LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380063701

Issued 09/06/80
Expires 03/06/91

ESTABLISHMENT

GILBERT KISLING
T11N R5E SEC 33
LOT 50
6400 NW 105 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE GILBERT KISLING
6200 S 32 ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
9/20/90	PAID

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

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: Sept 3, 90

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 5E ; Section 33 ;
   Block _____ : Lot 5 III : Addition 5.6 Acres
   Street Address 6400 NW 10 S Malcolm Neb

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

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

4. Distance to public sewer: _____ ft.

Gilbert E Kesling
Signature of Applicant (Owner or Lessee)

6200 So 32 Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/5/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-5-90 . Date Frwd. 9-5-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowman

3. City or County Engineer: Date Rec'd. 09/05/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd Eckerman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/21/90 by: L.C.H. Need fence, signs, gate.
Date: 9-25-92 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-25-92 By: Ron Mergenthaler

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 5 ; Section & ¼ Section 33 SW¼
Property Dimensions: 350 ft. x 720 ft. Area: 5.6 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑. really pure clay.

Dates of Tests: 12-9-90 to 12-10-90. Weather: Precip. 0 Temp. 55-40

OWNER: Gilbert E Kusling

Address: RT1 Box 45 Malcolm Nebr 68402

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	12/9	9.00am	12/10	9:00am	12/10	9:00am	14	1:00pm	14	240	0	0
2	36	12/9	"	"	"	"	"	12	"	12	"	0	0
3	36	12/9	"	"	"	"	"	12	"	12	"	0	0
4	36	12/9	"	"	"	"	"	13	"	13	"	0	0

