LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390023201

Issued 05/16/91
Expires 11/16/91

ESTABLISHMENT

RON SKODA
T10N R8E SEC 21
LOT 36
201 N 148 ST

FEES: Permit 018754 $50.0

Total $50.0

PERMITTEE

RON SKODA
201 N 148 ST
LINCOLN NE 68527

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/16/91	PAID

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

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: 471-7800)

FILE NO._____

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

DATE: 5-15-91

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☒ 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 21;
Block ____; Lot 36; Addition _____
Street Address 201 No. 148th St.

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: Added 100 ft of subsurface laterals 3 ft wide

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

6. Estimated cost of project:

a. Materials	$	$400.00
b. Labor	$	
c. Other	$	
TOTAL	$	

Ron Sboda
Signature of Applicant (owner or lessee)

201 N 148
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 5-15-91
Filing Fee: $ 50.00

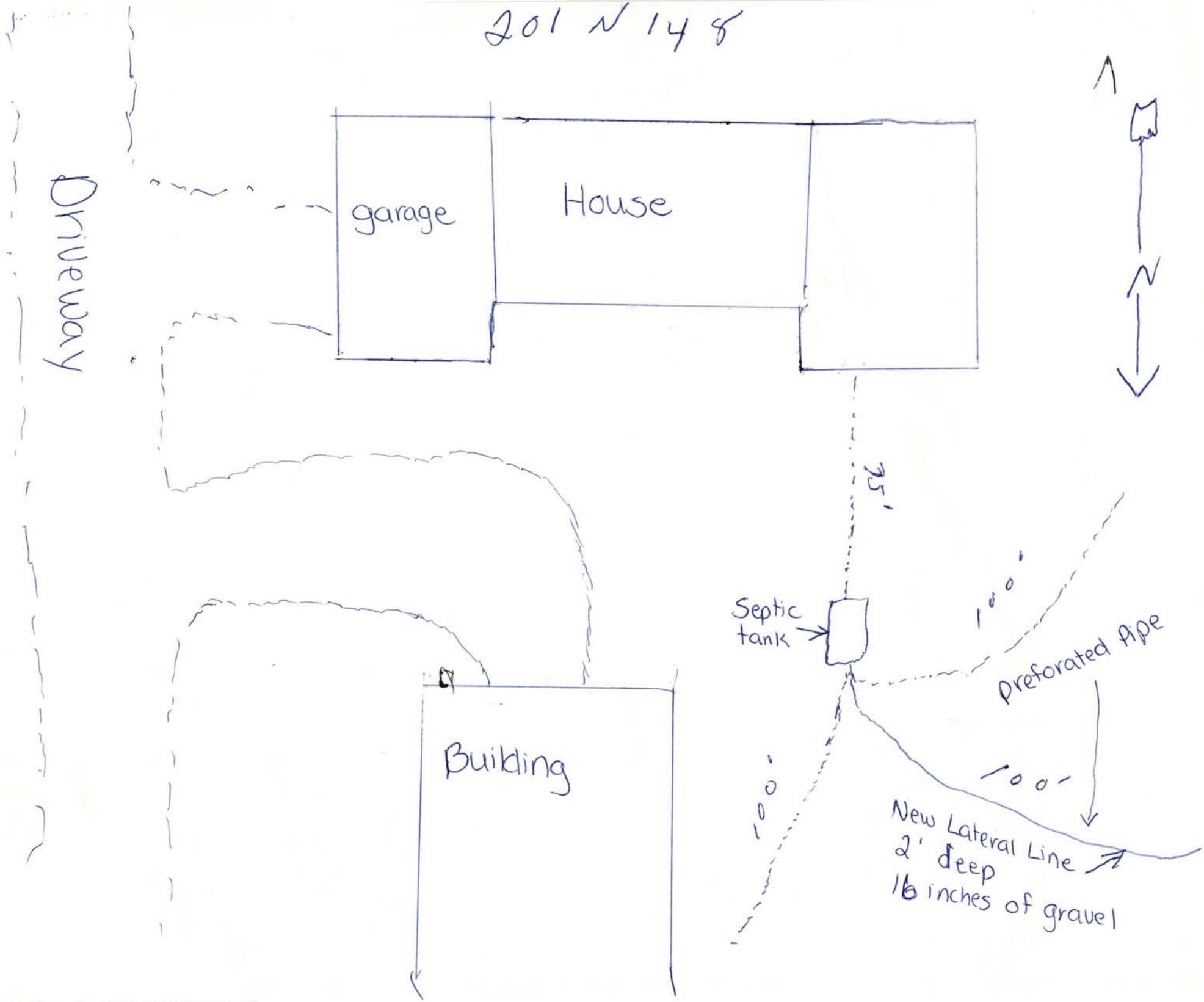
2. Site Visits:
Date: 5-15-91 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

