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. 90390063801

Issued 09/06/90
Expires 03/06/91

ESTABLISHMENT

TOMMY ART
T1ON R7E SEC 14 QTR NE
LOT 67

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

TOMMY ART
435 N 73 ST
LINCOLN NE 68505

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
9/7/90	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: $ 150.00

FILE NO. _____

DATE: 9-4-90

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 ; N.E 1/4 Sec. 14 Township 10 No.
   Block _____ : Lot 67 I.T. : Addition _____
   Street Address 9420 Leighton Ave.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft. Must be sealed.

9

Tom Ott
Signature of Applicant (Owner or Lessee)

Address 435. No. 13rd.

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/4/90. Date Frwd. 9/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/4/90. Date Frwd. 9/4/90. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-4-90. Date Frwd. 9-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-21-91 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-21-91 By: _____

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: 9420 Leighton

Location: Township 10N ; Range R7 ; Section & ¼ Section NE¼ of 14.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-12-90 to 10-13-90. Weather: Precip. 0 Temp. 60s.

OWNER: Tom Arty

Address: _____

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	29	10/12	10:00	10/13	8:00	10/13	11:30	17	12:00	17 5/8	30	5/8	48
2	29	10/12	10:00	10/13	8:00	10/13	11:30	18 7/8	12:00	19 5/8	30	3/4	40
3	29	10/12	10:00	10/13	8:00	10/13	11:30	17 3/8	12:00	18	30	5/8	48
4	29	10/12	10:00	10/13	8:00	10/13	11:30	17 3/4	12:00	19	30	1 1/4	24
5	29	10/12	10:00	10/13	8:00	10/13	11:30	17 3/4	12:00	19 1/4	30	1 1/2	20
6	29	10/12	10:00	10/13	8:00	10/13	11:30	17 1/2	12:00	18 1/8	30	5/8	48

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 19, 1990

Approved Percolation Rate (a)
A. 34 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: October 19, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 266 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1064 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: 2-21-91

FILE NO. _____

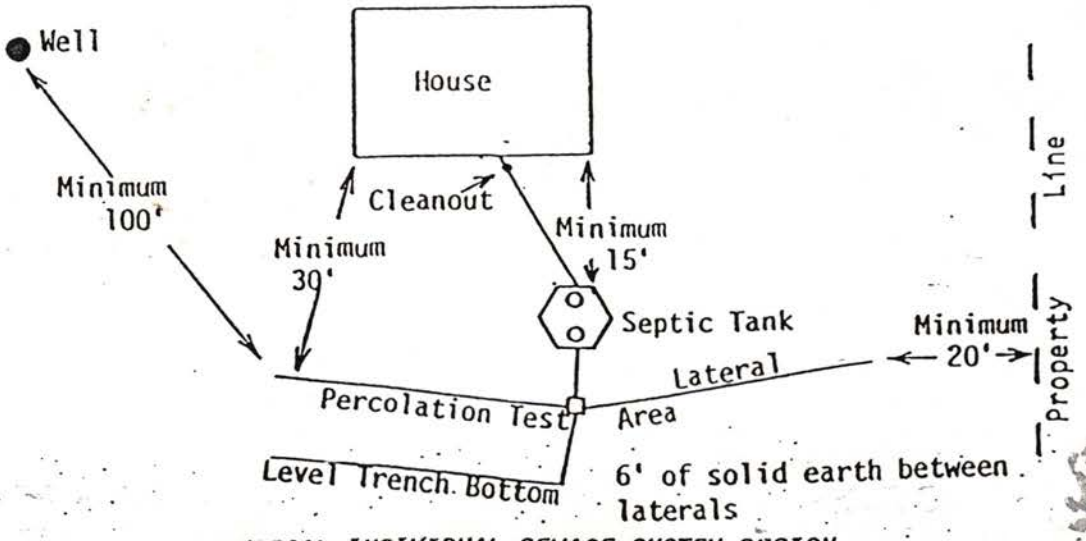
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 140 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 Pre Cast; 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 Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 ___ ; Length of each line 100, 100, 100, 55, 2 ft.;
Total length of laterals 255 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



