LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1741-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 23, 1981 — THIS PERMIT EXPIRES

Dan Novacek RT# 5 LINCOLN NE 68508

ISSUED TO — ADDRESS

T11N, R6E, Section 2 SW¼ Lot 6 IT

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

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

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

FILING FEE: $ 60.00

FILE NO. 1741-C

DATE: 12/23/80

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 2 SW¼;
   Block _____ : Lot 6 IT : 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: miles ft.

Dan Novacek
Signature of Applicant (Owner or Lessee)
Rt 5 # c/o Bud von Dillen
Lincoln, Ne
Address
Quality Septic Ser. 68508

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/23/80. Date Frwd. 12/23/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 12-23-80. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Hanford SEE COMMENT

3. City or County Engineer: Date Rec'd. 12-23-80. Date Frwd. 12-23-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Krafft

REMARKS OR REASONS FOR DISAPPROVAL Lot Area Must Be 20+ Acres Exc. Road R.O.W.

Site Visits:
Date: 12/23/80 by: L.C.H.
Date: 12-31-80 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-31-80 By: Ron Mangum

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 6E ; Section & ¼ Section 2 SW ¼
Property Dimensions: 1146.32 ft. x 760 ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☑ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12/20/80 to 12/21/80. Weather: Precip. 0 Temp. 20.

OWNER: Dan Nowack
Address: Rt 5 Lincoln, Nb

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	12/20	9:30	12/21	8:30	12/21	8:30	12"	12/21	7 ¼"	60	4 ¾"	4 ¾
2		"	AM	"	AM	"	AM	"	1:00	10"	"	2"	2"
3		"	"	"	"	"	"	"	PM	8"	"	4"	4"
4		"	"	"	"	"	"	"	"	0"	"	12"	12"
5		"	"	"	"	"	"	"	"	2"	"	10"	10"
6		"	"	"	"	"	"	"	"	5 ½"	"	6 ½"	6 ½
7		"	"	"	"	"	"	"	"	3 ¼"	"	8 ¾"	8 ¾
8		"	"	"	"	"	"	"	"	9 ¼	"	2 ¾"	2 ¾

Paul van Gilluwe Quality Septic Service
Signature of Person Conducting Test

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

Address 3308 N Cotner Phone 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: Explained as very sandy which sometimes happens in
Soil Type (SCS): Morrill Clay Loam
Date: December 23, 1980
On site visit reveals very sandy soil all over.

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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: 474-1541

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: December 23, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 124 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 495 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

REC'D JAN 2 1981

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: 474-1541

D

DATE: 12-31-80

FILE NO. 1741-A

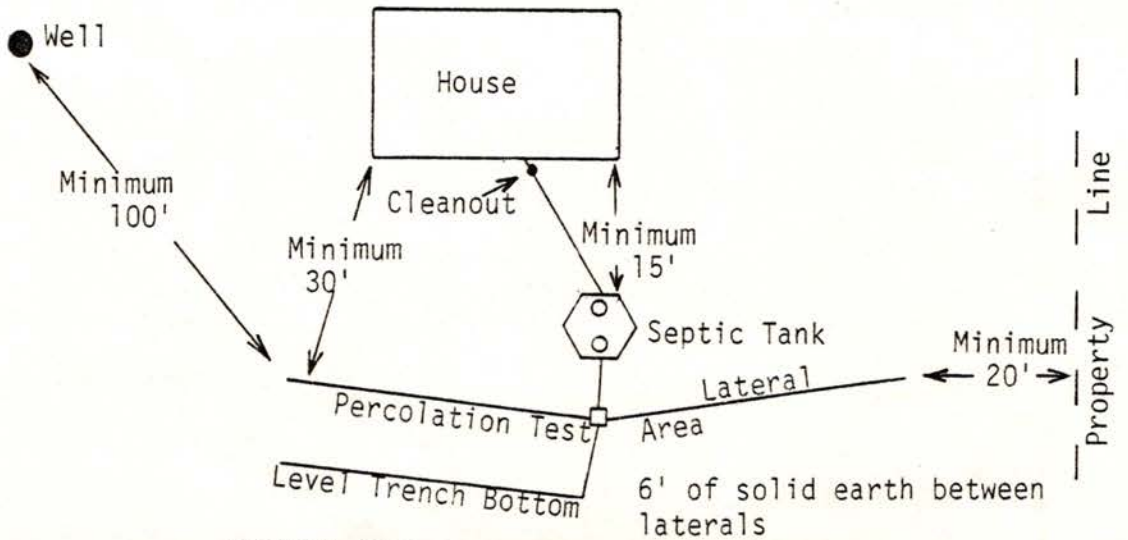
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 42 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 250 ft.

