CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 788

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 11, 1976
THIS LICENSE OR PERMIT EXPIRES

Dennis D. Plautz
LICENSEE OR PERMITTEE

7230 Walker Avenue, Lincoln, NE
ADDRESS

T11N; R5E; Sec. 26-E½ of NE¼;
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15 624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

APPLICATION

39159 10 13 76 30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

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. 788

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

DATE: 4-12-76

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. 11 N ; Range 5E ; Section E½ NE¼ 26
   Block _____; Lot _____; Addition _____
   Street Address _____

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.

Dennis D Plank
Signature of Applicant (Owner or Lessee)

7230 WALKER AVE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4-12-76 . Date Frwd. 4-12-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hoot

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H Pemmer

3. City or County Engineer : Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Joe Bird

REMARKS OR REASONS FOR DISAPPROVAL _____

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 [X]
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. 788

DATE: _____

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.

1. Legal description of property: Twp. 11 N ; Range 5E ; Section E½ NE¼ 26 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 3
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; 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).

Dennis D Plants
Signature of Applicant (owner or lessee)

7230 WALKER AV.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 4-12-76
Filing Fee: $ 30.00

2. Site Visits:
Date: 6-21-76 by: jw
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Ronald Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-21-76 by: James Weverka

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. 788

PROPERTY WHERE SOIL TESTED:
Location: Township 11N ; Range 5E
Section & ¼ Sect. E½, NE¼, 26
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).

Owner: ____
Address ____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: March 12-76 to March 14 76. Weather: Precip. 0 Temp. [illegible]

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	30	18	
2	"	"	"	"	"	"	"	"	"	"		1	
3	"	"	"	"	"	"	"	"	"	"		0	
4	"	"	"	"	"	"	"	"	"	"		0	
5	"	"	"	"	"	"	"	"	"	"		1	
6	"	"	"	"	"	"	"	"	"	"		34	

[illegible]
Signature of Person Conducting Test

Address [illegible]
Phone: [illegible]

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. 44 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: 4-12-76

