FILE NO. 1424

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 3, 1979 — THIS LICENSE OR PERMIT EXPIRES

Larry D. Whalen — LICENSEE OR PERMITTEE

RFD, Box 69, Malcolm, NE 68402 — ADDRESS

T11N, R6E, Section SW 19 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

| PERMIT | INSPECTION FEE | OCCUPATION TAX | LICENSE | TOTAL |
|---|---|---|---|---|
| $ 30.00 | $ | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE | |
| 110.15 | 110.16 | 148.14 | 6-2 | |
| SERIAL NO. 018754 | DATE | AMOUNT | | |

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1424

DATE: 9/29/78

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. 11 N ; Range 6 E ; Section SW 19 ; Block _____ : Lot _____ : Addition SEE ATTACHED
   Street Address _____

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: N/A ft.

Larry D Whalen
Signature of Applicant (Owner or Lessee)

RED BOX 69 MALCOLM NEBR. 68402
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/3/78. Date Frwd. 10/3/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/3/78 Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Barry M. Stewart

3. City ~~or County~~ : Engineer Date Rec'd. 10-3-78. Date Frwd. 10-3-78. ACTION: Approved ☒ Disapproved ☐ Signature: Al Long

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-12-92 by: mm
Date: 11-30-92 by: mm Septic System Corrected
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-30-92 By: Ron Bazant

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. 1424

PROPERTY WHERE SOIL TESTED:

Location: Township 11 North; Range 6 EAST; Section & ¼ Section SE ¼ of SW QUARTER 19
Property Dimensions: 340 ft. x 705 ft. Area: 5.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9/25 to 9/26 . Weather: Precip. 0 Temp. 73°.

OWNER: LARRY D. WHALEN

Address: RFD BOX 69 MALCOLM NEBR. 68402

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" | 9/25 | 2:00 PM | 9/25 | 6:30 PM | 9/26 | 5:00 PM | 6" | 6:30 AM | 5" | 30 | 1" | |
| 2 | " | 9/25 | " | " | " | " | " | " | " | 5" | " | 1" | |
| 3 | " | 9/25 | " | " | " | " | " | " | " | 5½" | " | ½" | |
| 4 | " | 9/25 | " | " | " | " | " | " | " | 5 3/4" | " | ¼" | |
| 5 | " | 9/25 | " | " | " | " | " | " | " | 5" | " | 1" | |
| 6 | " | 9/25 | " | " | " | " | " | " | " | 5 3/4" | " | ¼" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Larry D Whalen
Signature of Person Conducting Test

Address RFD BOX 69 MALCOLM NEBR. Phone 783-2288

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon would need to be sealed
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 2, 1978

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Wood
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 ☐

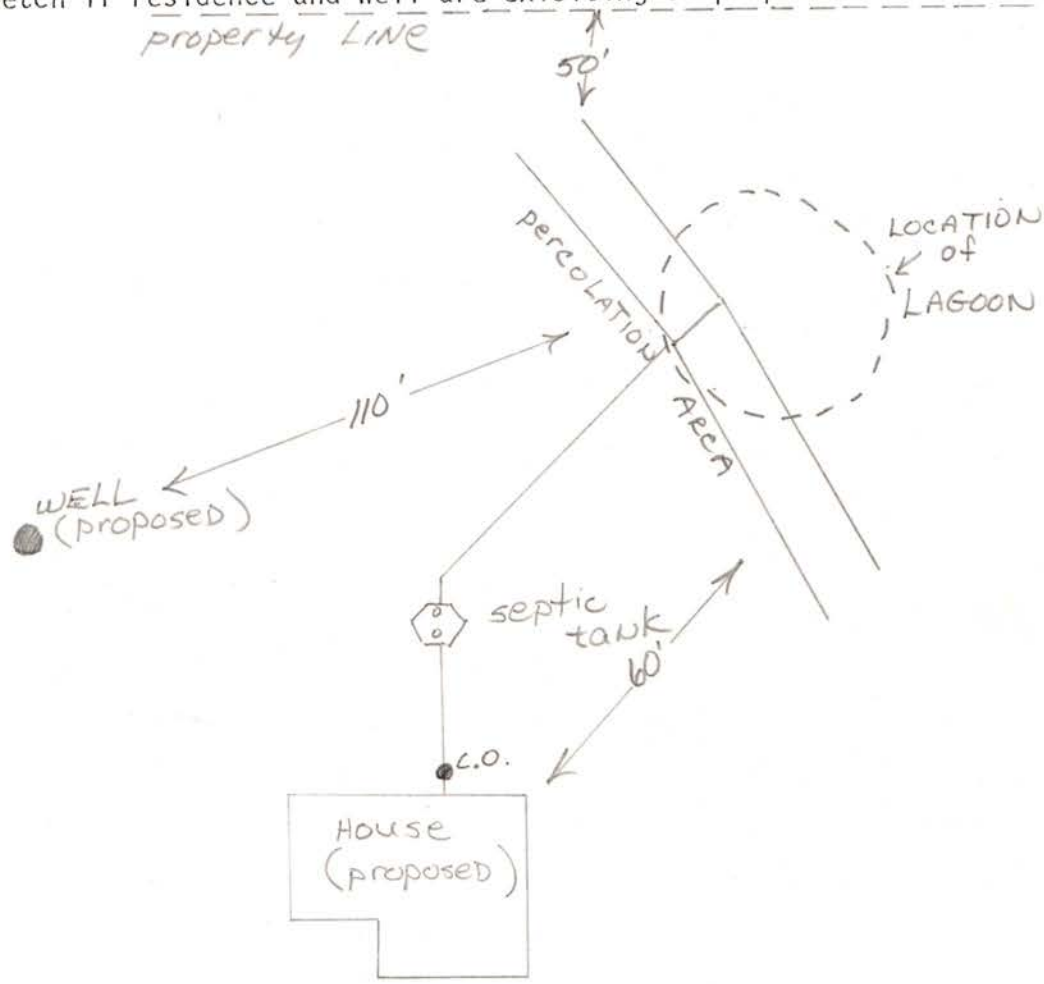
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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




