LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2015-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 20, 1984 — THIS PERMIT EXPIRES

SINTEK SERVICE CO. — ISSUED TO

6710 NO. 7 LINCOLN, NE 68521 — ADDRESS

T11N; R6E; Sec. 15; NE¼; S.W. 3rd & Waverly Rd — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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
SS	7-20-83	

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

A

FILING FEE: $ 60 ⁰⁰

FILE NO. 2015-C

DATE: 7-19-83

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 15 NW¼;
   Block _____ : Lot _____ : Addition 160 acres
   Street Address NW 3rd & Weaverly Rd
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: 3½ mi ft.

Smith Sur. Co.
Signature of Applicant (Owner or Lessee)

6710 NOT Lin 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/19/83. Date Frwd. 7/20/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-20-83. Date Frwd. 7-20-83. ACTION: Approved ☒ Disapproved ☐ Signature: Erna Pimm
3. City or County Engineer: Date Rec'd. 7-20-83. Date Frwd. 7-20-83. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/27/83 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

~~DRAWING NOT ACCURATE AS TO LOCATION~~

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/6/84 By: L. C. Nood

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: 471-7800

B

FILE NO. 2015-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section 15 NE¼.
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-27-83 to 4-28-83. Weather: Precip. _____ Temp. _____.

OWNER: Smith Sr. Co

Address: 6710 NO? Lin 68521

Partial sample of My N soil test Lot

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	18"	4-27	3PM	4-27	7PM	4-28	6PM	6	7PM	4½	60	1½	
2	"	"	"	"	"	"	"	"	"	4½	"	1½	
3	"	"	"	"	"	"	"	"	"	4¾	"	1¼	
4	"	"	"	"	"	"	"	"	"	4¾	"	1¼	
5	"	"	"	"	"	"	"	"	"	4¾	"	1¼	
6	"	"	"	"	"	"	"	"	"	4¾	"	1¼	

Smith Sr. Co.
Signature of Person Conducting Test

Address 6710 NO? Phone 475-1486

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: July 20, 1983

Approved Percolation Rate (a)
A. 46 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
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 ☐

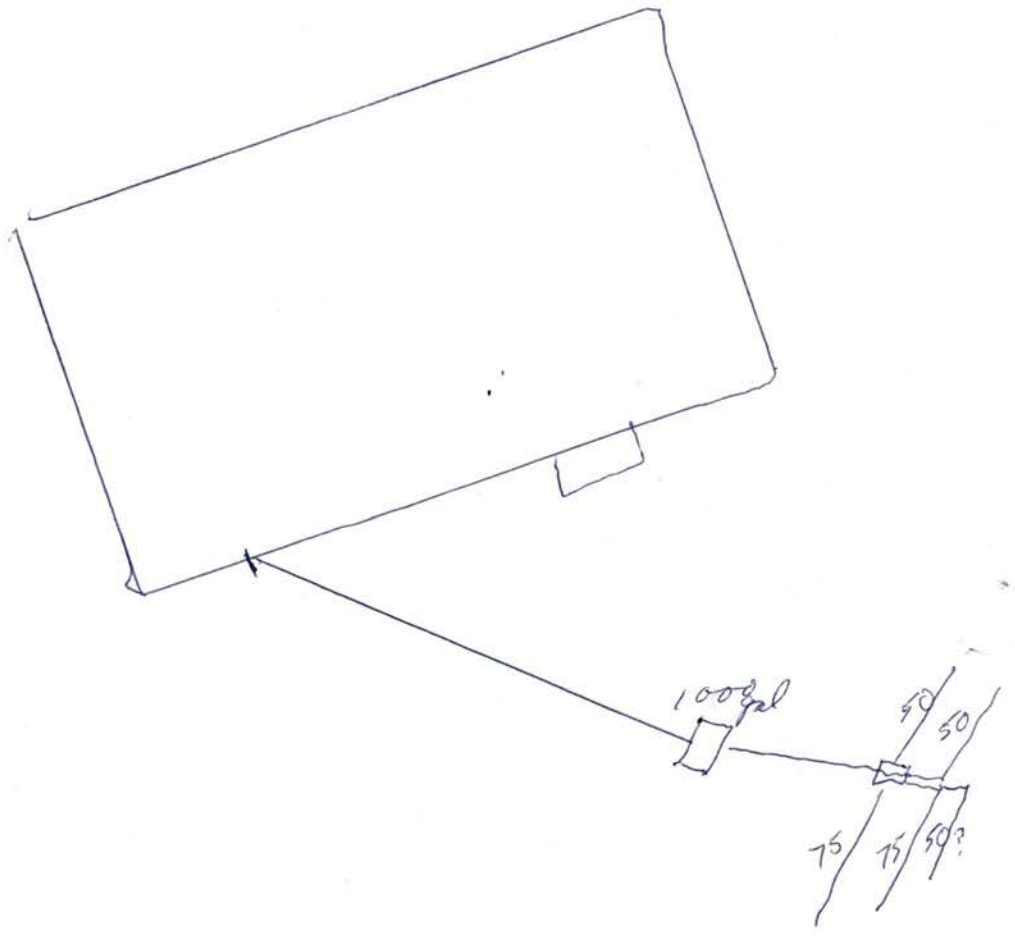
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2015-C