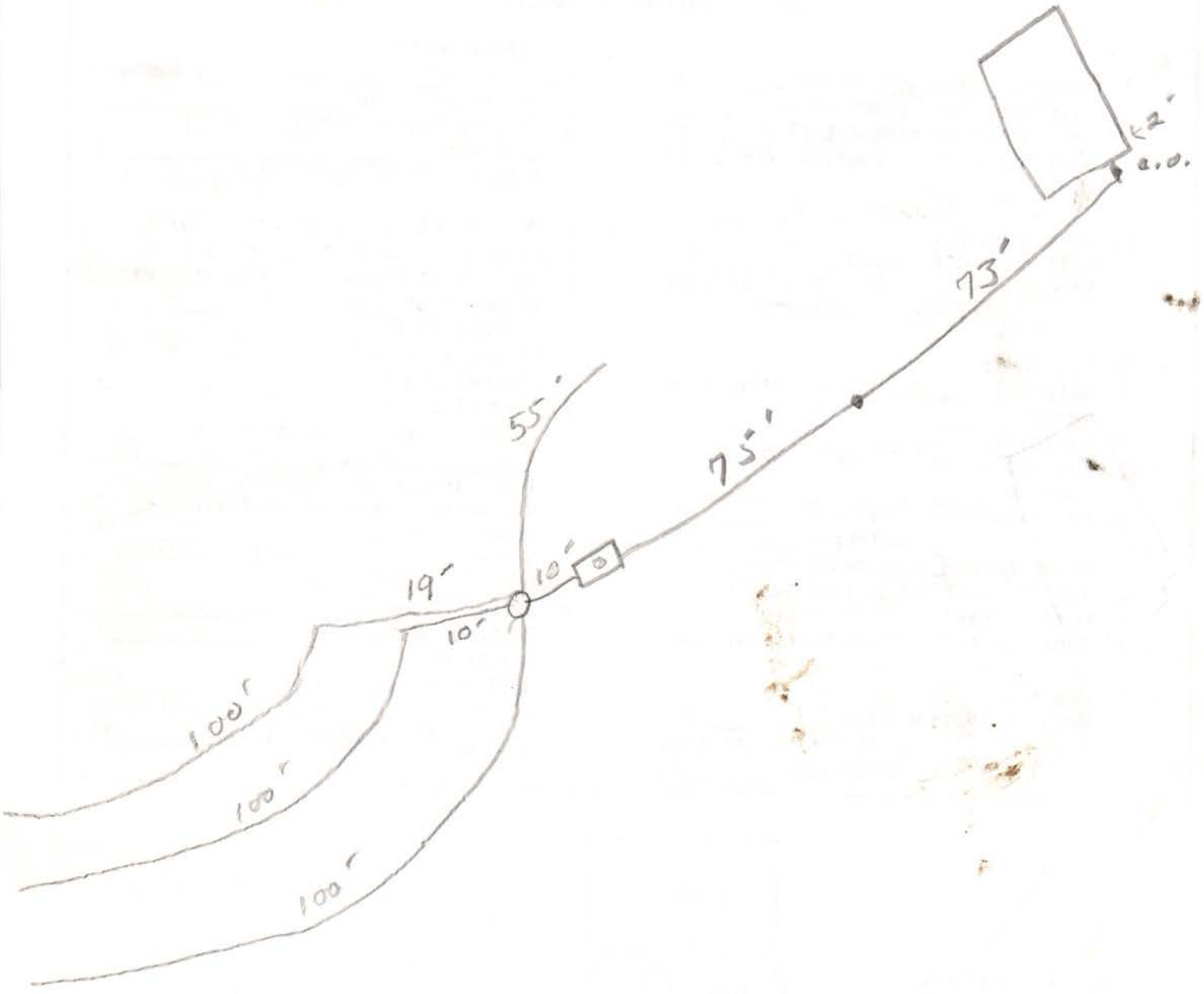
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwark

2-21-91

N

9420 Leighton



601

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 9420 Leighton Ave., Lincoln, Ne. 68507

Twp 10N Range 7E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 84th & Leighton, East of Leighton, take second turn available to the north, 3rd house on the right, wagon wheels at bottom of the lane, (taupe ranch home)

Location of Well behing the garage Tap Location: Inside ☐ Outside ☒ red pump

Location of Sewage System 1/2 way up the lane to the house, rock marks the location(right of lane) Year Installed 1990-91

	NAME	ADDRESS	PHONE
Present Owner:	Tom Artz	9420 Leighton Ave. Lincoln, Ne. 68507	432-1418
Tenant/Buyer:	David & Judy Butler	1116 Mulder Dr. Lincoln, Ne. 68510	483-2861
Return to:	Crowne Closing Company ATTN: Londi Rutan	6940 "O" St., Ste. 312 Lincoln, Ne. 68510	464-1200

Signature of Applicant Londi Rutan for David & Judy Butler Address 6940 "O" St., Ste. 312 Lincoln, Ne. 68510 Date 2 / 20 / 97

HEALTH DEPARTMENT USE ONLY

Date Received 2/21/97 Received $150.00 Check ☒ #8365 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2 / 24 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 2 / 28 / 97

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.