LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 91380075401

Issued 10/01/91
Expires 04/01/92

ESTABLISHMENT
MRS. BOB GILLIAM
T11N R6E SEC 11
LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
MRS. BOB GILLIAM
900 APPLEWOOD ST
EAGLE NE 68347

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/4/91	PAID

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 9-25-91

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 6-E ; Section 11 ;
   Block _____ : Lot 37 Ft. : 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.

WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES.

A Large portion of this Lot Lies in Zone "A" (Flood Plain)

Mrs. Bob Gilliam
Signature of Applicant (Owner or Lessee)

900 Applewood Cage Ne 68347
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/25/91. Date Frwd. 9/25/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-25-91. Date Frwd. 9-25-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumann

3. City or County Engineer: Date Rec'd. 9-25-91. Date Frwd. 9-25-91. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL SEWAGE SYSTEM MUST BE OUT OF FLOOD PLAIN.

Site Visits:
Date: 12-17-91 by: JM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/13/92 By: Jerrold C. Hood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: _____

Address: _____

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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 83 min./inch
B. 37 min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Drop Last 30 min

1. 25 1/8 - 26
2. 24 1/2 - 25 1/4
3. 19 1/4 - 20
4. 21 1/2 - 22 3/4
5. 22 7/8 - 24
6. 24 1/8 - 25

$25\frac{1}{8} - 26 = \frac{7}{8}$ .875

$24\frac{1}{4} - 25\frac{1}{4} = 1$ 1.0

$19\frac{1}{4} - 20 = \frac{3}{4}$ .75

$21\frac{1}{2} - 22\frac{3}{4} = 1\frac{1}{4}$ 1.25

$22\frac{7}{8} - 24 = 1\frac{1}{8}$ $1.\overline{125}$

$24\frac{1}{8} - 25 = \frac{7}{8}$ .875

4.965

$.8\overline{33}$

$6\overline{)5.00}$

48

20

18

2

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: 12-17-91

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 208 ~~[illegible]~~ 277 ft.
3. With a Trench Width of 4ft 3ft in.
4. Total Area of Lateral needed 832 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: 1-10-92

FILE NO. _____

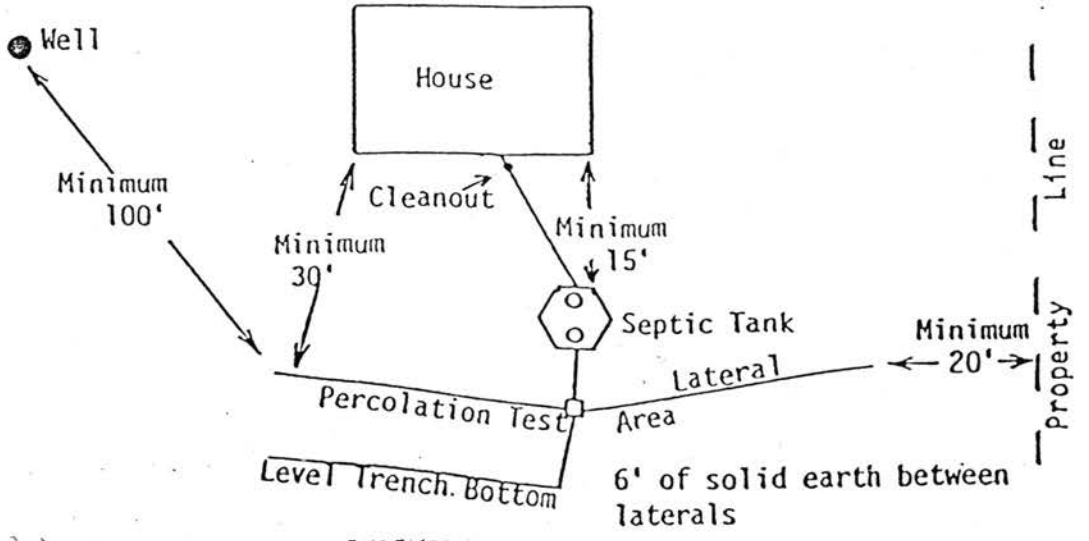
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 46 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 125 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 2.
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 20 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 20" in.
8. Distances to:
Well or Suction Line 130 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 10 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 3 ; Length of each line 100', _____, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 16 ft.
3. Trench dimensions: Width 3 ft.;
Slope 5 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

(over)

N

100'

100'

100'

16'

16'

15'

10'

16'

10'

46'

120'

Well

W

S

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 13351 N 14th (Waverly Rd)

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 11 Range 6 Section 11 1/4 NE 1/4 Block ____ Lot 3 Addition ____

Directions to Property ____

Location of Well SW corner of Garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of House Year Installed 1991

Site Hazards (dogs, etc.) Inside Dog

	NAME	ADDRESS	PHONE
Present Owner:	Mike McHargue	13351 N 14th Raymond	430 9906
Tenant/Buyer:			
Return to:	Ken Ball	3737 S. 27th Lincoln NE 68502	430 6603 (Fax)

Signature of Applicant K. Ball Address 20543 A St Eagle NE 68347 Date 4/5/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04/05/05 Amount 200.00 Check No. 1115 Initials MS

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4/6/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.4 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 and to see if septic tank is watertight.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 4/11/05

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.

P26797-68

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

Revised/Reprint: 9-00