FILE NO. 748

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

June 19, 1976 — THIS LICENSE OR PERMIT EXPIRES

Robert Van Ostrand — LICENSEE OR PERMITTEE

4141 North 42nd Street Circle — ADDRESS

T10N; R8E; Sec. 18; Bl. 4; Lot 3; Al Larson Add. — 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	
624 110.15	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

INTER-DEPARTMENT COMMUNICATION

TO Charlie Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE **December 19, 1975**

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction - File No. **748**
Robert Van Ostrand
4141 North 42nd Street Circle

The Application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T10N; R8E; Sec. 18; Bl. 4; Lot 8; Al Larson Add.

Jerrold C. Hood, R.S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH: **ch**

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR 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. 748

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

DATE: 12-19-75

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 18 Al Larson
   Block 4 ; Lot 3 ; 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. Distance to public sewer: _____ ft.

Robert Van Ortsand Bldr.
Signature of Applicant (Owner or Lessee)

4141 No 48nd Circle 68504
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12-19-75 . ACTION: Approved ___ [X] Disapproved [ ]
   Date Frwd. 12-19-75 . Signature: James Neverka

2. Supt. Bldg. Insp.: Date Rec'd. 12-22-75. ACTION: Approved ___ [X] Disapproved [ ]
   Date Frwd. 12-22-75 . Signature: Williamson

3. City ~~or County~~ Engineer : Date Rec'd. 12-22-75 . ACTION: Approved ___ [X] Disapproved [ ]
   Date Frwd. 12-22-75 . Signature: [illegible]

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. 748

DATE: 12-19-75

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. 10N ; Range 8E ; Section 18 A/Larson ; Block 4 ; Lot 3 ; 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).

Robert Van Ortand Blkr.
Signature of Applicant (owner or lessee)

4141 Howard Circle 68504
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 12-19-75
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 5-7-76 by: mm
   Date: 5-10-76 by: _____
   Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
   by: James Wieneke

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5-10-76 by: Ron Maynard

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. 748

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
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: 12-13-75 to 12-14-75. Weather: Precip. yes Temp. 10-46 F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36	12/13	8 PM	12/14	1	12/14	1 PM	12"	3 PM	7½	30	3/4	
2										7¼		3/4	
3										6½		3/4	
4										8½		1/2	
5										8		3/4	
6										8½		1/2	

Robert D Johnson
Signature of Person Conducting Test

Address 3618 No 3rd
Phone: 432 3595

Sum of Percolation Rates
Average of Rates:
Mean of Rates: .6667/30 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official


Prop Line
20'
Prop Line
50'
House
Road

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
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. 748

SPECIFICATIONS

DATE: 12 - 19-75

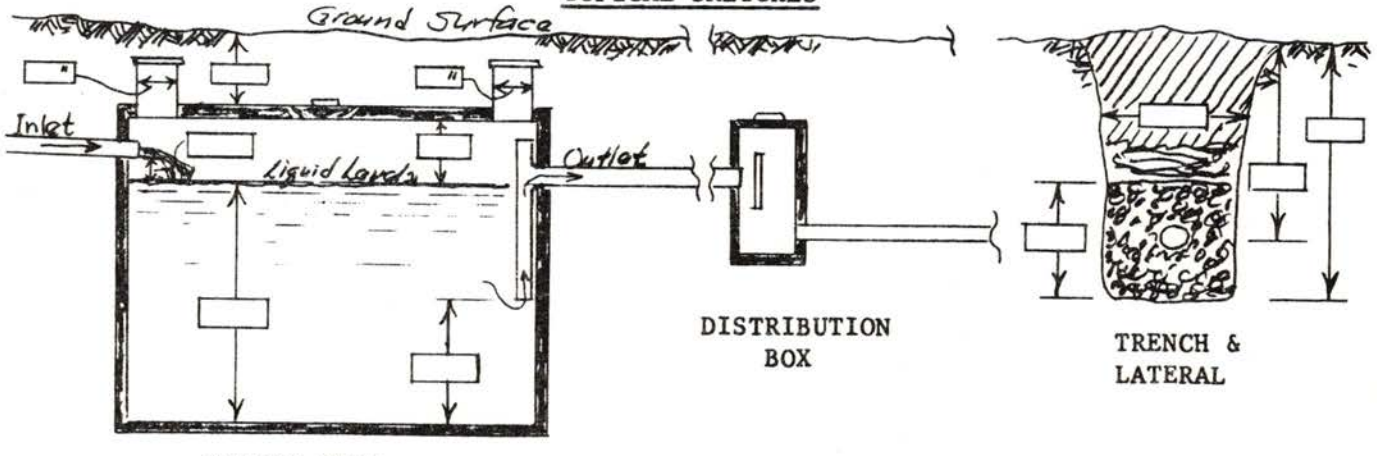
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 [X] (Company Cast Stone) No [ ]
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [X]; or Tee [ ]
Depth of outlet below inlet 1 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.

