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. 95380131301

Issued 07/06/95
Expires 07/06/96
Revenue Code 18754

Establishment
DANIEL REED JR.
RRT 0001 BOX 0039A
DAVEY NE 68336

FEES: $150.00

TOTAL $150.00

Permittee
DANIEL REED JR.
RR0001
BOX 0039A
DAVEY NE 68336

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"

REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____

FILE NO. _____

DATE: 6-25-95

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 8 SW¼
   Block _____ : Lot 13 I.T. : Addition _____
   Street Address 12200 N. 40th St.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☐
4. Distance to public sewer: NA ft.

Daniel S Reed
Signature of Applicant (Owner or Lessee)

Rt 1 Box 39A Davey NE 68336
Address

CONTRACTOR – CLARENCE GRENDAHL – hm 785-2138 mob 430-0382
(Do not write below this double line)

1. Health Department: Date Rec'd. 7/6/95. Date Frwd. 7/6/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/6/95. Date Frwd. 7/6/95. ACTION: Approved ☒ Disapproved ☐ Signature: Harry Spin
3. City or County Engineer: Date Rec'd. 7-6-95. Date Frwd. 7-6-95. ACTION: Approved ☐ Disapproved ☐ Signature: Roger Harrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-5-95 by: Ron need drawing/call
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-19-95 By: Ron Maynard

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 11 ; Range 7 ; Section & ¼ Section 8 SW ¼
Property Dimensions: 660 ft. x 1318.5 ft. Area: 19.98 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 6-24-95 to 6-25-95. Weather: Precip. Scattered Temp. 74°F.

OWNER: David L Jr and Krista L Reed
Address: Rt 1 Box 39A Davey NE 68336

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.)
E1	36	6-24	5:00 pm	6-24	9:00 pm	6-25	5:00 pm	30	9:00 pm	34.5	240 min	4.5	53.33
2	36	↓	↓	↓	↓	↓	↓	30		32.5	↓	7.0	34.29
3	36							30		31.5		7.5	32.00
4	36							30		30.5		5.0	48.00
W1	36							30		33.5		3.5	68.57
2	32							26		27.5		7.5	32.00
3	36							30		31.5		6.5	36.92
4	36	↓	↓	↓	↓	↓		30		33.5	↓	3.5	68.57

Sum of Percolation Rates: 373.68
Average of Rates: 46.71
Mean of Rates: 50.29

David L Reed Jr
Signature of Person Conducting Test

Address Rt 1 Box 39A Davey NE Phone 467-4228

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☐

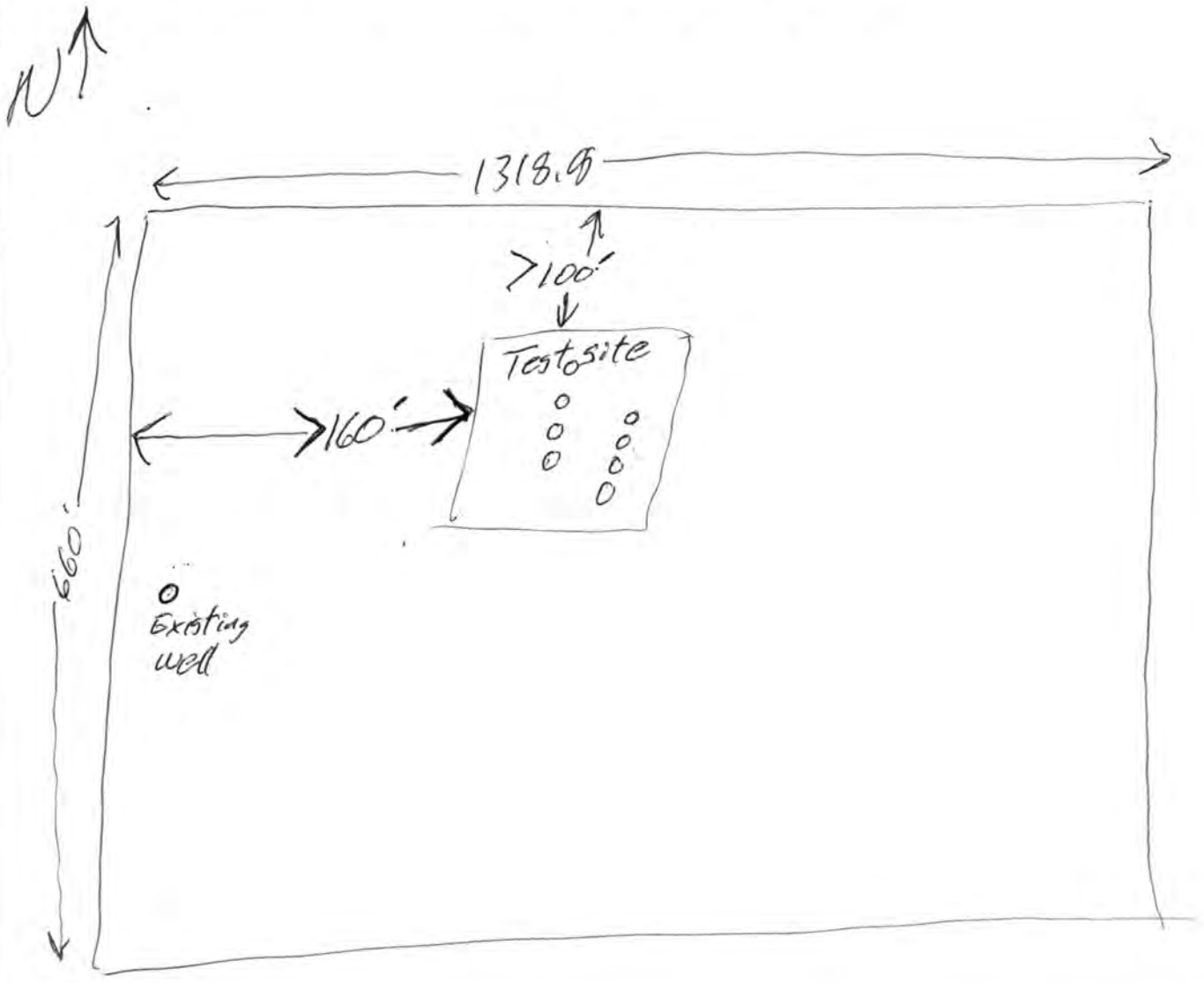
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 2 sq.ft.

