LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380139701

Issued 02/13/96
Expires 08/13/96
Revenue Code 18754

Establishment
DAVID SUNDEEN
T11N R7E SEC 11

FEES: $150.00

TOTAL $150.00

Permittee
DAVID SUNDEEN
1225 N 98 STREET
LINCOLN NE 68517

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

DEC 2 6 1995

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

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 (NW¼);
   Block _____ : Lot _____ : Addition 35 Acres (S½ of S½ of E½ of North ½)
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

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

4. Distance to public sewer: unknown ft.

David Sundeen
Signature of Applicant (Owner or Lessee)

12255 N. 98th Lincoln, NE 68517
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/6/96. Date Frwd. 2/8/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. [illegible]. Date Frwd. 2/6/96. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 02/06/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL approved based on soil map that indicates location in zone C flood plain Date 2/6/96

Site Visits:
Date: 12-15-95 by: rm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-28-96 By: Ron Magnuson

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

FORM 23-43

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 5-28 to 5-29 92. Weather: Precip. 0 Temp. 80.

OWNER: Dave Sunleen

Address: Waverly, Ne

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	36	5-28	AM	5-29	PM	5/29	3:10	28	3:40	29¼	30	1¼	24
2	↓							27⅛		28⅛		1	30
3								29¼		30⅜		1⅛	28
4								24¾		25½		¾	40
5								26½		28		1½	20
6								27		28		1	30

Brad Sather 792-2462
Signature of Person Conducting Test

Address _____ Phone _____

Sum of Percolation Rates: 172
Average of Rates: 28.67
Mean of Rates: _____

29/min/in

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 6, 1996

Approved Percolation Rate (a)
A. _____ 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: February 6, 1996

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 492 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 6-92

FILE NO: _____

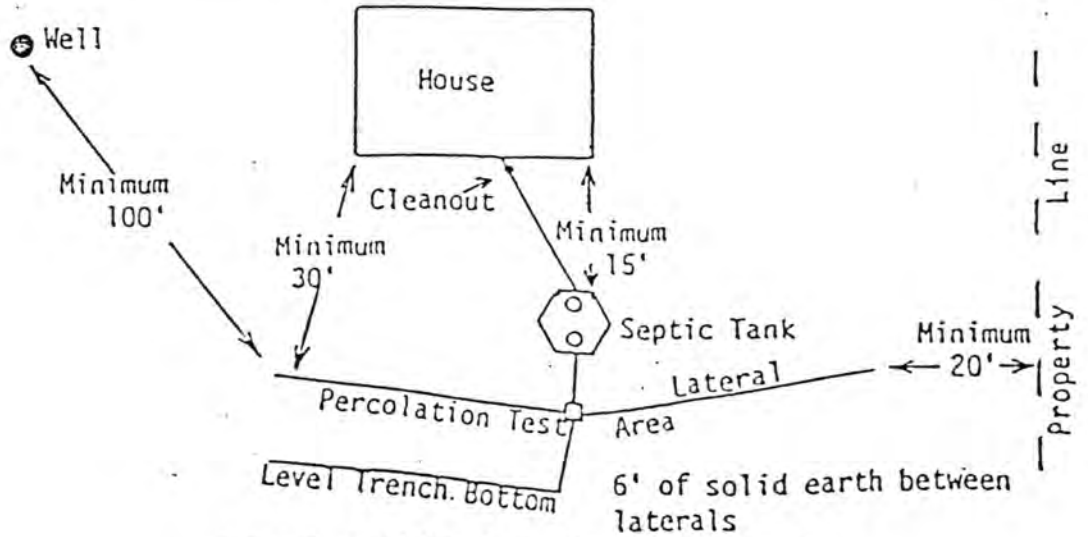
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 10 in.
3. Distance between dwelling and septic tank 84 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line > 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line > 20 ft.

