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. _____

DATE: 5/15/81

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 6E ; Section 31 ;
   Block _____ : Lot 281 Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
   No. of Bedrooms _____. Describe 8 Hours per day 4 people

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

4. Distance to public sewer: 2 Miles ft.

Please Send Permit to Quality Septic Service 3308 N Cotner Blvd Lincoln, Ne

Electra-Spray Mfg Inc
Marty W. Lewis
Signature of Applicant (Owner or Lessee)
To Contractor Quality Septic Service
6500 N 70 42 St
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/15/81. Date Frwd. 5/15/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoel
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-15-81. Date Frwd. 5-18-81. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 5/15/81. Date Frwd. 5/15/81. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL SYSTEM MUST NOT BE IN FLOOD PLAIN UNLESS RAISED ABOVE FLOOD LEVEL.

Site Visits:
Date: 5/22/81 by: JMM
Date: 5/26/81 by: JMM
Date: 5-26-81 by: JMM

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-28-81 By: John Nelson

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N; Range 6E; Section & ¼ Section 31.
Property Dimensions: _____ ft. x _____ ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☒; Clay Loam ☐.
Dates of Tests: 5/13/81 to 5/14/81. Weather: Precip. 0 Temp. 65.
Electra - Gary Mylene
OWNER: Marty W. Quinn
Address: 6300 N.W. 42nd

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	24"	5/13	9:00	5/14	8:25	5/14	8:25	8"	12:45	5 3/8	60 min	2 5/8	60 min / 2 5/8
2	7		AM		PM		AM		PM	5 4/4		4 1/4	8 1/4
3	5									6 1/4		1 3/4	6 3/4
4										5 1/8		2 1/8	2 1/8
5										7		1	1
6										5 1/4		2 3/4	2 3/4
7										Empty		Empty	Empty
8	↓	↓	↓	↓	↓	↓	↓	↓	↓	5 1/4	↓	2 3/4	2 3/4

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

Paul Swan Gillum
Signature of Person Conducting Test

Address 3308 N Cotner Phone 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Kennebec Silt Loam
Date: May 15, 1981

Approved Percolation Rate (a)
A. 28 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._____

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

REVIEWING ACTION

Remarks :_____

Date: May 15, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 39 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ 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: 5/22/81

FILE NO. _____

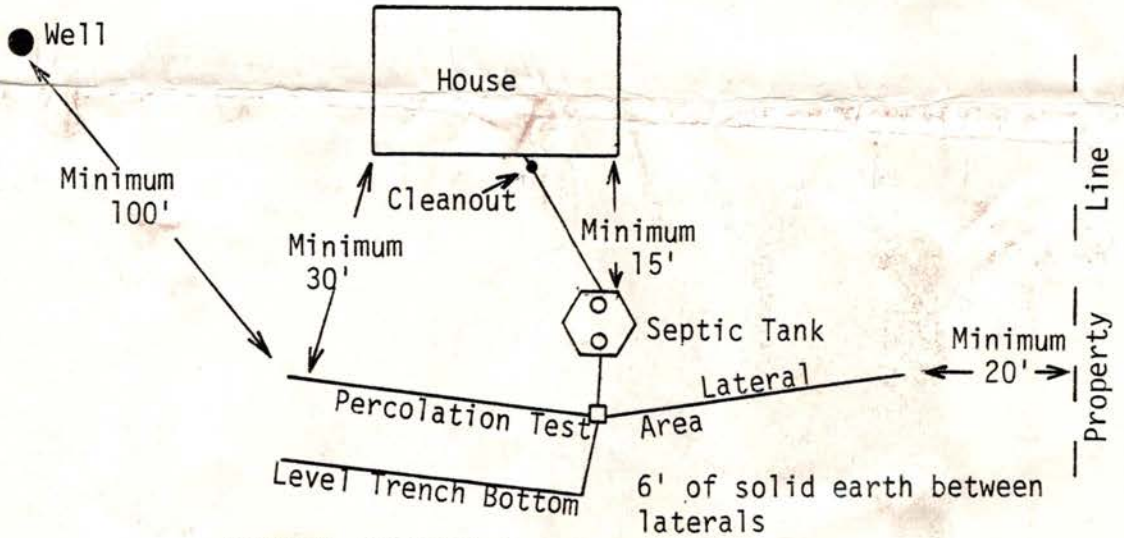
SPECIFICATIONS AS BUILT Electro Spray Mfg. Marty W. IVINS

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 4½ in.
3. Distance between dwelling and septic tank 16' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Fiber Glass; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Norris Glass)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 12 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 36" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

