LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2789-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

TABOUR A. TUCKER RT. 1, BOX 152, RAYMOND, NE 68428
ISSUED TO — ADDRESS

T11N; R6E; Sec. 11; Lot 5 I.T.
LEGAL DESCRIPTION

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

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
MC	1-10-69	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. 2789-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1-3-89

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: NE¼ NE¼ Twp. 11N; Range 6E; Section 11;
Block —; Lot 5 I.L; Addition —
Street Address _____

2. Property Use: Residential ✓ ☐; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: add required laterals to existing system

5. Work to be done by: Owner ☒; or Contractor ☒, R.T.A Tucker
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

ph 476-7080

Gilbert A Tucker
Signature of Applicant (owner or lessee)

Rt. 1 Bx 152 Raymond, NE. 68428
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-12-89 by: [illegible] OK
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Nood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-27-89 by: Lon Maynard

* Provisional Approval for entire septic systems.

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6E ; Section & ¼ Section 6 11 NE¼ x NE¼.
Property Dimensions: _____ ft. x _____ ft. Area: 13.26 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 1-7-89 to 1-8-89. Weather: Precip. 0 Temp. 20.

OWNER: T. A Tucker

Address: Rt 1 Bx 152 Raymond Ne

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.) 8" diameter	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"	1-7-89	11.30	1-8-89	12.30pm	1-8-89	3.55	6 1/8	430pm	4 1/4	35	1 7/8	
2	24" Depth							6 1/2		4 3/4	35	1 3/4	
3								5 3/4		3 1/2	35	2 1/4	
4								6 1/8		4 3/8	35	1 3/4	
5								6 3/8		5 1/2	35	7/8	
6	36"	1-7-89	11:30am	1-8-89	12.30pm	1-8-89	4.25	6 1/4	455	5 3/8	35	7/8	

T. A. Tucker
Signature of Person Conducting Test

Address Rt. 1 Bx 152 Raymond Ne Phone 476-7080

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: JANUARY 12, 1989

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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:_____

