LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380063601

Issued 09/05/90
Expires 03/05/91

ESTABLISHMENT

KEVIN KIRBY
T10N R7E SEC 14
LOT 59
9410 LEIGHTON

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KEVIN KIRBY
5619 HUNTINGTON ST
APT 6
LINCOLN NE 68507

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
9/19/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 60.00/100

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 7E ; Section 14 ;
   Block _____ : Lot 59 I.T. : Addition _____
   Street Address 9410 LEIGHTON

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: _____ ft.

489-7294
437611 3

MAIL TO:
KINNING SYDOW
P.O. BOX 6554
LINCOLN, NEBRASKA
68506

Kevin A. Kirby
Signature of Applicant (Owner or Lessee)

5619 Huntington #6
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/5/90 . Date Frwd. 9/6/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hook

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/6/90 . Date Frwd. 9/6/90 . ACTION: Approved ☑ Disapproved ☐ Signature: Mil Goldsmith

3. City or County Engineer : Date Rec'd. 9/6/90 . Date Frwd. 9/6/90 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL WELL IS IN

Site Visits:
Date: 10-11-90 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-15-90 By: Ron Mangum

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: 9410 LEIGHTON (LOT #59)

Location: Township 10N ; Range 7E of 6.P.M. Section & ¼ Section NE. ¼ Sec. #14.
Property Dimensions: 430' ft. x 500' ft. Area: 5.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-27-88 to 8-28-88. Weather: Precip. 0 Temp. 70°.

OWNER: Kevin A. Kirby
Address: 5919 Huntington Av. Apt. 6
466-2325

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"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	4 1/4"	30m	1 3/4"	
2	36"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	2 1/8"	30m	3 7/8"	
3	36"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	5 1/2"	30m	1/2"	
4	36"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	3 1/2"	30m	2 1/2"	
5	36"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	4 1/2"	30m	1 1/2"	
6	36"	8-27	10:30 Am	8-28	7:00 Am	8-28	7:00 Am	6"	11:00 Am	4 1/8"	30m	1 7/8"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 Paw Av Phone 4640638
Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: Satisfactory for conventional system
Soil Type (SCS): Shrapsburg Silty Clay Loam
Date: September 19, 1988

Approved Percolation Rate (a)
A. 15 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: 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: SEPTEMBER 5, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 760 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: 471-7800

D

DATE: _____

FILE NO. _____

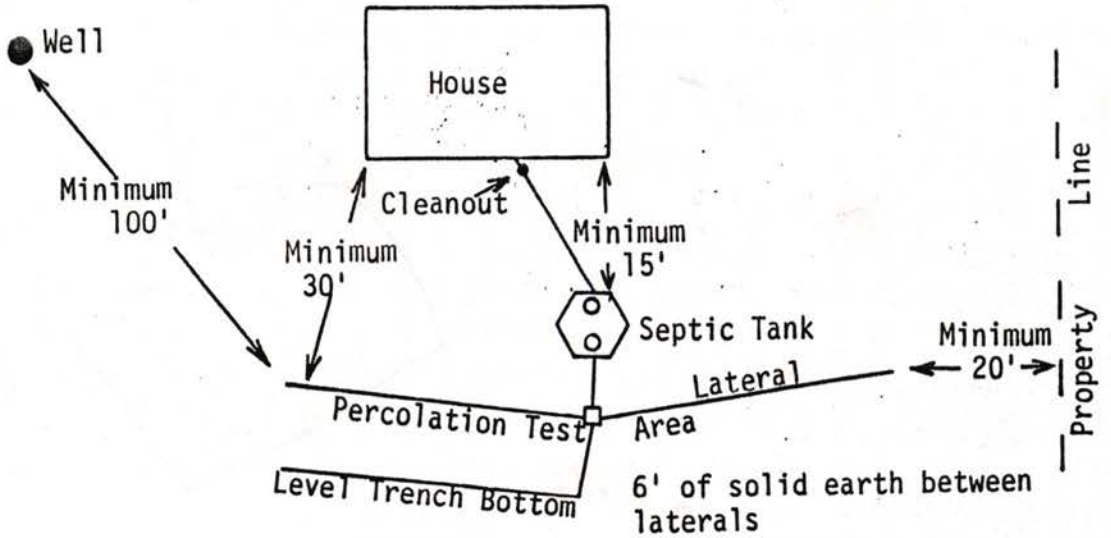
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 145' Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 26" in.
3. Distance between dwelling and septic tank 12' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 6" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