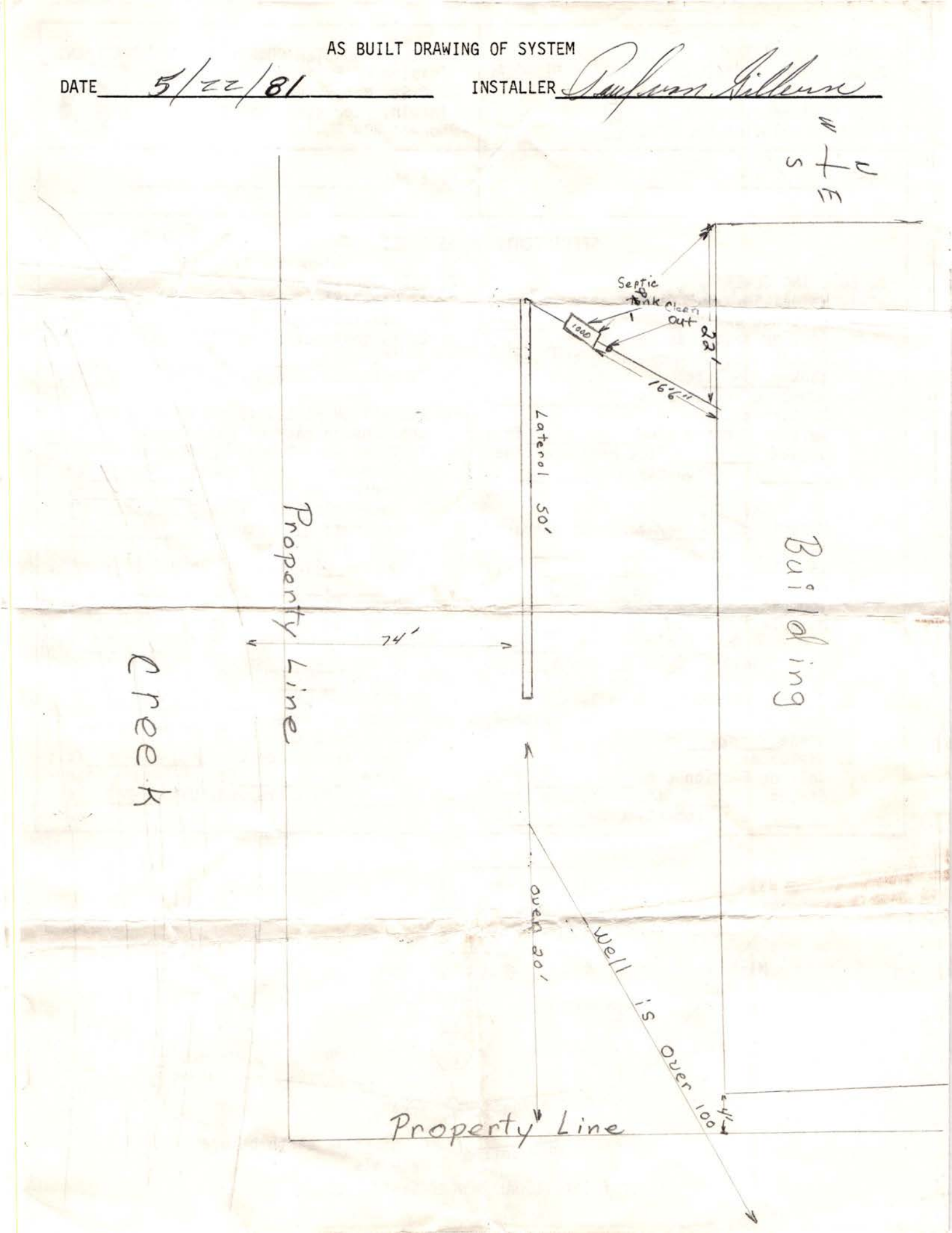
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines:
Number 1; Length of each line 50', _____, _____, _____, _____ ft.;
Total length of laterals 1 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 to 5 ft.;
Slope 0 in/100 ft.; Average Depth 3'6" to 4'6" in.
4. Filter Material: Gravel
Depth of Material 30" in.
5. Distances to:
Well or Suction Line Over 100' ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 50 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