_____
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

DEC 18 1995 D

DATE: 12-7-95

FILE NO. _____

address 12,200 ea 40th

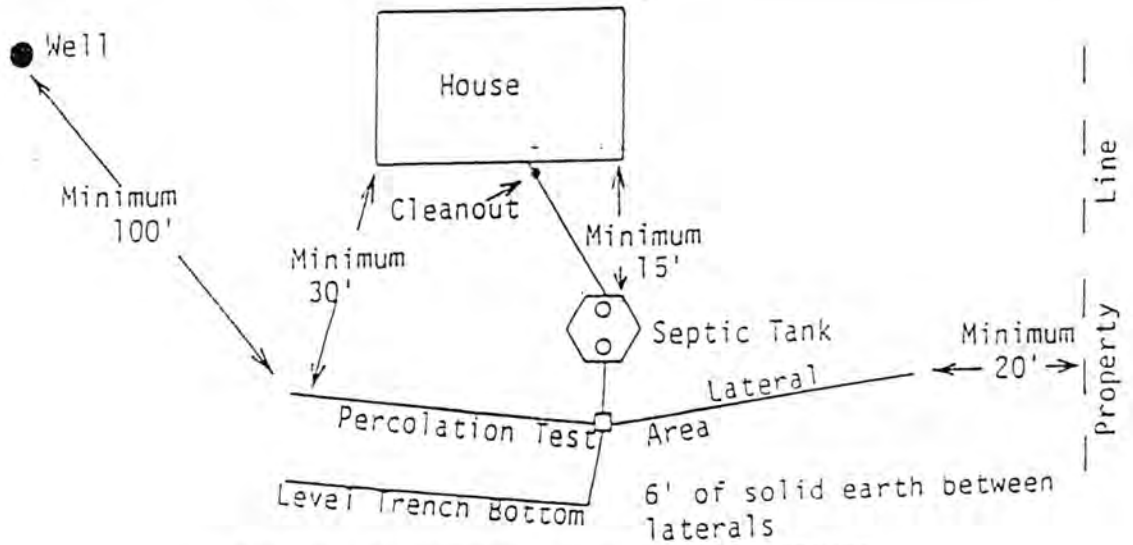
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C PVC ; Diameter 4 in.
2. Distance above basement floor 0" in., or below basement floor 12 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

