FILE NO. 1982 87

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 5, 1982 — THIS LICENSE OR PERMIT EXPIRES

GEORGE BULLING — LICENSEE OR PERMITTEE

RURAL ROUTE 3 LINCOLN NE — ADDRESS

T11N, R7E, SECTION 15 SE¼ — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
60413	11-5-82	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 1872

DATE: 5-5-82

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 7E ; Section 15 SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 84th & Bluff Road

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: Miles ft.

c/o Paul von Gillern
Geo Bulling
Signature of Applicant (Owner or Lessee)

RFD 3
3308 N Cotner Blvd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/82. Date Frwd. 5/5/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-6-82. Date Frwd. 5-6-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 5-6-82. Date Frwd. 5-6-82. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/28/82 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/30/82 By: Jerrold C. Hood

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. 1872

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 15 .
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: 5-3-82 to 5-4-82 . Weather: Precip. 0 Temp. 75 .

OWNER: Leo Rolling
Address: RFD3 ~~3308 N Coltrane Blvd~~

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	24	5/3	9:30	5/4	1:20	5/4	9:00	8"	1:20	6 ½"	60	1 ½	60 m 1 ½
2			AM						5/4	7 ¼"		¾	¾
3										7 ¼"		¾	¾
4										7"		1	1
5										5"		3"	3"
6										5"		3"	3"
7										6"		2"	2"
8										5"		3"	3"

Paul von Gillern
Signature of Person Conducting Test

Address 3308 N Coltrane Phone 467-4792

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed 7/28/82
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: 5-5-82

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Yanguet
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.

FILE NO. 1872

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: 5-5-82

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

Ron Marquardt
Signature of Reviewing Official

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: 474-1541

D

DATE: _____

FILE NO. _____

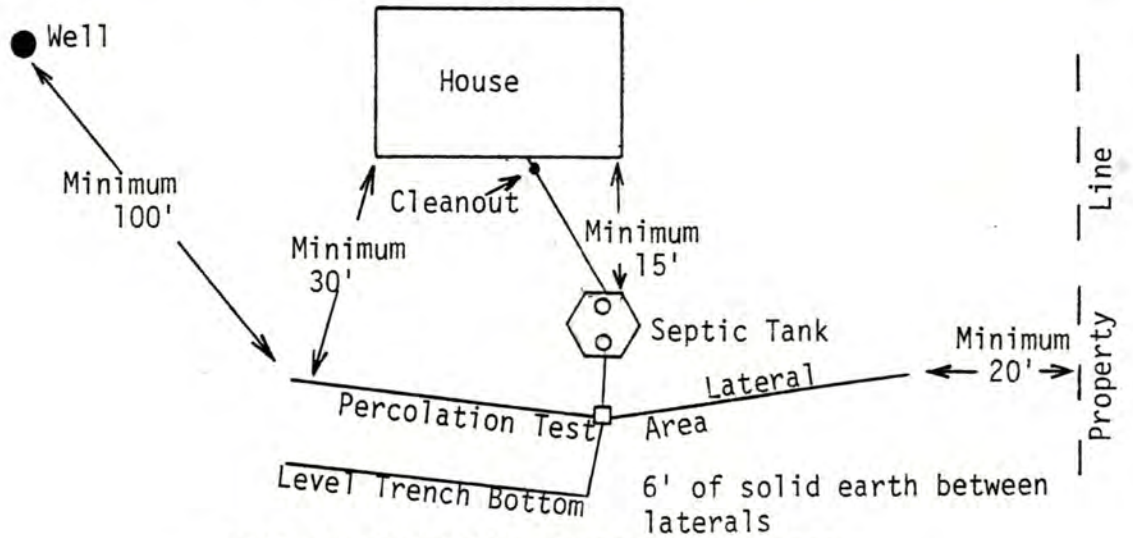
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 132 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____ .
2. Capacity Pre Cast 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 15" 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 Pre Cast Co.)
3. Distance from Septic Tank 6' 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 4" .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 100 , _____ , _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 12' ft.
3. Trench dimensions: Width 3' ft.;
Slope 3" in/100 ft.; Average Depth 24-36-36 in.
4. Filter Material: Road Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

