LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1958-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

08/07/83 — THIS PERMIT EXPIRES

KELLE OR JOHN KRICK ROUTE 13 LINCOLN NE 68527' — ISSUED TO / ADDRESS

T10N, R8E, SECTION 10, LOT 9 IRREGULAR TRACT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER PERMIT

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

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1958-C

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

DATE: 12-21-82

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ none an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 10 ;
Block ; Lot 9 I.T. ; Addition
Street Address

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

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

4. Description of proposed alteration, extension or repair: 300 'Curtain wall around pro. add 3rd at later date if needed.

5. Work to be done by: Owner ☐ ; or Contractor ☐ ,
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1514 00

Signature of Applicant (owner or lessee)

6710 N 07
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

AGRONOMY DEPARTMENT ANALYTICAL LABORATORY
MISCELLANEOUS ANALYSIS INFORMATION SHEET

M

Date 6-15-81 Job # 128

Name JOHN KRICK Sample Identification

Address 3500 N 148 RR13 Type of Sample Soil

Town LINCOLN Zip 68527 Number of Samples 3

County LANCASTER

Amount Due 18.00

To be billed ___ Acct.# ___

or paid ✓ Rcpt.# 68211

Tests Desired
PSH

Check a line for sample disposition when analyses are completed. Pick up ___ Discard ___

	Sample No.					
1	A					
2	B					
3	C					
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Comments: ___

Date Completed: ___

UNIVERSITY OF NEBRASKA

DEPARTMENT OF AGRONOMY

PARTICLE SIZE ANALYSIS

Analyst E. Powers

Date 24 June 81

Soils from Job #128 & ~~Job #131~~

Designation of sample	P_H of sample	Weight of sample, grams		Temp. of suspension	Hydrometer reading, g/liter				Percentage of					Textural class name
		Air-dry	Oven-dry		40 sec.	4 min.	1 hr.	2 hr.	sand	coarse silt	fine silt	very fine silt	clay	
Job #128			28°C	8:43	40	28	16	15			51.95			silty clay loam
18" A	3.90				42.88	30.88	18.88	17.88	10.81	24.91	24.93	2.08	37.16	
											52.80			
22" B	4.49			8:45	41	29	17	16						silty clay loam
					43.93	31.98	17.98	18.88	8.35	25.07	25.01	2.09	37.43	
											11.15			
32" C	5.11			8:51	37	28	19	18						silty clay
					41.93	30.88	21.88	20.86	11.96	23.13	18.91	2.11	43.89	

Feb-1988

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1270-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 7, 1978 — THIS PERMIT EXPIRES

John D. Krikk — ISSUED TO

2525 South 39, Lincoln, NE 68506 — ADDRESS

T10N, R8E, Section SW¼ of NW¼ of 10, Lot 9 — 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

2832

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

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. 1270-C

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

DATE: _____

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. 10N ; Range 8E ; Section SW¼ of NW¼ Sec10
   Block _____ ; Lot 9 I.T. ; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

old buildings have been removed no previous septic system -

489-3066.

John Krick (Krick)
Signature of Applicant (Owner or Lessee)

2525 So. 39th Lincoln, NB
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/6/78 . Date Frwd. 3/7/78 . ACTION: Approved [X] Disapproved [ ] Signature: Jerrold E. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. 3-8-78 . Date Frwd. _____ . ACTION: Approved [ ] Disapproved [X] Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 3/7/78 . Date Frwd. 3/8/78 . ACTION: Approved [X] Disapproved [ ] Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Checked 7/19/78 J.C.H. Covered by landscaping crew before inspection

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 474-1541)

FILE NO. 1270-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10N : Range 8E
Section & ¼ Sect. lot 9 irreg tract SW¼ of NW¼ sec10
Property Dimensions: 320 ft. x 290 ft.
Area: 2.16 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: John D. Krick
Address: 2525 So. 39th, Lincoln NB 68506

Dates of Tests: April 23 77 to April 24 77 Weather: Precip. 0 Temp. 60°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	4/23	2 PM	4/24	1 39 PM	4/24	1 39 PM	12"	3 39 PM	refill 11" 2 30 PM refill 8" 3 30 PM 5"	30 M	2½"	
2										5½"		2	
3										9"		1	
4										9½"		½	
5												½	
6													

Robert Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: ~~Shrewsbury silty clay loam over~~ Wymore Silty Clay Loam (S.C.S.)

