of surface drainage: E to W
Direction of underground water flow: W to E ?
Distance to groundwater table: static 261 feet

3. Well Site: Distance of well from house foundation 15 ft; sewer line 200 ft; nearest building foundation (excluding home) 400 ft; septic tank 100 ft; disposal field 200 ft; seepage pit NA ft; cesspool NA ft barnyard 500 ft; other possible sources of pollution — ft;

Distance from other abandoned water wells NA ft; other active wells NA ft; heat pump injection well ____ ft.

4. Well Construction: Type of Well ○ Driven ○ Bored ○ Dug ⊘ Drilled
Well casing diameter 5" inches Total well depth 201 ft
Type of casing (steel) plastic concrete other____
Depth of casing 100 ft Casing watertight to depth of ____ ft
Approximate yield 100 gallons per minute Exterior space around casing sealed with ⊘ cement ○ puddled clay ○ ordinary backfill ○ gravel

Does the well have a well platform ○ Yes ⊘ No. If yes, what type of material? ○ wood ○ cement ○ other
Length ____ ft Width ____ ft Thickness ____ inches

Is well in a well pit? ○ Yes ⊘ No
Is well equipped with a sanitary well seal? ⊘ Yes ○ No
Is well equipped with pitless adaptor or pitless unit? ○ Yes ○ No
Year well installed July 30 1986

5. Does well have recent history of repair or insufficient supply? ○ Yes ⊘ No
If yes, please explain _____

6. List water quality sample results, if any, for previous years. Bacteria_____
(date)_____ Nitrate <0.1 mg/l (date) 6-3-87 Other _____ (date)_____

7. Do surrounding neighbor's wells have high nitrate? ○ Yes ○ No ⊘ Unknown

Wastewater Treatment System - Part B

Information Describes ⊘ existing wastewater system ○ proposed wastewater system

1. Are individual wastewater treatment systems customary in the neighborhood?
○ Yes ⊘ No

2. Is there a sewer line discharging to the surface? ○ Yes ⊘ No

3. Are all household wastewater and waste routed through the septic system?
⊘ Yes ○ No If no, explain_____

4. Primary treatment consists of: ⊘ septic tank ○ cesspool ○ other

Septic Tank Information (A septic tank is a watertight tank other than inlet and outlet ports)

Distance from nearest foundation 100 ft Distance to highest level of groundwater table ____ft unknown

Material: ⊗concrete ○fiberglass ○steel ○plastic ○other
Total liquid capacity 1000 gallons Number of compartments ____
Capacity of inlet compartment ____ gallons Inside dimensions: length ____ft
width ____ft depth ____ft liquid depth ____ft
Has the septic tank been properly maintained by pumping and cleaning periodically? ⊗Yes ○No ○Unknown Does septic require pumping to ground surface? ○Yes ⊗No

Cesspool Information (A cesspool is a non-watertight tank or excavation)

Inside diameter ____ft Depth ____ft Lining material ____
Liquid capacity ____gallons Number of cesspools ____ Does the cesspool require pumping to ground surface? ○Yes ○No

5. Secondary treatment consists of: ⊗perforated pipe disposal field ○half-moon disposal field ○mound system ○leeching pits ○other

Total length of disposal field lines 192 ft Number of lines 3
Length of each line 55 ft Trench width ____inches Depth to bottom of trench ____inches

Type of filter material is: ○broken stone ⊗gravel ○other
Depth of filter material in trench ____inches
Slope of distribution line ____inches per 100 feet
Top of filter material covered with: ○untreated bldg paper ○other material
Is system located in non-traffic area? ⊗Yes ○No Year system installed 2
Have there been any problems with the system? ○Yes ⊗No If yes, describe

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Leeching Pits. Number of pits____ Outside diameter____ft Depth ____ft
Lining material ____

Part C

1. Number of bedrooms in house 2 Does home have: ○garbage grinder (disposal) ⊗ clothes washer ○heat pump which uses water ⊗water conditioner or softner

*2. Soil absorption rate: one inch in ____ minutes Source: ○own determination ○ Soil Conservation Service** ○Other

3. On an 8½ x 11 paper provide an overall illustration of the homesite. Show the distances between existing or proposed home, well and sewage disposal system, and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well with 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Give approximate slope of land.

If this is a proposed new well and/or sewage treatment system, refer to the attached SAN 1800 and SAN 1700 forms for pertinent information. Plans for the new systems must be approved prior to installation.

* For new sewage disposal systems only
** Include Soils Interpretive Information as provided by Soil Conversation Service.