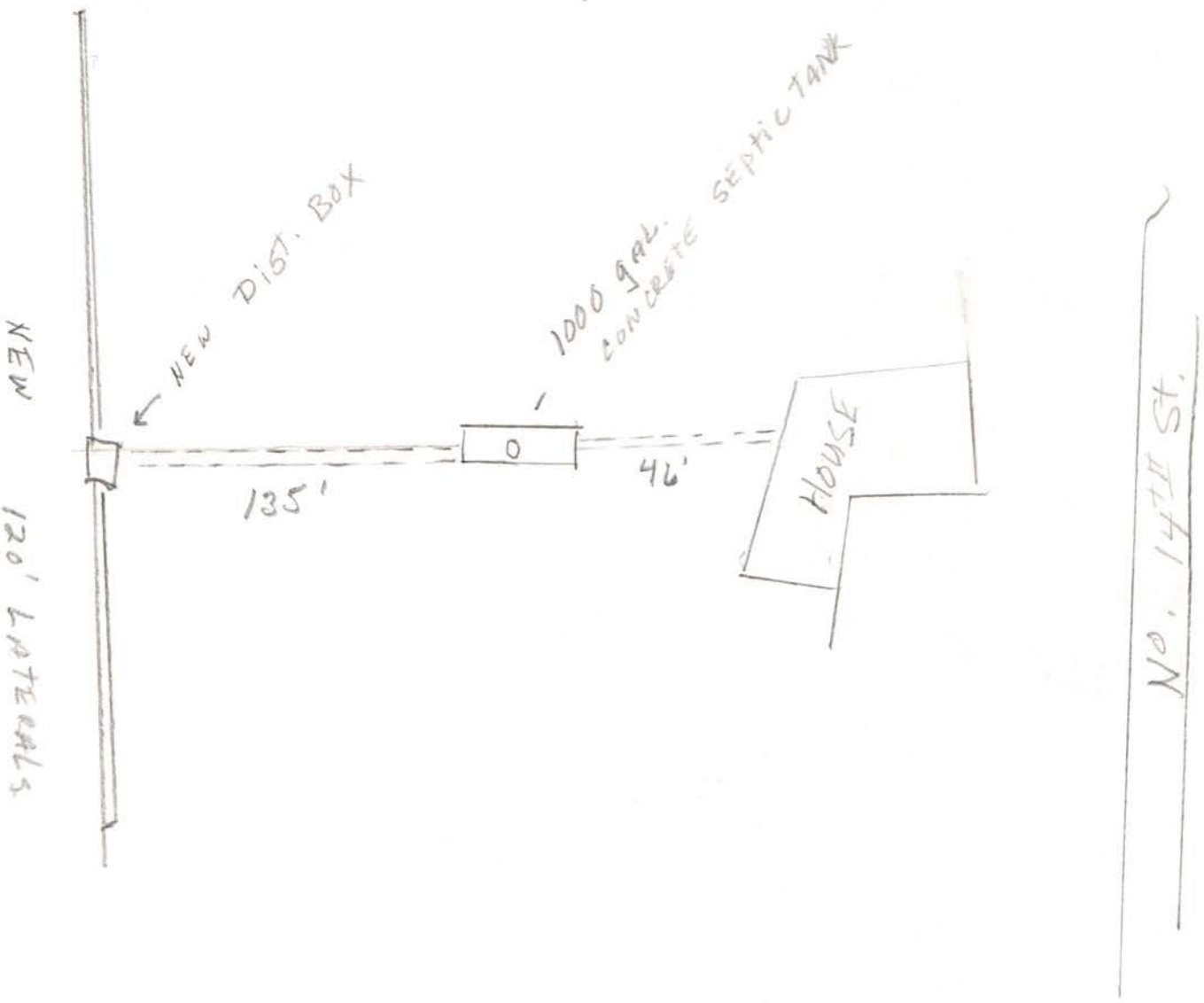
Date: JANUARY 10, 1989

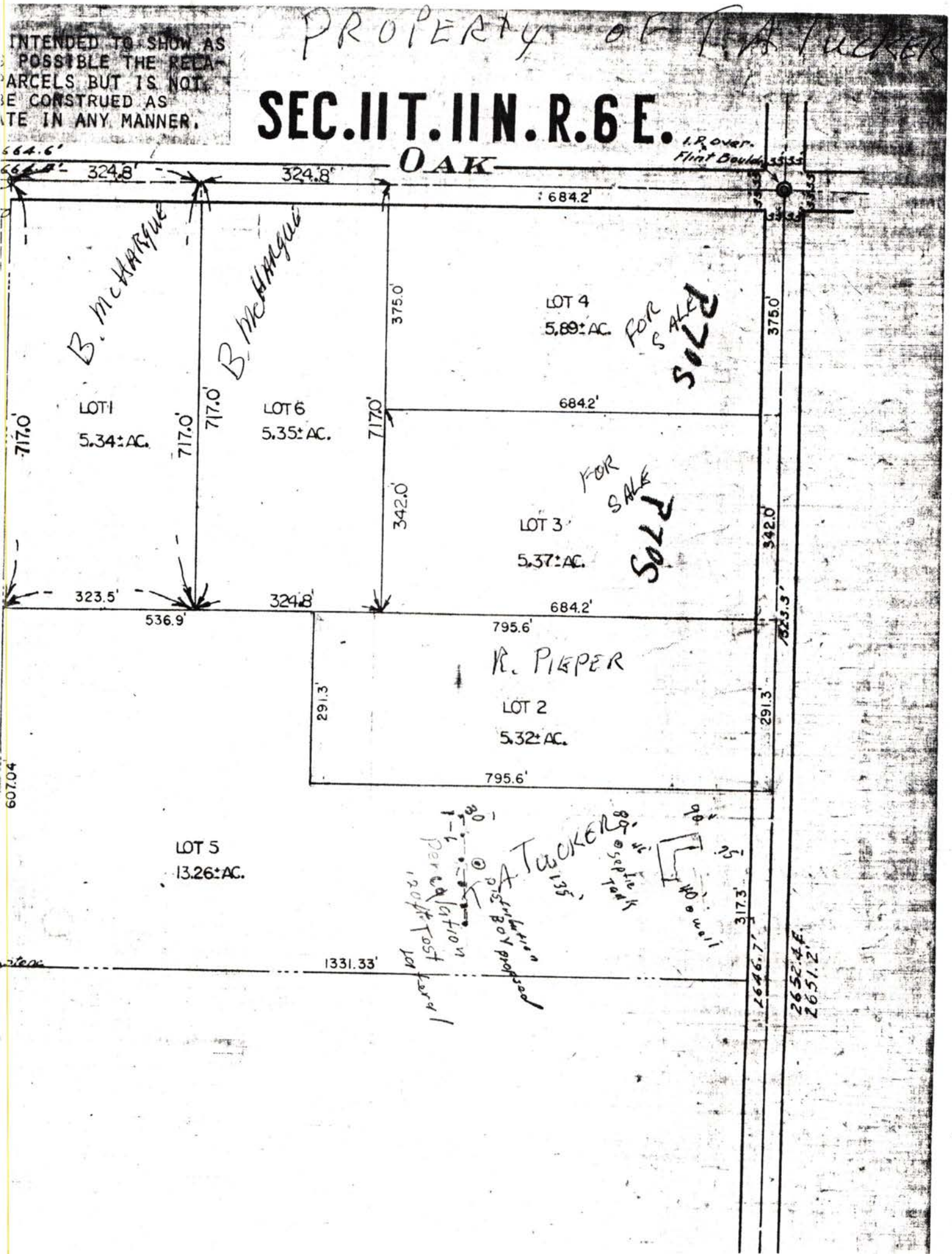
Minimum Design Requirement
1. Capacity of Septic Tank_____ gals.
2. Total Length of Laterals 155 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 618 sq.ft.

