LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1604-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 20, 1980 — THIS PERMIT EXPIRES

KENNETH SMITH — ISSUED TO

4304 NORTH 20, LINCOLN NE 68521 — ADDRESS

T11N, R7E, Section 6, Lot ~~S~~ 15 I.T. — 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. 1664-C

DATE: 6/17/80

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 6 ;
   Block ____ : Lot [redacted] LT : Addition [redacted]
   Street Address 14300 No. 27

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.

Kenneth V. Smith
Signature of Applicant (Owner or Lessee)

4304 No. 20 Lincoln Ne 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/19/80. Date Frwd. 6/20/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. ____. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☒ Signature: D. Bake

3. City or County Engineer: Date Rec'd. 6-20-80. Date Frwd. 6-20-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Prahl

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 8-12-80 by: pm
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-12-80 By: Ron Mangum

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: 474-1541

B

FILE NO. 1064-C

PROPERTY WHERE SOIL TESTED:

Location: Township 6 ; Range 11 ; Section & ¼ Section 7 .
Property Dimensions: 400 ft. x 567 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-17-80 to 6-18-80 . Weather: Precip. T Temp. 75 .

OWNER: KENNETH W. SMITH

Address: 4304 No. 20 Lincoln

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	32"	6/17	5 39 PM	6/18	4 39 PM	4 39 PM	6/18	12"	8 39 PM	5	30M.	7	
2						4 39 PM	6/18			7		5	
3										5		7	
4										5		7	
5										12		0	
6										9		3	
		refilled all holes at 7 39											

William M. Nagland
Signature of Person Conducting Test

Address 2701 N 27 Phone 474-0207

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: June 19, 1980
Test to be re-run

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

_____
Signature of Reviewing Official

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 7E ; Section & ¼ Section 6 .
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6/19/80 to 6/20/80 . Weather: Precip. _____ Temp. _____ .
OWNER: KENNETH U. SMITH
Address: 4304 NO. 20

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	32"	6/19	4 30 PM	6/20	4 30 PM	6/20	4 30 PM	12"	8 30 PM	4	30 M	4	
2										4		4	
3										4		4	
4										4		4	
5										8		~~9~~ 1	
6										6		1½	
		Refilled all holes as needed											

William M. Haaland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone 474-0207

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 10 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 ☐

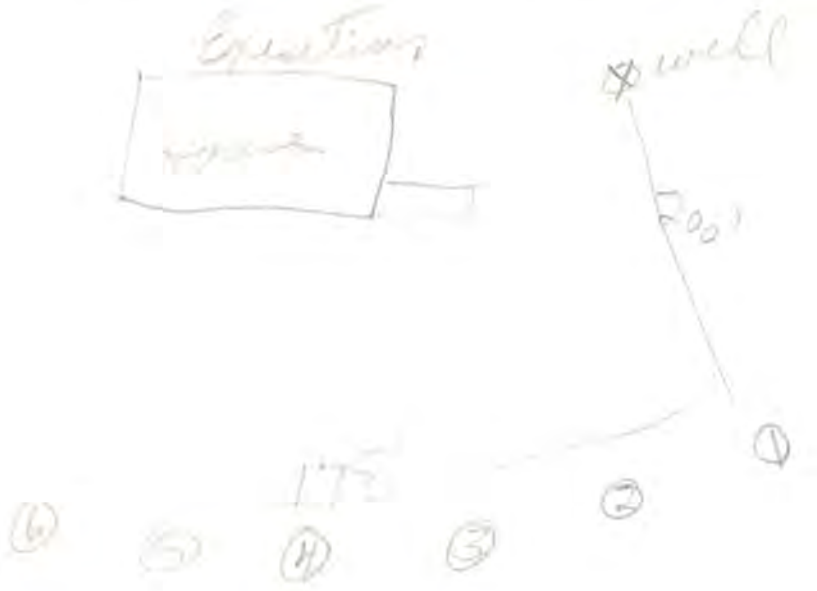
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1664-C

