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. 90380061401

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
RUSSELL HARWOOD
11UN R8E SEC 18
DUGLEY REP AL LARSON LOT 4
11800 GARY COURT

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE RUSSELL HARWOOD
7201 CANDLETREE LN
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/20/90	PAID

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

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: $_____

CULVERT PERMIT # 2931

FILE NO._____

DATE:_____

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. 10N ; Range 8E ; Section 18 ;
   Block _____ : Lot 4 : Addition DAGLEY REPLAT OF AL LARSON SUBDIV.
   Street Address 11800 GARY COURT

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: 10,000 ft.

RUSSELL K. HARWOOD Russell K. Harwood 488-8424
Signature of Applicant (Owner or Lessee)

7201 CANDLETREE LN, LINCOLN
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/90. Date Frwd. 7/17/90. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoof

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/17/90 Date Frwd. 7/17/90 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goddard

3. City or County Engineer : Date Rec'd. 7-17-90. Date Frwd. 7-17-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Daniels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-5-90 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-90 By: Ron Maynard

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

Holes 3-6 had water in pre Test

FILE NO. CULVERT PERMIT # 2931

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .

Dates of Tests: 3-31-90 to 4-1-90. Weather: Precip. 0 Temp. 60°.

OWNER: Russell K. Harwood

Address: 7201 Candletree Lincoln NE. Apt. 79 488-8424 68502

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"	3-31	1:00 Pm	4-1	9:30 Am	4-1	9:30 Am	6"	1:30 Pm	5 1/4	30m	3/4	
2	36"	3-31	1:00 Pm	4-1	9:40 Am	4-1	9:30 Am	6"	1:30 Pm	5 3/8	30m	5/8	
3	36"	3-31	1:00 Pm	4-1	9:30 Am	4-1	9:30 Am	6"	1:30 Pm	5 3/4	30m	1/4	
4	36"	3-31	1:00 Pm	4-1	9:30 Am	4-1	9:30 Am	6"	1:30 Pm	5 3/8	30m	5/8	
5	36"	3-31	1:00 Pm	4-1	9:30 Am	4-1	9:30 Am	6"	1:30 Pm	5 3/8"	30m	5/8"	
6	36"	3-31	1:00 Pm	4-1	9:30 Am	4-1	9:30 Am	6"	1:30 Pm	5 3/4"	30m	1/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: July 17, 1990

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

WORK 483-2961
HOME 488-8424
EXISTING PERMIT # 018754
CULVERT PERMIT #2931

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township LOT 4, DAGLEY REPLAT
Section & ¼ Sect. _____
Property Dimensions: 212 ft. x 418 ft.
Area: 3 acres. (Attach sketch of property showing hole location).

Owner: RUSSELL HARWOOD
Address: 11800 OAKY COURT

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

Dates of Tests: 10/27 to 10/28. Weather: Precip. _____ Temp. _____ 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	30	10-27	1330	10-28	1300	10-28	1300	28	1700	-	30 min	1½	+½
2	"	"	"			"			"	-	"	1½	+½
3	"		"	"	"				"	-	"	2	
4	"	"					"	"	"	-	"	2	
5	"					"			"	-	"	2	
6	"	"	"	"	"	"	"	"	"	-	"	1½	