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



18 10 12

REVIEWING ACTION

Remarks: _____

_____

Date: _____

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 906 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: 7-19-83

FILE NO. 2015-C

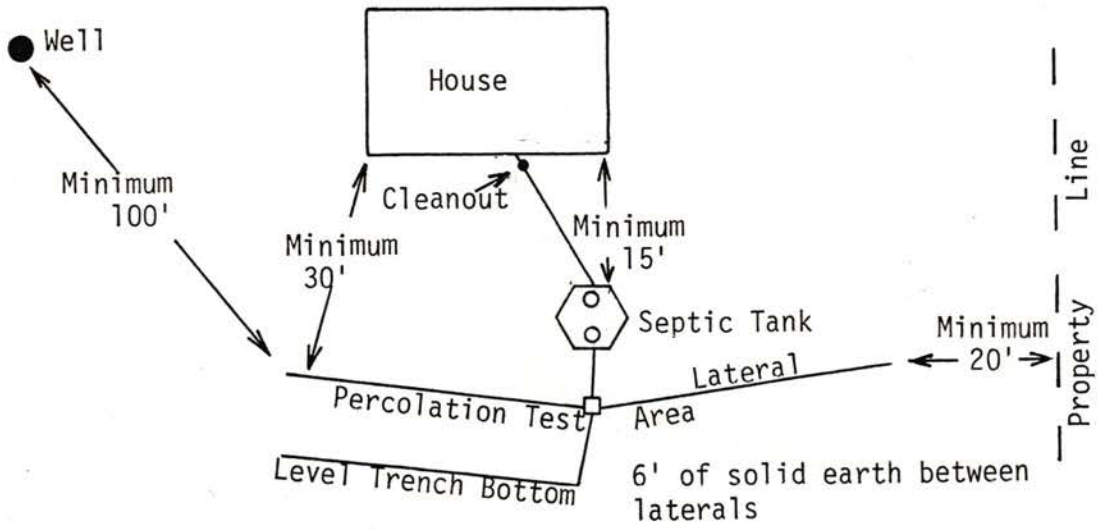
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 60 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 1000 ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☒ Grade 8 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 150 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.
Lake 100'

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Hamil Conc)
3. Distance from Septic Tank 60 ft.

