LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2768-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JOYCE A. KEMPTON BOX 117 — ISSUED TO

WAVERLY, NE 68462 — ADDRESS

T11N; R8E; Sec. 5 NE¼ — 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

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 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. 2768-C

DATE: 11/2/88

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. 11N ; Range 8E ; Section 5 ; NE4
   Block _____ : Lot _____ : Addition _____
   Street Address 128th & Raymond Rd. 22 ACRES
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: n/a ft.

Joyce A. Kempton
Signature of Applicant (Owner or Lessee)

Box 117 Waverly, NE 68462
Address

[redacted] 786-3267

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/3/88. Date Frwd. 11/3/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/3/88. Date Frwd. 11/3/88. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Keetz
3. City or County Engineer: Date Rec'd. 11/3/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-16-88 by: rm ok need drawing + fence drawing turned in
Date: 4-9-91 by: rm not approved, wire
Date: 7-26-91 by: rm 55 fence up

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-29-91 By: Ron Marquart

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

Only deficiency is the fence construction

FORM 23-43

Percolation Test - 128th & Raymond Rd. - 22 acres - Oct. 31, 1988

Hole #	1	2	3	4	5	6	7	8	9	Tested Every ½ hour
4:00 4:30	1½"	0"	¼"	¼"	¼"	¼"	⅛"	¼"	¼"	
4:30 5:00	1"	0"	¼"	½"	0"	¼"	0"	¼"	½"	
5:00 5:30	1"	0"	½"	⅜"	0"	0"	0"	0"	¼"	
5:30 6:00	½"	0"	0"	½"	0"	0"	0"	⅛"	½"	
6:00 6:30	1"	0"	¼"	½"	⅛"	0"	0"	⅛"	¼"	
6:30 7:00	1"	0"	¼"	⅛"	0"	⅛	0"	¼"	¼"	
7:00 7:30	1"	0"	⅛"	¾"	0"	0"	0"	0"	¼"	

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

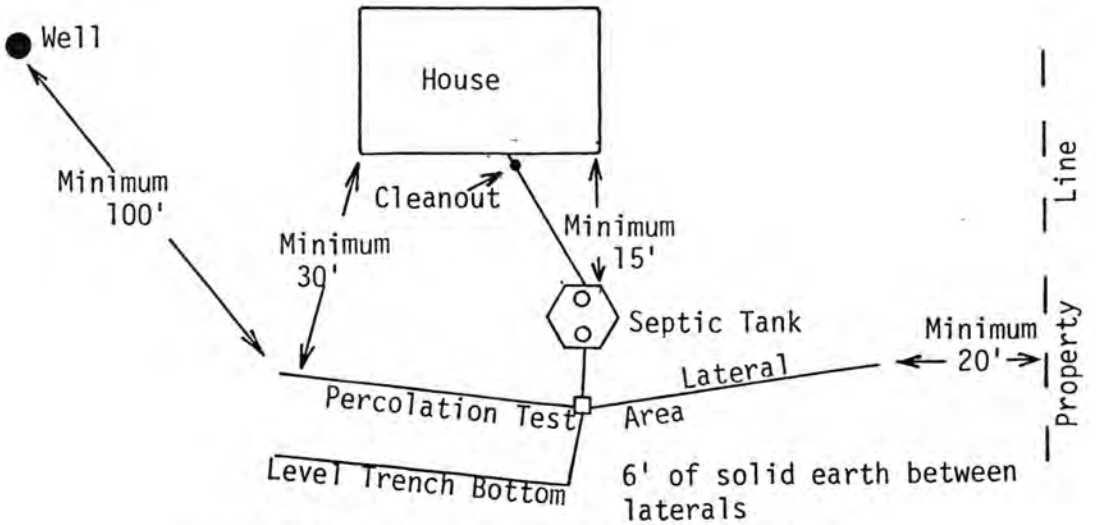
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs Tappan.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