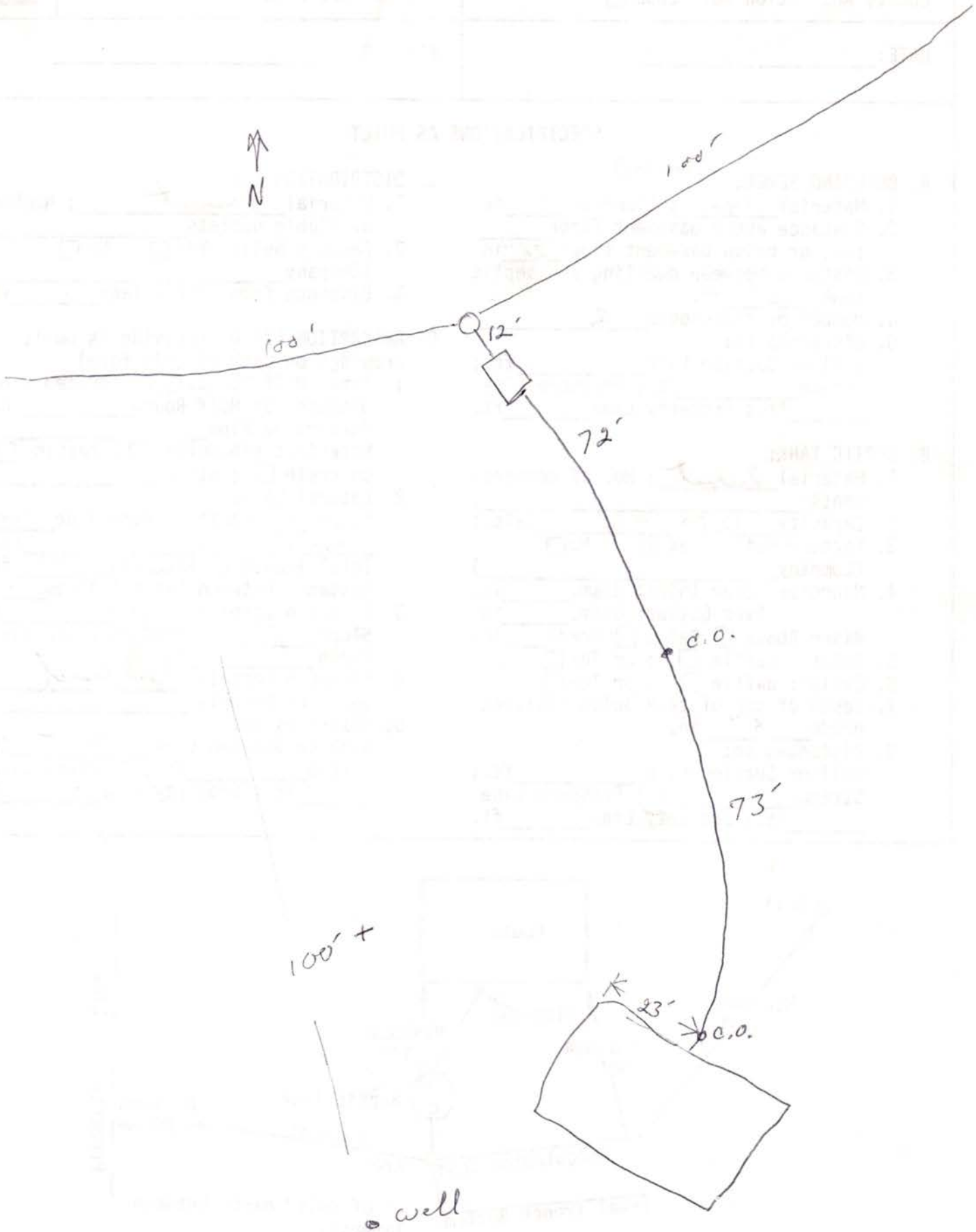
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines — ft.
3. Trench dimensions: Width _____ ft.;
Slope 6" in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

10-11-90



RECEIVED SEP 06 1991

Bac NO_3 Fluoride
↓ ↓ ↓
0 0.1 0.26

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property Sec. 14 T. 10N R. 7E Lot #59

Directions to Property 3/4 mile east from 84th & Leighton to private drive north. 2nd Home on East side of Private Drive

Land Owners
Name: KEVIN A. KIRBY
Address: 9410 LEIGHTON AVE.
Phone: 466-2325

Send Results to:
Name:
Address: SAME
Phone:

Land Owners Signature Kevin A. Kirby

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	145'
Casing Material	PVC
Casing Diameter	4"
Is well located in a pit	No
Type of pump	Submersable Jet Electrol

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	60 (distance)	FEET	U/D
CESSPOOL	—	FEET	U/D
SEPTIC TANK	Approx 200	FEET	U/D
SEWAGE DISTRIBUTION FIELD	175'	FEET	U/D
WASTE STABILIZATION LAGOON	—	FEET	U/D
BARN YARD	—	FEET	U/D
NEAREST WELL	450	FEET	U/D
NEAREST PASTURELAND	—	FEET	U/D
NEAREST CROPLAND	1000	FEET	U/D
SHOP	—	FEET	U/D
GRAINERY	—	FEET	U/D
FUEL TANKS	—	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE	None	FEET	WHAT?

ADM.0002/34

FEE #15.00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

004

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.

Date: 9-9-92

☑ Evaluation of the Individual Water System

☑ Evaluation of the Sewage Disposal System

☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 14; BLOCK ___

LOT 59; ADDITION _____; Street Address 9410 Leighton, Lincoln

Directions to Property Contact Borrower

Location of Well Contact Borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System Contact Borrower Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Kevin + Gerrine Kirby	9410 Leighton	466-2325
Tenant/Buyer:	Same	Same	Kevin work 470-4260
Return to:			Gerrine work 437-2461

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

Signature of Applicant Richard E. Stuart First Commerce Mortgage Co. Address Box 81231 Lincoln NE 68501

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HEALTH DEPARTMENT USE ONLY

Date Received 9/10/92 Received $150.00 Check ☑ #13377 Cash ☐

PRELIMINARY STATUS--DATE 9-11-92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	☒	☐

SEWAGE SYSTEM:

Approved: ☒

Provisional: ☐

Disapproved: ☐

SITE VISIT:

Date 9-11-92 by [illegible]

Date _____ by ____

Date _____ by ____

Comments: Recommend checking every 2-3 years to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Moyer, R.S. DATE 9-16-92

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