Ronald Magnuson
Signature of Reviewing Official

Hole Ken Benis

1 - 1½ - 1.5

2 - 1 - 1.0

3 - 0 0

4 - 0 0

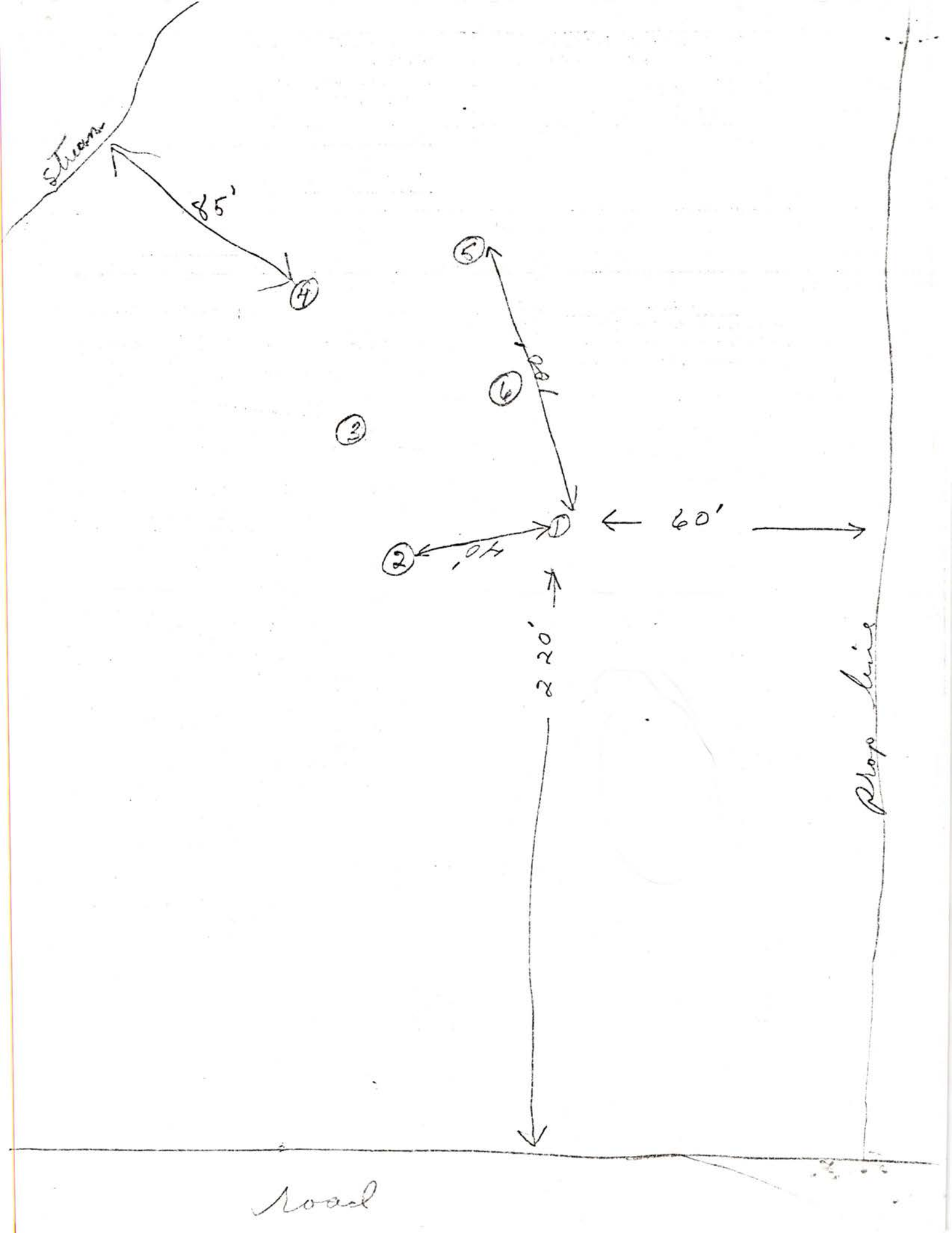
5 - 1 1.0

6 - ¾ .75

6 | 4.25

.708

44 min/inch


Stream
85'
4
5
6
3
2
1
60'
220'
Road
Property line

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. 788

SPECIFICATIONS

DATE: _____

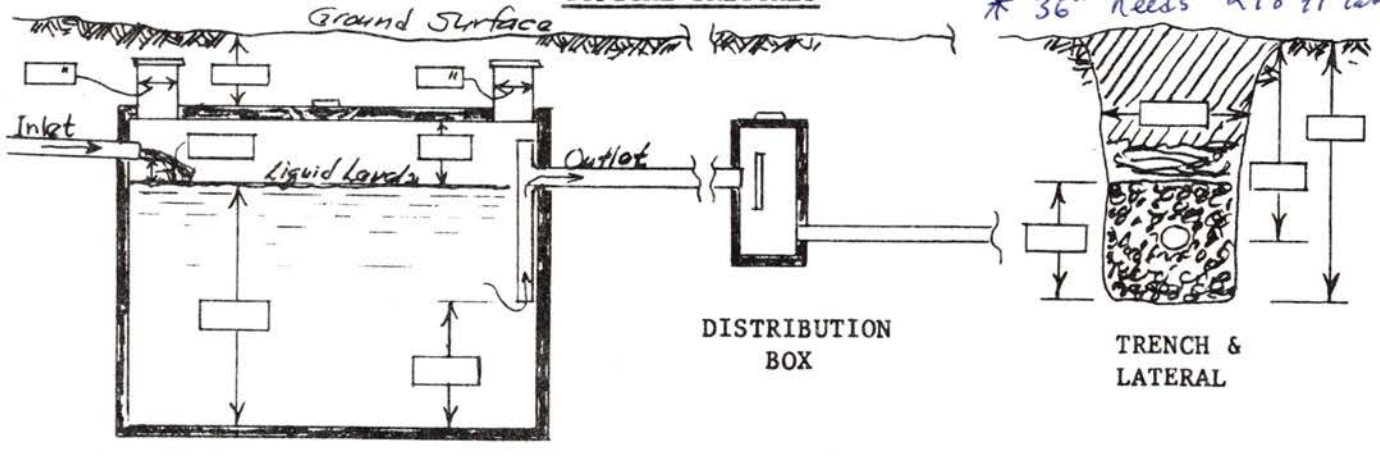
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 223 ft.; Slope level in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.*
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