B. SEPTIC TANK:
1. Material Fiber Glass; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Con-a-Glass)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 250 ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets seven.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or
Perforated Pipe ____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100', 50', ____, ____, ____ ft.;
Total length of laterals 150' ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4'6" ft.;
Slope 0 in/100 ft.; Average Depth 3 to 4 in.
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 230 ft.

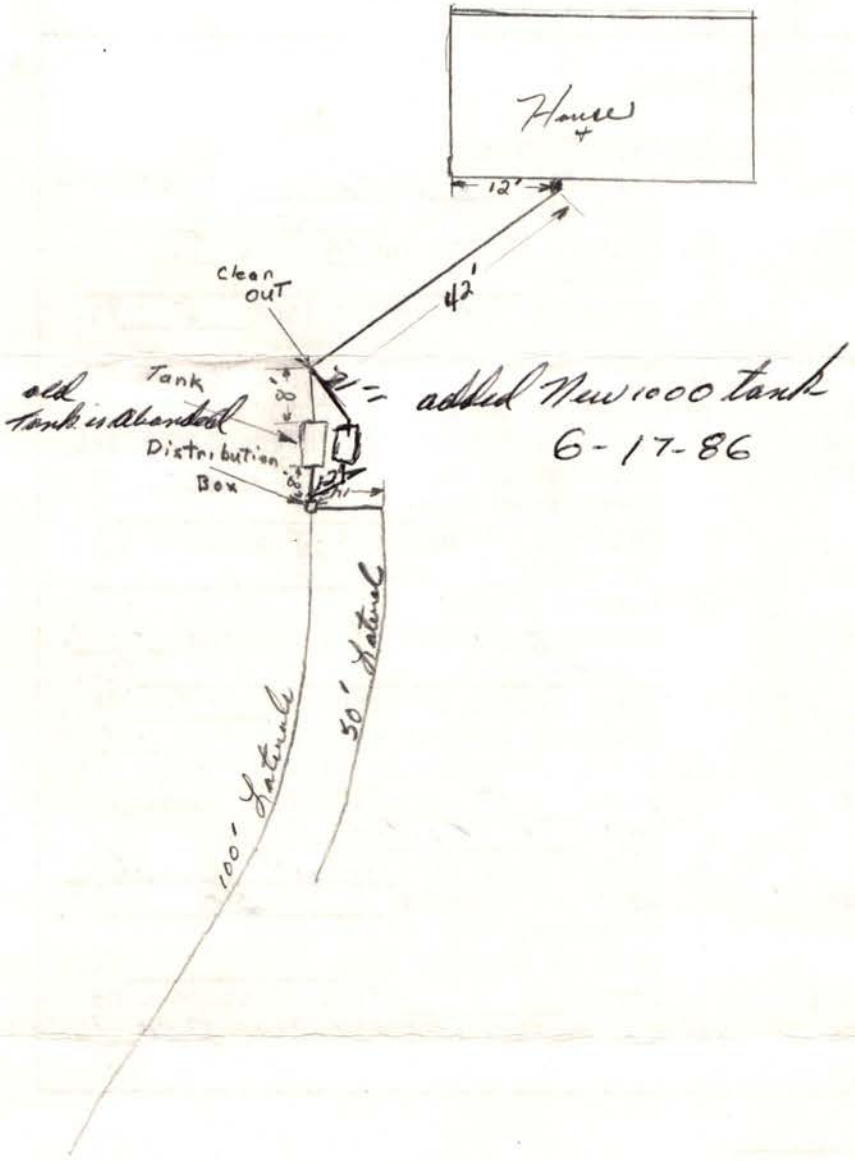


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

Quality Septic Service

DATE 12-31-80 INSTALLER Gordon Gilliam



= added New 1000 tank
6-17-86

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 NO. 1ST.

Twp 11 Range 6 Section 32 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ½ mi SO. of NISTY RAYMOND RD. EAST SIDE BLACK MAIL BOX

Location of Well 600' SO. of House. Tap Location: Inside ☐ Outside ☐

Location of Sewage System Approx 40' on S.E. corner of House. Year Installed 1982

	NAME	ADDRESS	PHONE
Present Owner:	DAN NOVACEK	RT 1	
Tenant/Buyer:			
Return to:	will Pick up Results		441-7956

Signature of Applicant [signature] Address RT 1 RAYMOND NE. Date 4/14/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 04/15/96
Initials ls
Amount $150 ck
Check No. 2025

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4/12/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☒ 6 /ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Well water tested BY STATE 2 wks. ago. Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS
WATER SYSTEM: See above Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Marquart Date 4/18/96

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