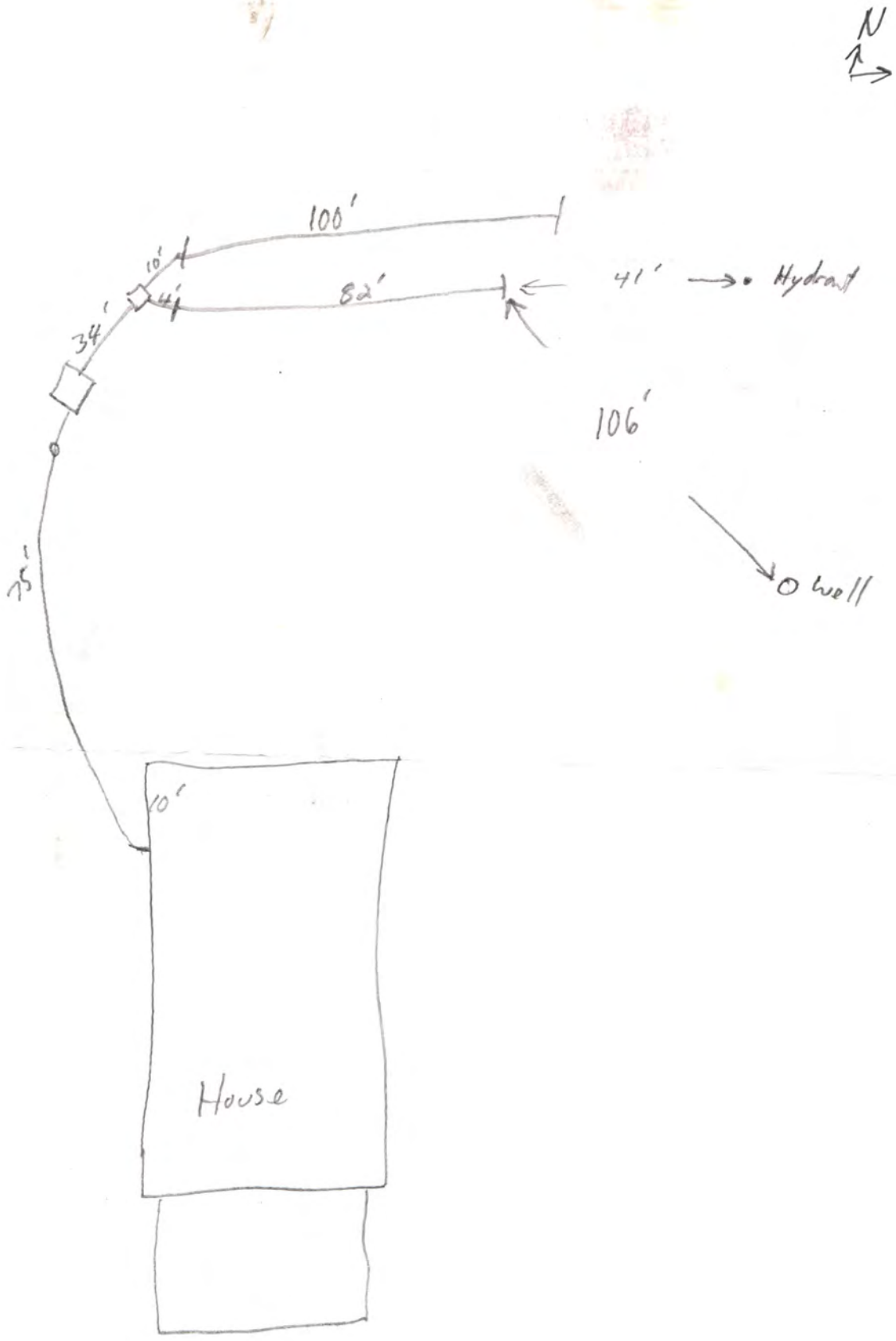
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast Step)
4. Manholes: Over Inlet; diam. 10 in. Over Outlet; diam. 15 in. Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 11 in.
8. Distances to: Well or Suction Line > 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line > 20 ft.

