LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380068901

Issued 04/17/91
Expires 10/17/91

ESTABLISHMENT

ELAINE MALONE
T11N R7E SEC 11
FINIGAN'S SUBDIVISIO BLK 2 LOT 4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ELAINE MALONE
12401 FINIGAN RD
LINCOLN NE 68517

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
4/25/91	PAID

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: April 1, 1991

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 11 ;
   Block 2 : Lot 4 : Addition Finigan's Subdivision
   Street Address 12401 Finigan Rd.

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: _____ ft.

Elaine R. Malone 786-2504
Signature of Applicant (Owner or Lessee)

Builder
786-3595

12401 Finigan Rd., Rt 3
Address Lincoln (68517)

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/1/91 . Date Frwd. 4/1/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neal

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/1/91 . Date Frwd. 4/1/91 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 04/01/91. Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-91 by: mm Sewer line & tank
Date: 8-16-91 by: mm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-91 By: Ron Morgan

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

FORM 23-43

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: Alan L. and Elaine R. Malone
Location: Township 11 N. - R 7E
Section & ¼ Sect. 11 Lot 4 Address: 12401 Finigan Rd.
Property Dimensions: 694.32 ft. x 478.87 ft. x 544.03'
Area: 3.1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒

Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 3-9-91 to 3-10-91. Weather: Precip. ____ Temp. ____ F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
1	30	3-9	1000	3-10	1000	3-10	1000				30 min		3"
2	"	"	"	"	"	"	"				"		2½"
3	"	"	"	"	"	"	"				"		2¾"
4	"	"	"	"	"	"	"				"		3½
5	"	"	"	"	"	"	"				"		3½
6	"	"	"	"	"	"	"				"		2"

Sum of Percolation Rates ____
Average of Rates: ____
Inches per minute: ____

Gordon Tanner
Signature or Person Conducting Test

Address 3925 Touzalin Lin. Neb.
Phone 464 3947

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

Approved Percolation Rate(s)
A. 11 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: April 1, 1991

Gerrold C. Wood
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 ☐

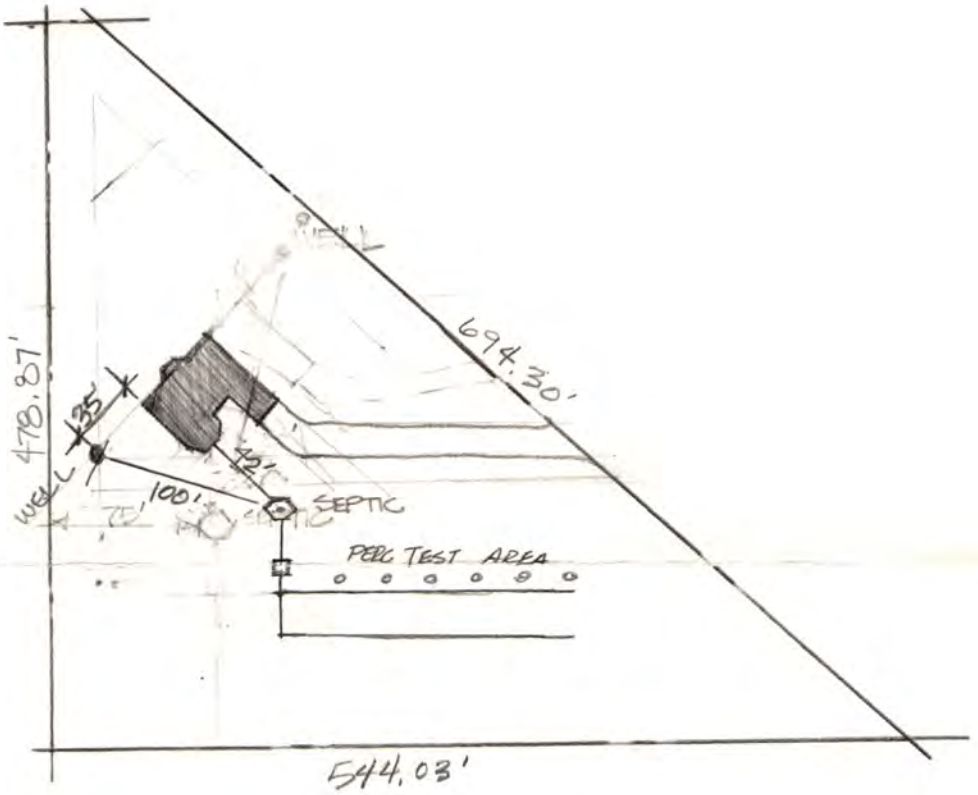
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

Date: April 1, 1991

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 512 sq.ft.

