LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 94380113501

Issued 03/21/94
Expires 09/21/94
Revenue Code 18754

Establishment

RICHARD J YOUNG
T10N R7E SEC 14
LOT 31
2001 N 98 STREET

FEES: $150.00

TOTAL $150.00

Permittee

RICHARD J YOUNG
12200 S 162 ST
BENNET NE 68317

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"

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: $_____

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. 10N ; Range 7N ; Section SE¼ 14 ;
   Block _____ : Lot 3 I.T. : Addition _____
   Street Address 2001 North 98th St

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5. Describe _____

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

4. Distance to public sewer: _____ ft.

Richard J Hans Thompson Hts Co.
Signature of Applicant (Owner or Lessee)

12200 So. 162nd Bennet Ne 68317
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/21/94. Date Frwd. 3/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/21/94. Date Frwd. 3/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 3-21-94. Date Frwd. 3-21-94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ~~A/O WELL PERMIT YET~~

Site Visits:
Date: 5-24-94 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

Experimental PROVISIONAL
INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 6-3-94 By: Ron Maynard

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

Test Location 98th + Leighton (2001 North 98th St.)
2 - Blks So. west side
FILE NO

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7 W ; Section & ¼ Section SE 1/4 Sec. 14
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: 3-14-94 to 3-15-94 . Weather: Precip. 0 Temp. 50°.

Hole - 1 - had water in From Pre-Test

OWNER: Young's Plumbing
Address: Bennet NE. 68317
782-1600

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	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6"	3:30 pm	5 7/8	30m	1/8	
2	36"	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6"	3:30 pm	5 3/4	30m	1/4"	
3	36"	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6	3:30 pm	5 3/4	30m	1/4"	
4	36"	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6	3:30 pm	5 1/2	30m	1/2	
5	36"	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6"	3:30 pm	5 7/8	30m	1/8	
6	36	3-14	6:00 pm	3-15	3:00 pm	3-15	3:00 pm	6	3:30 pm	5 3/4	30m	1/4"	

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

Mike Fourkas
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln NE Phone 464-0638
Precast Products, INC.

(Do not write below this line)

REVIEWING ACTION

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

Remarks: Too slow for conventional system
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 21, 1994

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: 471-7800

D

DATE: 5-24-94

FILE NO. _____

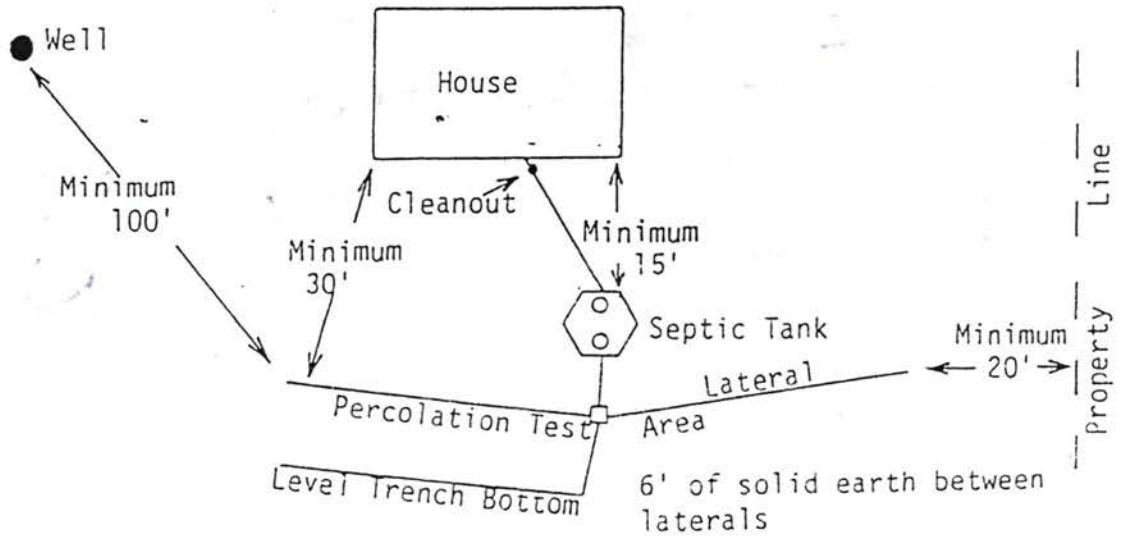
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241 ; Diameter 4 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 4.
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 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
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.