Jerrold C. Hook
Signature of Reviewing Official

T. A. TUCKER
RT 1 Box 152
RAYMOND, NE. 68428
(5 3/4 mi. NO. OF 14TH & SUPERIOR ON W. side).

NO. ↑




PROPERTY OF E.A. TUCKER
INTENDED TO SHOW AS
POSSIBLE THE RELA-
ARCELS BUT IS NOT
E CONSTRUED AS
TE IN ANY MANNER.
SEC. 11 T. 11 N. R. 6 E.
OAK
I.P. over.
Flint Boulder
664.6'
324.8'
324.8'
684.2'
B. McHARGUE
B. McHARGUE
LOT 1
5.34± AC.
LOT 6
5.35± AC.
LOT 4
5.89± AC.
FOR SALE
SOLD
LOT 3
5.37± AC.
FOR SALE
SOLD
LOT 2
5.32± AC.
R. PIEPER
LOT 5
13.26± AC.
717.0'
375.0'
342.0'
291.3'
323.5'
536.9'
795.6'
607.04'
1331.33'
317.3'
2646.7'
2652.4 E.
2651.2'
Proposed 20' Access Road
Septic Tank
E.A. TUCKER

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 13201 N.W. 14th 4H + Mill Rd, S. ½ W. side

Twp 11N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Lot 5, NE 1/4, SE 1/4

Directions to Property No on NW 14th to address

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Jerry & Rosemarie Nold	47282 205th St Brookings, S. Dakota	605-693-4333
Return to:	Norma Ellington	111 Piazza Terrace 68510 1 Dr Rolle 430-6603	436-3338

Signature of Applicant _____ Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5/1/98
Initials _____
Amount $150.00
Check No. 3732 ✓

DATA ENTRY
Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/6/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒ correct	☒ seal 2 pipe jct
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 8.1 ppm	☐ ____ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date 5/12/98 by mm still no pump
Date 5/18/98 by mm
Date ___/___/___ by ___

Comments: In 1989 a repair permit was approved to extend the original system by 120 Ft of drainfield laterals. The original septic system installation predated County Regulations thus, a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart, RS. Date 5/26/98

* Nitrate is approaching the 10 ppm limit - it would be wise to periodically check nitrate in the future

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95