LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2582-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 20, 1988 — THIS PERMIT EXPIRES

RON MOHRHOFF — ISSUED TO

204 BELMONT AVE LINCOLN, NE 68521 — ADDRESS

T11N; R5E; Sec SE¼ 33; Lot 47 I.T.; 10300 W. Fletcher, Malcolm, NE — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
MC	10-21-87	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2582-C

DATE: Oct 19-1987

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. T11N ; Range ~~SE¼~~ R5E ; Section ~~33-11-5~~ SE¼
   Block _____ : Lot 47 I.T. Addition _____
   Street Address 10300 W. Fletcher Malcolm, NE 685

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe 14 x 60 Single Wide mobil Home

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

4. Distance to public sewer: _____ ft.

Mrs. Ron Mohrhoff
Signature of Applicant (Owner or Lessee)

204 Belmont Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/20/87. Date Frwd. 10/21/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/21/87. Date Frwd. 10/21/87. ACTION: Approved ☒ Disapproved ☐ See Note Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☒ Signature: Virgil Reamon

REMARKS OR REASONS FOR DISAPPROVAL Approval Conditional on County Board approval of Special Permit

Site Visits:
Date: 10-16-87 by: mm neighbors
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-21-93 By: Ron Mayhew

FORM 23-43

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. 1582-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ 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: Oct. 16 - 87

FILE NO. _____

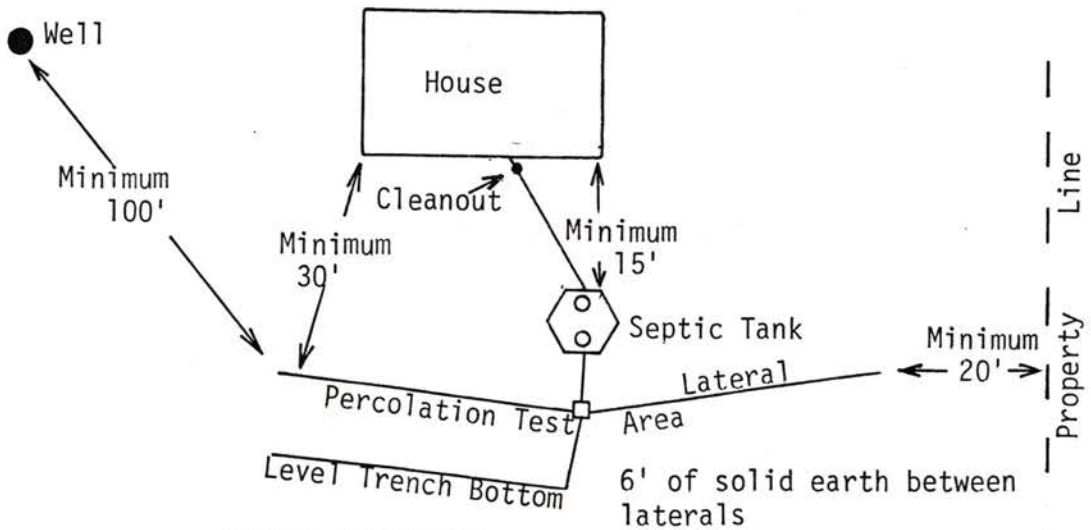
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below ~~basement floor~~ Ground 24 in.
3. Distance between dwelling and ~~septic tank~~ 225 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: Logan
1. Material _____; 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 _____ 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.

