LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1916-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 9, 1982 — THIS PERMIT EXPIRES

BERNARD BREHM — ISSUED TO

4700 BALDWIN NO. @ LINCOLN, NE 68504 — ADDRESS

T11N, R5E, SECTION 33, LOT 38 IRREGULAR TRACT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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

A

FILING FEE: $ 60.00

FILE NO. 1916-C

DATE: _____

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. 11 N ; Range 5E ; Section 33 ;
   Block _____ : Lot 38 I.T. Addition Irr tract SW¼SE¼ 33
   Street Address Rang 5E of the 6PM

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: 4 MI ft.

J. D. Sinks
Signature of Applicant (Owner or Lessee)

6710 N07
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/82. Date Frwd. 9/9/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-9-82. Date Frwd. 9-10-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 9/9/82. Date Frwd. 9/9/82. ACTION: Approved ☒ Disapproved ☐ Signature: L. V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/5/82 by: JMM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/13/82 By: John M. Olson

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 11 ; Range 5E ; Section & ¼ Section 33 .
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: 8-31 to 9-1 . Weather: Precip. NO Temp. 90 .

Test From UofN Soil Testing Lab. to be Handed in

OWNER: Bernard Brehm

Address: 4700 Baldwin No 2

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	8-31	12	8-31	4	9-1	11AM	6	12	4 3/8	60	1 5/8	
	2	"	"	"	"	"	"	"	"	4 5/8	"	1 3/8	
	3	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
	4	"	"	"	"	"	"	"	"	4 7/8	"	1 5/8	
	5	"	"	"	"	"	"	"	"	5	"	1	
	6	"	"	"	"	"	"	"	"	5	"	1	

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

Smith Sanitation Co.
Signature of Person Conducting Test

Address 6710 NO 7 Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Shelby Clay Loam

Date: September 9, 1982

Jerrold C. Wood
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 ☐

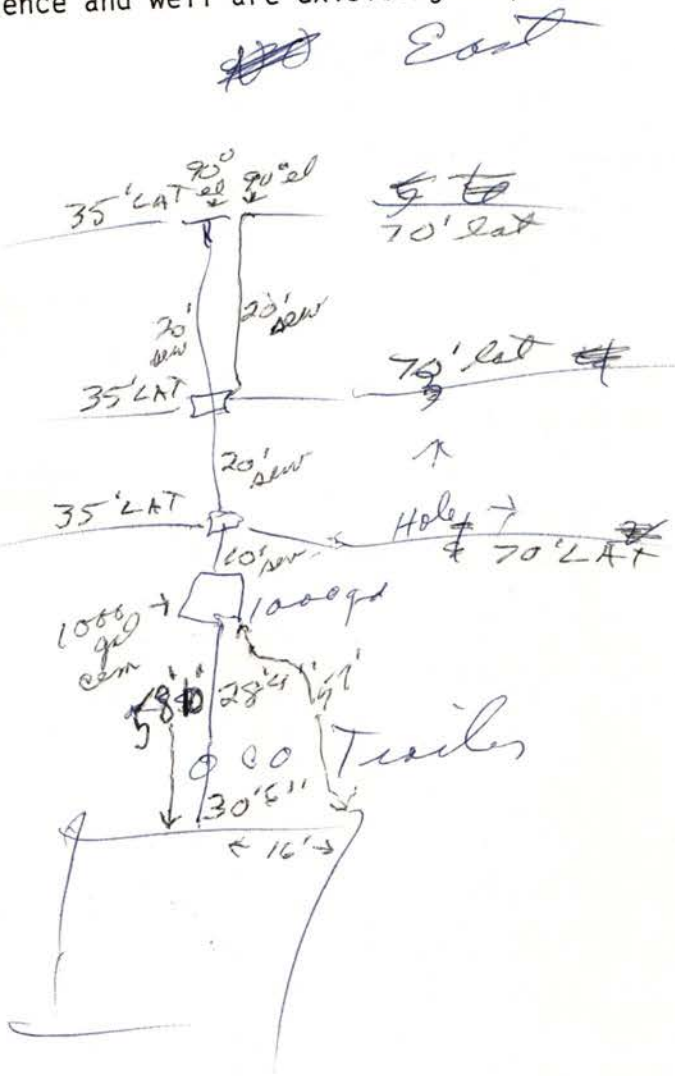
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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.