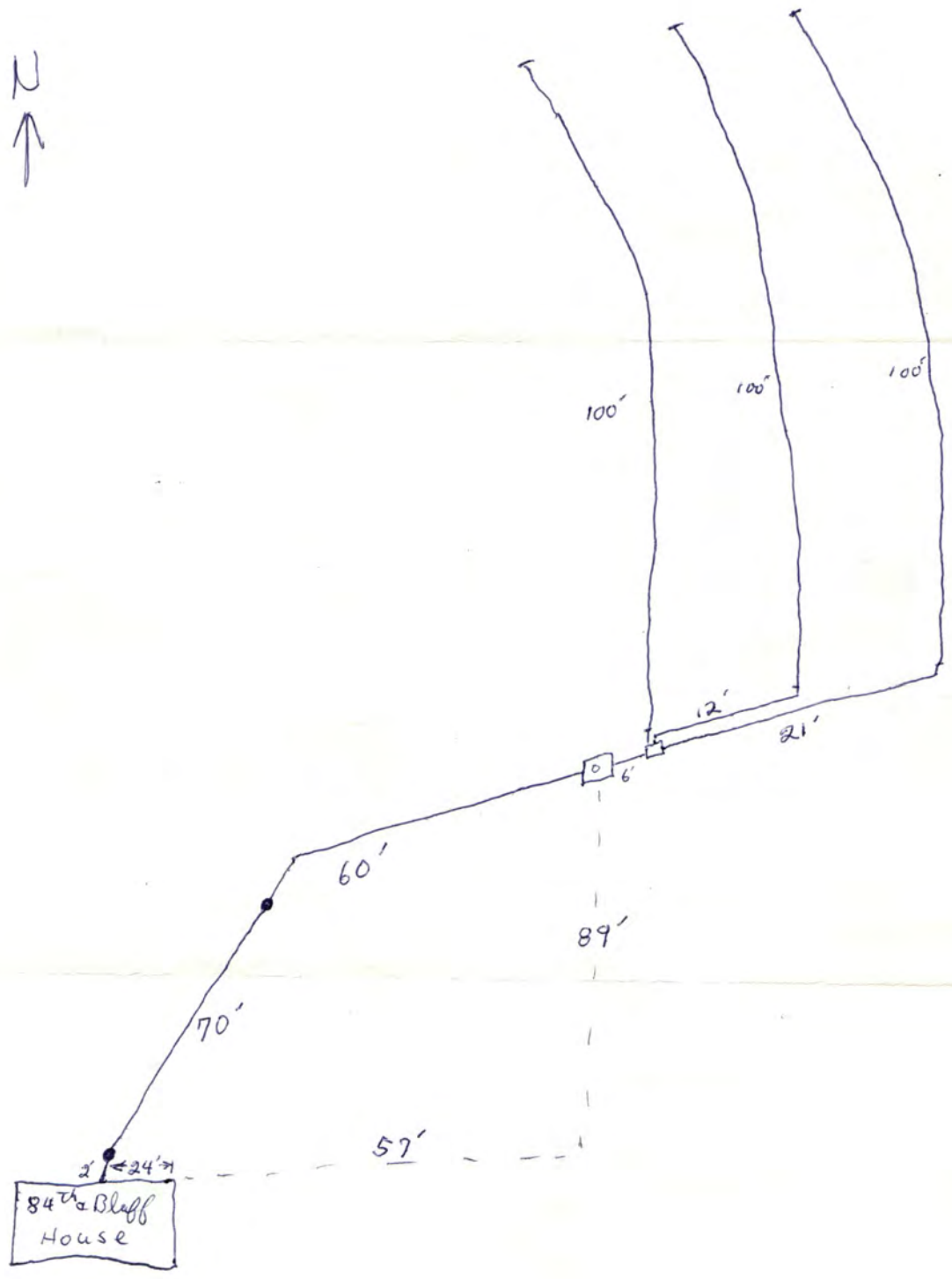


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

84th & Bluff Road - Building -

AS BUILT DRAWING OF SYSTEM

DATE July 28 82 INSTALLER Larry Schwarck



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 8300 Bluff Road, Lincoln

Twp 11N Range 7E Section 15 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Go North on Hwy 77 (56th St.) One road past interstate (Bluff Rd.) take right hard turn onto Bluff rd. - go to 84th St.

Location of Well to left of garage Tap Location: Inside ☒ Outside ☒

Location of Sewage System behind house to North Year Installed ___

* Call Steve (brother of margaret) 499-3196 to do inspection house on left hand side Brick ranch

	NAME	ADDRESS	PHONE
Present Owner:	Margaret L. Rada	9936 No. 147th St. Waverly NE 68462	*
Tenant/Buyer:	Rollie Johnson	1360 Beechcraft Rd. Lincoln NE 68527	486-3838
Return to:	Sheryl Oldham	~~State Title #333~~ 4500 So. 70th Suite 102 Lincoln NE 68516	434-5039

Signature of Applicant Sh. Oldham Address State Title 4500 So. 70th Suite 102 Lincoln NE 68516 Date 10/5/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 10/06/00
Initials ___
Amount $ 200.00
Check No. 54399

DATA ENTRY

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

P16707-19

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/10/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking tank to see if septic tank needs pumping. Recommend not driving heavy equipment or farming over drainfield laterals.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart Date 10/12/00

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