LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 910-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 1, 1977 — THIS PERMIT EXPIRES

Philip Johnson — ISSUED TO

6165 South Street — ADDRESS

T1ON; R8E; Sec. 5-E½ of NW¼; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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

C-155

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. 910-C

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

DATE: Aug 30, 1976

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: N 235.5' of W 1075.7 of E 1260.7 of

1. Legal description of property: Twp. 10 N ; Range 8 E ; Section 5 E½ NW¼
Block ____ ; Lot ____ ; Addition ____
Street Address 12501 Fletcher Ave.

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms 3 . Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: ____ ft.

Shirley Jackson
Signature of Applicant (Owner or Lessee)

6165 South St. Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/30/76 . Date Frwd. 8/30/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hook

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 8/30/76 . Date Frwd. 8/30/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graf Rec'd 8/31/76

REMARKS OR REASONS FOR DISAPPROVAL
To replace expired permit # 596-C 3/26/75

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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. 910-C

DATE: Aug 30, 1976

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto. N 235.5' of W 1075.7' of E 1260.7' of E½NW¼

1. Legal description of property: Twp. 10N ; Range 8E ; Section 5 ; Block ; Lot ; Addition .
Street Address 12501 Fletcher Ave

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Shirley Jackson
Signature of Applicant (owner or lessee)

6165 South St. Lincoln Nebr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-2-76 by:
Date: by:
Date: by:

3. Date: Approved ☒ Disapproved ☐ 8/30/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-2-76 by:

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. 910-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N; Range 8
Section & ¼ Sect. 5 NW ¼
Property Dimensions: 235.5 ft. x 1075.7 ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Phil Johnson
Address Henderson, Ne.

Dates of Tests: March 26, 1975 to March 27, 1975. Weather: Precip. .56" Temp. 41 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		3/26	1:05	3/27	1:24	3/27	1:54	6"	5:54	4"	30	1¾	1/16
2		3/26	1:06	3/27	1:25	3/27	1:55	6"	5:55	0	30	2¼	1/16+
3		3/26	1:07	3/27	1:24	3/27	1:56	6"	5:56	2"	30	2	1/16
4		3/26	1:08	3/27	1:27	3/27	1:57	6"	5:57	5"	30	2⅞	1/16+
5		3/26	1:09	3/27	1:28	3/27	1:58	6"	5:58	7"	30	1⅛	1/16
6		3/26	1:10	3/27	1:29	3/27	1:59	6"	5:59	2"	30	2	1/16

Michael P. May
Signature of Person Conducting Test

Address Waverly, Ne.
Phone: 462-2134

Sum of Percolation Rates 1/16
Average of Rates: 1/16
Mean of Rates: 1/16
1.9167

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

Approved Percolation Rate(s)
A. 16 min./inch
B. _____ min./inch
C. _____ min./inch

James Wenelka
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. ~~F96-C~~ 910-C

SPECIFICATIONS

DATE: March 27, 1975

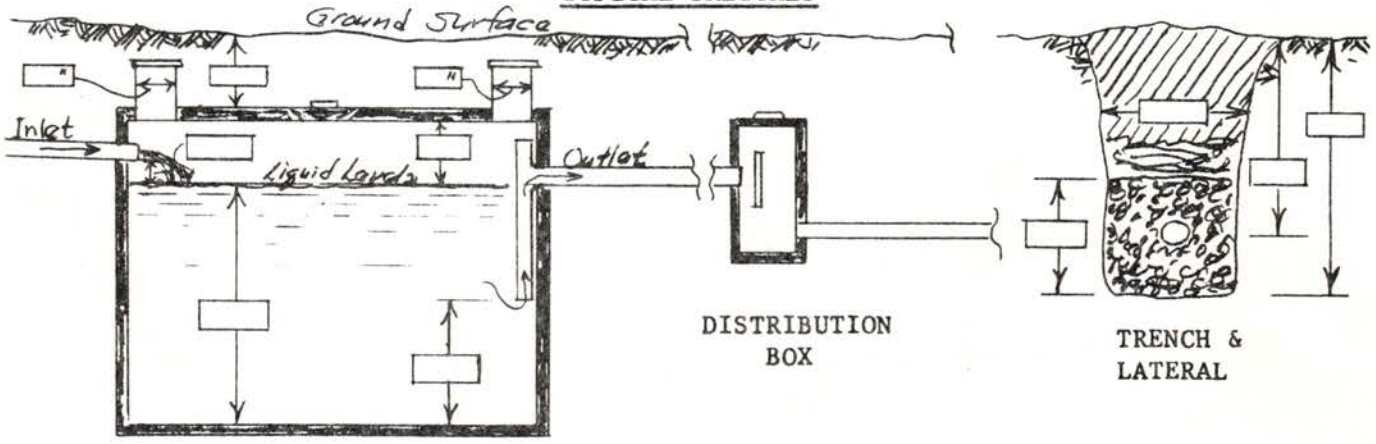
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company Norwalk) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 16 in.
Below Grade 36 in.
5. Inlet: Baffle ☐; or Tee ☑
6. Outlet: Baffle ☐; or Tee ☑
Depth of outlet below inlet 40 in.
7. Depth of top of tank below finished grade 36 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 100 ft.

