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. 90380011001

Issued 04/06/90
Expires 10/06/90

ESTABLISHMENT

SHERRILL RICHARDSON
T10N R7E SEC 14
LOT 76IT

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

SHERRILL RICHARDSON
6409 COLFAX ST
LINCOLN NE 68507

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
Paid	

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

9038 00110

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: 3-15-90

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. 10 N ; Range 7E ; Section 14 ;
   Block _____ : Lot 76 ~~I.T~~ : Addition _____
   Street Address 9400 LEIGHTON
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: _____ ft.

Sherill A Richardson
Signature of Applicant (Owner or Lessee)

6409 Colfax
Address
Lincoln, Ne 8507

(Do not write below this double line)

1. Health Department:	Date Rec'd. 3/15/90. Date Frwd. 4/9/90.	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 4/9/90. Date Frwd. 4/9/90.	ACTION: Approved ☐ Disapproved ☐	Signature: Vell
3. City or County Engineer :	Date Rec'd. 4-9-90. Date Frwd. 4-9-90.	ACTION: Approved ☒ Disapproved ☐	Signature: Kent D. Morgan

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 6/29/90 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/16/90 By: Jerrold Hood

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 76

Location: Township 10 N ; Range 7E ; Section & ¼ Section 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 ☐ . WIC-5402
Dates of Tests: 1-25 to 1-26-90 . Weather: Precip. 0 Temp 25-50

3 Bdrm 1,000 gal Septic Tank
915 sq ft. 305' of 3' wide lateral
or 229' of 4' wide lateral

OWNER: John Richardson
Address: 6409 Colfax 68507

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	1/25	1:00	9:00	1/26	1/26	12:00	23 1/4	12:30	23 3/8	30	.625	
2			P	A			Noon	25 3/8	P	26 5/8		.75	
3								29 3/8		30 5/8		.75	
4								28 1/2		29 1/4		.75	
5								29 1/4		30 3/4		.5	
6								25 1/8		25 5/8		.5	

Brad Southwick
Signature of Person Conducting Test
Address Heckman, Ne Phone 792-2462

Sum of Percolation Rates: 3,88
Average of Rates: .65
Mean of Rates: _____
46.15/min/in

(Do not write below this line) 48/min/in

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam or Wymore Silty Clay Loam
Date: March 15, 1990

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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: March 15, 1990

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 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: 7-2

FILE NO. _____

John Richardson
9300 Leighton

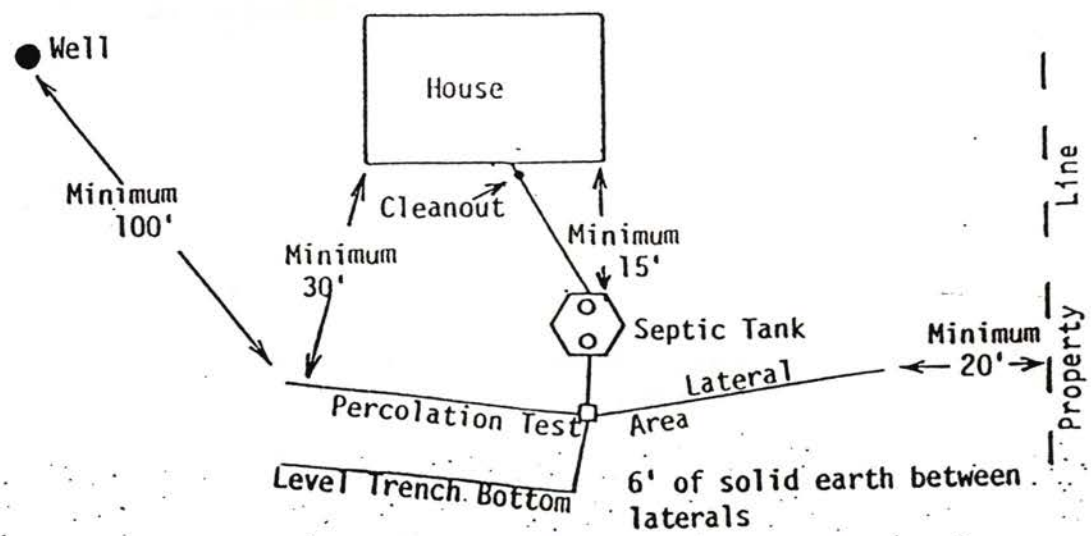
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC Sch40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 9 in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line >100 ft.; Stream N/A ft.; Pressure Line >100 ft.; Property Line >100 ft.

