LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1586-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 23, 1980 — THIS PERMIT EXPIRES

Stanley D. Trouba — ISSUED TO

10021 North 147, Box 193, Waverly, Nebraska 68462 — ADDRESS

T11N; R7E; Section 8; SW¼, SE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1586-C

DATE: 8-8-79

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: SW¼SE¼ Twp. 11N ; Range 7E ; Section 8 ;
   Block _____ : Lot _____ : Addition _____
   Street Address NEAR WAVERLY ROAD & 77 HIGHWAY NORTH OF LINCOLN
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.

Stanley D Trouba
Signature of Applicant (Owner or Lessee)

10021 Rd 1478 Waverly Nebr
Address
786-2039

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/23/79. Date Frwd. 8/23/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Duane S. Reese
3. City or County Engineer: Date Rec'd. 8-23-79. Date Frwd. 8-23-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Hraffy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-26-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-5-79 By: James Waverka

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. 1586-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 7 ; Section & ¼ Section SW¼ SE¼ Sec. 8.
Property Dimensions: _____ ft. x _____ ft. Area: 58 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-21-89 to 8-22-89. Weather: Precip. cloudy Temp. 70.

OWNER: Stanley P Trouba
Address: 10021 No 147 Waverly Nebr.

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	8-21-89	5:07										
2	36		5:08										
3	36		5:08										
4	36		5:08										
5	36		5:09										
6	36		5:10										

Stanley P Trouba
Signature of Person Conducting Test

Address 10021 no 147 Waverly Phone 786-2039

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems rather fast for Marshall Silty Clay Loam
Soil Type (SCS): _____
Date: August 23, 1989

Approved Percolation Rate (a)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

8.21.79 Pre-saturation period

Hole #	Start time 5.05	Water added each Half Hr. 5.35	6.05	6.35	7.05	7.35	8.05	8.35	9.05
1	12	7½"	6"	4½	4⅛	4	3⅛	3	2"
2	12	6¾	5½	4½	4	4	3⅛	3	3¾
3	12	5¾	5¾	4	2⅞	3 3/4	2 3/4	2¾	2
4	12	8¾	7	5	5	4⅜	3½	3⅛	2¾
5	12	2½	6¼	5⅛	5	4⅜	3½	3¾	3
6	12	8	7	5 6/8	4½	4⅜	3½	3¾	3½

at 5.05 ~~added~~ filled each Hole with 12" water for over night

Percolation Readings

8-22-79

Hole #	START TIME 5.05	Water added each ½ Hr. 5.35	6.05	6.35	7.05
1	6	4	3¾	3⅜	3⅞
2	6	4½	3½	3	2⅝
3	6	4	3	3	2½
4	6	5½	3⅛	3¼	2⅞
5	6	5⅜	3¾	3⅛	3⅛
6	6	4½	3¾	3	2⅞

Hole #	7.35	8.05	8.35	9.05
1	3	3	2⅞	2⅜
2	2	2½	2	2⅞
3	2	1¾	1¾	1¾
4	3	2⅛	2½	2⅜
5	2⅞	3	2¾	2⅝
6	3	2⅝	2¼	2⅛



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. 1586-C

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

REVIEWING ACTION

Remarks: _____

Date: August 23, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 136 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 543 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: _____

