# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 89380003601

Issued 09/22/89
Expires 03/22/90

ESTABLISHMENT

VERN KUHN
T11N R5E SEC 18 QTR SE
SE 1/4

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

VERN KUHN
513 W ELM ST
CERESCO NE 68017

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| | |

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

893800036

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. _____

DATE: Sept 19 - 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. 11 N ; Range 5 E ; Section SE ¼ 18;
   Block _____ : Lot ~~83~~ 39 I, Addition _____
   Street Address Approx. 130th West Bluff Rd.

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

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

4. Distance to public sewer: N/A ft.

Vern Kuhn
Signature of Applicant (Owner or Lessee)
513 West Elm - Ceresco, Nb. After 9-28
820 Newhampshire - Lincoln Nb.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/22/89. Date Frwd. 9/25/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-25-89. Date Frwd. 9-25-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne

3. City or County Engineer: Date Rec'd. 9/25/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ronald Nemmers

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-20-89 by: mm water pressure line emitting 25 ft of tank (about 10 ft)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-29-89 By: Ron Maynard

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 5 E ; Section & ¼ Section SE¼ 18
Property Dimensions: 390 ft. x 518 ft. Area: 5.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-20-89 to 9-21-89 . Weather: Precip. 0 Temp. 60° .

OWNER: Debbie or Vern Kuhn
Address: 513 Elm St. Ceresso, NE. 665-5041

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" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 4 3/4" | 30 m | 1 1/4" | |
| 2 | 36" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 4 7/8" | 30 m | 1 1/8" | |
| 3 | 36" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 4 7/8" | 30 m | 1 1/8" | |
| 4 | 36" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 4 3/4" | 30 m | 1 1/4" | |
| 5 | 36" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 4 7/8" | 30 m | 1 1/8" | |
| 6 | 36" | 9-20 | 6:00 pm | 9-21 | 3:00 pm | 9-21 | 3:00 pm | 6" | 7:00 pm | 5 1/4" | 30 m | 3/4" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Mike Hoagland
Signature of Person Conducting Test
Address 2700 Dan Ave Lincoln Phone 464-0638
Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay & Kennebec Silt Loam both in area.
Date: September 22, 1989

Gerrold 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 ☒

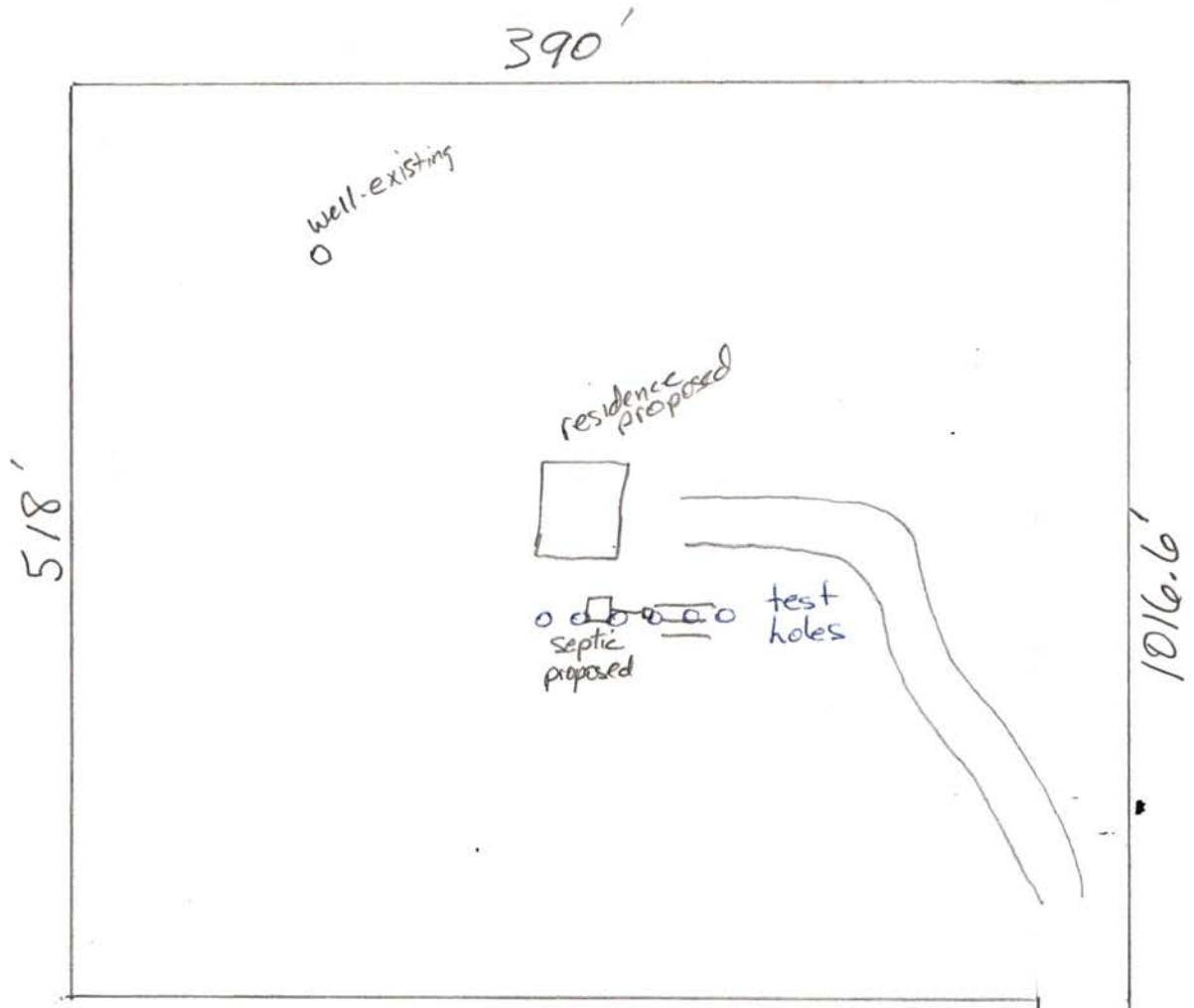
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

