FICE NO. 632

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

December 3, 1975
THIS LICENSE OR PERMIT EXPIRES

Action Plumbing, Co.
LICENSEE OR PERMITTEE

5608 South 50th
ADDRESS

T10N; R7E; Sec. 25;
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 632

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

DATE: June 3 1975

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10 N ; Range 7E ; Section 25
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Action Plumbing Inc
Signature of Applicant (Owner or Lessee)

5608 So. 50
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/3/75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5/3/75 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: [redacted] Thos. D. Seale MH

3. City ~~or County~~ Engineer : Date Rec'd. 6-3-75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6-3-75 . Signature: M Long

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 632

DATE: June 3, 1975

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10 N ; Range 7 E ; Section 25
N ½ of SE ¼; Block ____ ; Lot ____ ; Addition ____.
Street Address ____.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms 3 Describe: ____
Other Use ____
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Action Plumbing Inc
Signature of Applicant (owner or lessee)

5608 So 50
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; ____
Filing Fee: $ 30.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [X]; Disapproved [ ] 5/3/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

FORM HD- 43(73) 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 475-6221)

FILE NO. 632

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: May 31 75 to June 1 75. Weather: Precip. 0 Temp. 70°F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	5/31	1 PM	6/1	8 30 AM	6/1	8 30 AM	12"	11 AM	7	30 M	5	
2										6 5/8		1 5/8	
3										5 7/8		1 1/2	
4										7		1	
5										8 1/2		3/4	
6													
								all refill					

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: June 3, 1975

Approved Percolation Rate(s)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 632

SPECIFICATIONS

DATE: _____

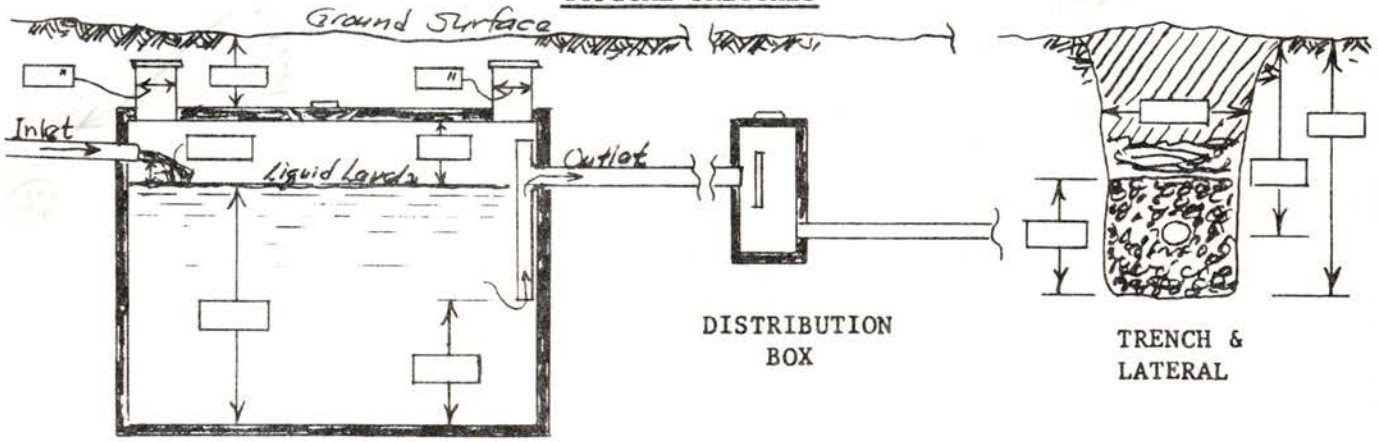
A. BUILDING SEWER:
1. Material Cast; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☐ (Company Precast Step Co) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Precast Step) No ☐
3. Dimension: Length 24 in.; Width 14 in. Depth 13 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