Sum of Percolation Rates: 0
Average of Rates: 0
Mean of Rates: 0

Gilbert E Kusling
Signature of Person Conducting Test

Address RT1 Box 45 Malcolm Phone 421-1682

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

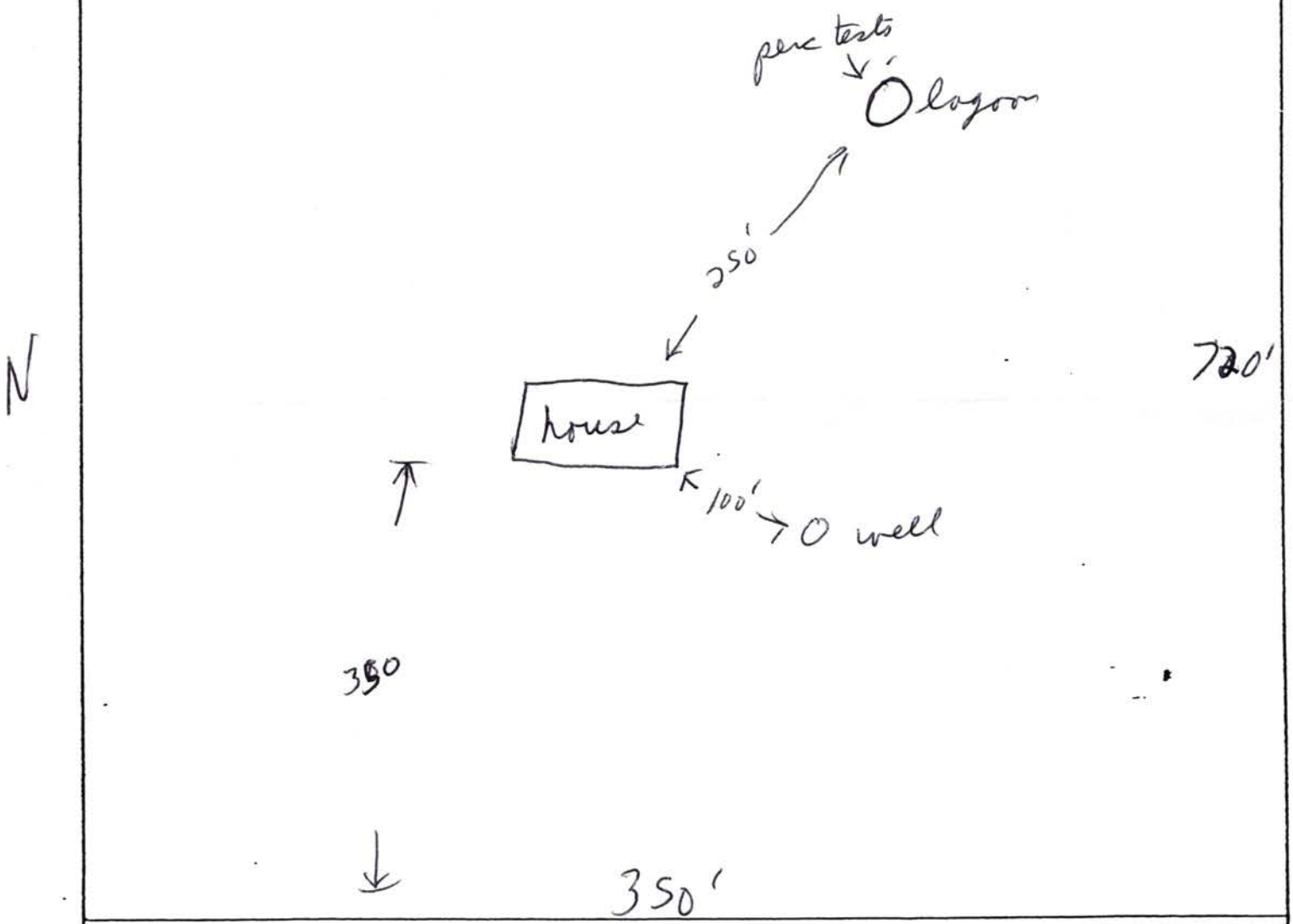
Date: _____

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

_____
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: 471-7800 **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:_____

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: _____

FILE NO. _____

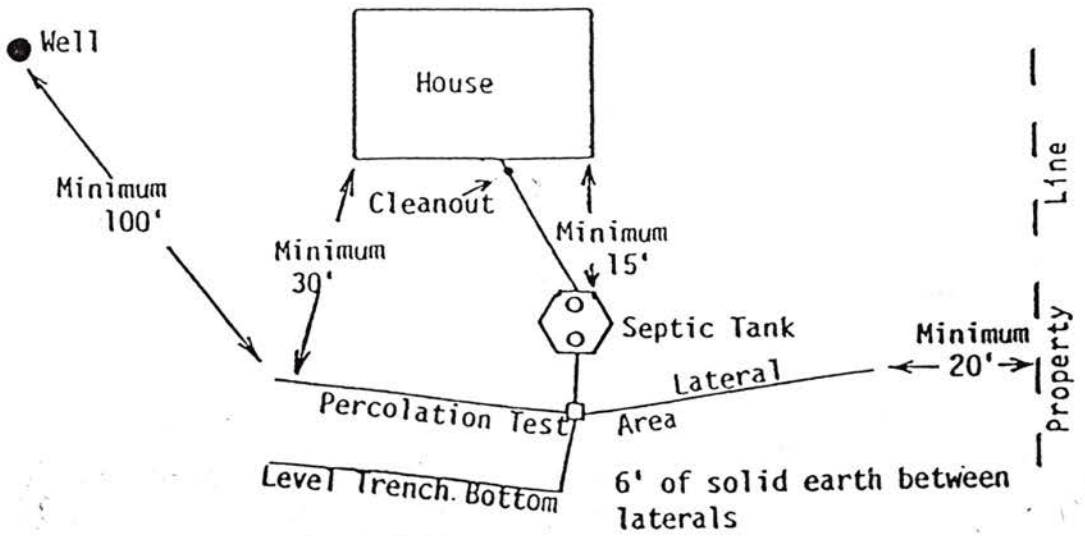
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 250 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 75' ft.