DATE: March 6, 1978

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

old Well
1
3
Old House
75'
100'
2
5
6
30'
4

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. 1270-C

SPECIFICATIONS

DATE: _____

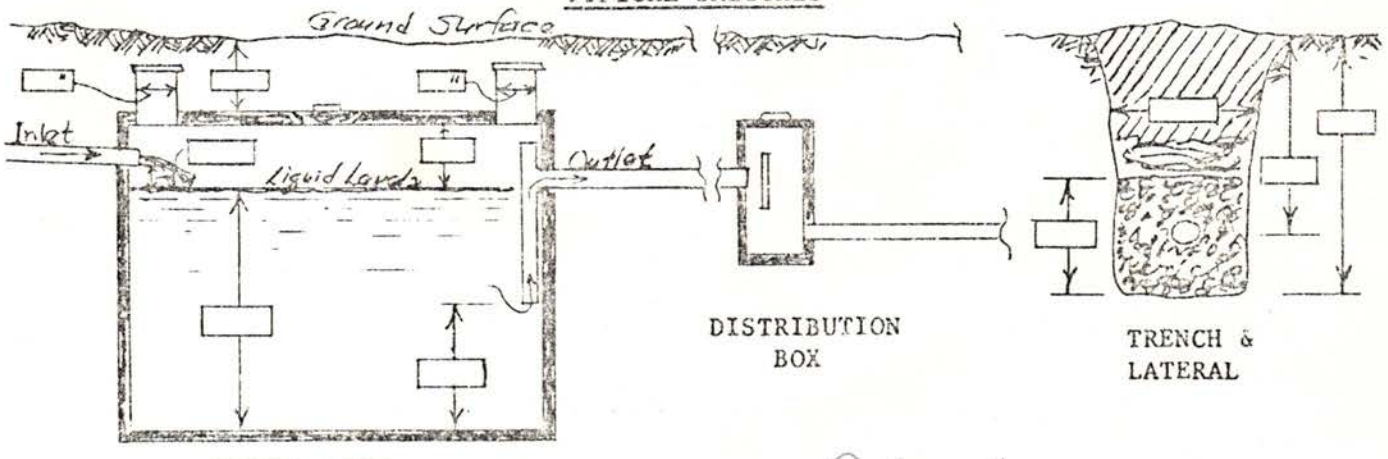
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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.

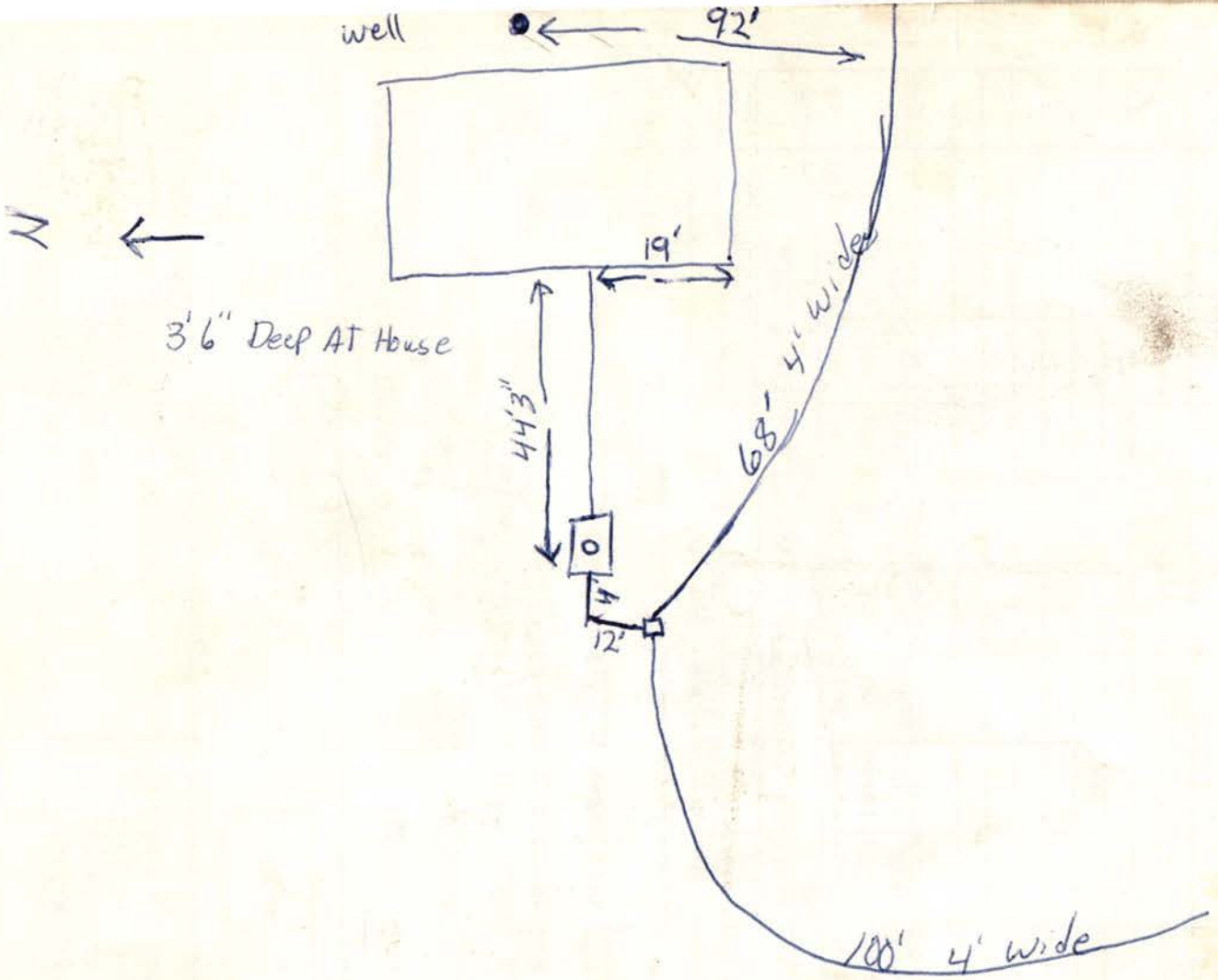
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length 20 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 169 ft.;
Slope ___in/100 ft. Diameter of pipe 20" in.; Shape Half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 18 in.
4. Filter Material: Road gravel.
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