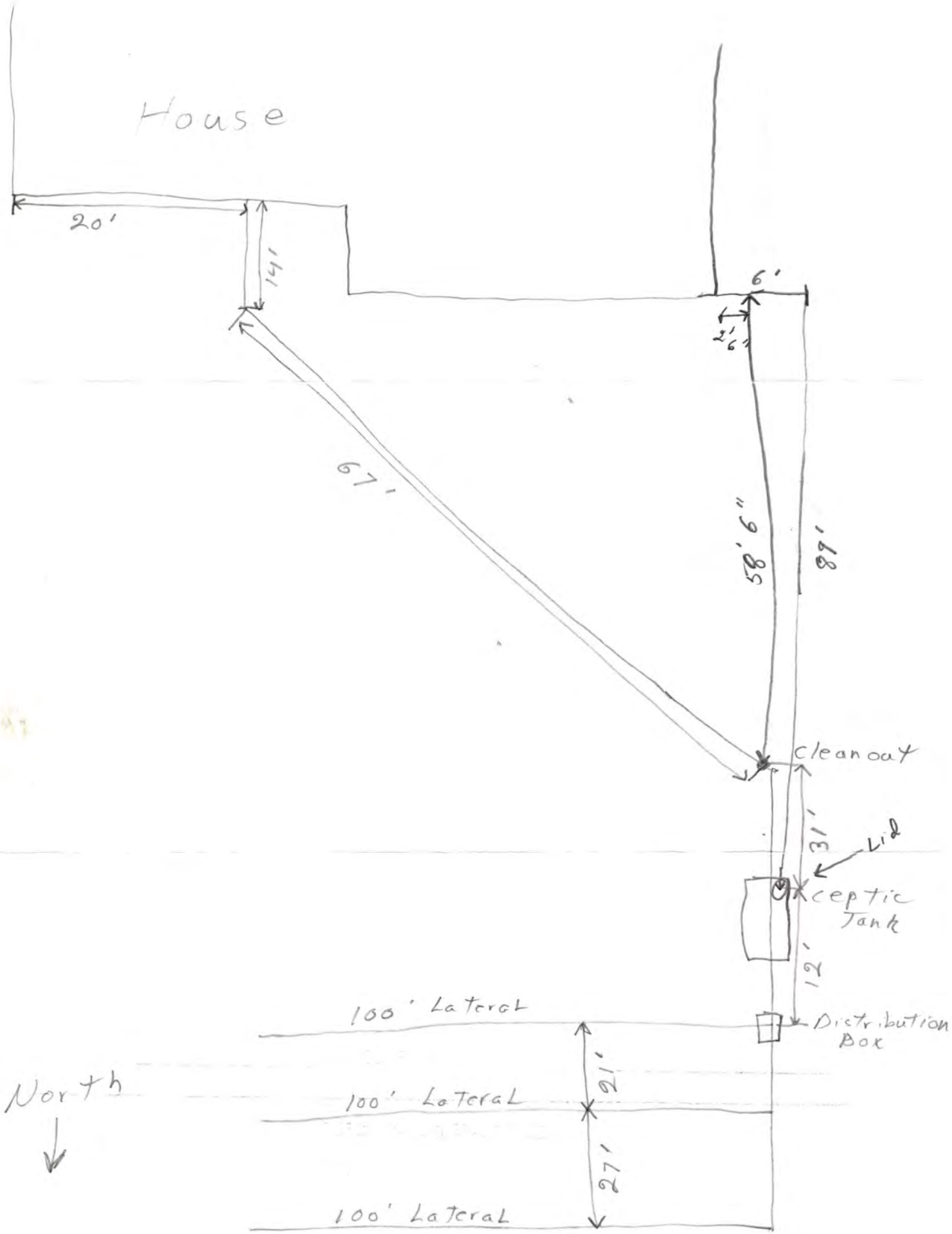
B. SEPTIC TANK:
1. Material concrete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 8" in.
Over Outlet; diam. 8" in.
Riser Above ☐ Below ☐ Grade even in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24" in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