REVIEWING ACTION

Remarks: Lagoon needs sealing

Date: October 2, 1978

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ 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: 471-7800

D

DATE:_____

FILE NO:_____

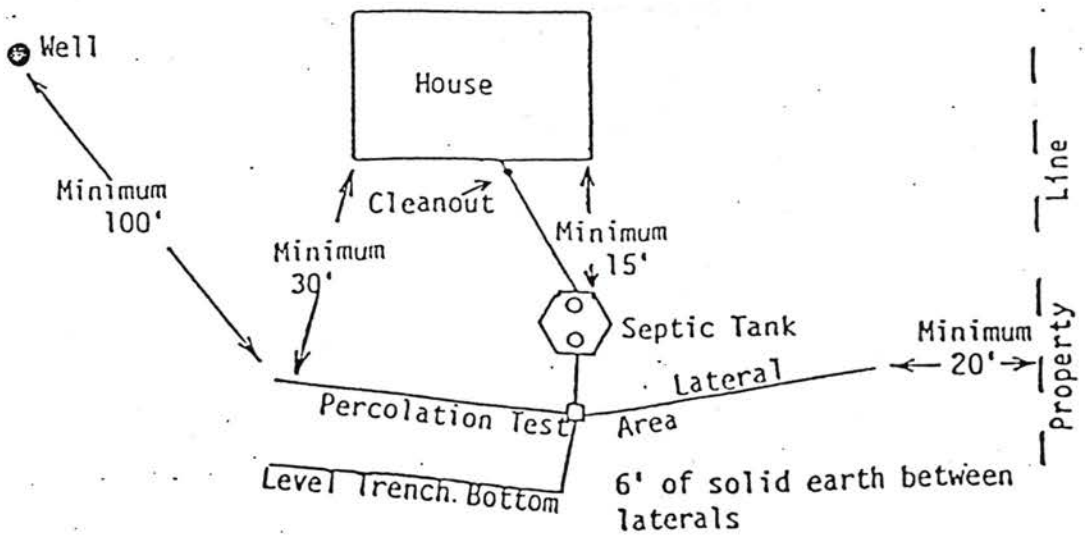
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____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_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

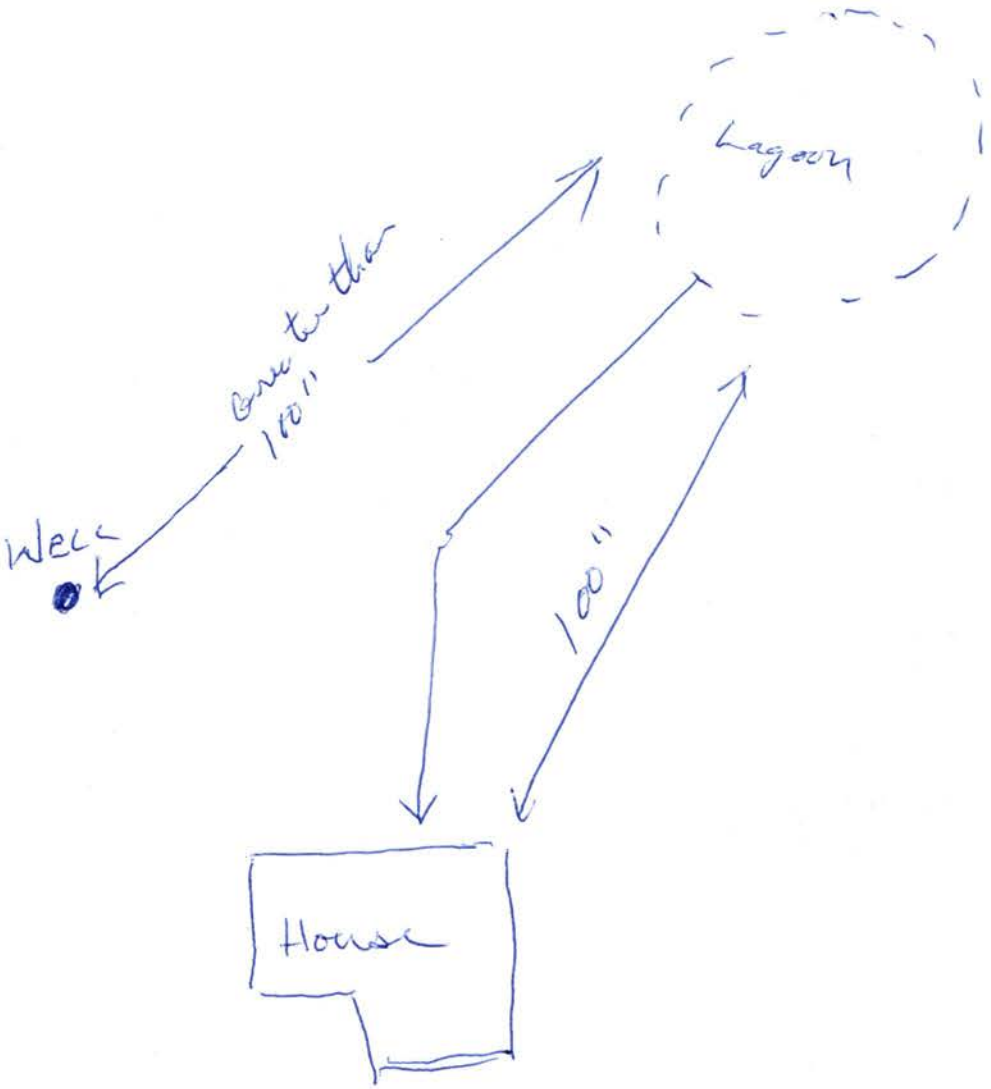
B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade_____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_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.; Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Lagoon
Bore to the
100'
Well
100'
House

