# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE INSTALLATION

No. 93380101801

Issued 07/08/93
Expires 01/08/94
Revenue Code 18754

Establishment
MARY KINNING
T11N R6E SEC 10
LOT 4
800 W WAVERLY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MARY KINNING
BOX 06554
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 6-29-93

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 10 ; Block _____ : Lot PART H.T. Addition see attached
   Street Address 800 W Waverly Rd.

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1572 sq ft ranch

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

4. Distance to public sewer: _____ ft.

Mary Kinning
Signature of Applicant (Owner or Lessee)

P.O Box 6554
Lincoln, NE 68506
Address 421-1334

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/7/93. Date Frwd. 7/7/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/7/93. Date Frwd. 7/7/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineer: Date Rec'd. 07/07/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL TOO SLOW FOR CONVENTIONAL SYSTEM

Site Visits:
Date: 12-3-93 by: rm wet fence.
Date: 1-12-94 by: rm fine age
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-12-94 By: Ron Mayfield

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**

Test Taken No. 1st + West Waverly Rd. west 5/10 of mile on No. side of Rd.

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: 5-25-93 to 5-26-93. Weather: Precip. 0 Temp. 70°.

Hole-6-had water in From Pre-Test

OWNER: Kinning Syddu Builders, INC.
Address: P.O. Box 6554 Lincoln, NE. 68506

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" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 5/8" | 30m | 3/8" | |
| 2 | 36" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 5/8" | 30m | 3/8" | |
| 3 | 36" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 1/4" | 30m | 3/4" | |
| 4 | 36" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 7/8" | 30m | 1/8" | |
| 5 | 36" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 1/2" | 30m | 1/2" | |
| 6 | 36" | 5-25 | 6:00 pm | 5-26 | 5:00 pm | 5-26 | 5:00 pm | 6" | 6:00 pm | 5 7/8" | 30m | 1/8" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAN Ave Phone 464-0638
Precast Products INC.

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional system
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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: 12-2-93

FILE NO. _____

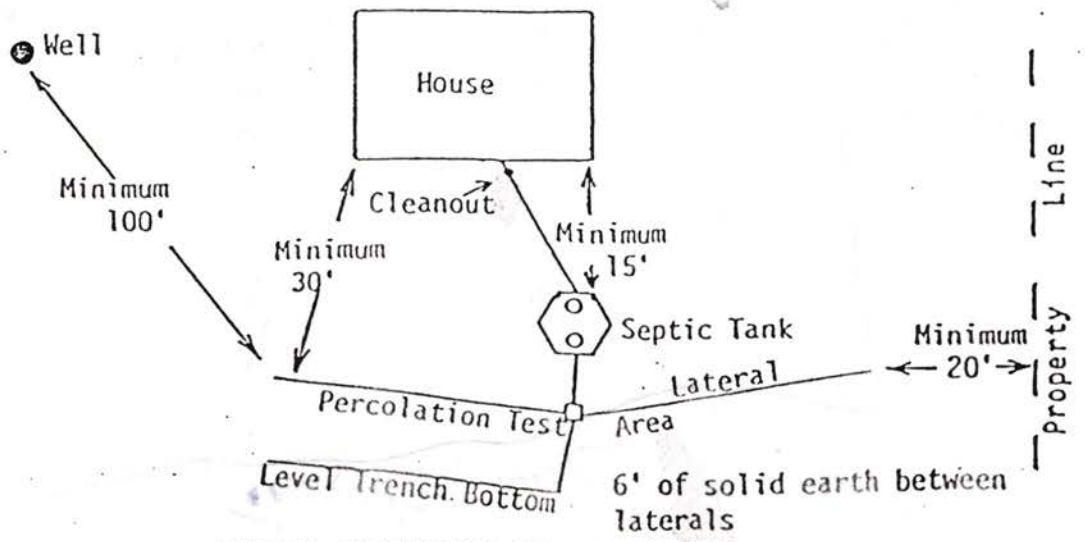
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 130 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 150' ft.; Stream No ft.; Pressure Line No ft.; Property Line 180 ft.