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

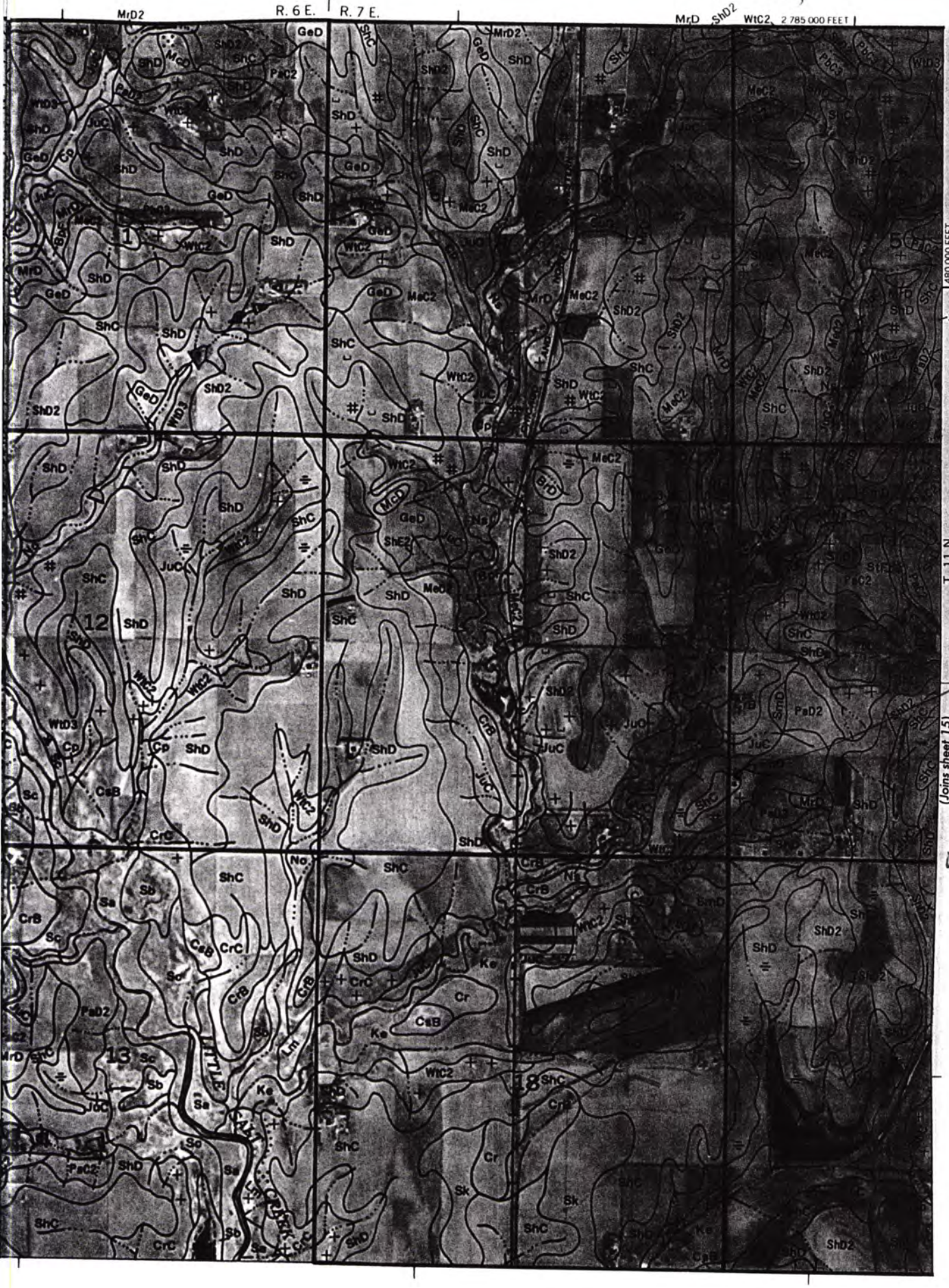
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 100 , _____ , _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 18 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4" in/100 ft.; Average Depth 40 in.
4. Filter Material: gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line 100 + ft.; Property Line 100 + ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


House
20'
14'
6'
2' 6"
67'
58' 6"
89'
Cleanout
31'
Lid
Septic Tank
12'
100' Lateral
Distribution Box
21'
100' Lateral
27'
100' Lateral
North

NEBRASKA — SHEET NUMBER 14



128 471-3132

Lincoln-Lancaster County Health Department

3140 "N"
2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 12200 N. 40th St.
Twp 11N Range 7E Section 8 1/4 SW 1/4 Block ___ Lot 13 Addition ___
* Directions to Property 1/4 mile north of 40th + Waverly Road - House sits at top of hill on east side.
* Location of Well front yard of trailer under gildrod tree. Tap Location: Inside ☐ Outside ☐ ← both available
* Location of Sewage System North side of new house Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	Kris & Dan Reed	Rt 1 39A - Box Davey NE. 68336	432-7242 467-4228
Tenant/Buyer:			471-3946
Return to:	~~Firstier~~ Attention Cindy ~~Trowbridge~~	P.O. Box 81008 Lincoln NE. 68501-9935 RC732	467-9042

* Signature of Applicant Krista S Reed Address Rt 1 Box 39A Davey NE 68336 Date 1/10/96

HEALTH DEPARTMENT USE ONLY

Date Received 01/11/96 Received $150.00 ✓ Check ☑ Cash ☐ #648

PRELIMINARY STATUS--By Ron Marquart DATE: 1/16/96

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒ Corrected	☒ well pit corral to close	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0A /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.8 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 1/25/96

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.

* Need as soon as possible! Thanks Cindy