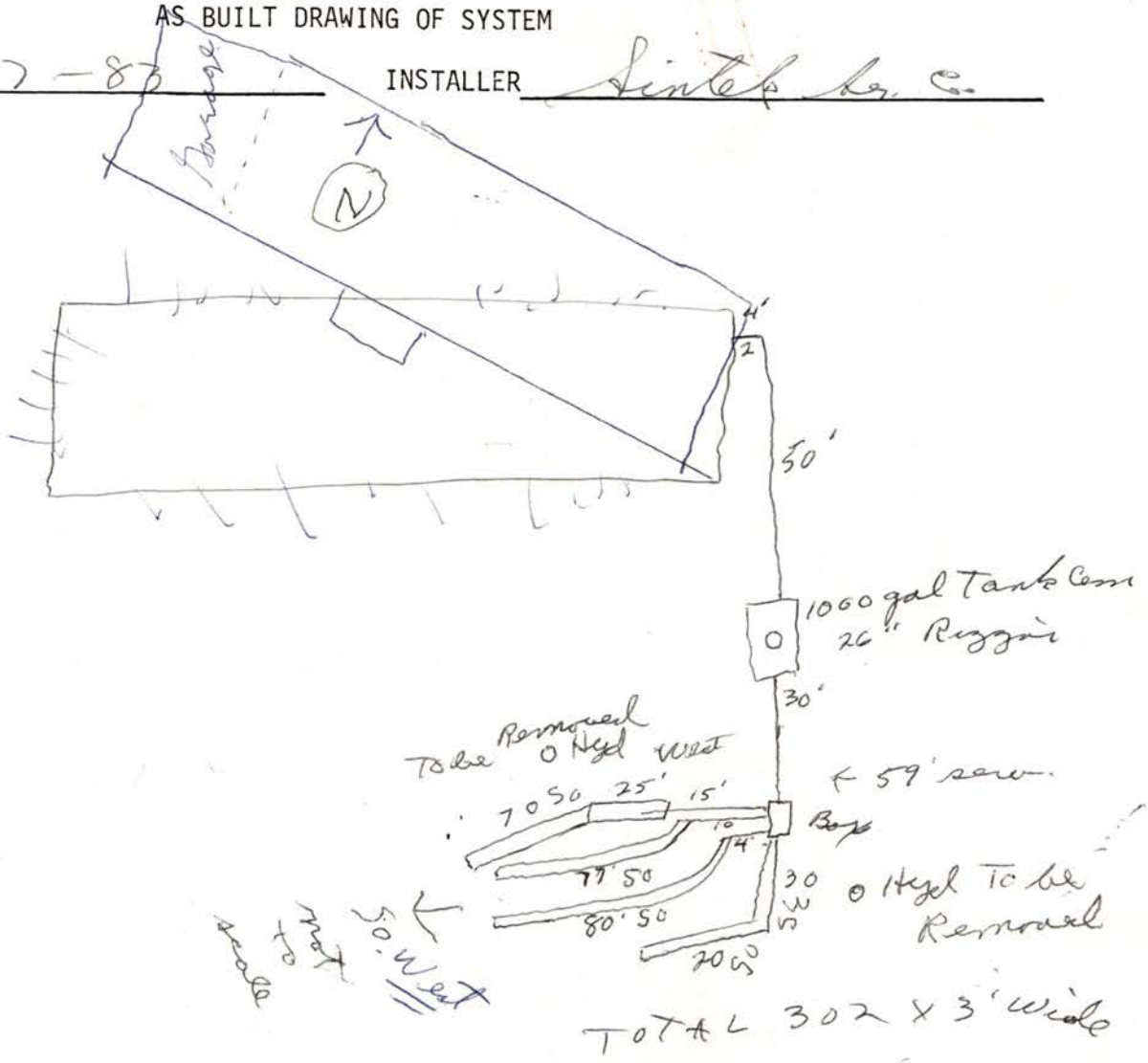
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 5 ; Length of each line 75, 75, 50, 50, ? ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 36 ft.; Slope 4 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.
6. Lake 50'



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-27-83 INSTALLER Sinteb Ins. Co.



Jake.

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380226201

Issued 11/14/00
Expires 05/14/01
Revenue Code 3157

Establishment

MARK CHRISTENSEN
T11N R6E SEC 15 QTR NE
105 W WAVERLY RD-RAYMOND

FEES: $200.00

TOTAL: $200.00

Permitee

MARK CHRISTENSEN
105 W WAVERLY RD
RAYMOND NE 68428

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013891

NOV 8 2000

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 0038022607

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 105 W. Waverly Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description NE 1/4 15 1/4 Section 11N Township 6 Range Lancaster Subdivision Addition 4 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mark Christensen Signature _____

Address 105 W. Waverly Rd. City/State/Zip Raymond Nebr. 68428

☐ Check if owner designed system Home Phone 476-8839 Work Phone 474-6900

C. Contractor

Name Norman Plbg. Company Name Same

Address 4217 Progressive ave. #3 City/State/Zip Lincoln Nebr. 68504

☐ Check if contractor designed system Work Phone 464-5721

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department**	Date rec'd 11/8/00 Date frwd 11/9/00	**ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Good	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11-9-00 Date frwd 11-9-00	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 11/9/00 Date frwd 11/9/00	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/08/00

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 20518

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

NOV 8 2000

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 00380226 2

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 105 W. Waverly Rd. (no rural route) City Raymond NE, Zip 68428

Owner Mark Christensen Addresss 105 W. Waverly Rd.

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 48 min./inch

Date of Tests 11/4 to 11/4 Weather: Precipitation trace Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	11/4	8:00	11/5	8:00	11/5	8:30	39	11/5	12:00	30	1	30
2	40	11/4	8:00	11/5	8:00	11/5	11:30	41	11/5	12:00	30	3/4	40
3	38	11/4	8:00	11/5	8:00	11/5	11:30	38½	11/5	12:00	30	3/4	40
4	37	11/4	8:00	11/5	8:00	11/5	11:30	39¼	11/5	12:00	30	5/8	48
5	38	11/4	8:00	11/5	8:00	11/5	11:30	40¼	11/5	12:00	30	5/8	48
6	39	11/4	8:00	11/5	8:00	11/5	11:30	37¼	11/5	12:00	30	3/4	40
		Recommend using percolation Rate											
		of 48		Due		to	Dry	soil	Conditions				

Sum of Percolation Rates: 168

Average of Rates: 40

Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Claude Oie PE E-3939

Phone: 402-423-0614

Address 5910 So. 52nd St. Ct. Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Date