John D Kaier
Signature of Applicant



drawn by Stuhmyer
7/19/78

008

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

Please call Jason before going to make sure dog is pinned up.

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 3800 No. 148th St. Lot 9, IT in SW 1/4 of NW 1/4 Sec 10, T10N, R8E of 6th

Twp 10 Range 8 Section 10 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property E. on O street turn North on 148th continue until get to 3800

Location of Well E. side of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System W. side of house Year Installed ? unknown

	NAME	ADDRESS	PHONE
Present Owner:	Jason Chung Sang Wong Agnes Siu Wung	3800 No. 148th	(441-2507) work Jason
Tenant/Buyer:	John a Patricia Seier	12265 Alberuan Olthe, KS 66062	[redacted] 471-9761 work John
Return to:	Capitol Title	P.O. Box 6577 Lincoln, NE 68506	434-3737

Signature of Applicant Sheryl A. Oldham Address P.O. Box 6577 Lincoln NE 68506 Date 5/30/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 06/03/96
Initials ___
Amount $150.00
Check No. 018419

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

PRELIMINARY STATUS--By ~~Jerrold C. Nood~~ Ron Marquart **DATE:** 6/5/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: there is a slight depression around well casing. May need to fill this area in near future. Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood Date 6/17/96

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

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: 11-13-90

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

Legal Description of Property: TWP. 10N ; RANGE 8E ; SECTION 10 ; BLOCK ____

LOT 9IT; ADDITION _____ ; Street Address 3800 N. 148th. RT 13

Directions to Property _____

Location of Well EAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF HOUSE - UP HILL Year Installed 7/9/78

	NAME	ADDRESS	PHONE
Present Owner:	JOHN KRICK	3800 N. 148th RT 13	786-3629-HOME 437-8706-OFFICE
Tenant/Buyer:	JASON WONG	412 MORMON TR	435-8618
Return to:	JASON WONG	412 MORMON TR	435-8618

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

Signature of Applicant Agnes Wong Address 412 MORMON

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 13, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 14, 1990

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11/14/90 by L.C.H
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: BOLT SHOULD BE REPLACED IN WELL CAP AND ALL BOLTS TIGHTENED. PUT COUPLE SPADEFULS OF DIRT IN VERY SLIGHT DEPRESSION NEXT TO WELL. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. ALSO SHOULD CHECK LIFT PUMP TO SEE THAT IT IS OPERATING PROPERLY. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE NOVEMBER 16, 1990

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