FILE NO. _____

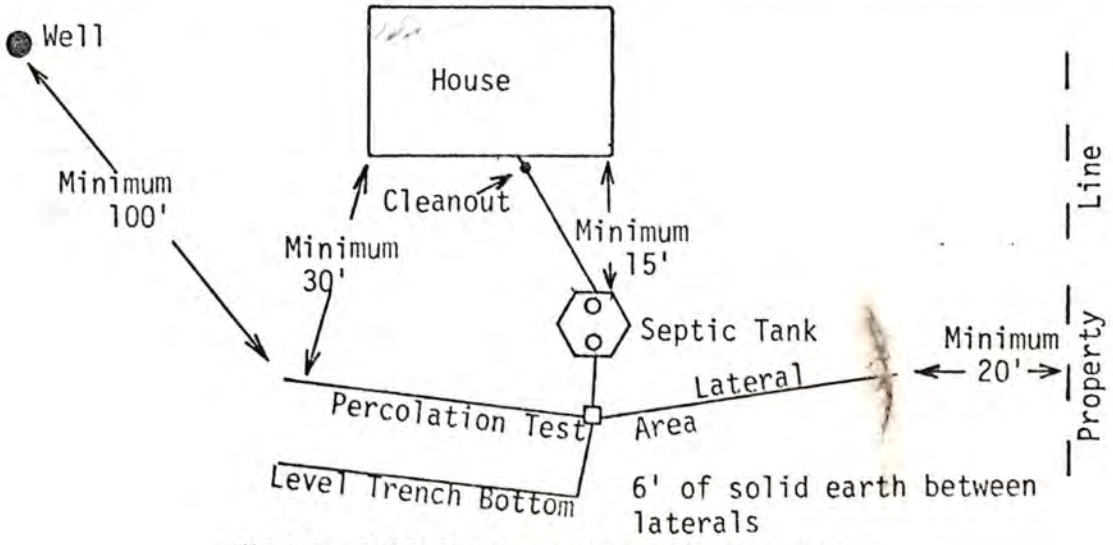
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 38 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 200+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step)
4. Manholes: Over Inlet; diam. _____ in.
(NONE) Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade ~~Yes~~ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 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 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step)
3. Distance from Septic Tank 4 ft.

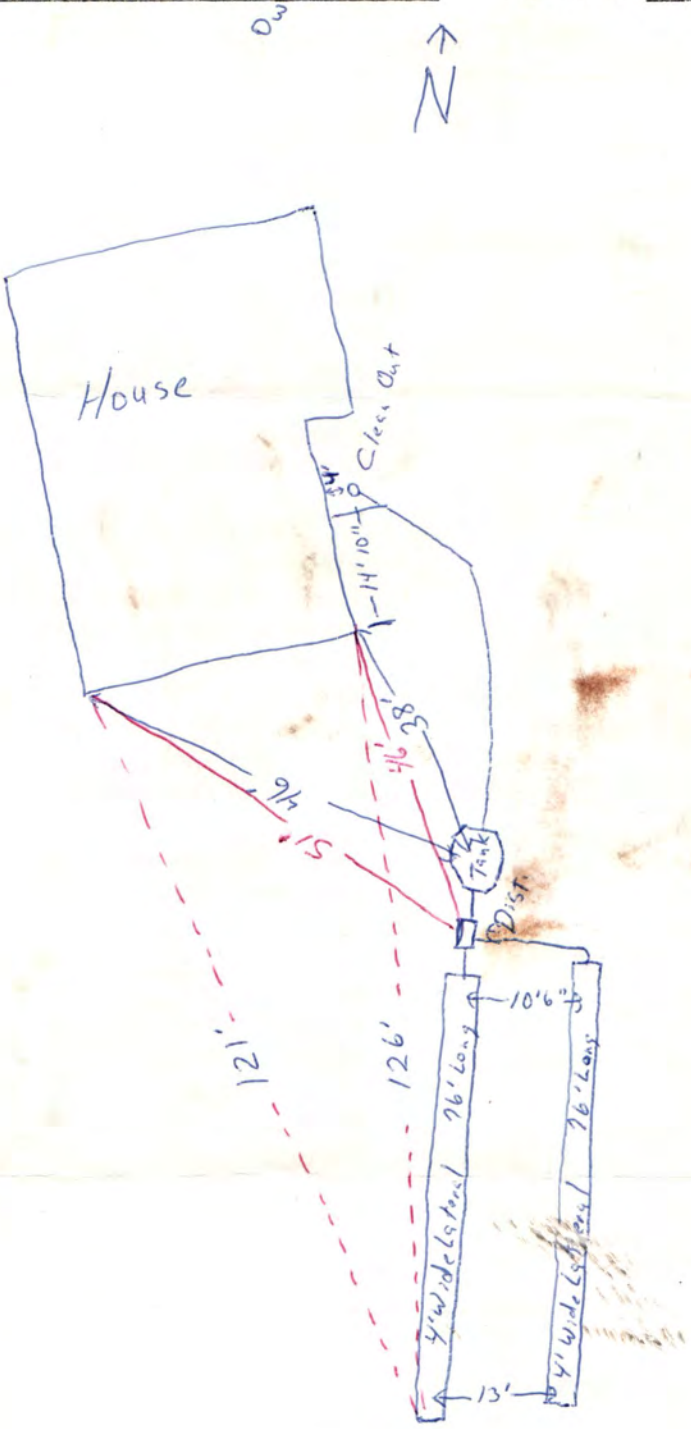
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 76, 76, _____, _____, _____ ft.;
Total length of laterals 152 ft.;
Distance between lateral lines 11 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 42 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 200+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 50+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-26-79 INSTALLER Vogt Trenching