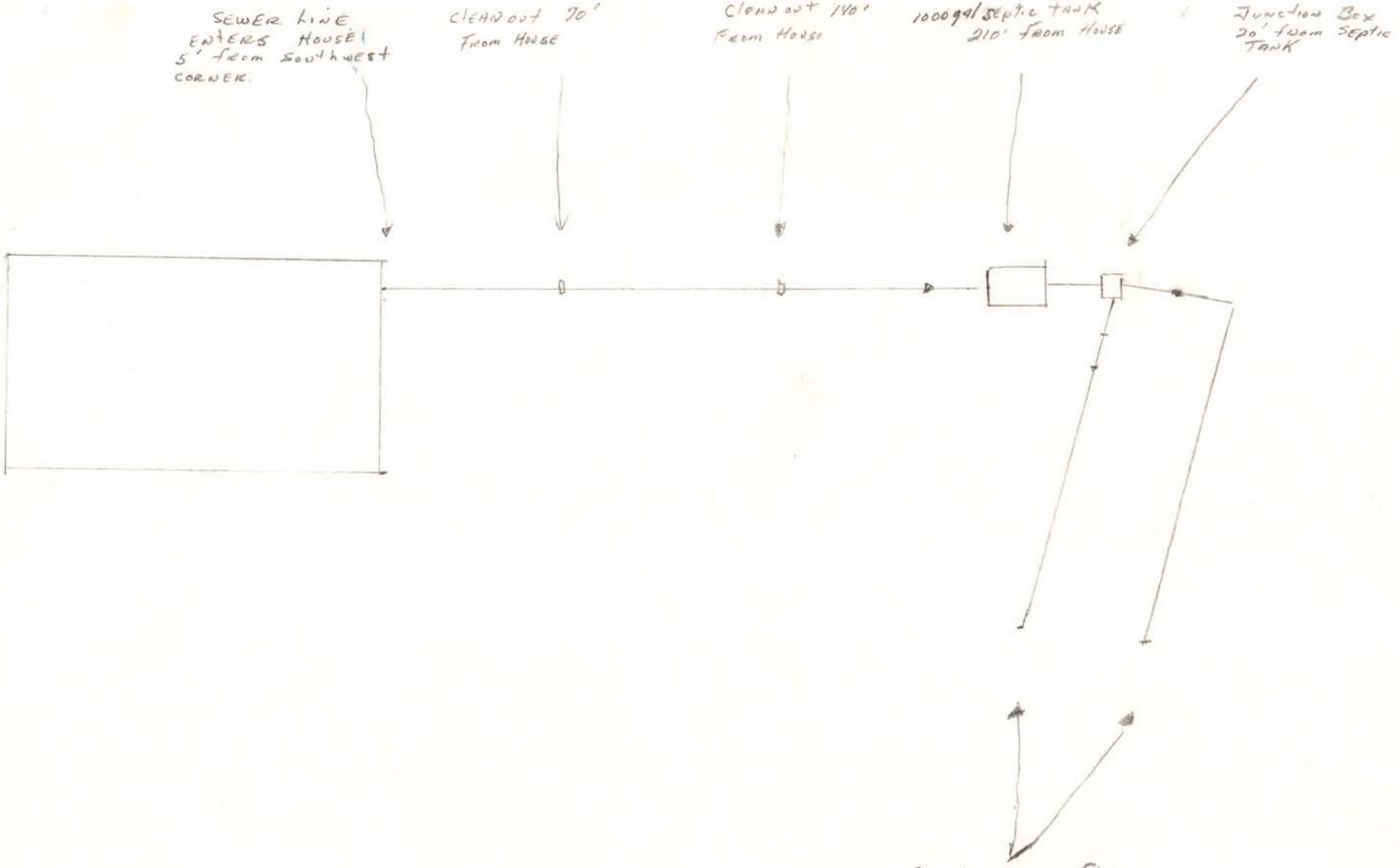
C. DISTRIBUTION BOX
1. Material Cement No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast) No ☐
3. Dimension: Length 12 in.; Width 11 in. Depth 8 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☑, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade 18 in. Number ____; Length of each line ____ft Total length of Laterals 194 ft.; Slope 4 in/100 ft. Diameter of pipe 12 in.; Shape Half moon Material: concrete ☑, fiber asbestos ☐; clay ☐; other ____ Distance between lateral lines 8 ft.
3. Trench Dimensions: Depth 30 in.; Width 36 in.
4. Filter Material: Gravel. Depth of material from trench bottom 14 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line 100 ft.
6. Percolation Rate: 16 minutes/inch