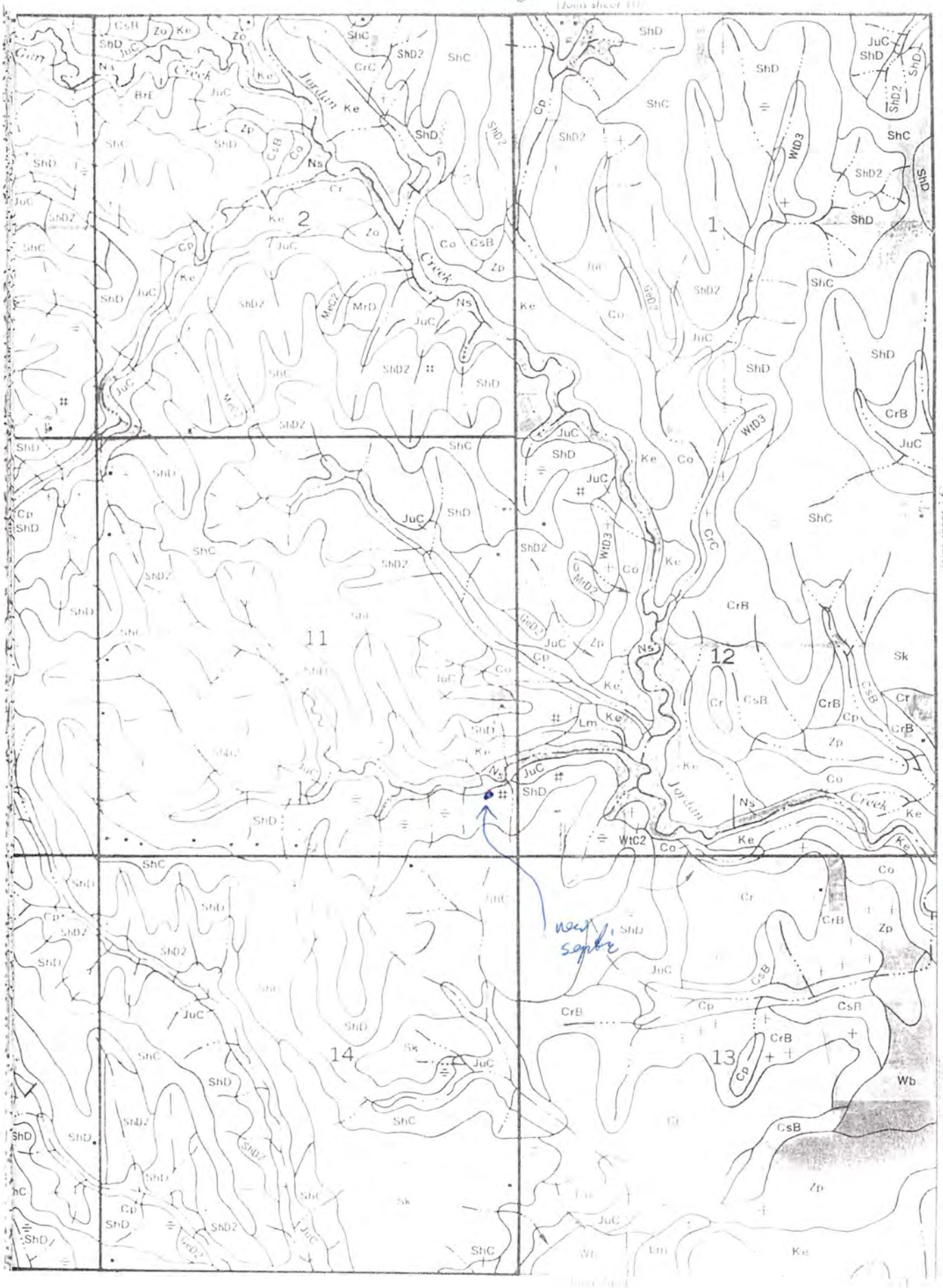
C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐ (Company Pre Cast Step)
3. Distance from Septic Tank 34 ft.

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 2 ; Length of each line 100, 82, _____, _____, _____ ft.; Total length of laterals 182 ft.; Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 3 in/100 ft.; Average Depth 38 in.
4. Filter Material: Road Gravel Depth of Material 18 in.
5. Distances to: Well or Suction Line > 100 ft.; Stream _____ ft.; Pressure Line > 35 ft.; Property Line > 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
100'
10'
44'
82'
41'
Hydrant
34'
106'
75'
well
10'
House


SHEET NUMBER 1
N.98th
Joins sheet 16
Joins sheet 15
Jordan Creek
11
12
13
14
1
2
next sapbr
Wavely Rd

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 12255 N. 98th Street, Waverly, NE. 68517

Twp 11 Range 7 Section 11 1/4 SE 1/4 ___ Block ___ Lot 64+65 Addition ___

Directions to Property See attachments

Location of Well North Side of House Tap Location: Inside ☐ Outside ☐

~~Location of Sewage System~~ ___ Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Darin and Carol Kelsey	12255 N. 98th, Waverly, NE 68517	786-2247
Tenant/Buyer:			
Return to:	Veronica Zimmer / Union Bank	PO Box 6155 Lincoln, NE 68506	483-8128

Signature of Applicant [signature] for Union Bank Address PO Box 6155 Lincoln, NE 68506 Date 12/30/97

HEALTH DEPARTMENT USE ONLY

Date Received 12/30/97 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Maynard **DATE:** 12/31/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒ corrected	☒ need fill
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 1/6/98 by SM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking three septic tank every 2-3 yrs to see if it need pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Ron Maynard RS Date 1/9/98

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.