LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1464-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 15, 1979 — THIS PERMIT EXPIRES

Dennis Van Horn — ISSUED TO

Route 5, Lincoln, NE 68508 — ADDRESS

T11N, R6E, Section 19 NE¼ of NE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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

FILING FEE: $30.00

FILE NO. 1464-C

DATE: 11/11/78

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: SEE ATTACHED

1. Legal description of property: Twp. 11 ; Range 6 ; Section 19 ; Block _____ : Lot _____ : Addition NE¼ of NE¼
   Street Address RT 5 LINCOLN, NE 68508

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe EXISTING RESIDENCE

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

4. Distance to public sewer: NONE ft.

Dennis A. Van Horn
Signature of Applicant (Owner or Lessee)

RT 5 LINCOLN, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/15/78. Date Frwd. 12/27/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/27/79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stewart
3. City or County Engineer: Date Rec'd. 12-27-79. Date Frwd. 12-27-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-9-78 by: RM *
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

* Installed & covered without permit or inspection

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
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B

FILE NO. 1464-C

PROPERTY WHERE SOIL TESTED:

Location: Township T11N ; Range 6 ; Section & ¼ Section 19 .
Property Dimensions: 464.27 ft. x 470.5 ft. Area: 5.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Nov 8, 1978 to Nov. 9, 1978. Weather: Precip. 0 Temp. 40°-70°

OWNER: Dennis & Arlene Van Horn

Address: Rt 5 Lincoln NE 68508

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	34"	11/8	4:10 PM	11/8	8:30 PM	11/9	4:00 PM	26 1/8"	7:50 AM	30 5/8"	30	4 1/2"	.150
2	32"	11/8	4:10	11/8	8:30	11/9	4:00	24 3/8"	7:50 AM	27 5/8"	30	3 1/2"	.116
3	35"	11/8	4:10	11/8	8:30	11/9	4:00	27 1/8"	7:50	30 1/4"	30	3 1/8"	25.104
4	34"	11/8	4:10	11/8	8:30	11/9	4:00	26"	7:50	29 1/4"	30	3 1/4"	.108
5	36"	11/8	4:10	11/8	8:30	11/9	4:00	27 3/4"	7:50	30 7/8"	30	3 1/8"	25.104
6	34"	11/8	4:10	11/8	8:30	11/9	4:00	26 1/4"	7:50	29 3/8	30	3"	.100
7	24"	11/8	4:10	11/8	8:30	11/9	4:00	18 3/8"	7:50	22"	30	3 1/8"	25.104
												2 (23.625)	
													3.375

Sum of Percolation Rates: .786
Average of Rates: .112
Mean of Rates: .125

Rt 5 Lincoln
Signature of Person Conducting Test

Address Dennis A. Van Horn Phone 783-2312

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Judson

Date: _____

Approved Percolation Rate (a)
A. 9 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