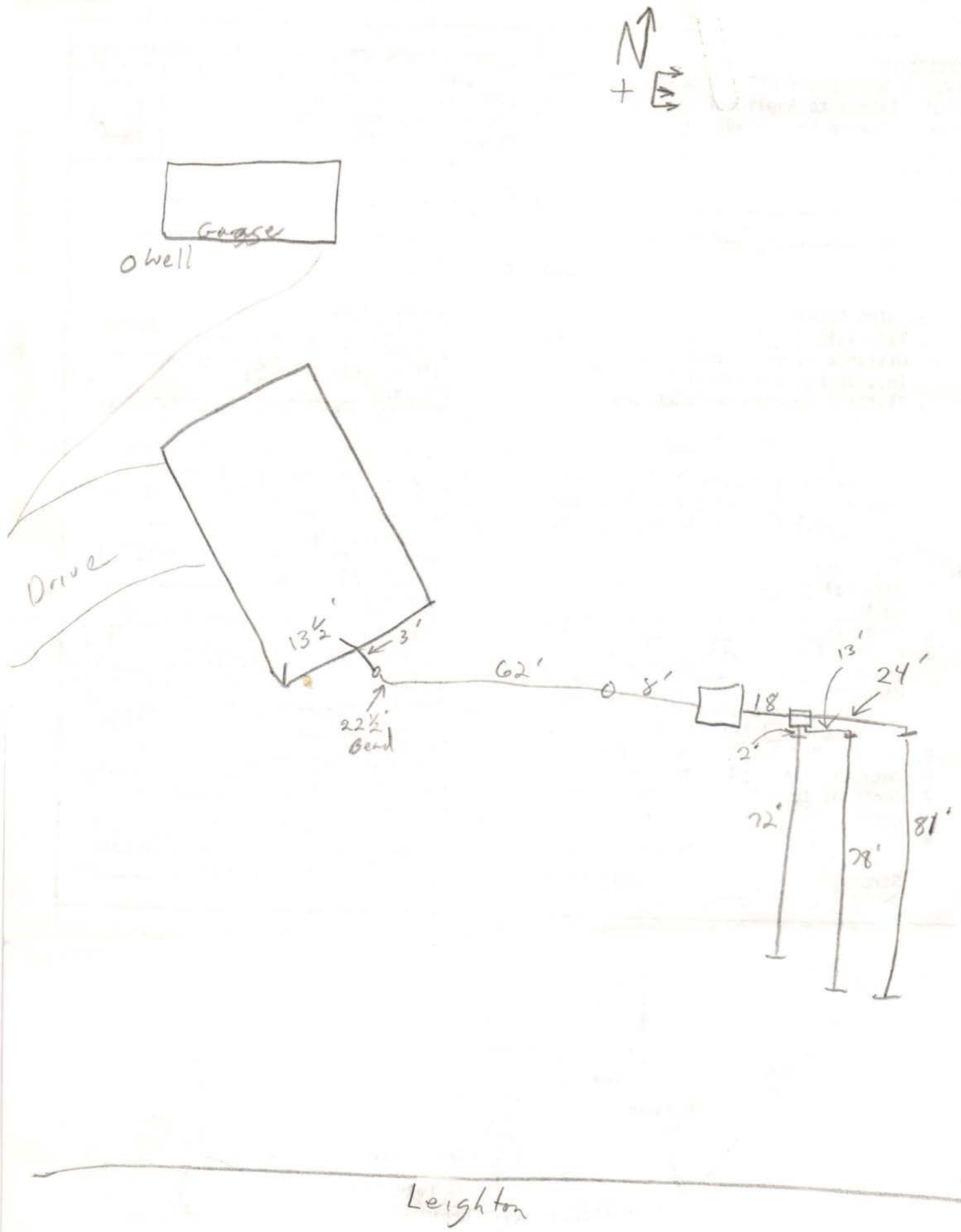
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast step)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line >100 ft.; Stream N/A ft.; Pressure Line >100 ft.; Property Line >100 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 2.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 18 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 3; Length of each line 81, 78, 72, _____, _____ ft.;
Total length of laterals 231 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4-5 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream N/A ft.; Pressure Line >100 ft.; Property Line >75* ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
+ E
Garage
Well
Drive
13½'
3'
22½° Bend
62'
8'
18
13'
24'
2'
72'
78'
81'
Leighton

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) ~~471-7800~~ 441-8022 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: 4-5-96

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

Legal Description of Property: Lot #76 NE 1/4 TWP. 10N; RANGE 7E; SECTION 14; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property 3/4 mile east of 84th + Leighton. North Side of road

Location of Well next to Morton bldg (flag pole) Tap Location: Inside ☐ Outside ☒

Location of Sewage System SE corner of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	John + Sheryl Richardson	9400 Leighton	466-6602
Tenant/Buyer:	Paul Almburg	work - 5120 NW 38 St. (24)	470-2600
Return to:	Capitol Title	P.O. Box 6577 (68506-6577)	434-3713 Marilyn Wimer

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

Signature of Applicant Paul Almburg Address 5120 NW 38th St. (24)

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HEALTH DEPARTMENT USE ONLY

Date Received 04/09/96 lp Received $150.00 Check ☑ Cash ☐ #520

PRELIMINARY STATUS--DATE 4-11-96

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4-11-96 by mm
Bacteria	☒ 0	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 0.6ppm	☐	Disapproved:	☐	Date ____ by ____

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

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magnant RS DATE 4-18-96

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