* 36" needs 298 ft laterals

_____
Signature of Applicant

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. _____

SPECIFICATIONS

DATE: _____

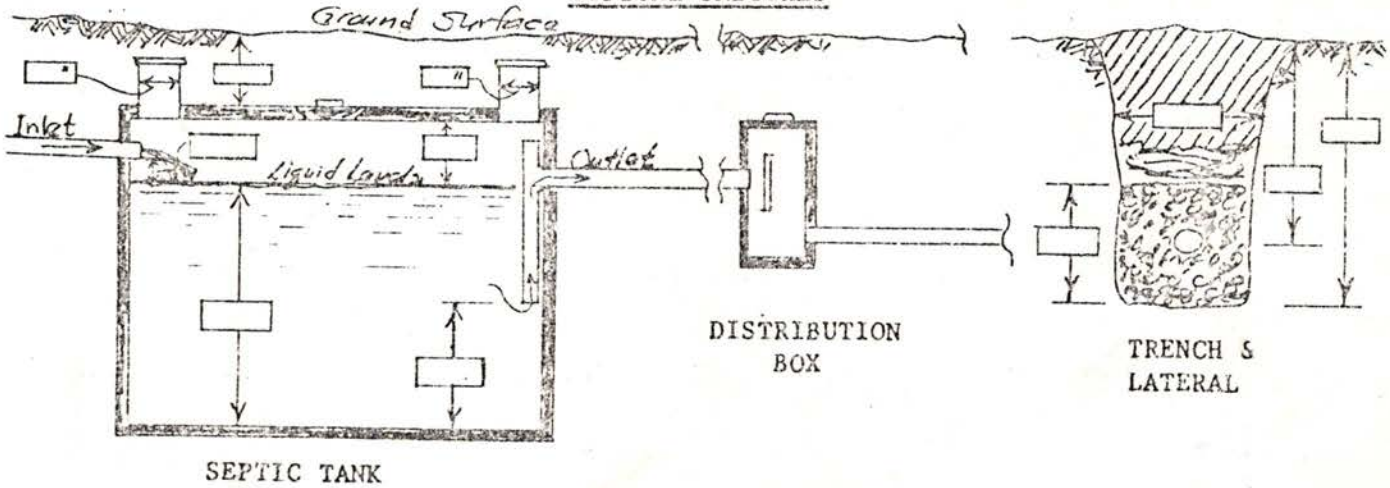
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 99 ft.
4. Number of clean-outs ____.
5. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONC; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☑ (Company Pre Cast) No ☐
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Below Grade ____ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

