LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2828-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

DALE R. NELSON 1421 GARFIELD, APT. 2 — ISSUED TO / ADDRESS

T11N; R5E; Sec.32; S½ SE¼ SE¼ — 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: MC — DATE: 5-5-99 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

RECEIVED APR 2 8 1989

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. 2828-C

DATE: 4-27-89

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 S½ SE¼ SE¼ 32 ;
   Block _____ : Lot _____ : 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 ☒ LAGOON

4. Distance to public sewer: _____ ft.

Dale R Nelson
Signature of Applicant (Owner or Lessee)

1421 GARFIELD LINCOLN NE. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/89. Date Frwd. 5/5/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-5-89. Date Frwd. 5-5-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boesma

3. City or County Engineer: Date Rec'd. 5/5/89. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/19/89 by: J.C. Hood Pipe covered without inspection
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/13/89 By: J. C. Hood

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. 2828-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section S½ SE¼ SE¼ 32.
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: 4-12-89 to 4-13-89. Weather: Precip. ____ Temp. 75°.

OWNER: DALE NELSON 474-5069

Address: 1421 GARFIELD (APT 2) Lincoln NE 68502

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"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5¼	3½ hr	¾	30 min
2	36"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5¼	3½ hr	¾	30 min
3	36"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5½	3½ hr	½	30 min
4	36"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5½	3½ hr	½	30 min
5	36"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5¾	3½ hr	¼	30 min
6	36"	4-12	3:00	4-13	3:00	4-13	3:00	6"	6:30	5½	3½ hr	½	30 min

Joe Damico General Excavating
Signature of Person Conducting Test

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

Address 4401 NO. 27th Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: Need lagoon sealed
Soil Type (SCS): Morrill Clay Loam and Sharpsburg Silty Clay Loam in creek.
Date: May 5, 1989

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

Jerrold C. Hood
Signature of Reviewing Official

002

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: 12-2-92

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 32; BLOCK ____

LOT ____; ADDITION _____; Street Address RR4, Lincoln, NE

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Dale & Lynette Nelson	RR4 Box 12, Lincoln	796-2680
~~Tenant/Buyer:~~		Lynette's work #	434-3175
Return to:	Security Federal Savings ATTN: CHRISTY	P.O. Box 80069, Lincoln 68501	474-4444

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

Signature of Applicant Christy Neuhaus Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 12-3-92 Received $150.00 Check ☒ Cash ☐

#36075 C. Check S. Federal

PRELIMINARY STATUS--DATE 12-4-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 12-4-92 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 0.7 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend moving the inside of lake around lagoon also

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerrold C. Hood R.E.H.S. DATE DECEMBER 15, 1992

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

* 20 112th & Fletcher

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: 10-16-89

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 32; BLOCK ____

LOT ____; ADDITION _____; Street Address RR4 Box 12 Lincoln 68524

Directions to Property Hwy 34 west till you reach 112th turn South 1 mi. (on blacktop) turn right ½ mi. turn right to driveway *

Location of Well Northeast of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System Northeast of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Dale R. Nelson	1421 Garfield 68502	~~[illegible]~~
Tenant/Buyer:			
Return to:	Dale R Nelson	RR4 Box 12 Lincoln 68524	794-2686

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

Signature of Applicant Dale R Nelson Address RR4 Box 12 Lincoln 68524

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 18, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10/19/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 10/19/89	by LCH
Bacteria	☒	☐	Provisional:	☐	Date 11/13/89	by LCH
Nitrate	☒	☐	Disapproved:	☒	Date _____	by ____

Comments: LAGOON FENCE STILL NEEDS WARNING SIGNS. NEED DRAWING [illegible] 11/13/89 SIGNS UP. PROVISIONAL APPROVAL BECAUSE SEWER LINE See Attached Letter ☐
WAS COVERED WITHOUT INSPECTION. HAVE NO REASON TO BELIEVE THAT IT WASN'T DONE PROPERLY, SIMPLY DIDN'T GET TO SEE IT.

