LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2668-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 17, 1988 — THIS PERMIT EXPIRES

LIONEL E. VOSTA — ISSUED TO

1629 SO. 25 STREET LINCOLN, NE 68502 — ADDRESS

T11N; R6E; Sec 14 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

Home 435-1536 Esco W. 464-0231 Ext 229 NE 14

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

FILE NO. 7668-C

351.04 X 2630 .16 9.55

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. 11N ; Range 6E ; Section 14 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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.

Ted Vosta
Ted Vosta
Signature of Applicant (Owner or Lessee)

1629 S 25th Lincoln NE
Address
68502

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/17/88. Date Frwd. 5/18/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-8-88. Date Frwd. 7-12-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Sauma

3. City or County Engineer: Date Rec'd. 5/8/88. Date Frwd. 11. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-27-88 by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-88 By: Ron Mayard

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

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. 2668-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 6E ; Section & ¼ Section 14.
Property Dimensions: 351 ft. x 2638 ft. Area: 21.27 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ■ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-5-88 to 5-6-88. Weather: Precip. 0 Temp. 70°.

OWNER: Ted Vosta 435-1536

Address: 303 S 28 464-0231 Ex 229

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"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	3 1/2"	30m	2 1/2"	
2	36"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	4 5/8"	"	1 3/8"	
3	36"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	5 3/8"	"	5/8"	
4	36"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	4 1/8"	"	1 7/8"	
5	36"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	4 3/4"	"	1 1/4"	
6	36"	5-5	7:00 pm	5-6	4:00 pm	5-6	4:00 pm	6"	8:00 pm	4 3/4"	"	1 1/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Pan Ave Phone 464-0638
Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

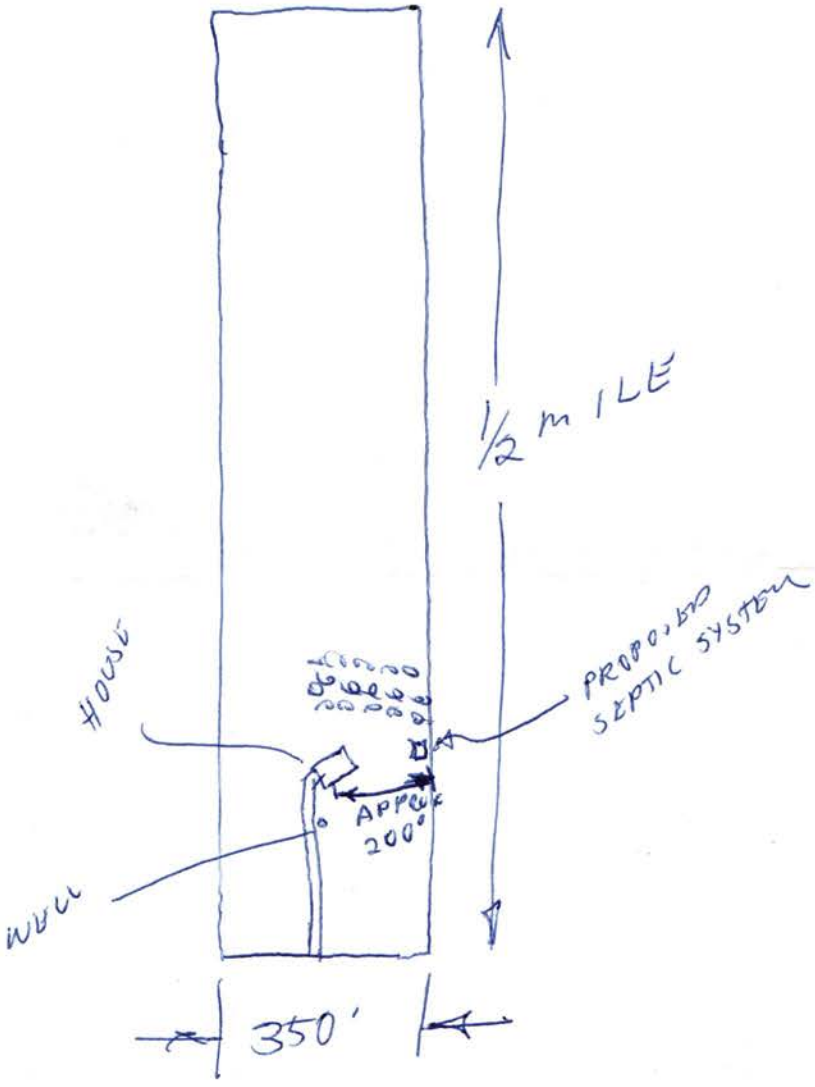
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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 630 sq.ft.