SW¼ Sec 19 T11N R6E

LEGAL DESCRIPTION

A tract of land in Southeast Quarter of Southwest Quarter of Section 19, Township 11 North, Range 6 East, of 6th P.M. Lancaster County, Nebraska, more fully described by metes and bounds as follows.

Referring to the Southeast corner of said Southeast Quarter of Southwest Quarter, thence west along the south line of said Southeast Quarter of Southwest Quarter, a distance of Three hundred Twenty-seven and two-tenths ( 327.2) feet thence right Ninty degrees ( 90°), in a northerly direction, a distance of Thirty- three and no tenths ( 33.0) feet to the point of beginning, thence deflecting left Eighty-eight degrees, Thirty-four minutes ( 88°34min.) from the previously described course extended, in a Westerly direction, parallel to and Thirty-three and no tenths (33.0) feet, Northerly of south line of said Southeast Quarter of Southwest Quarter a distance of Three Hundred Forty and no tenths (340.0) feet to a point Thirty-three and no tenths (33.0) feet north of the south line of said southeast Quarter of Southwest Quarter, thence right Eighty-eight degrees and Thirty-four minutes (88° 34 min.) in a northerly direction, a distance of Seven Hundred Four and Eighty-seven hundredths ( 704.87) feet, thence right Ninty-one degrees Twenty-six minutes ( 91° 26 min.) in an Easterly direction, parallel to the south line said Southeast Quarter of Southwest Quarter a distance of Three Hundred Forty and no tenths (340.0) feet, thence right Eighty-eight degrees and Thirty-four minutes ( 88° 34 min.) in a southerly direction parallel to the penultimately described course, a distance of Seven Hundred Four and Eighty-seven hundredths (704.87) feet to the point of beginning and containing a calulated area of 5.5 acres more or less, excluding road.

# Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

## 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 5340 W. McKELVIE RD

Twp 11N Range 6E Section 19 1/4 SW 1/4 Block ___ Lot 17 Addition ___

Directions to Property 10TH ST NORTH TO 34. N. ON HWY 79 TO McKELVIE RD. TURN EAST

Location of Well N.W. OF GARAGE OFF DRIVEWAY Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed 1980?

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | JAMES & BONNIE WEBSTER | 5340 W. McKELVIE RD RAYMOND, NE 68428 | 783-2037 |
| Tenant/Buyer: | ED & KAROL SWOTEK | 5500 WARWICK CT #19 LINCOLN, NE 68516 | 423-1416 |
| Return to: | (BUYERS) | (SAME AS ABOVE) | |

Signature of Applicant [signature] Address 5500 Warwick Ct. #19 Lincoln, NE 68516 Date 11 / 10 / 92

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**HEALTH DEPARTMENT USE ONLY**

Date Received 11 / 10 / 92 Received $150.00 Check ☒ 3114 Cash ☐

**PRELIMINARY STATUS--By** R Maynard **DATE:** 11 / 12 / 92

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | | **Additional Site Visits** |
|---|---|---|---|---|---|
| Construction | ☒ | ☒ Corrected | Approved | ☒ | Date 11 / 12 / 92 by RM |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional | ☐ | Date 11 / 30 / 92 by RM |
| Nitrate | ☒ 0.4 ppm | ☐ ___ ppm | Disapproved | ☒ Corrected | Date ___ / ___ / ___ by ___ |

**Comments:** ___

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Ronald Maynard, RS Date 12 / 3 / 92

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.