NO

REVIEWING ACTION

Remarks: _____

Date: September 9, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 313 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold E. Kood
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: 474-1541

D

DATE: 10-5-82

FILE NO. 1916-C

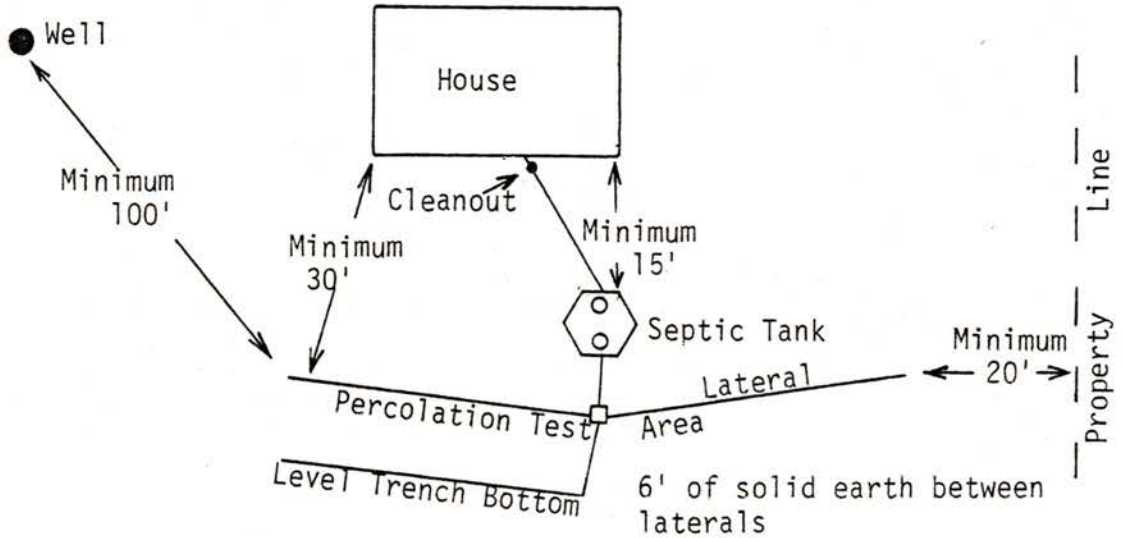
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; 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 one.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity 1000 gal 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 50+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