TYPICAL SKETCHES



Signature of Applicant



Marvel Read by Ron Magnant

RECEIVED JUL 25 1991

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

This form must be completed and returned to request

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

☒ Evaluation of the Individual Water System Date: 7-22-91

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION NW¼ of SE; BLOCK ___

LOT 3; ~~ADDITION~~ ~~Township~~ [illegible]; Street Address 12501 Fletcher Ave

Directions to Property 2½ miles East of 84 & Fletcher on Fletcher (White House w. the Brown trim)

Location of Well 25 Ft south east of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 200 ft west of house Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Alan-Connie Reed	R+1 Box 101B Waverly 68462	467-1361
Tenant/Buyer:	Same as above		
Return to:	Same as above		

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

Signature of Applicant [signature] Address R+1 Box 101B Waverly 68462

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 25, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-26-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7-26-91 by JRM
Bacteria	☐	☐	Provisional:	☐	Date ____ by ____
Nitrate	☐	☒ 11.3	Disapproved:	☐	Date ____ by ____

Comments: Recommend continuing pumping septic tank on regular basis as owner has been doing. Recommend not farming over the subsurface laterals. Raw water nitrate level is too high. See Attached Letter ☐ Thus the raw water supply can not be approved.

FINAL STATUS

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

APPROVED BY _____ DATE _____

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: Oct 4 1982
☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $45.00

Legal description of property: TWP. 10N ; RANGE 8 East ; SECTION 3
BLOCK ; LOT ; ADDITION
Street Address Box 101B RR#1 Waverly Neb. 68462
Directions to Property ½ mile East of 112th & Fletcher

Location of Well 50 southeast of house Tap Location: Inside ☒ Outside ☒
Location of Sewage System West of house Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Phil & Evelyn Johnson	5815 W 87 street Overland Kansas	913-381-6891
Tenant/Buyer:	ALAN & CONNIE REED	Box 101B RR#1 Waverly	467-1361
Return To:	ALAN REED	BOX 101B RR#1 Waverly	467-1361

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

Signature of Applicant Alan Reed Address Box 101B RR#1 Waverly 68462

HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 5, 1982 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐	☒
Nitrate	☐	☒

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☒
Disapproved: ☐

SITE VISIT:
Date 10-7-82 by SMM
10-26-82 SMM
Date 10/28/82 by L.C.H.
Date 10/1/82 by SMM
11/3/82 SMM

Comments: Farming over laterals
well casing does not extend 12" above grade. - corrected 10/26/82

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☐

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☒

APPROVED BY DATE

FN 20215-1079R