LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2117-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 3, 1985 — THIS PERMIT EXPIRES

VIRGIL LANG — ISSUED TO

RFD — MALCOLM, NE 68402 — ADDRESS

T11N; R5E; Sec 33 NE¼, Malcolm — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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
LM	83-84	LM

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 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. 2117-C

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

DATE: 8/2/84

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. 11N ; Range ~~8~~ 5E; Section 33 NE¼
   Block _____; Lot _____; Addition _____
   Street Address Malcolm

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

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

4. Distance to public sewer: — ft.

Virgil Lang
Signature of Applicant (Owner or Lessee)

Malcolm
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/3/84 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 8/3/84 . Signature: Jerrold C. Nash

2. Supt. Bldg. Insp.: Date Rec'd. 8/3/84 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 8/3/84 . Signature: Williamson

3. City or County Engineer: Date Rec'd. 8/3/84 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 8/3/84 . Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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. 2117-C

PROPERTY WHERE SOIL TESTED:
Location: Township 5 ; Range 11
Section & ¼ Sect. 33
Property Dimensions: ___ ft. x ___ ft.
Area: 120 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: VIRGIL LANG
Address Malcolm Nc. 796-2464

Dates of Tests: 7/5 to 7-6. Weather: Precip. ___ Temp. ___ 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	30"	7-84	10	7/84	10	7/84						1"	
2	"	"	"	"	"	"						1½"	
3	"	"	"	"	"	"						1"	
4	"	"	"	"	"	"						2¼"	
5	"	"	"	"	"	"						½"	
6	"	"	"	"	"	"						0	

Sum of Percolation Rates ___
Average of Rates: 1.04
Mean of Rates: ___

John Strohmyer
Signature of Person Conducting Test

Address ___
Phone: ___

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg silty clay loam

Approved Percolation Rate(s)
A. 28 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: August 3, 1984

Jerrold 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. 2117-C

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

REVIEWING ACTION

Remarks: _____

Date: August 3, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 484 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 10-15-91

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 33, NE¼; BLOCK ____

LOT ____; ADDITION _____; Street Address Rt 1 Box 33 Malcolm, NE 68402

Directions to Property South side on Hwy #34 West between NW 84th and NW 105th Red brick with blue trim black dog.

Location of Well Back yd. - south west of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South east of house Year Installed 1970-71?

	NAME	ADDRESS	PHONE
Present Owner:	Virgil Lange (land contract) in Division	Rt 1 Malcolm, NE	
Tenant/Buyer:	James + LoReeta Paap	Rt 1 Box 33 Malcolm, NE	796-2427
Return to:	Commercial Federal Mortgage c/o Jeanne Minnick	5535 O St Lincoln, NE 68510	473-0810

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

Signature of Applicant James A. Paap Address Rt 1 Malcolm, NE 68402

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HEALTH DEPARTMENT USE ONLY

Date Received 10-15-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-15-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-15-91 by RM
Bacteria	☒ 0	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date _____ by ____

Chloride 17 ppm

Comments: This septic system was apparently installed before County Regulations. The Health Dept has no record of a permit or inspection of this system. Thus, a provisional approval. There was some wetlands type vegetation (smartweeds) growing on the subsurface laterals. this may indicate a potential failing lateral. Health Dept. recommend checking septic tank every 2-3 yrs. to see if it needs pumping. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquart, RS DATE 10-23-91

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