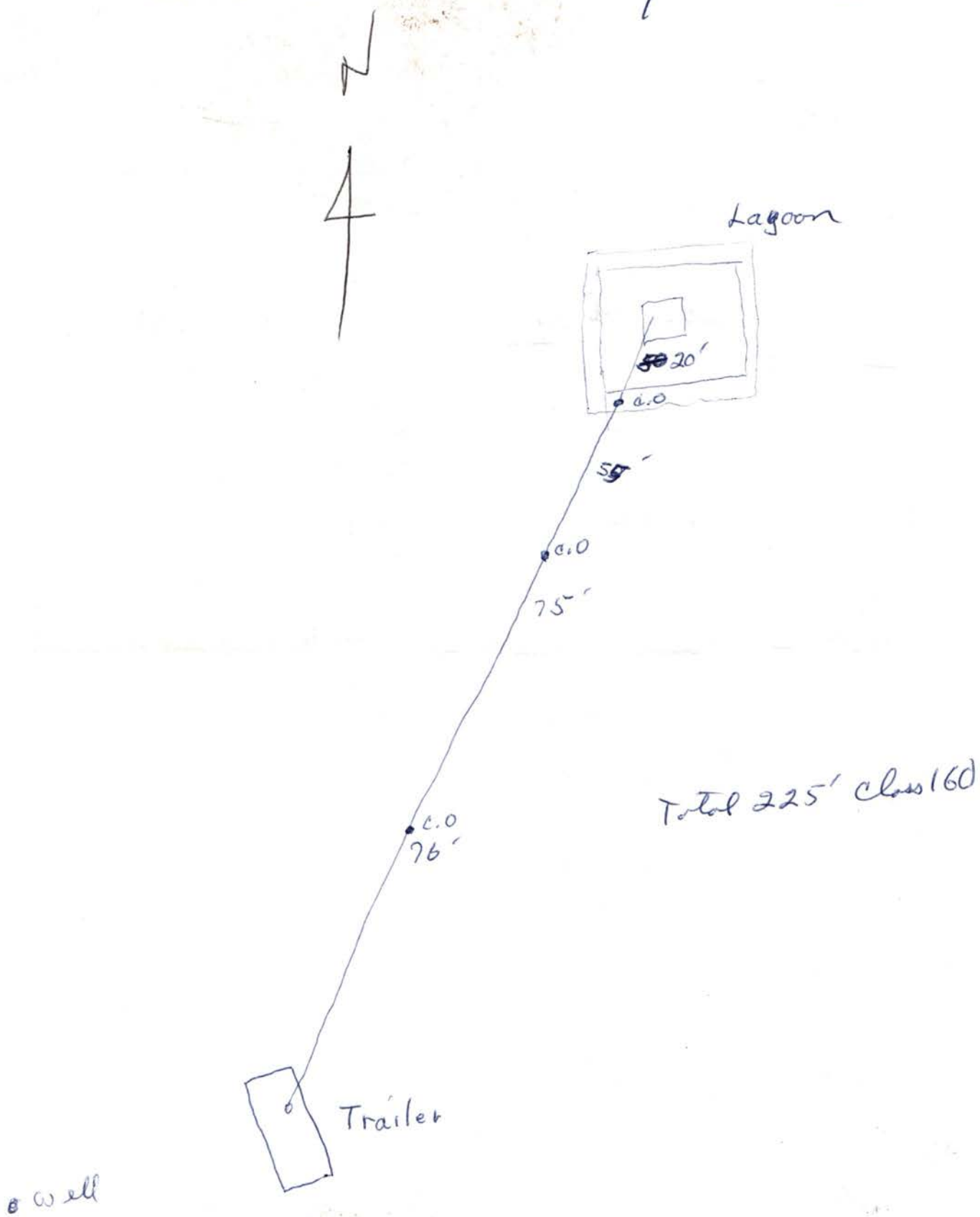
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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

Oct 16-87

Larry Schwarck



Total 225' class 160

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.

☐ Evaluation of the Individual Water System Date: _____

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

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

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Just Turkey	10300 West Hetcher	
Tenant/Buyer:	Jones & Jart Power	5130 W Superior	
Return to:	Nebraska Mortgage (Attn Linda)	PO Box 5320	434-6411

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

Signature of Applicant _____ Address PO Box 5320 Lincoln NE 68505

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HEALTH DEPARTMENT USE ONLY

Date Received 7-20-93 Received $75.00 Check ☑ 3613. Cash ☐ $150.00

PRELIMINARY STATUS--DATE 7-21-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7-21-93 by rm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend removing cattails each year to stay ahead of a full-blown infestation

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangelsdorf RS DATE 7-29-93

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

255

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.

☒ Evaluation of the Individual Water System Date: 6-11-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 11 ; RANGE 5 ; SECTION 33 (SE 1/4) ; BLOCK ___

LOT 47 ; ADDITION _____ ; Street Address 16300 WEST FLETCHER

Directions to Property WEST ON Hwy # 34 to 105TH - SOUTH TO W FLETCHER EAST 3/4 mile to PROPERTY (NORTH SIDE OF ROAD)

Location of Well SOUTH WEST OF HOUSE Tap Location: Inside ☒ Outside ☒

Location of Sewage System NE OF HOUSE Year Installed est 1986

	NAME	ADDRESS	PHONE
Present Owner:	RON/JULIE MORRHOFF	SAME	796-2430
Tenant/Buyer:			
Return to:	GAYLORD BECKER WOODS BROS REALTY	3201 PIONEER BLVD 68502	483-4151

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

Signature of Applicant Gaylord J Becker Address 3201 PIONEER BLVD 68502

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 11, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-12-90

	WATER SYSTEM: Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒ Corrected	Date 6-12-90 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date 6-20-90 by [illegible]
Nitrate	☒ Worse	☐	Disapproved:	☒	Date _____ by ___

Comments: Need a fence and gate with lock around lagoon. Need to seed like with grass. Weeds at water edge must be removed. Cattails must be removed.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayhew DATE 6-21-90

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