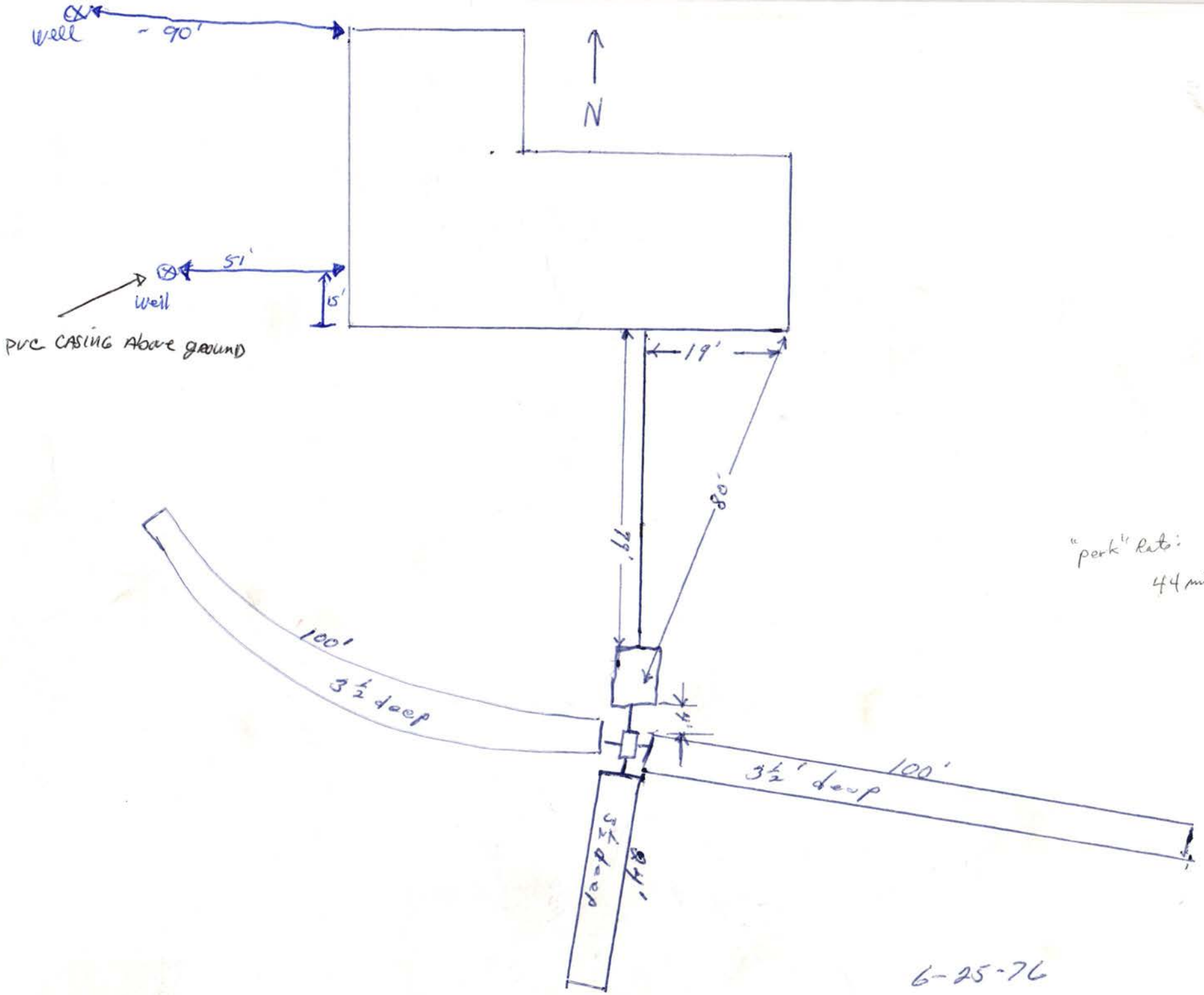
C. DISTRIBUTION BOX
1. Material CONC; No. available outlets 5.
2. Factory Built: Yes ☑ (Company Pre Cast) No ☐
3. Dimension: Length ____ in.; Width ____ in. Depth ____ in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☑, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade 18 in. Number 3; Length of each line ____ ft. Total length of Laterals 224 ft.; Slope 2 in/100 ft. Diameter of pipe 22 in.; Shape Half Moon Material: concrete ☑; fiber asbestos ☐; clay ☐; other ____ Distance between lateral lines ____ ft.
3. Trench Dimensions: Depth 42 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line ____ ft.
6. Percolation Rate: ____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant