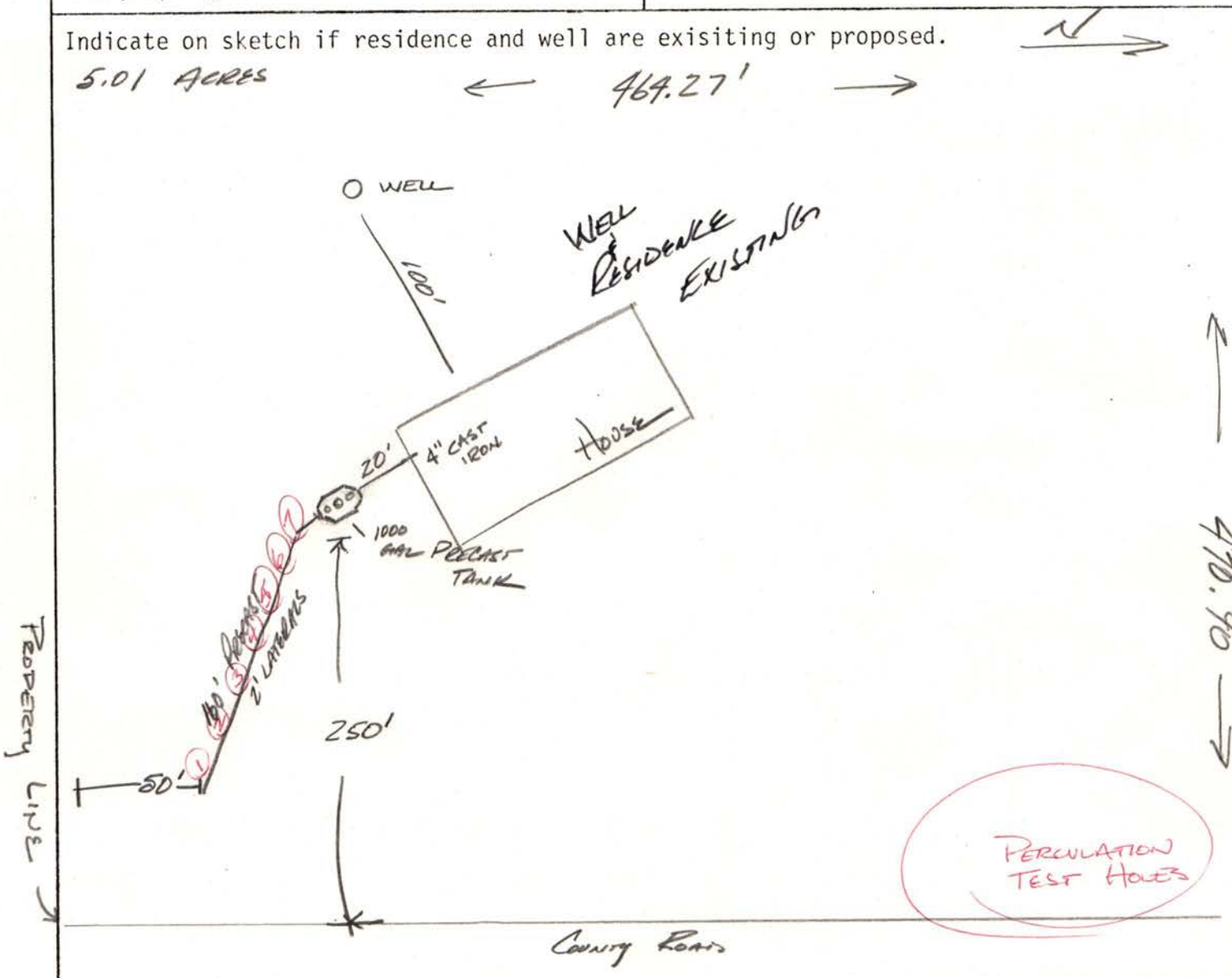
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: Soils Map showed Judson

