LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2391-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 8, 1987 — THIS PERMIT EXPIRES

JOHN WHYRICK — ISSUED TO

12301 FINIGAN RD. LINCOLN, NE 68517 — ADDRESS

T11N; R7E; Sec SW¼; Bk 2; Lot 5; 12301 Finigan 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
CB	9/24/86	

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

FILING FEE: $ 64.50

FILE NO. 2391-C

DATE: 9-2-87

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 SW¼11 ;
   Block 2 : Lot 5 : Addition [illegible]
   Street Address [illegible]

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe [illegible]

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

4. Distance to public sewer: _____ ft.

[illegible]
Signature of Applicant (Owner or Lessee)

[illegible]
Address [illegible]

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/87 . Date Frwd. [illegible] . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/8/87 . Date Frwd. 9/9/87 . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 9/9/87 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/8/87 by: L. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/7/87 By: L. 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: 471-7800

B

FILE NO. 2391-C

PROPERTY WHERE SOIL TESTED: Lot 5 - Block 2 Finigans Subdivision SW ¼ of Section

Location: Township 11N ; Range 7E ; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 2½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: John W Hyrick
Address: 12301 Finigan Rd ~~5744 Wilmoor Rd~~ Lincoln, Ne. 68517

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		Elapsed	Water	
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.)	Time (Min.)	Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	9-2	8:00	9-3	10:00	9-3	10:30	6"	11:00	5"	30m.	1	
2	"							"		5		1	
3	"							"		5½		½	
4	"							"		5¼		¾	
5	"							"		5		1	
6	"							"		5¼		¾	

Jerry Clifton
Signature of Person Conducting Test

Address 4401 N 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 2, 1986

Approved Percolation Rate (a)
A. 44 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.

FILE NO. 2391-C

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

REVIEWING ACTION

Remarks: _____

Date: SEPTEMBER 8, 1986

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 893 sq.ft.

Jerrold C. Hood
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: 8-1-87

FILE NO. _____

12301 Finnegan Rd
John Whyrick

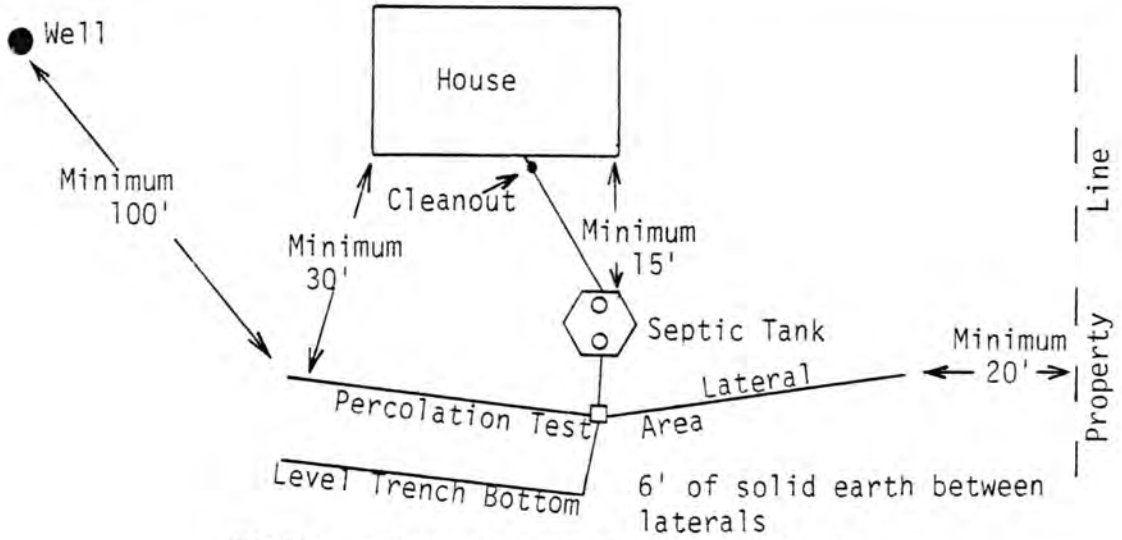
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 23 ft.
4. Number of clean-outs 1.
5. Distances to: over
Well or Suction Line 100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 60 ft.

B. SEPTIC TANK:
1. Material Fiberglass; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Corr A Glas Co.)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 6 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 17 in.
8. Distances to: over
Well or Suction Line 100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 23 ft.