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2620-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 1, 1988 — THIS PERMIT EXPIRES

STANLEY D. TROUBA — ISSUED TO

1530 BENTON LINCOLN, NE 68521 — ADDRESS

T11N; R7E; Sec SE¼ 8; Lot 40 I.T. — 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
MC	2/1/88	

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

A

FILING FEE: $ 60.00

FILE NO. 2620-C

DATE: 2-1-88

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. 11 N ; Range 7 E ; Section SE¼;
   Block _____ : Lot 40 I.T. : Addition 470.
   Street Address except 10.52

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: _____ ft.

Stanley O Trouba 2-1-88
Signature of Applicant (Owner or Lessee)

1530 Benton Lincoln Neb 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/1/88. Date Frwd. 2/1/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-1-88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Mel Ej

3. City or County Engineer: Date Rec'd. 2/1/88. Date Frwd. 2/1/88. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

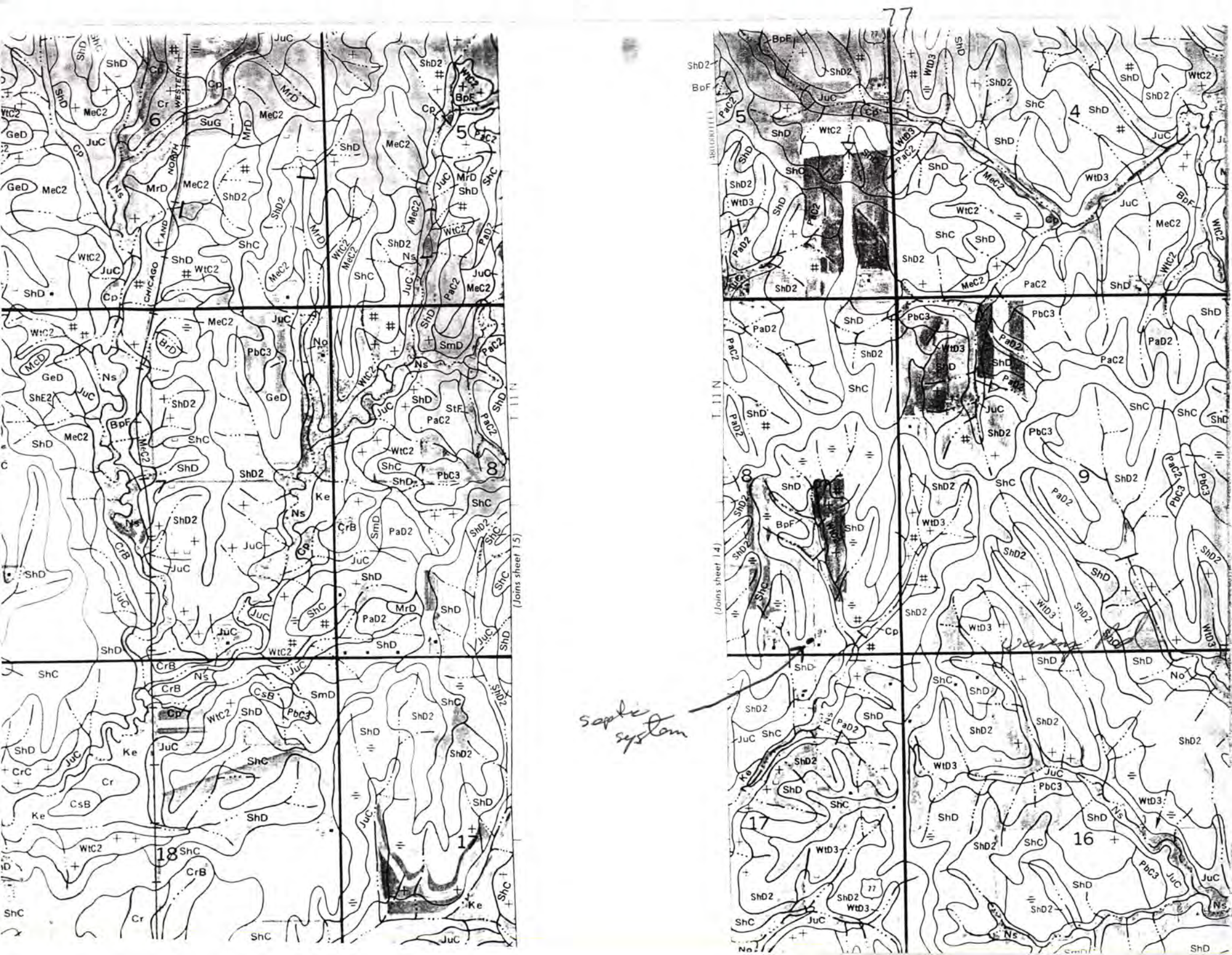
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-19-88 by: mm (need driveway)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-21-88 By: Ron Maynard