Date: 86-4-28

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

159 - 2' wide 79 - 4' wide
106 - 3' wide

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: _____

FILE NO. 1464-C

SPECIFICATIONS AS BUILT

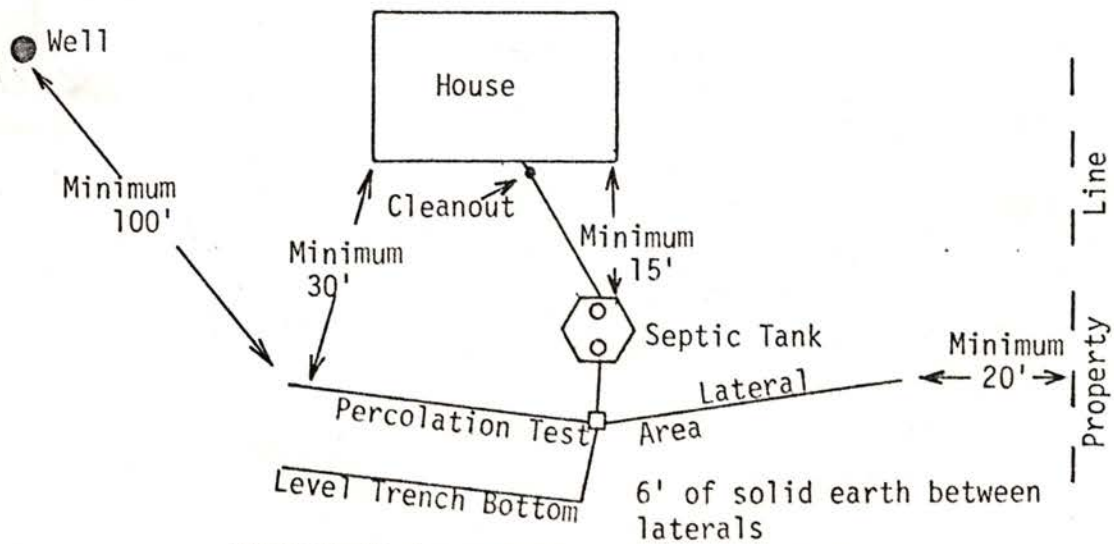
A. BUILDING SEWER:
1. Material CAST IRON, Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 2-3 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 3.
5. Distances to: Well or Suction Line 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 ft.

B. SEPTIC TANK: — PRECAST 1000 GAL
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in. PER PRE CAST SPECS
NO RISER USED 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 12" in.
8. Distances to: Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 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 24" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines: Number 40; Length of each line 4', _____, _____, _____, _____ ft.; Total length of laterals 160 ft.; Distance between lateral lines ___ ft.
3. Trench dimensions: Width 4' ft.; Slope 4" in/100 ft.; Average Depth 36" in.
4. Filter Material: ROAD GRAVEL Depth of Material 24" in.
5. Distances to: Well or Suction Line 150' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