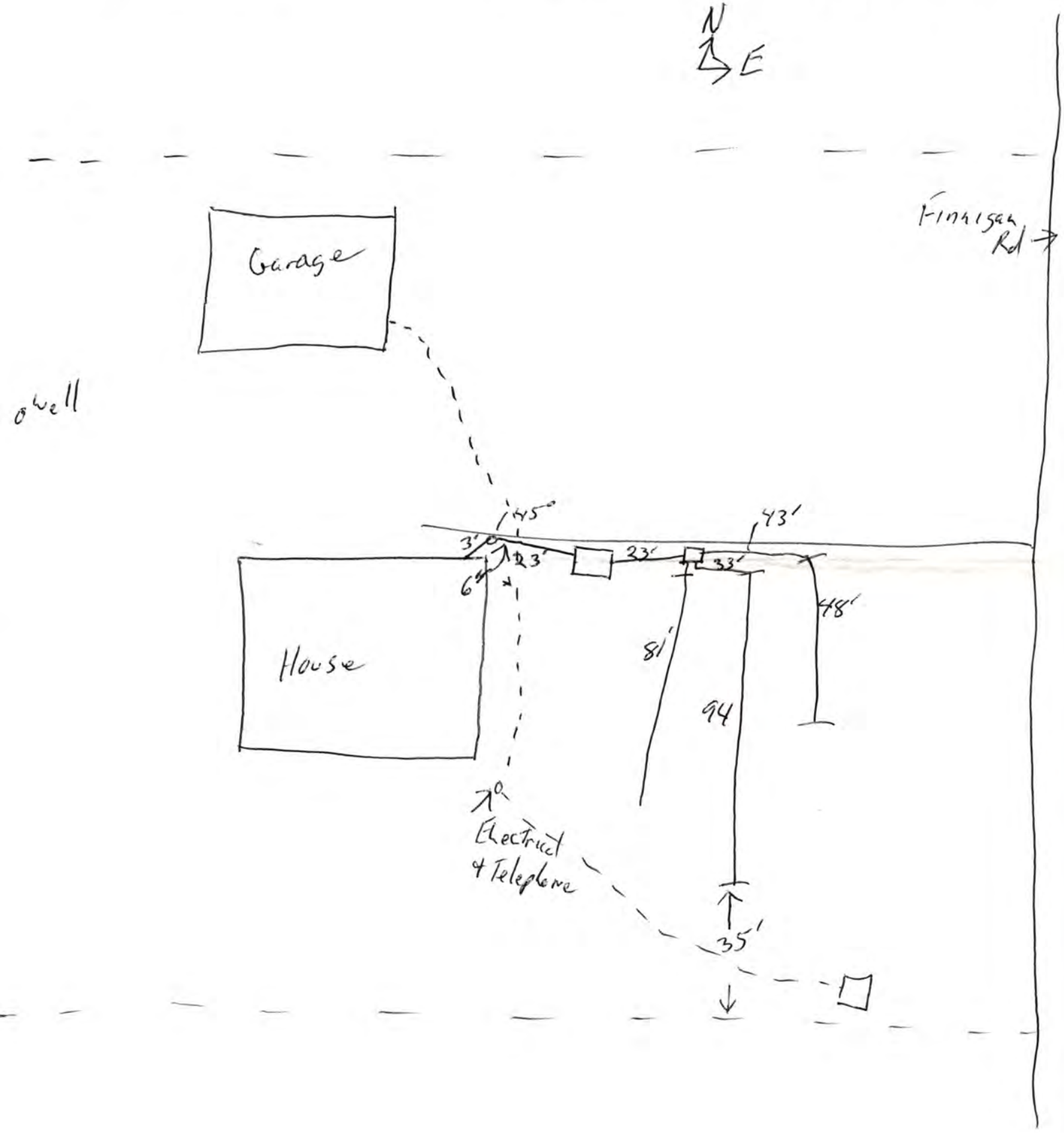
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 81, 94, 48, ____, ____ ft.;
Total length of laterals 223 ft.;
Distance between lateral lines 10-15 ft.
3. Trench dimensions: Width 4-4½ ft.;
Slope 6 in/100 ft.; Average Depth 29 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to: over
Well or Suction Line 100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 35 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7-8-87 INSTALLER Southwick Sewer & Drain



006

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: 9/2/92.

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

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK 2

LOT 5; ADDITION Finnigan; Street Address 12301 Finnigan Sub-

Directions to Property Off of Waverly Rd + 84th St - Waverly, Ne

Location of Well Diagram Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Cartmell	12301 Finnigan Rd.	464-7751
Tenant/Buyer:	Lee Smith	Indianapolis, Ind.	
Return to:	Ron Neumayer	Home Real Estate	488-4663.

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

Signature of Applicant Ron Neumayer Address 3910 South 48.

Ron Neumayer

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HEALTH DEPARTMENT USE ONLY

Date Received 9-2-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-3-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9-3-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ <0.1	☐	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 Mangus, RS DATE 9-14-92

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

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: July 25, 1989

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK 2

LOT 5; ADDITION FINIGAN SUB; Street Address 12301 FINIGAN ROAD

Directions to Property Hwy 77 North to Waverly Road - Then E to 84th, Then No to Pearce Rd, Then East to Finigan Rd

? Location of Well See ATTACHED Tap Location: Inside ☐ Outside ☒

? Location of Sewage System See ATTACHED Year Installed 88

	NAME	ADDRESS	PHONE
Present Owner:	John Whyrick	12301 Finigan Rd	467-2042
Tenant/Buyer:	Jeff CARTMILL	P.O. Box 60, GIBBON, NE	308-468-6223
Return to:	Sandra HARDER, Woods,	3201 Pioneer Blvd, Lincoln 68502	483-4151

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

Signature of Applicant Jeffrey R Cartmill Address Po. Box 60 Gibbon Ne 68840

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 26, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 27, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7/27/89 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.S. DATE JULY 31, 1989

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

792-2515