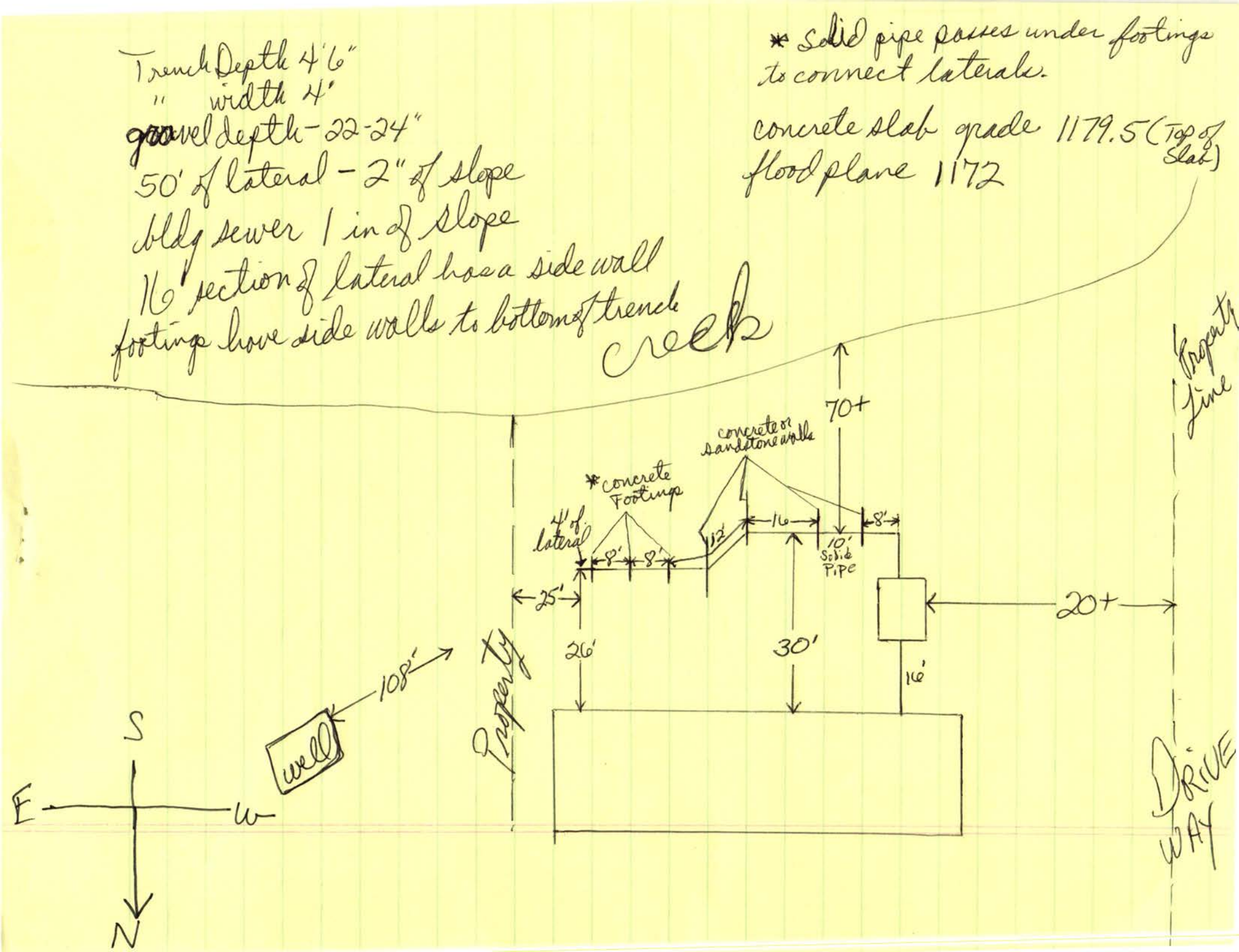
DATE 5/22/81 INSTALLER Graham Gilleon



Trench Depth 4'6"
" width 4'
gravel depth - 22-24"
50' of lateral - 2" of slope
bldg sewer 1 in of slope
No section of lateral has a side wall
footings have side walls to bottom of trench

* Solid pipe passes under footings to connect laterals.

concrete slab grade 1179.5 (Top of Slab)
flood plane 1172



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 31-11-6 Location 6500 NW 42nd

Owner/Requestor K G Inc.

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- ✓ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS An inspection of the water system for this establishment revealed four water wells near the area. An existing well east of K.G. Inc supplies a residence ~~east~~ north of the Pallet Co. This residence also has an irrigation well SE of their house. A new well west of the residence supplies water to the Pallet Co. and ~~the~~ K.G. Inc. The fourth well is NE of K.G. Inc and on privately Air port Authority land. this well is discontinued for use and must be properly abandoned. the existing well east of K.G. Inc. is physically connected to the new well water system supplying the Pallet Co + K.G. Inc.

Water System
New well permit

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Marquart Received by: _____

Date: 5-12-94

WA1002

Lincoln-Lancaster County Health Department

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 6500 NW 42nd St., Lincoln, NE 68524

Twp 11 Range 6E Section 31 1/4 SE 1/4 Block ___ Lot 28 Addition ___

Directions to Property See address & SE 84

Location of Well Unknown - Shared. Tap Location: Inside ☐ Outside ☒

Location of Sewage System Unknown - Septic Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	K.G. Inc.	3521 N. 73rd Lincoln	466-4559 464-1367 home 470-2685
~~Tenant~~ Buyer:	Larry W. Coffey	701 Marina Bay Plaza Lincoln, NE 68528	475-1101
Return to:	Vicki R. Beckius CROWNE CLOSING CO.	6940 O St., Ste. 312 Lincoln, NE 68510	464-1200

Signature of Applicant Vicki R Beckius Address 6940 O St. Ste. 312 Lincoln, NE 68510 Date 5/9/94

HEALTH DEPARTMENT USE ONLY

Date Received 05/10/94 Received $150.00 ✓ Check ☑ ✓ Cash ☐ # 4101

PRELIMINARY STATUS--By R. Margwart **DATE:** 5/12/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☒ disconnected	Approved	☒	Date 6/10/94 by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date 6/20/94 by ___
Nitrate	☒ 1.2 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Provisional Approval: ☐

Approved by Ron Margwart, RS Date 6/27/94

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.