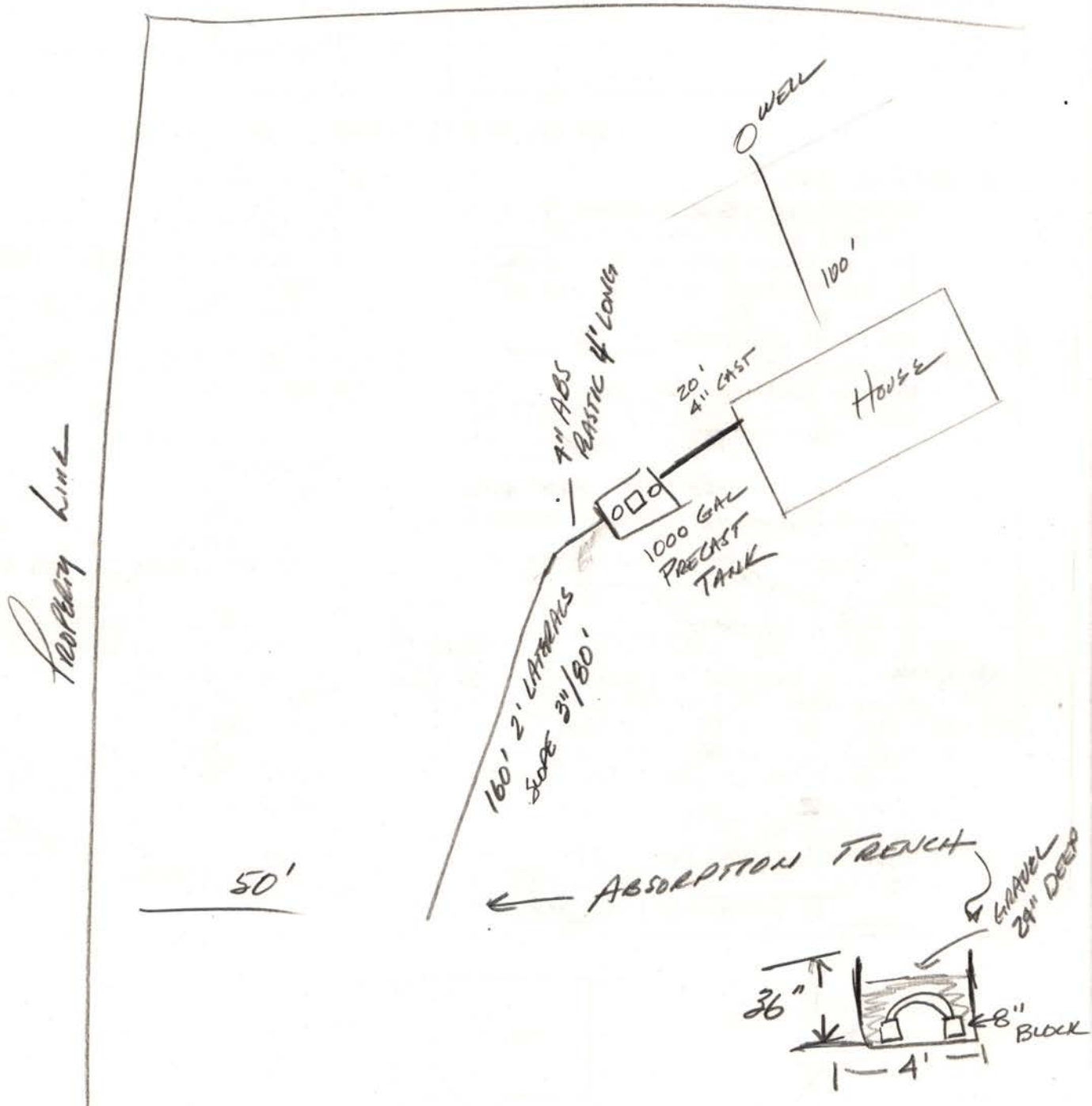
40 TON OF ROAD GRAVEL



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 11/11/78 INSTALLER DENNIS VAN HORN



LEGAL DESCRIPTION IS AS FOLLOWS:

A TRACT OF LAND IN THE NE¼ OF THE NE¼ OF SEC. 19; T11N; R6E OF THE 6TH P.M. LANCASTER COUNTY.

BEGINNING AT A POINT THIRTY THREE AND NO TENTHS FEET S AND THIRTY THREE AND NO TENTHS FEET W OF THE NE CORNER OF SAID NE¼ OF NE¼ THENCE S PARALLEL TO AND THIRTY THREE AND NO TENTHS FEET WEST OF THE E LINE OF SAID NE¼ OF THE NE¼ A DISTANCE OF 464.27 FEET, R IN A WESTERLY DIRECTION PARALLEL TO AND 417.27 FEET SOUTHERLY OF THE N LINE OF SAID NE¼ OF NE¼ A DISTANCE OF 470.5 FEET, THENCE R IN A NORTHERLY DIRECTION PARALLEL TO THE EAST LINE OF SAID NE¼ OF NE¼ A DISTANCE OF 464.27 FEET TO A POINT 33.0 FEET S OF N LINE OF SAID NE¼ OF NE¼, THENCE R IN AN EASTERLY DIRECTION PARALLEL TO 33.0 FEET SOUTHERLY OF THE N LINE OF SAID NE¼ OF NE¼ A DISTANCE OF 470.5 FEET TO A POINT OF BEGINNING AND CONTAINING A CALCULATED AREA OF 5.01 ACRES EXCLUDING PUBLIC RIGHT-OF-WAY.