Leerold 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: 471-7800

D

DATE: _____

FILE NO. _____

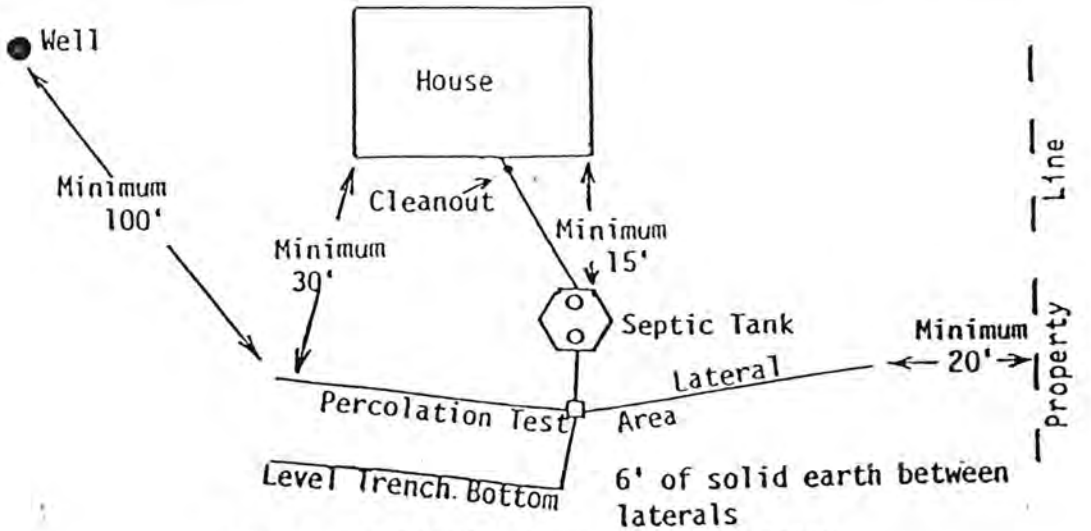
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ~~2241~~ ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

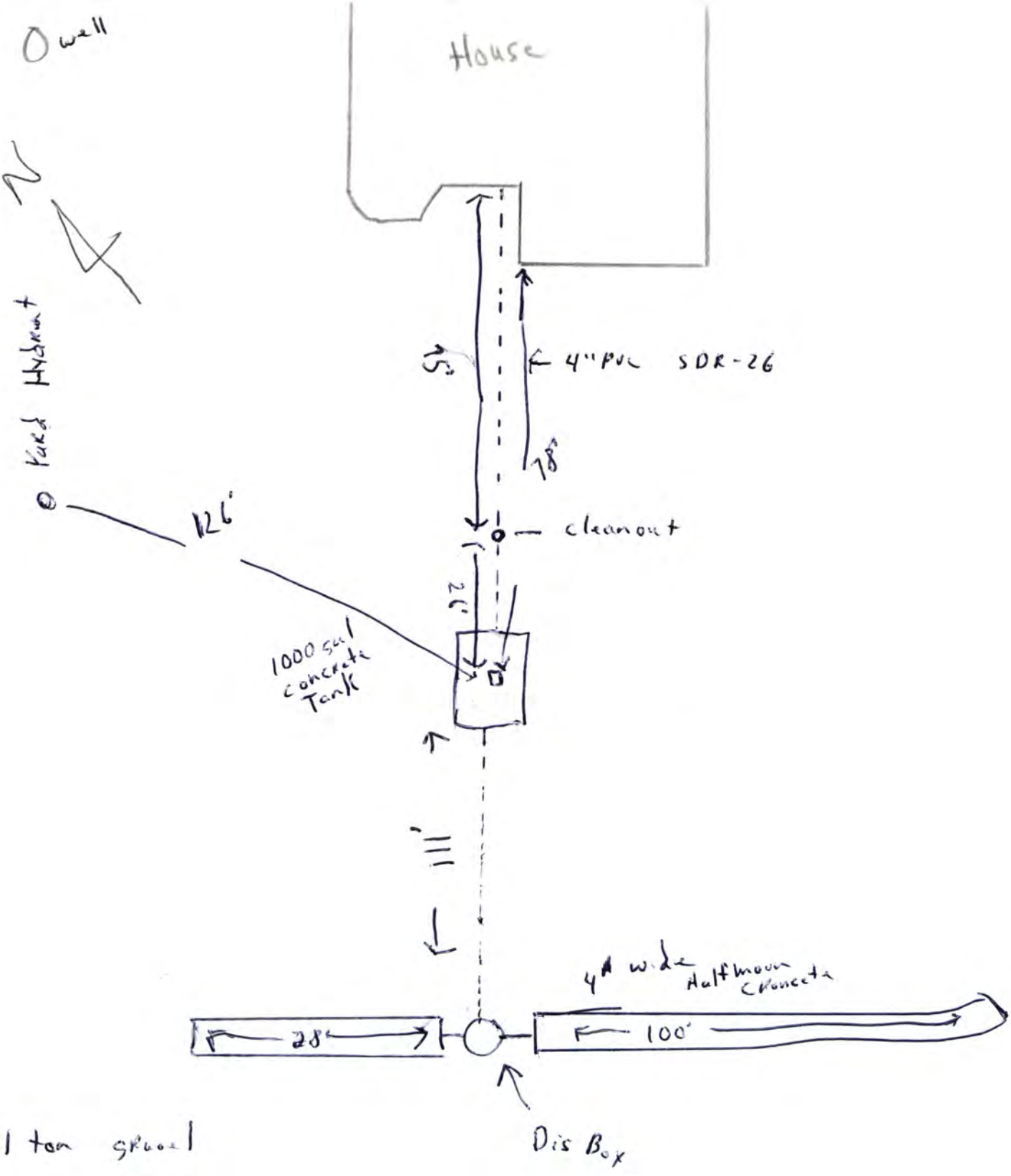
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 Concrete ; 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 2 ; Length of each line _____, 100, 32, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____.
Depth of Material _____ in.
5. Distances to:
Well or Suction Line > 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