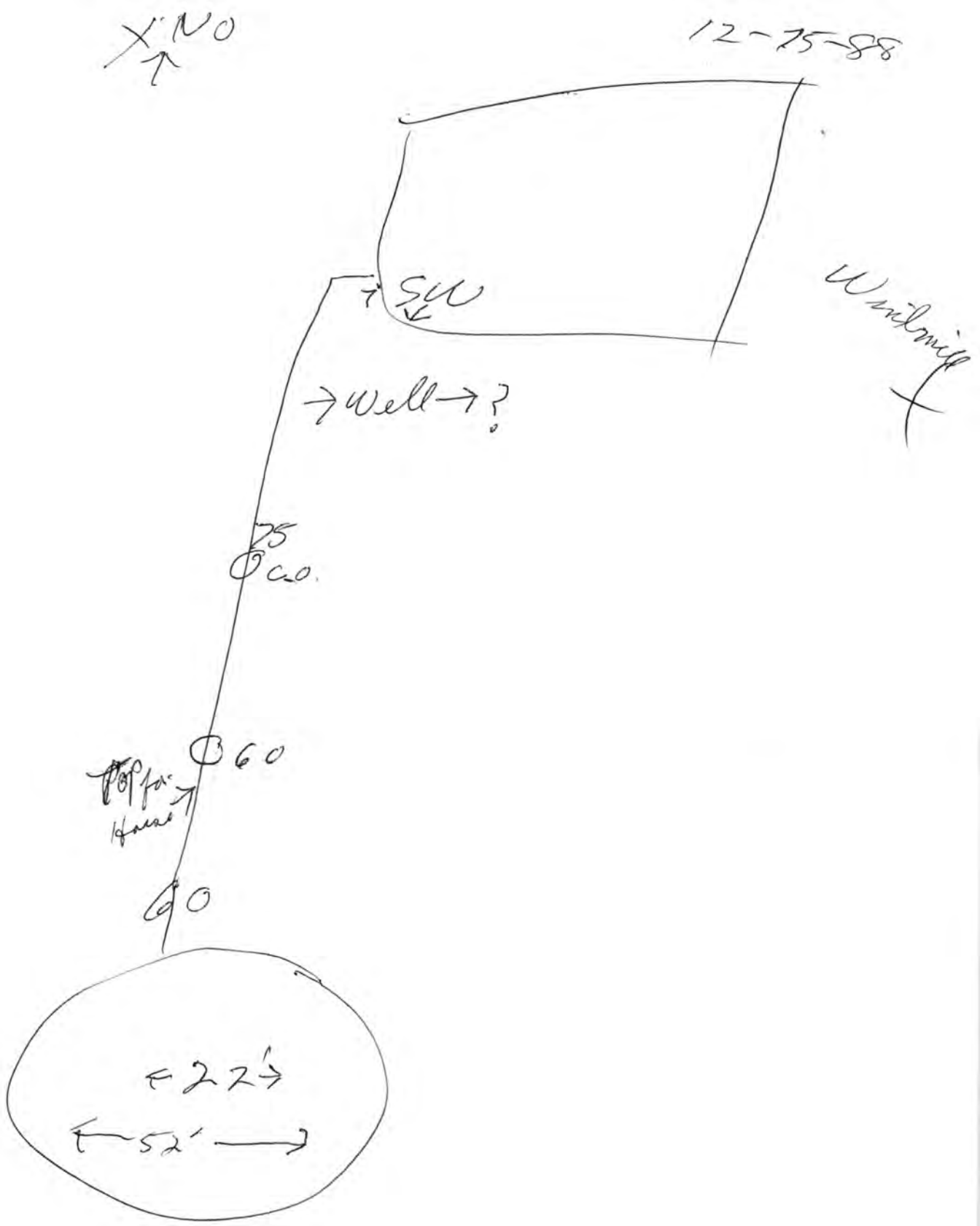
B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth 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 ____; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐
(Company ____)
3. Distance from Septic Tank ____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round ____ or
Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ;
concrete ☐ ; other ____.
2. Lateral Lines:
Number ___ ; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width ____ ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: ____
Depth of Material ____ in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NO
12-15-88
SW
Wilmington
→ Well → ?
75
C.O.
60
Top for House
0
← 22' →
← 52' →

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

Legal Description of Property: Street Address 12801 Raymond Rd Waverly

Twp 11N Range 8E Section 5 1/4 NW 1/4 NE Block ___ Lot ___ Addition ___

Directions to Property 3 mi north of Waverly on 141st St. (end of blacktop); turn west on Raymond Rd and go 1 mile; south side (40 ft. windmill)

Location of Well South side of brown garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System Southwest of house Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Steve/Joyce Kempton	12801 Raymond Rd	786-2383
Tenant/Buyer:			
Return to:	above		

Signature of Applicant Steven P. Kempton Address same as above or Rt 1 Box 130D Waverly, NE 68462 Date 2/6/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 02/06/96
Initials MS
Amount 150.00
Check No. 6938

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/6/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits

Date 2/15/96 by RM
Date 2/16/96 by RM
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 2/21/96

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