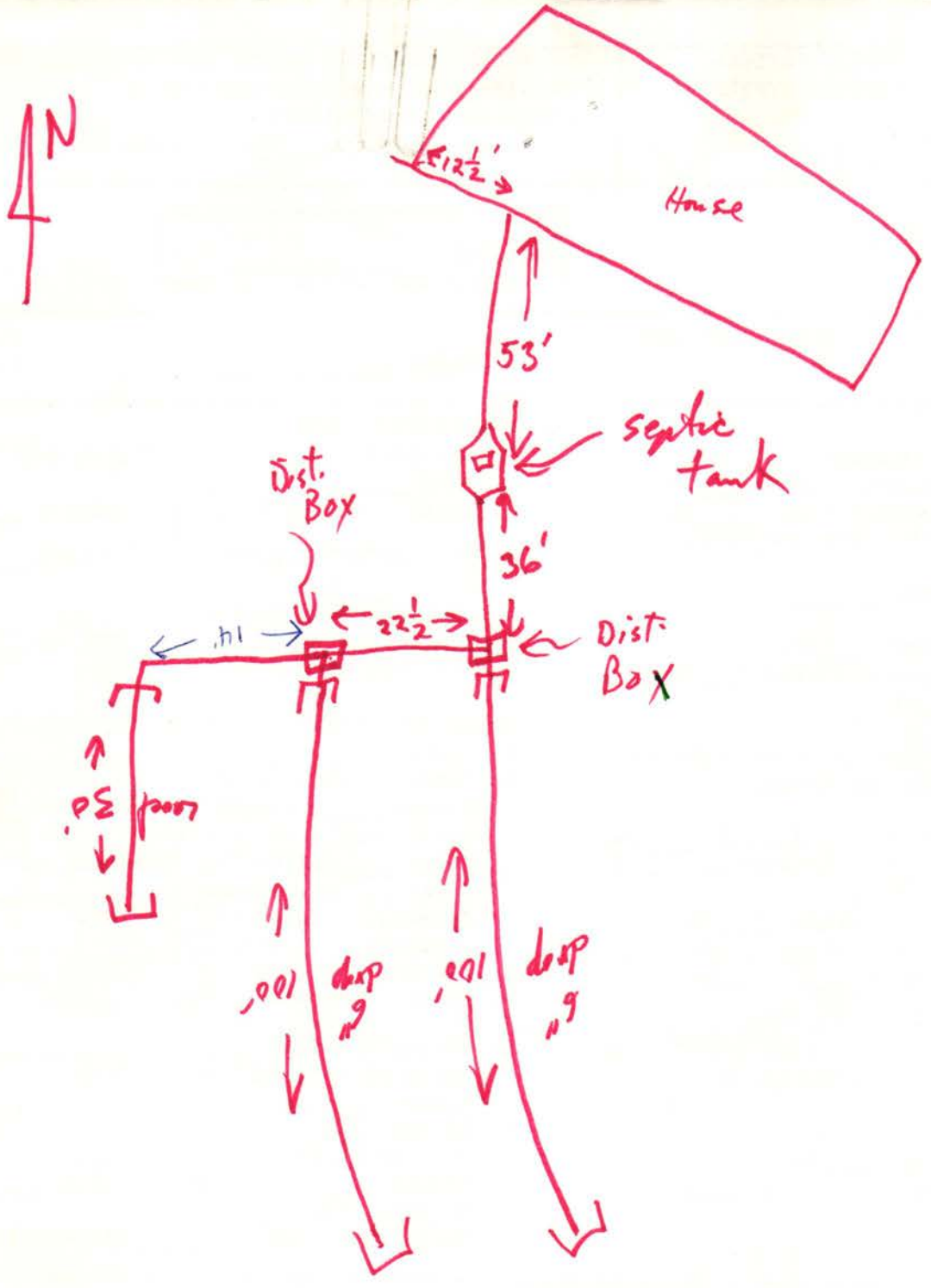
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes [X], (Company Cast Stone Co) No [ ]
3. Dimension: Length 24 in.; Width 14 in. Depth 18 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in. Number 3; Length of each line ___ft Total length of Laterals 229 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 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



Signature of Applicant



Fred Bienko Jr.

5-7-76

RECEIVED DEC 1994

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: 12-22-94

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 18; BLOCK 4

LOT 3; ADDITION Al Larson Subdivision; Street Address 11351 Wenzel Drive

Directions to Property

2 miles east of 84th & Holdrege. Go North 1 Block to Wenzel Dr 2nd House

Location of Well Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	James A. Knuze	11351 Wenzel Dr	486-7263
Tenant/Buyer:	Francis M. Allen	3815 Apple St	466-9000
Return to:	Owner & Copy to	State Title Services	1023 Lincoln Mall 434-5038

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

Signature of Applicant See attached Address 11351 Wenzel Dr.

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 27, 1994 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12-28-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☒ Corrected	Approved:	☒	Date 12-28-94 by rm
Bacteria	☒	☐	Provisional:	☐	Date 1-3-95 by rm
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard, R.S. DATE 1-9-95

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