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




REVIEWING ACTION

Remarks:_____

Date: September 22, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 178 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 713 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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: 471-7800

**D**

DATE: 11-20-89

FILE NO. _____

## SPECIFICATIONS AS BUILT

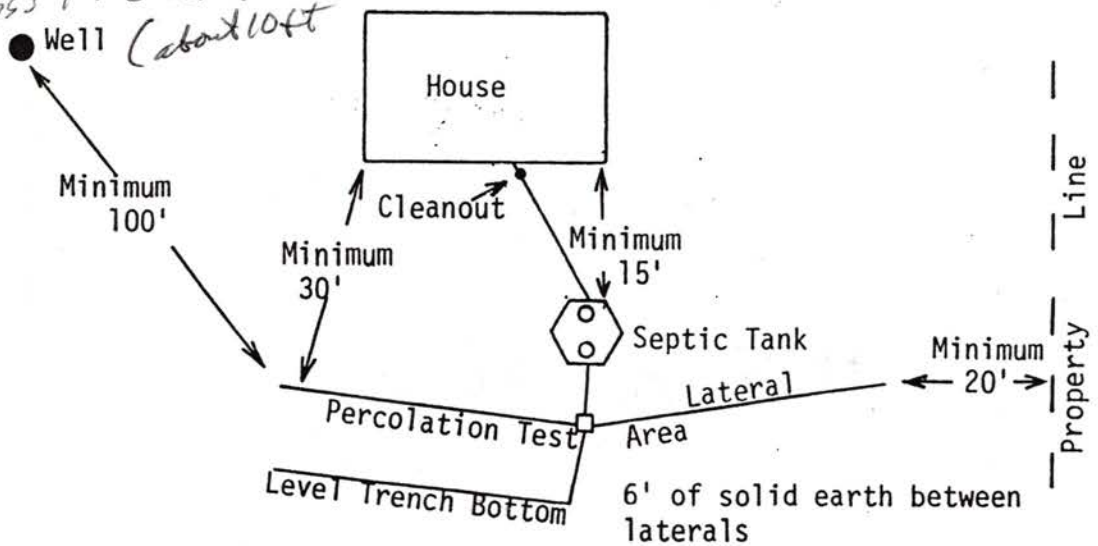
A. BUILDING SEWER:
1. Material 3241 Sch 40 equivalent; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line >100 ft.; Stream _____ ft.; Pressure Line <25 ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