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

FORM 23-43


T. 11 N.
(Joins sheet 15)
(Joins sheet 14)
septic system
6
5
4
8
9
18
17
16
WESTERN AVE.
NORTH AVE.
CHICAGO AVE.
BRONTIELL

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 5100 Waverly Road, Lincoln, NE 68514

Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 11N Range 7E Section 8 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well 50 ft north of house (unknown) Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Neal Christensen	5100 Waverly Road, [redacted] Lincoln, NE 68514	402/464/9641
Tenant/Buyer:			
Return to:	~~Fax~~ Inspection One	804 2nd Street Pike Southampton, PA 18966	804/323-4677 215/953-9837 (Fax)

Signature of Applicant Todd Eichof Address ↑ Date 8/15/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 08/21/02 Amount 200.00 Check No. 4508644 Initials ns

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

PRELIMINARY STATUS By Ron Marquart DATE: 8/22/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 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 8/26/02

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: 9-00

8-22-02

P21256-11

020

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 5100 WAVERLY RD.

Twp 11 Range 7 Section 8 1/4 W½ 1/4 SE¼ Block ___ Lot ___ Addition ___

Directions to Property North on Hwy 77, 2 miles North of I-80 to Waverly Rd West on Waverly Rd to 5100. (Second Lane on North side).

Location of Well 90 ft North of NW of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System Southeast of House Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	Neal & Jane Christensen	5100 Waverly Rd	464-6672
Tenant/Buyer:	Same - Refinance		
Return to:	Havelock Bank ATT. Bob Hahn	1776 South 70th St Lincoln, NE 68506	434-3167

Signature of Applicant Neal Christensen Address 5100 Waverly Rd Lincoln, NE 68514 Date 9/1/95

HEALTH DEPARTMENT USE ONLY

Date Received 09/01/95 MS Received $150.00 Check ☑ #2297 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 9/1/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 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 9/8/95

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.

008

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.

[X] Evaluation of the Individual Water System Date: 4-2-93

[X] Evaluation of the Sewage Disposal System [ ] Enclosed is $150.00

Legal Description of Property: TWP. 11; RANGE 7; SECTION 8; BLOCK ___

Irr. Tract Pt. LOT 40; ADDITION W 1/2 SE 1/4; Street Address 5100 Waverly Rd., Waverly, NE

Directions to Property North of Hwy. #77 to Waverly Road, 1/4 mile west, north side of the road. Lockbox is up

Location of Well 90 ft. North of West edge of house Tap Location: Inside [X] Outside [X]

Location of Sewage System Southeast of House Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	James & Kay Novotny	5100 Waverly Road.	464-1266
Tenant/Buyer:	Neal B. & Jane A Christensen	1926 Glenarm Drive Clovis, NM 88101	489-9695(His work
Return to:	Sheryl Pflug, c/o ATI Title	PO Box 67069, Lincoln NE 68506-7069	

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

Signature of Applicant Sheryl L. Pflug Address Box 67069 Lincoln NE 68506-7069
Closing Agent

HEALTH DEPARTMENT USE ONLY

Date Received 04/07/93 Received $150.00 Check [X] #105 Cash [ ]

PRELIMINARY STATUS--DATE 4-8-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date 4-8-93 by rm
Bacteria	[X] 0	[ ]	Provisional:	[ ]	Date ____ by ____
Nitrate	[X] 10.1	[ ]	Disapproved:	[ ]	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping and not corralling livestock over subsurface laterals of septic system

See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Ron Magnuson, RS DATE 4-13-93

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

279