_____
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. _____

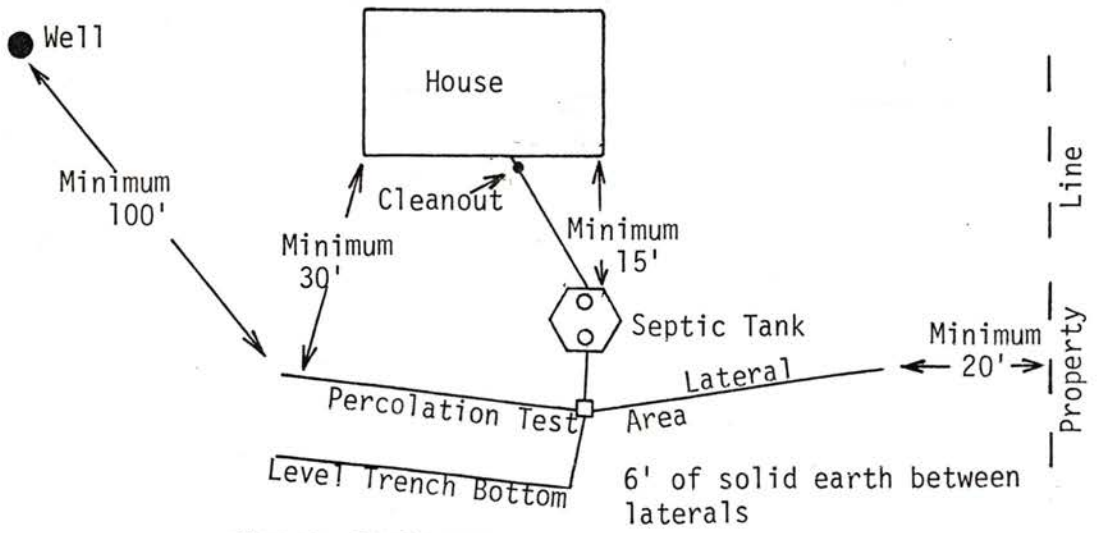
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 31 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 Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
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 12 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