Sum of Percolation Rates _____
Average of Rates: _____
Inches per minute: _____

Andrew Tanner
Signature of Person Conducting Test

Address 3925 Touzalin
Phone 464 3447

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 30, 1990

Gerald 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

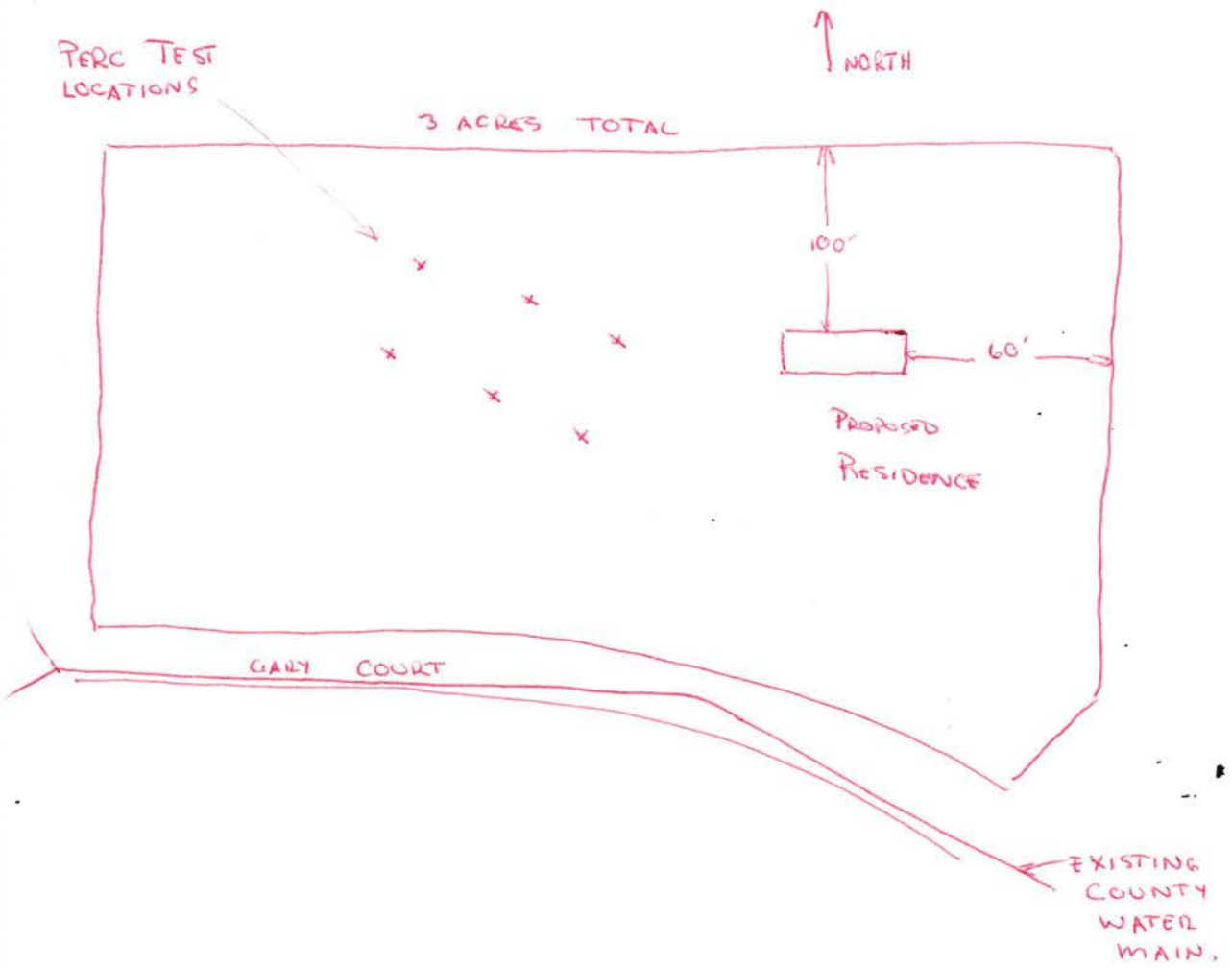
C

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

CULVERT PERMIT # 2931

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: JULY 17, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~1320~~ 793 sq. ft.

Gerrold C. Hoad
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: _____

FILE NO. _____

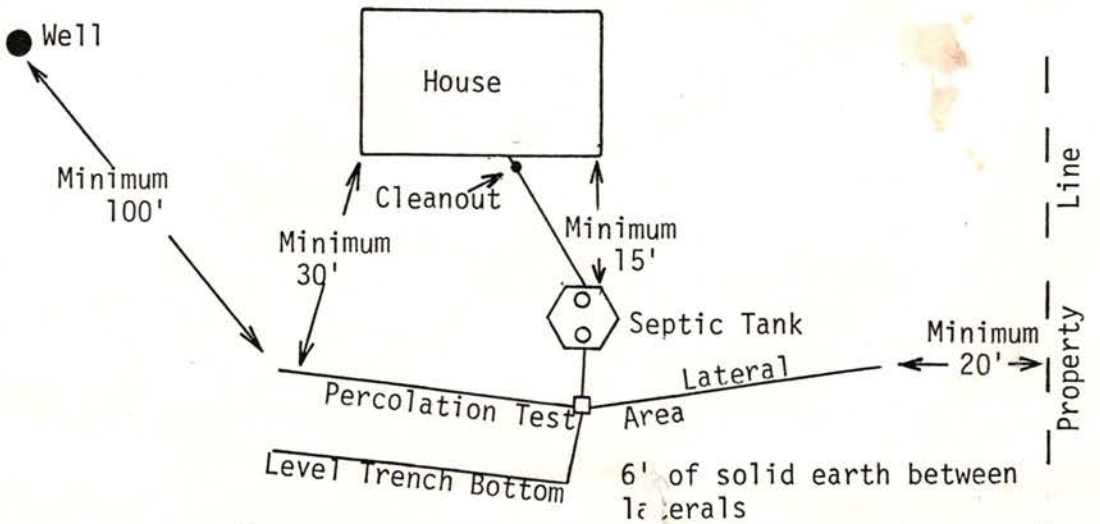
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 64 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line N.A. ft.;
Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade N/A in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 16" in.
8. Distances to:
Well or Suction Line NA ft.;
Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