Dennis Nielsen

PO Box

Lincoln, NE

011

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 10405 N W 40 TH

Twp 11N Range 6E Section 19 1/4 ____ 1/4 ____ Block ____ Lot 19 Addition ____

Directions to Property Take Hwy 34 to Hwy 79 - go North to W Bluff Rd Turn East on West Bluff Drive to NW 40 turn right property is on the

Location of Well Northside of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System On the side of house Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Judy Dugan	Stanley Kansas	
Tenant/Buyer:	Paul + Jean Bilau	241 W 44 Syracuse	
Return to:	Woods Bros. Realty Carole Strieder	3737 So 27 Lincoln 68502	434-3500

Signature of Applicant Carole Strieder Address 3737 So 27 Lincoln, Ne 68502 Date 1/3/94

HEALTH DEPARTMENT USE ONLY

Date Received 1/4/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By R Margaret **DATE:** 1/4/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☑	☐	Approved ☐	Date___/___/___by____
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☑	Date___/___/___by____
Nitrate	☑ 6.1 ppm	☐ ____ ppm	Disapproved ☐	Date___/___/___by____

Comments: This septic system was installed without an inspection by the Health Dept thus, a provisional approval. There was no visible indication at the time of inspection. Recommend checking septic tank to see if it needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margaret Date 1/7/94

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.

011

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

Lincoln-Lancaster County Health Department will delay processing.

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Lot 19 NE 19-11-6 Lancaster Co Nebraska

Legal Description of Property: Street Address 10405 Northwest 40th

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

Directions to Property Southwest Intersection of West Bluff Road

Location of Well North Side, In tree row Tap Location: Inside ☒ Outside ☐

Location of Sewage System South side. Year Installed 80 or 81

	NAME	ADDRESS	PHONE
Present Owner:	Judy K. Dugan	10405 Northwest 40th Lincoln, NE 68524	402-783-3455 & 402-473-8573
Tenant/Buyer:	Not on Market yet		
Return to:	BAL Inspection Services FAX 317-573-9964	801 Congressional Boulevard Suite 200, Carmel, IN 46032	317-843-0788 or 800-760-2366 LORI EXT 834

Signature of Applicant Thomas L Tillett, VP Address 801 Congressional Blvd Suite 200, Carmel IN 46032 Date 8/18/93

HEALTH DEPARTMENT USE ONLY

Date Received 8/19/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart DATE: 8/20/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☐ 6.6 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. Septic system was covered without inspection. Thus, a provisional approval See Attached Letter ☐

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

Approved by Ron Marquart RS Date 8/26/93

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.

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RECEIVED OCT 10 1989

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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.

☒ Evaluation of the Individual Water System Date: 10/6/89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 11N; RANGE 6E; SECTION 19; BLOCK ___

LOT 16; ADDITION ___; Street Address 10405 NW 40

Directions to Property 1 MILE WEST OF KAWASAKI - 2¾ MILES NORTH ON NW 40th - HOUSE ON WEST SIDE OF ROAD

Location of Well NORTH OF HOUSE BETWEEN ROW OF PINETREES Tap Location: Inside ☐ Outside ☒

Location of Sewage System SEPTIC TANK 20' FROM WALKOUT (SOUTH SIDE) OF BASEMENT - NEWLY SODDED - LATERALS RUN S.E Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	DENNIS & ARLENE VAN HORN	10405 NW 40th	783-2317
Tenant/Buyer:	NOT YET SOLD		
Return to:	DENNIS & ARLENE VAN HORN	10405 NW 40 LINCOLN 68528	783-2317

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

Signature of Applicant Dennis A. Van Horn Address 10405 NW 40 LINCOLN

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 10, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10/11/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved:	Date 10/11/89 by L.C.H.
Bacteria	☒	☐	Provisional: ☒	Date ___ by ___
Nitrate	☒	☐	Disapproved: ☐	Date ___ by ___

Comments: SYSTEM WAS ORIGINALLY INSTALLED WITHOUT A PERMIT OR INSPECTION. PERMIT WAS SUBSEQUENTLY OBTAINED BUT HEALTH DEPARTMENT NEVER GOT TO SEE INSTALLATION. HOWEVER, THERE IS NO EVIDENCE OF MALFUNCTION HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Wood R.S. DATE October 16, 1989

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