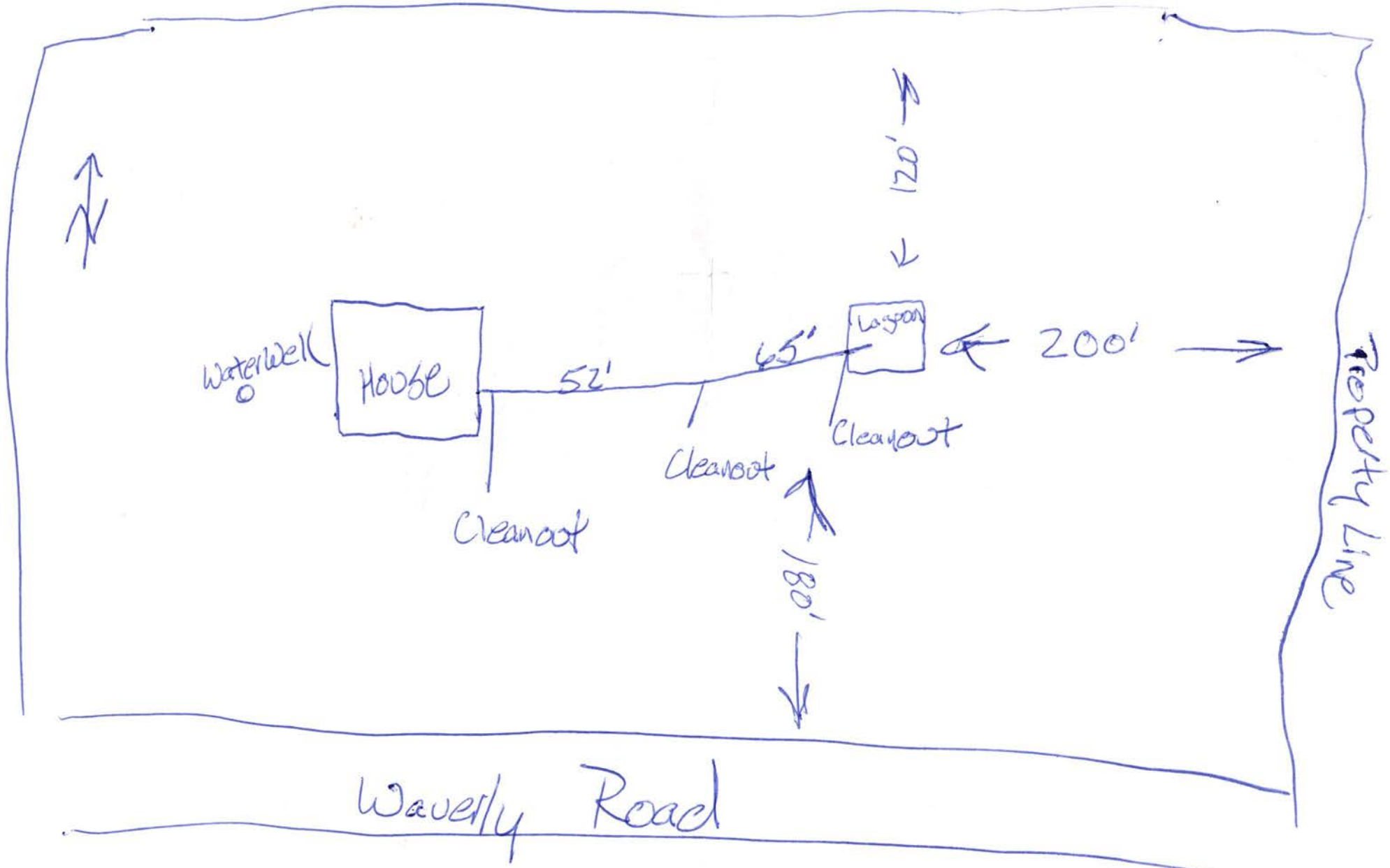
B. SEPTIC TANK: Lagoon
1. Material No ; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 280 ft.; Stream No ft.; Pressure Line No ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material No ; 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 _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____,
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
120'
Water well
House
52'
65'
Lagoon
200'
Property Line
Cleanout
Cleanout
Cleanout
180'
Waverly Road