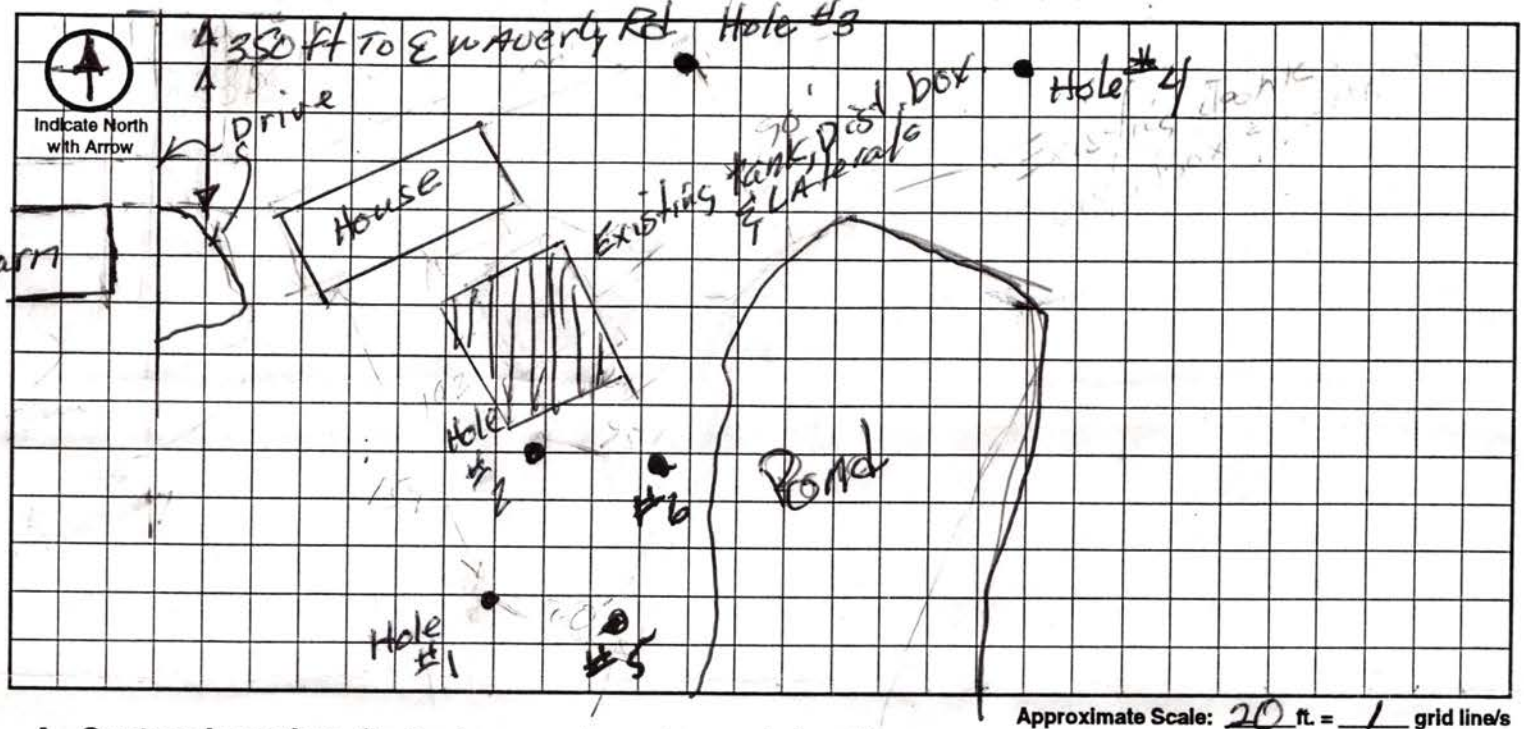
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C NOV 8 2000

Permit Number: 0038 02262

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 105 W. Waverly Rd. City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 48 (min. per inch) Soil Type: Silty Clay Loam Land Slope: Varies %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1320 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches _____ Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

012

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: June 25, 1992

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

Legal Description of Property: TWP. 11N; RANGE 6E; SECTION 15 NE¼; BLOCK ___

LOT ___; ADDITION _____; Street Address 136 W. Waverly Rd.

Directions to Property go north on 14th to Waverly Rd, turn left + go 1½ mile west. - on south side of road.

Location of Well _____ Tap Location: Inside ☑ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Jay + Julie Carter	136 W. Waverly Rd.	476-8832
Tenant/Buyer:	Mark + Lana Christensen	1020 no. 79th Lincoln	483-4963
Return to:	Lee Sittler	225 No. Cotner Lincoln	467-4663

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

Signature of Applicant Lee Sittler (Home Real Estate) Address 225 no. Cotner - 68505

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 25, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-26-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-26-92 by mm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒ 3.0	☐	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 Maynard RS DATE 7-7-92

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