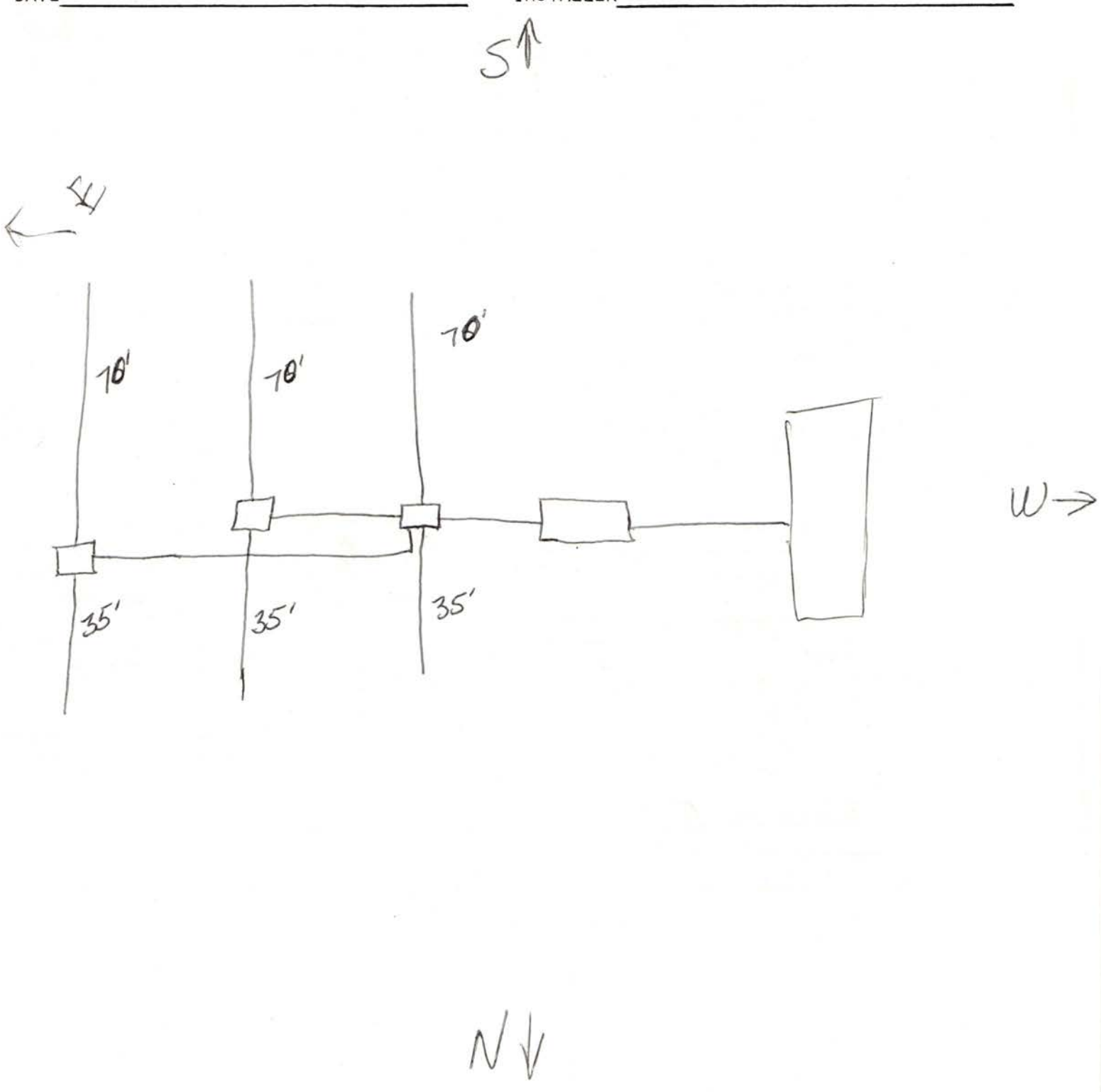
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 8 ; Length of each line 3-35', _____, 3-70', _____, _____ ft.;
Total length of laterals 315' 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

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: Aug. 4, 1999

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $75.00 ~~$150.00~~

Legal Description of Property: TWP. 11N ; RANGE 5E ; SECTION 33 ; BLOCK ____

LOT 38 ; ADDITION _____ ; Street Address 6601 NW 105th St., Malcolm, Ne.

Directions to Property 1/2 mile South of Hwy. 34 on NW 105th St.

Location of Well Back yard Tap Location: Inside [ ] Outside [X]

Location of Sewage System Front yard Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Bernard Brehm	4689 Calkins Ave., Wellman, Ia	319-683-2537
Tenant/Buyer:	Randall Anspach	6138 NW 7th St.	477-3968
Return to:	Shirley Dolsky	Krein Real Estate 4750 Normal Blvd. 68506	483-2911

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

Signature of Applicant X Bobby Anspach Address 6138 NW 7th

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 7, 1995 Received $75.00 ~~L50.00~~ Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 8-8-95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date 8-8-95 by [illegible]
Bacteria	[X]	[ ]	Provisional:	[ ]	Date _____ by ____
Nitrate	[X] 1.9 ppm	[ ]	Disapproved:	[ ]	Date _____ by ____

Comments: _____

See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Ron Maynard DATE 8-17-95

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