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



REVIEWING ACTION

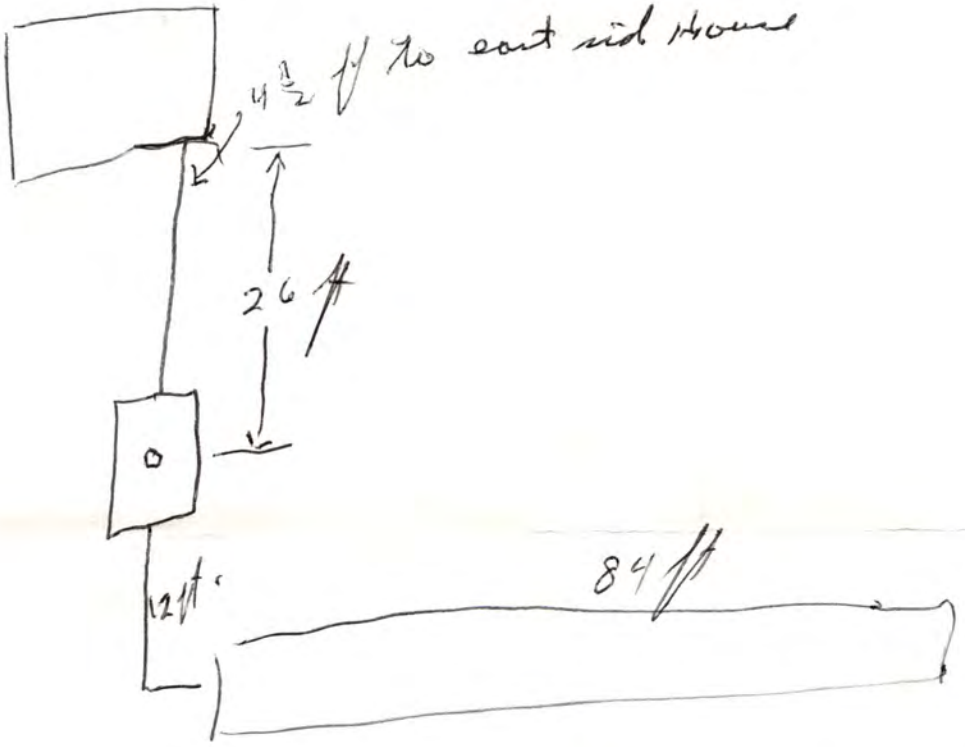
Remarks: _____

Date: June 26, 1980

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 330 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

N



Hurst Pl
Quill Hurst
8-12-80

TO WHOM IT MAY CONCERN:

Tom & Sonja Filipi, owners of the property located at North 27th and Raymond agree that on or before June 1st, 1991, will move the cow shed identified in the report from Lancaster County Health Department, dated 12-13-90.

Owners also reserve the right to move the well water system to comply with Lancaster County Health Dept written standards for water quality.

December 18, 1990

Tom Filipi

December 18, 1990

Sonja Filipi

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: 12-3-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 6; BLOCK ___

LOT 15; ADDITION ___; Street Address 27th

Directions to Property green house, ¼ mile south of Raymond Road & N27th Intersection

Location of Well North East Tap Location: Inside ☒ Outside ☐

Location of Sewage System South of house Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	Tom & Sonya Filipi	Rt. 1 Box 21B Davey, NE 68336	785-2325
Tenant/Buyer:			
Return to:	Tom & Sonya Filipi	R.1 Box 21B Davey, NE 68336	785-2325

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

Signature of Applicant Tom Filipi Address Rt 1 Box 21B Davey, NE 68336

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HEALTH DEPARTMENT USE ONLY

Date Received 12-5-90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12-5-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 12-5-90 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date 12-3-90 by [illegible]
Nitrate	☒ 0.3ppm	☐	Disapproved:	☐	Date 12-19-90 by [illegible]

Comments: Cow shed and corral have accumulated manure within 100 ft of well. Recommend not allowing livestock over septic sewage disposal field. Recommend checking to see if septic tank needs pumping. See Attached Letter ☒

FINAL STATUS

WATER SYSTEM: * see attached statement SEWAGE DISPOSAL SYSTEM:

Approved: ☒ Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Magnuson DATE 12-13-90

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: 11-10-87

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

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 6; BLOCK ____

LOT ____; ADDITION _____; Street Address 14400 N 27th

Directions to Property 2nd House South of 27th on Raymond Road on East side

Location of Well East of Garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	Kenneth Smith	14400 N 27th	785-37[illegible]
Tenant/Buyer:	Tommy Floyd	Walker, Neb.	821-318[illegible]
Return to:	Beckman Realty	903 Lincoln Benefit Life Bldg Lincoln, Neb.	477-5241

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

Signature of Applicant W P Beckman Address 903 Lincoln Benefit Life Bldg Lincoln, Neb 68508

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 12, 1987 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/16/87

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 11/16/87	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____	by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: OWNER STATES SEPTIC TANK WAS PUMPED THIS SUMMER SEPTIC SYSTEM IS NOW 7 YEARS OLD.

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Harold E. Hood R.S. DATE NOVEMBER 18, 1987

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