31 ton gravel

Install 8-16-91

Waverly Plumbing & Well Co
Box 116
Waverly Neb 68462

786-5620
Mike Dietze

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12401 FINIGHN RD, LINCOLN, NE 68517

Parcel ID 18 - 11 - 301 - 007 - 000 (i.e. 99-99-999-999-999)

Twp 11N Range 7E Section 11 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition ___

Directions to Property 84TH & WAVERLY - GO EAST ON WAVERLY TO FINIGHAN RD GO NORTH ON FINIGHAN

Location of Well Near Patio North of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System S.W. of house & driveway centered in Soccer Field Year Installed 1991

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Alan Malone	12401 Finigan Rd. Lincoln, NE 68517	430-8230 (Realator cell #)
Tenant/Buyer:	Brent Beckman	1201 S. 7th Lincoln, NE 68502	474-4402
Return to:	Brent Beckman	1201 S. 7th Lincoln, NE 68502	474-4402 / 464-3919 (Fax)

Signature of Applicant Brent Beckman Address 1201 S. 7th Lincoln, NE 68502 Date 2/29/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/3/04 Amount $200.00 Check No. 8811 Initials CW.

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/2/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

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

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 3/5/04

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.

3-2-04 Edi Ed. P24882-3

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

Received 10-2-95

T11N - R7E - Sec. 11

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property FINIGAN'S SUB, LOT 4 BLOCK 2
Directions to Property 12401 FINIGAN ROAD 1/4 EAST & NORTH OF 84TH STREET AND WAVERLY ROAD

Land Owners
Name: Alan Malone
Address: 12401 Finigan Road
Phone: 464-8565

Send Results to:
Name:
Address: Same
Phone:

Land Owners Signature [signature]

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	156
Casing Material	Steel
Casing Diameter	4"
Is well located in a pit	NO
Type of pump	

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	50 (distance)	FEET	U/D
CESSPOOL		FEET	U/D
SEPTIC TANK	100	FEET	U/D
SEWAGE DISTRIBUTION FIELD	300'	FEET	U/D
WASTE STABILIZATION LAGOON		FEET	U/D
BARN YARD		FEET	U/D
NEAREST WELL		FEET	U/D
NEAREST PASTURELAND		FEET	U/D
NEAREST CROPLAND		FEET	U/D
SHOP		FEET	U/D
GRAINERY		FEET	U/D
FUEL TANKS		FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34