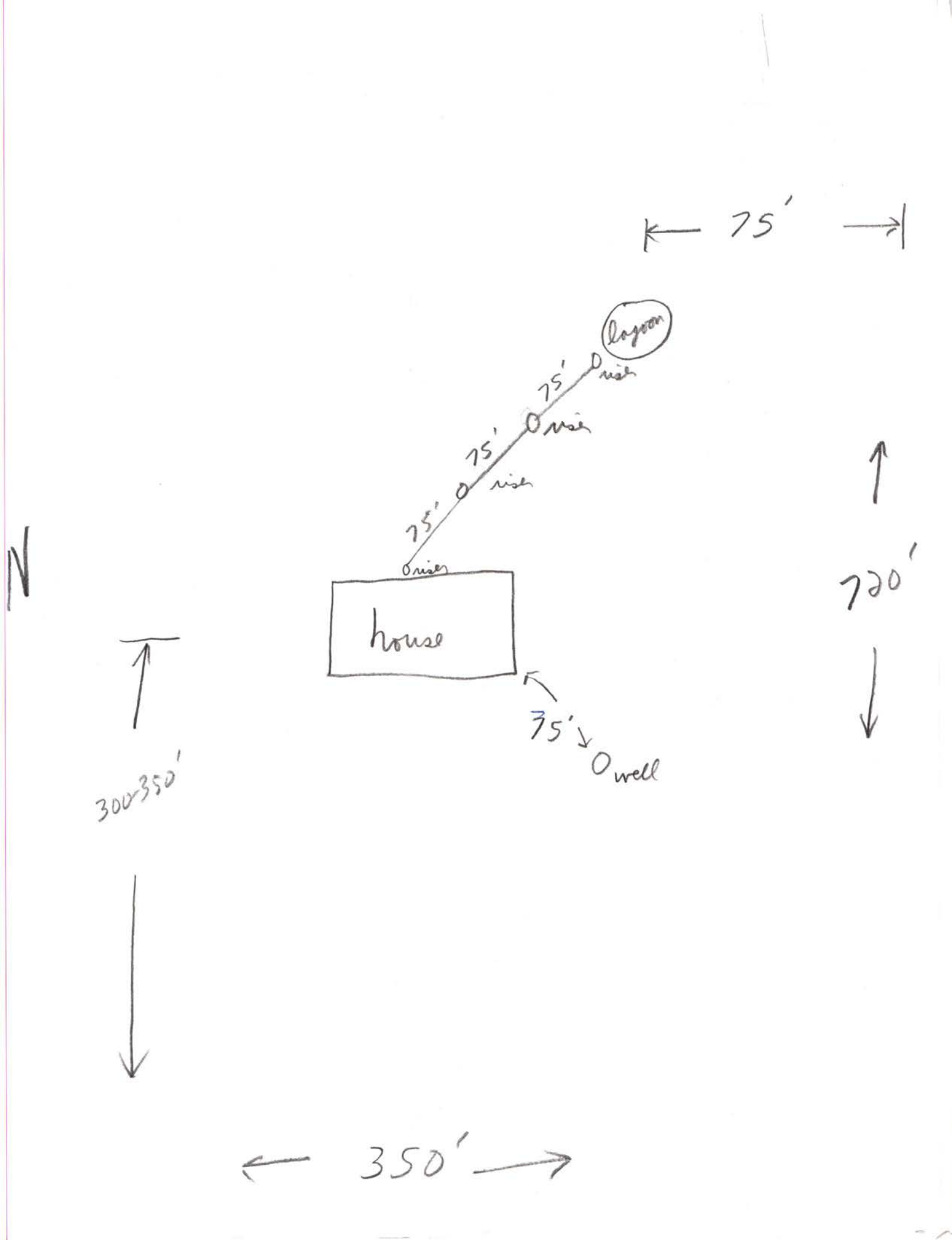
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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


75'
lagoon
75'
riser
75'
riser
75'
riser
75'
riser
N
house
720'
300-350'
75'
well
350'

005

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: 9-21-92

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION SE¼ of 33; BLOCK ___

LOT 50; ADDITION of Irr. tracts; Street Address 6400 N.W. 105th St. Malcolm NE

Directions to Property Hwy. 34 West to NW 105th St., south ½ mi. on East side

Location of Well S.E. of home by garden area Tap Location: Inside ☐ Outside ☑

Location of Sewage System S.E. of home behind metal bldg. Year Installed '91

	NAME	ADDRESS	PHONE
Present Owner:	Hilbert E. Kisling	relocating in Texas listing agent Jody Hitt	work 483-3463
Tenant/Buyer:	Richard M. Sheffield	3840 Patton Dr, Lincoln	438-2902
Return to:	Carole Johnson-Home	R.E. 3910 South St, Lincoln, NE 68506 Cellular 437-8884	488-4663 work

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

Signature of Applicant X Rick Sheffield Address 3840 Patton Dr

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 22, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-22-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9-22-92 by rm
Bacteria	☒	☐	Provisional:	☐	Date 9-25-92 by ___
Nitrate	☒ 0.6	☐	Disapproved:	☐	Date ___ by ___

NO pass

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayont RS DATE 10-2-92

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