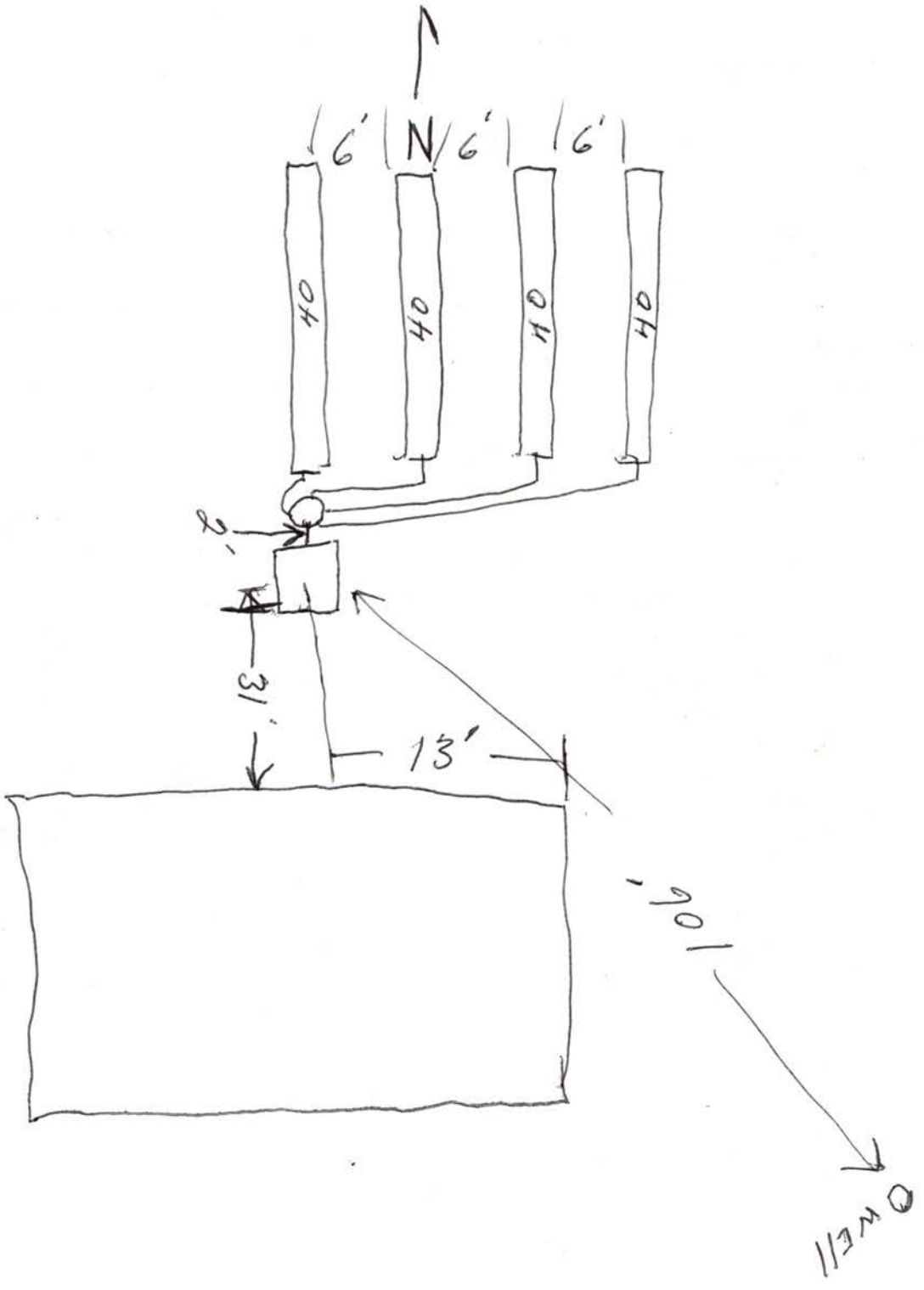
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☑ ; other _____.
2. Lateral Lines:
Number 4 ;Length of each line 40 , 40 , 40 , 40 , _____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7-27-88 INSTALLER Capital City Trenching



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: 5 OCT 92

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

Legal Description of Property: TWP. 11N; RANGE 6E; SECTION 14; BLOCK ___

LOT ___; ADDITION _____; Street Address 11735 N 14TH 68531

Directions to Property 4 1/2 MILES NORTH OF 14TH & SUPERIOR ST. ON WEST SIDE OF 14TH STREET

Location of Well 75 FT EAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 50 FT NORTH OF HOUSE Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Ted & Lisa Vosta	RR1 BOX 141A RAYMOND 68428	435-6662 W 464-0231
Tenant/Buyer:			
Return to:	Crown Closing	6940 "O" # 312	486-1200

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

Signature of Applicant Ted Vosta Address RR1 BOX 141A RAYMOND 68428

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HEALTH DEPARTMENT USE ONLY

Date Received 10-5-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-5-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10-5-92 by [illegible]
Bacteria	☒ shocked twice	☒ 8 colo	Provisional:	☐	Date 10-14-92 by PD
Nitrate	☒ 0.4 ppm	☐	Disapproved:	☐	Date 10-20-92 by [illegible] FO

Comments: Recommend checking to see if septic tank needs pumping. Check samples show a satisfactory bacterial quality for drinking water

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mazurek DATE 10-22-92

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