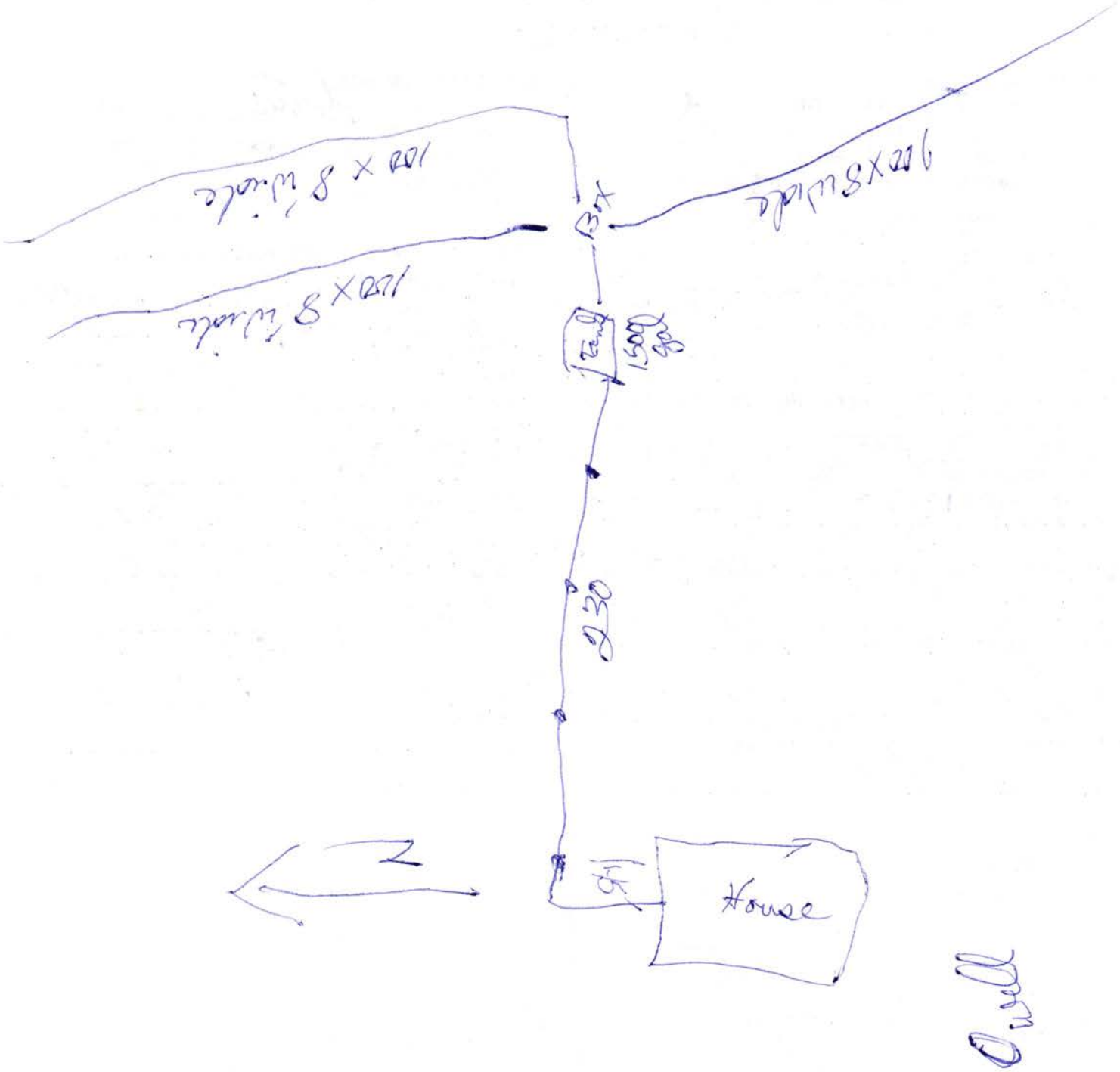
C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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 4" .
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 8 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth 24 in.
4. Filter Material: gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 250 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

2001 N. 98th


100 x 8 Wide
100 x 8 Wide
BH
90 x 8 Wide
1500 gal Tank
230
Well
House
N

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2001 N 98th st Lot 31 of I.I. in SE ¼ of sec.
Twp ____ Range ____ Section ____ 1/4 ____ 1/4 ____ Block ____ Lot 31 Addition 14-10-7 Lancaster
Directions to Property East on 84th North on 98th ½ mile west side of rd. County Rd6. has flag pole. Green shutter brick and [redacted] yellow siding
Location of Well S.W. of house North of propane tank Tap Location: Inside ☐ Outside ☒
Location of Sewage System North and North East of house Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Scott Erickson	2001 N. 98th	486-0166
Tenant/Buyer:			
Return to:			

Signature of Applicant Scott Erickson Address 2001 N. 98th Lincoln, Nebr. Date 2/20/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 03/04/96
Initials MS
Amount $ 150.00
Check No. # 105 MS

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/4/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 31 ppm	☐ ____ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ____/____/____ by ____
Date ____/____/____ by ____
Date ____/____/____ by ____

Comments: this is an experimental wide seepage bed septic system. Thus, a provisional approval. Recommend checking to see if septic tank needs pumping about every 3 years.
See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 3/8/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95