"perk" Rate:
44 min/inch

6-25-76

Harold L Basement

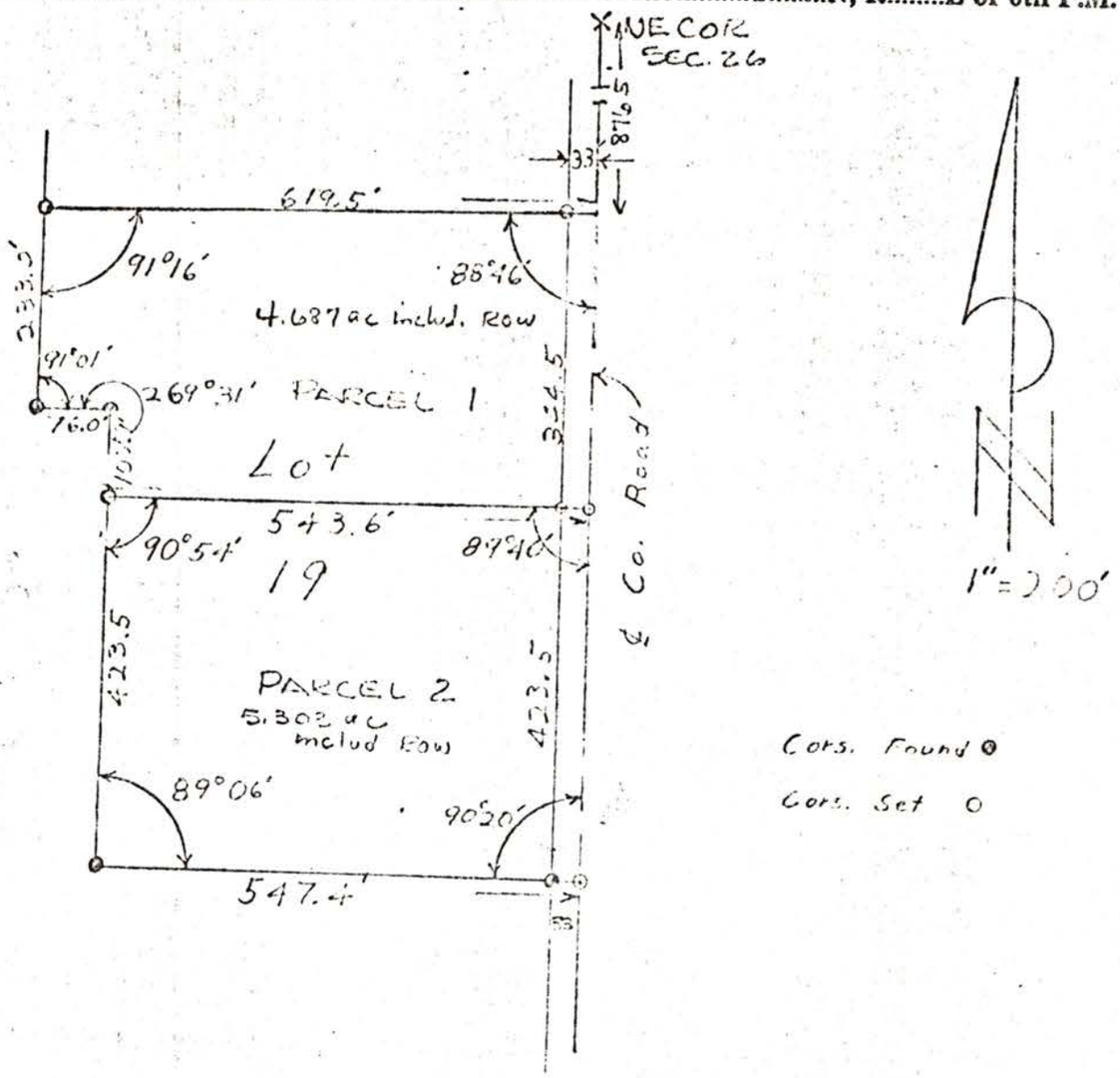
Survey Record

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: Subdivision of Lot 19 I.T.

E½ NE¼ **Section** 26 **T** 11 **N, R** 5 **E of 6th P.M.**



Legal Descriptions

Parcel 1; Lot 19, I.T. in the E½NE¼ section 26 T11N R5E of the 6th P.M., Lancaster County, Nebr. except the south 423.5' thereof.

Parcel 2; The south ~~423.5~~ 433.95' of Lot 19 I.T. except East 40' thereof in the E½NE¼ of section 26, T11N R5E of the 6th P.M., Lancaster County, Nebr.

I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

Signed this 22nd **day of** Dec **19**76

Name: Robert B. Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal

98102027

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address CR 3817 8601 N.W. 70th MALCOM, NE 68402-9543.

Twp 11N Range 5E Section 26 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Hwy 34 West to NW. 70th

Location of Well (2) wells ① Behind house - west. Low volume well in grove of trees ② North of 1st well in grove of trees Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house in grove of trees behind Baseball diamond. Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Robert Shaner	8601 N.W. 70th MALCOM, NE	796 2408
Tenant/Buyer:	Philip* Nancy Bargen	431 So. 55th Lincoln, NE 68510	483-0296
Return to:	CAPITOL TITLE ATTENTION: GILA BERNTH	4645 NORMAL BLVD Suite 150 LINCOLN, NE. 68506	434-3720 3736 FAX

Signature of Applicant Philip Bargen By C. Mikel Address 431 So 55th Lincoln NE 68510 Date 9/30/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 10/7/98
Initials TW
Amount $150.00
Check No. 1843

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By J Bare **DATE:** 10/12/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒ NW Well	☒ ~~EAST~~ WEST well	Approved ☒	Date 10/27/98 by SB
Bacteria	☒ 0 /ml	☒ POS /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 5.9 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: TWO Wells on PROPERTY: NW. well CONSTRUCTION Approved. WEST well construction DISapproved. Recommend checking SEPTIC TANK AND pumping if needed. WATER BACTERIA SAMPLE POSITIVE FOR COLIFORMS. Recommend Super chlorinating well. WEST well approved for irrigation purposes only. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood, R.E.H.S. Date 10/30/98

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95