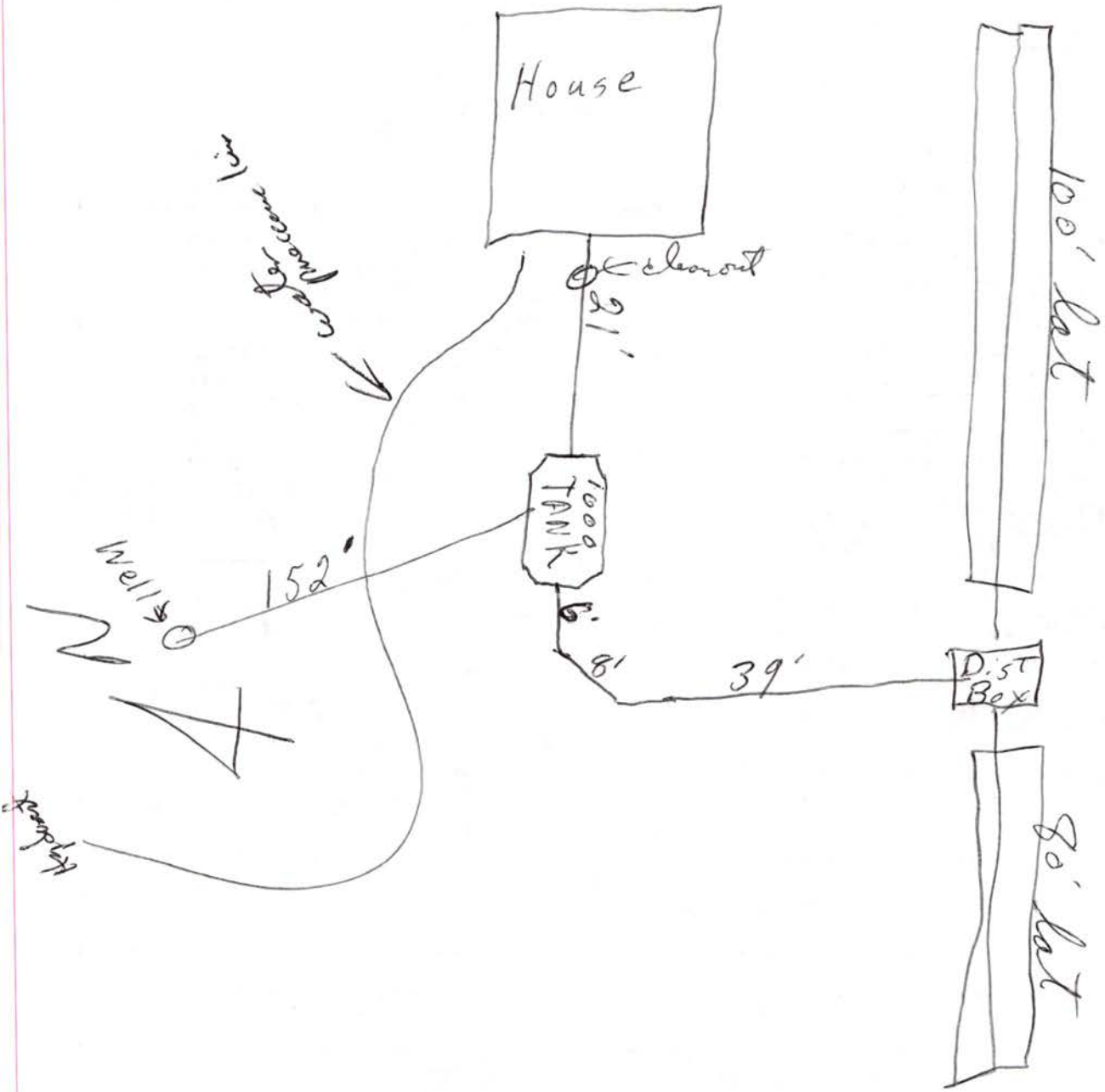
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 80, 100, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope level in/100 ft.; Average Depth 36-48 in.
4. Filter Material: gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line >100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

I may be less than 25 ft to tank




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

1305 W Bluff


House
1in
cleanout
21'
100' lat
1000 TANK
152'
Well
6'
8'
39'
D.ST Box
80' lat

# 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: Dec 26-89 $150.00

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

Legal Description of Property: TWP. 11; RANGE 6E; SECTION 18; BLOCK ___

LOT 17; ADDITION _____; Street Address 13050 West Bluff Rd (USHWY 2)

Directions to Property 1.5 miles west of Malcolm on West Bluff Road

Location of Well NW corner of lot Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of house Year Installed 89

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Vern Kuhn | same as above | 796-2125 |
| Tenant/Buyer: | | | |
| Return to: | | | |

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

Signature of Applicant Vern Kuhn Address same as above

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*HEALTH DEPARTMENT USE ONLY* $150.00

Date Received DECEMBER 26, 1989 Received $75.00 Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 12/27/89

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved: | ☒ | Date 12/27/89 by C.H |
| Bacteria | ☒ | ☐ | Provisional: | ☐ | Date _____ by ___ |
| Nitrate | ☒ | ☐ | Disapproved: | ☐ | Date _____ by ___ |

Comments: _____

_____

_____ See Attached Letter ☐

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FINAL STATUS

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

APPROVED BY (Donald) E. Hood R.S. DATE JANUARY 2, 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