# SURVEY RECORD

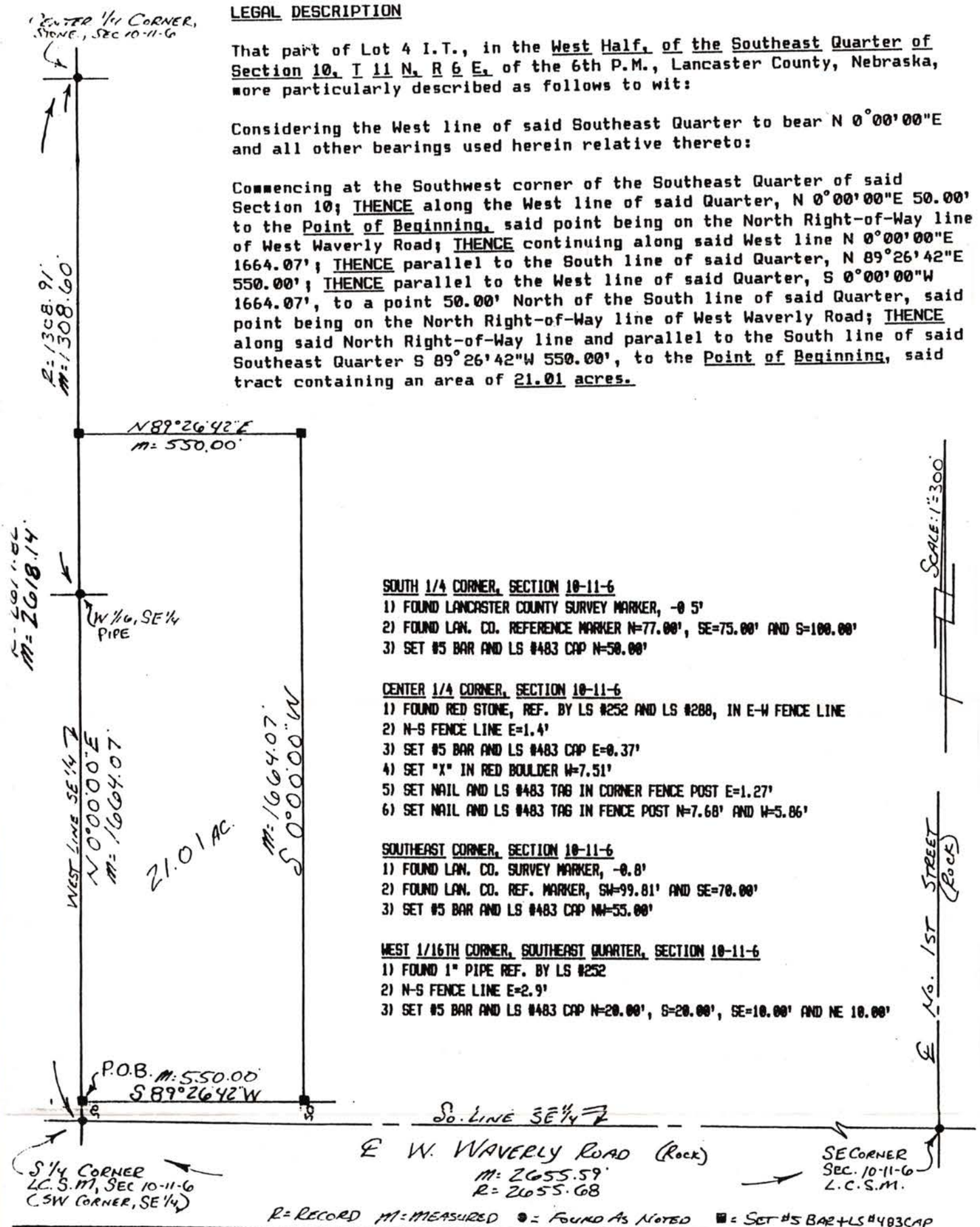
SURVEY OF: PART OF THE LOT 4, I.T. IN THE WEST 1/2 OF THE SE 1/4,
SECTION 10, T 11 N, R 6 E, 6TH P.M. LANCASTER
COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO WIT:

## LEGAL DESCRIPTION

That part of Lot 4 I.T., in the West Half, of the Southeast Quarter of Section 10, T 11 N, R 6 E, of the 6th P.M., Lancaster County, Nebraska, more particularly described as follows to wit:

Considering the West line of said Southeast Quarter to bear N 0°00'00"E and all other bearings used herein relative thereto:

Commencing at the Southwest corner of the Southeast Quarter of said Section 10; THENCE along the West line of said Quarter, N 0°00'00"E 50.00' to the Point of Beginning, said point being on the North Right-of-Way line of West Waverly Road; THENCE continuing along said West line N 0°00'00"E 1664.07'; THENCE parallel to the South line of said Quarter, N 89°26'42"E 550.00'; THENCE parallel to the West line of said Quarter, S 0°00'00"W 1664.07', to a point 50.00' North of the South line of said Quarter, said point being on the North Right-of-Way line of West Waverly Road; THENCE along said North Right-of-Way line and parallel to the South line of said Southeast Quarter S 89°26'42"W 550.00', to the Point of Beginning, said tract containing an area of 21.01 acres.




R=RECORD M=MEASURED ● = FOUND AS NOTED ■ = SET #5 BAR+LS #483 CAP


Professional Surveyors, Inc.
318 So. 9th · Suite 10 Lincoln, NE 68508
(402) 477-8255
(800) 869-0385
(402) 477-7204
JESSE W. WIENIGER, L.S.
PRESIDENT


I hereby certify that I have accurately surveyed the foregoing described property and that the results of said survey are truly and accurately depicted hereon, to the best of my knowledge and belief.

BILLY JOE KERR, L.S. #483
Date: 5-18-93

Book 201 Page 7
Project # 931697

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

003

# 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 800 W. Waverly Rd.
Twp 11N Range 6E Section 10 1/4 ___ 1/4 ___ Block ___ Lot 4 Addition ___
Directions to Property 1½ mi west of N 14th & Waverly Rd

Location of Well 50 ft. S.W. of home Tap Location: Inside ☐ Outside ☐
Location of Sewage System east of home Year Installed 1993

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Mark Gaskins | ~~800 W. Waverly Rd~~ 4800 So 44th | 421-8728 hm 783-2783 |
| Tenant/Buyer: | | Lincoln, NE 68516 | |
| Return to: | Mark Gaskins 800 W. Waverly Raymond, NE | Provident Federal Attn: Denis Copplebee ~~[illegible]~~ 474-5559 | |

Signature of Applicant Mary Kinning Address P.O. Box 6554 Date 1/11/94
Kinning-Sudow Builders Lincoln, NE 68516
421-1334

**HEALTH DEPARTMENT USE ONLY**

Date Received 1/12/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** R. Maravert **DATE:** 1/12/94

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☒ | Date 2/9/94 by rm |
| Bacteria | ☒ 0 /ml | ☒ confluent /ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☒ 0.3 ppm | ☐ ___ ppm | Disapproved ☐ | Date ___/___/___ by ___ |

**Comments:** ___

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Ron Marquardt, RS Date 2/17/94

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.