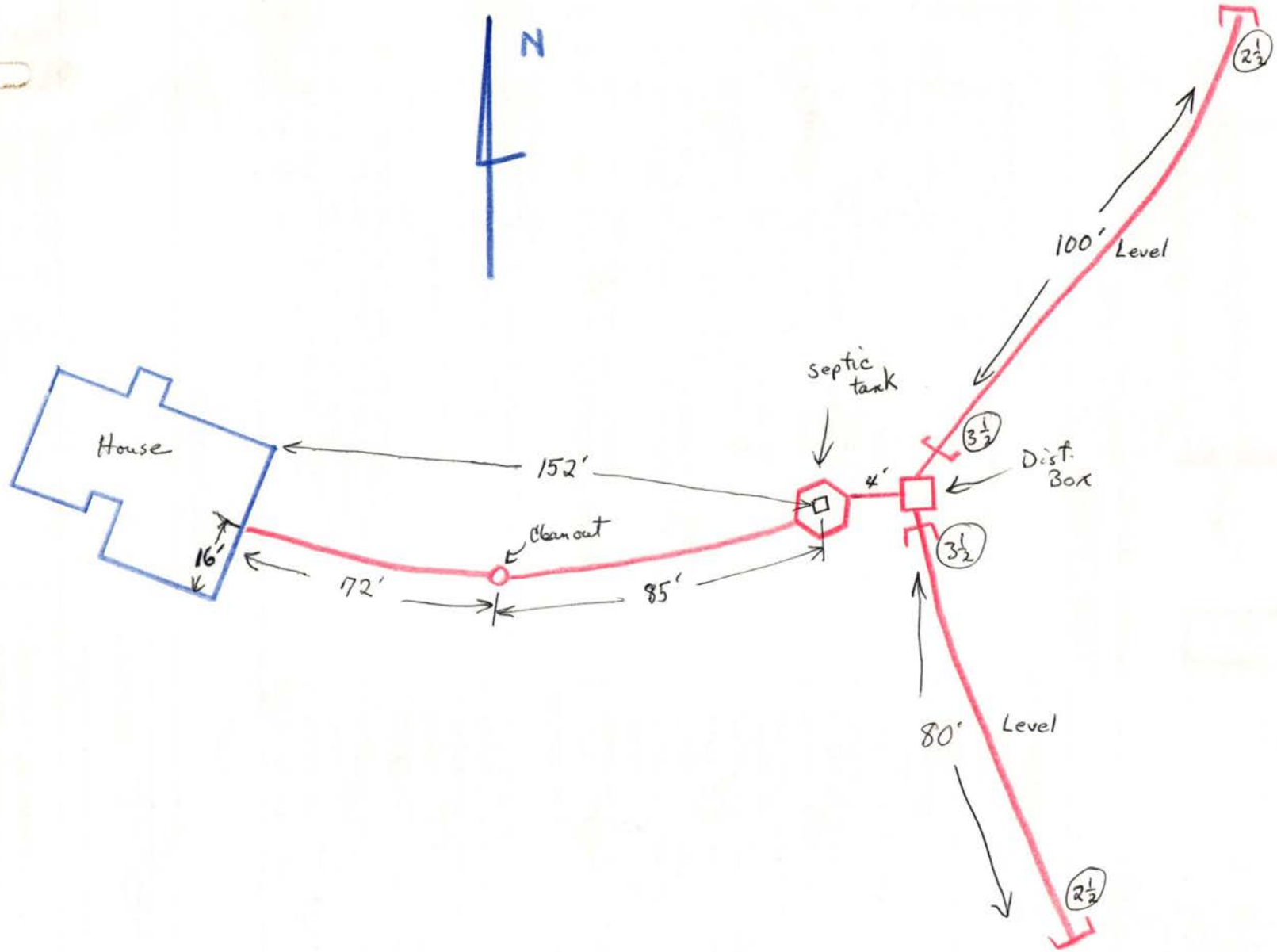
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in. Number 2; Length of each line ___ft Total length of Laterals 178 ft.; Slope ____in/100 ft. Diameter of pipe 24 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Road gravel Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 27 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Signature of Applicant


N
House
16'
152'
72'
Clean out
85'
septic tank
4'
Dist. Box
100' Level
80' Level
2½
3½
3½
2½

July-30-75

EXHIBIT "A"

Part of the North Half (N1/2) of the Southeast Quarter (SE1/4), Section 25, Township 10 Norther, Range 7 East of the 6th P.M., Lancaster County, Nebraska, further described as follows:

The North 568 feet of the South 608 feet of the West 782.2 feet of the East 815.2 feet of said North Half (N1/2) of the Southeast Quarter (SE1/4), Section 25, containing ± 10.2 acres more or less.

$15.00 Fee

RECEIVED AUG 0 1 1994

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property Lot 25 Irregular Tract in SE 1/4 of Section 25 Township 10 North Range 7 EAST of the 6th PM
Directions to Property North on 112th & A First House on West side of 112th

Land Owners
Name: Mark & Kimberly Kaufman
Address: 1101 S. 112th
Phone: 489-5091

Send Results to:
Name: SAME
Address:
Phone:

Land Owners Signature Mark Kaufman

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well _____
Casing Material _____
Casing Diameter _____
Is well located in a pit _____
Type of pump _____

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL.

HOUSE FOUNDATION	100 (distance)	FEET	(U)/D
CESSPOOL	NONE	FEET	U/D
SEPTIC TANK	200	FEET	U/(D)
SEWAGE DISTRIBUTION FIELD	250	FEET	U/(D)
WASTE STABILIZATION LAGOON	NONE	FEET	U/D
BARN YARD	500	FEET	U/(D)
NEAREST WELL	1/2 mile	FEET	(U/D)
NEAREST PASTURELAND	200	FEET	U/(D)
NEAREST CROPLAND	200	FEET	(U)/D
SHOP	NONE	FEET	U/D
GRAINERY	NONE	FEET	U/D
FUEL TANKS	NONE	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

006

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-78

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 $150.00

Legal Description of Property: TWP. ____; RANGE 7E; SECTION _____; BLOCK ____

LOT 25; ADDITION _____; Street Address 1101 South 112 Street Lincoln NE

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Darrel J. Fosdick	1101 South 112th Lincoln	488-9556
Tenant/Buyer:	Mark L. Kaufman	6720 Dudley Lincoln	466-5013
Return to:	Security Federal Savings	P.O. Box 80609, Lincoln 68508 1330 N. Street	474-4444

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

Signature of Applicant Mark L. Kaufman Address 1338 N. Street Lincoln

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received MARCH 13, 1992 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/13/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 3/13/92 by LCH
Bacteria	☒	☐	Provisional:	☐	Date 3/24/92 by LCH
Nitrate 2.3PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: CONDUIT SEPARATED FROM WELL HEAD. Corrected 3/24 LCH
IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD
BE CHECKED TO SEE IF IT IS NEEDED. THE See Attached Letter ☐
LOW PLACES OVER THE LATERAL SHOULD BE FILLED IN.

FINAL STATUS

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

APPROVED BY Lowell E. Nagy R.E.H.S. DATE MARCH 26, 1992

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