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

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 21" or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ;
concrete ☒ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 16 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1 in/100 ft.; Average Depth 36+ in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line N.A. ft.;
Stream 100'+ ft.; Pressure Line 100+ ft.; Property Line 30+ ft.

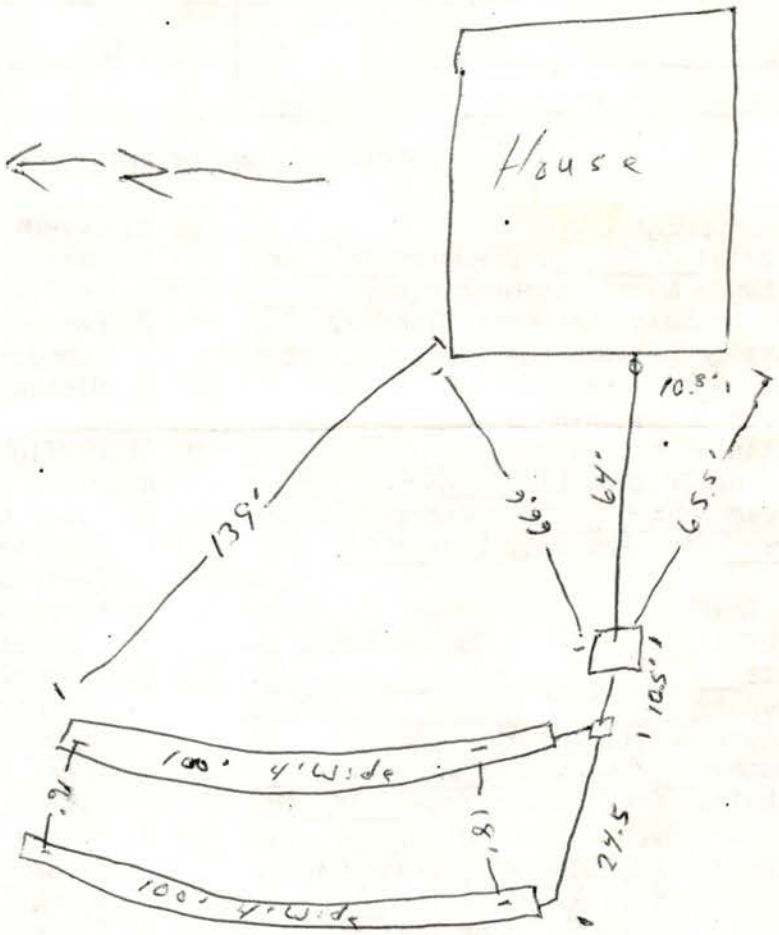


TYPICAL INDIVIDUAL SEWAGE S STEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 12-5-90 INSTALLER West T&T Excavating

11800 Gary Court



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 11800 Gary Court Lincoln NE 68527

Twp 10N Range 8E Section 18 1/4 ___ 1/4 ___ Block ___ Lot 4 Addition Dagley Replat

Directions to Property From 112th + Holdrege, east approx ½mi. to Dixie trail turn north on Dixie trail + continue north to Gary Court. House is on NW corner.

Location of Well None (County Water) Tap Location: Inside ☐ Outside ☐

Location of Sewage System Septic tank is on west side of house with leaching field continuing to the west. Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Russ + Kim Harwood	11800 Gary Court Lincoln NE 68527	486-1460
Tenant/Buyer	John + Sherry Sharpnack	9821 N143rd Waverly NE 68462	786-2120
Return to:	John + Sherry Sharpnack	9821 N143rd Waverly NE 68462	786-2120

Signature of Applicant John Sharpnack Address 9821 N143rd Waverly NE 68462 Date 07/04/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/8/98

Initials ___

Amount $150.00

Check No. 7586

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Maranart **DATE:** 7/9/98

WATER SYSTEM: RWD	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS Public water supply

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

Approved by Ron Maranart RS Date 7/9/98

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