I hereby request the Division of Housing and Environmental Health, Nebraska Department of Health, to perform an onsite evaluation of the water supply and sewage treatment system on the above property. To the best of my knowledge, the above statements are correct.

12-12-91 _____
Date

_____
Signature of person preparing this application

PLEASE RETURN FORM AND $80 EVALUATION FEE TO:

Nebraska Department of Health
Division of Environmental Health
and Housing Surveillance
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509

NOTE: Incomplete forms will be returned for completion! Onsite evaluation will be initiated 2 to 3 weeks after receipt of properly completed form.

Would you like a Nebraska State Health Department Sanitarian to assist in planning an approved new well? ○ Yes ⊗ No No fee is required for this assistance.

Would you like a Nebraska State Health Department Sanitarian to assist in planning an approved new wastewater treatment system? ○ Yes ⊗ No No fee required for this assistance.

FOR USE BY HEALTH DEPARTMENT REVIEWING THIS APPLICATION

Based on the information reported hereon and other available information, it is the opinion of this Health Department that this individual water supply, upon completion of final bacteriological and chemical testing and onsite evaluation

○ Should be a sanitary safe domestic water supply
○ Has high nitrate levels which render water supply unsafe. See attached letter
○ Requires some modification to become a sanitary safe domestic water supply. See attached letter.

Based on the information reported hereon and other available information including an onsite evaluation, it is the opinion of this Health Department that this wastewater treatment system

○ Should function satisfactorily and is not likely to create an insantiary condition if properly maintained
○ Was working properly at the time of evaluation, but may require future improvements. See attached letter.
○ Requires some modification to function satisfactorily and/or to not create an insanitary condition. See attached letter.

_____ Date

_____ Name of Sanitarian

_____ Position

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-226-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-425[illegible]
Office 402-673-346[illegible]

Name Vernon Dowling Date July 30, 198 6

Address Rt. 3, Lincoln, NE. Phone

Location 112th & Waverly Road - 1/4 N. on ESR

Location of Well N. of house 15 ft.

____ Test @ ____ per. ft.	$	
____ Test @ ____ per. ft.	$	
____ Reaming @ ____ per ft.	$	
100' Well @ 8.00 per ft.	$	800.00
____ Extra Casing @ ____ per ft.	$	
____ Total ft. of casing used	$	
10' Perforations @ 20.00	$	20.00
X Sand	$	30.00
Cement Grout	$	
X Cap Bottom	$	10.00
Cap Top	$	
	$	
	$	
	$	
☐ Cash ☒ Charge	TOTAL $	860.00

LOG OF WELL

Top	Bottom	
0	3	Top soil
3	27	Yellow clay
27	28	Medium sand
28	30	Tan clay
30	38	Sandy clay
38	58	White clay
58	88	Blue clay
88	100	Med. sand
100	101	Limestone
	101	T.D.

Depth drilled 101' Depth cased 100' Size of hole 9"
Method drilled Mud rotary
Size of casing 5" Grade 200# Guides ___ Thickness ___
Feet of screen 10' Type PVC Slot size .016
Depth screen set 90 to 100' & ___ to ___
Bottom cap X Type PVC Top cap ___ Type ___
Type of gravel pack Concrete Amount 1000# Height 30'
Seal X Type Clay Depth 70'
Static water level 26 Well tested 100 GP[illegible] Method Air
Plumber Waverly Plumbing Recommended Pump setting ___

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

DRILLER Alan Strader PURCHASER ___

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: 12-17-91

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

Legal Description of Property: TWP. 11 North; RANGE 8; SECTION SE 1/4 of Section 7; BLOCK ____

LOT 5; ADDITION East of the 6th PM; Street Address 112th & Waverly Rd.

Directions to Property Hwy #77 to Waverly Rd., East on Waverly Rd. to 112th St. North 1/4 mile on 112th St. Sand stone home on east side of Rd.

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

Location of Sewage System West side of home Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Guy F. Coriche	Rt #3 Lincoln, Ne. 68505	786 3823
Tenant/Buyer:	—	—	—
Return to:	SAC F.C. Wm James Ronni	P.O. Box 13007 DAFB	Lincoln Ne. 68843-0007

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

Signature of Applicant William Coriche Address Rt #3 Lincoln, Ne. 68505

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HEALTH DEPARTMENT USE ONLY

Date Received 12-17-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12-18-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 12-18-91	by RM
Bacteria	☒	☐	Provisional:	☒	Date ____	by ____
Nitrate	☒ 6.1	☐	Disapproved:	☐	Date ____	by ____

Comments: Original double 110 septic system predates County regulations - thus, a provisional approval. The sewage system appears to be functioning properly. 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 Mayhew, RS DATE 12-20-91

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