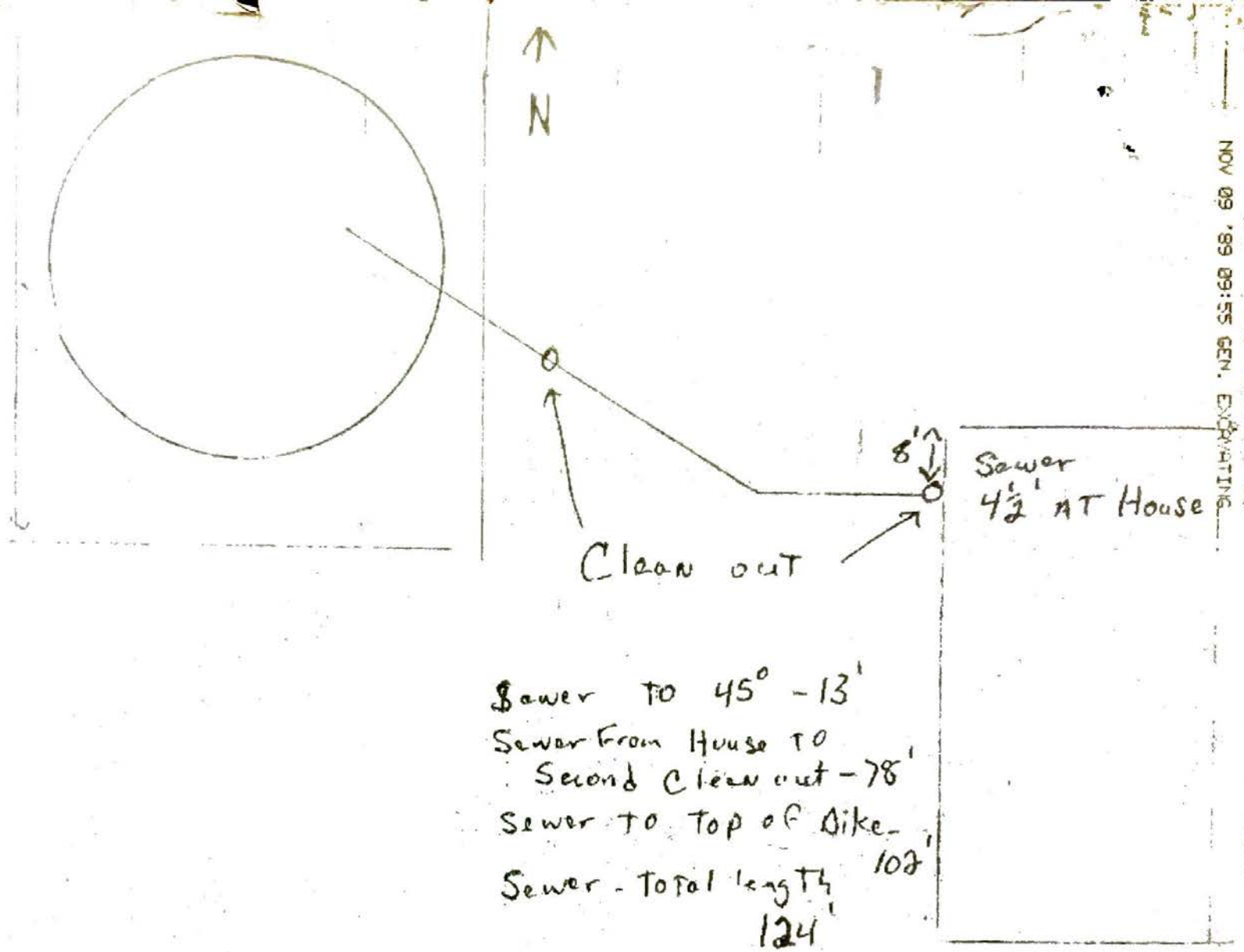
FINAL STATUS

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

APPROVED BY Gerald C. Hood R.S. DATE NOVEMBER 13, 1989

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



Sewer TO 45° - 13'

Sewer From House TO
Second Clean out - 78'

Sewer TO Top of Dike - 107'

Sewer - Total length
124'

Dale Nilson
112 Fletcher

NOV 09 '89 09:55 GEN. EXCAVATING