Covered WPO Inspection

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

201 N 148


Driveway
garage
House
N
25'
Septic tank
100'
Preforated Pipe
100'
100'
New Lateral Line
2' deep
16 inches of gravel
Building

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1891-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 22, 1982 — THIS PERMIT EXPIRES

J W KREIN — ISSUED TO

RFD #13 LINCOLN NE 68505 — ADDRESS

T10N, R8E, SECTION 21, LOT 25 IRREGULAR TRACT — LEGAL DESCRIPTION

ADDITION: FARM

REMARKS: NONTRANSFERABLE NEW

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

REC'D JUN 24 1982

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1891-C

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. ~~27~~ 10N ; Range ~~10~~ 8E ; Section ~~8~~ 21 ;
   Block _____ : Lot 25 I.T. : Addition Farm
   Street Address RR#13

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: _____ ft.

J. M. Grein
Signature of Applicant (Owner or Lessee)

RR #13 Lincoln, Ne. 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/22/82. Date Frwd. 6/22/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/22/82 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerry Stewart

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

* COVERED WITHOUT INSPECTION

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 8E ; Section & ¼ Section 21.
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: 6/20/82 to 6/21/82. Weather: Precip. _____ Temp. _____.

OWNER: J. W. KREIN

Address: R.F.D. #13, LINCOLN, NE

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	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	2	30	4	
2	36	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	1¾	30	4¼	
3	36	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	4¾	30	1¼	
4	36	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	3½	30	2½	
5	36	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	1	30	5	
6	36	6/20	12:00	6/21	12:00	6/21	7:30	6	8:00	3⅛	30	2⅞	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Rather fast for Sharpsburg
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 22, 1982

Approved Percolation Rate (a)
A. 9 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

Krein
Real Estate

WILLIAM G. KREIN

4750 NORMAL BLVD. • LINCOLN, NEBRASKA 68506 • TELEPHONE (402) 483-2911

Swelling 6-20-82

6-21-82.

P.M	1	2	3	4	5	6
4:00	Full	Full	Full	Full	Full	Full
4:30	6	6	2	3	7	5½
5:00	6	5	2¼	2¾	6	4
5:30	5	5	1½	3	6	3½
6:00	4¾	5	1½	3	5¾	3¼
6:30	4½	4¾	1⅜	2⅞	5½	3¼
7:00	4¼	4⅝	1⅜	2¾	5¼	3
7:30	4¼	4¼	1¼	2½	5	3
8:00	4	4¼	1¼	2½	5	2⅞

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: 474-1541

REC'D JUN 15 1982

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section S. E. 21.
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: 6-13-~~82~~ to 14th-82. Weather: Precip. None Temp. 70°F.

OWNER: Joseph Krejci

Address: RR 13 Lincoln Ne 68505

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"	6-13	3hrs	6-14	5 hrs	6-14	8AM 30 min	0	830AM	0		6"	
2	36"	6-13	"	6-14	5 hrs	6-14	30 min	0	830-9AM	0		6"	
3	36"	6-13	"	6-14	"	"	30 min	½"	830-9AM	1"		5"	
4	36"	6-13	"	6-14	"	"	30 min	1"	8:30 9AM	1"		5"	
5	36"	6-13	"	6-14	"	"	30	0	8:30 9AM	0		6"	
6	36"	6-13	"	6-14	"	"	30	0	830 9AM	0		6"	
	Liq	2 hrs	Water of	24"		mostly all gone after Saturation Period							
		test	were a min. or			2. on last		6" of water					

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

Joseph Krejci
Signature of Person Conducting Test

Address _____ Phone 488-8448

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section SE Sec. 21 - 10 - 8
Property Dimensions: 606.41 ft. x 1387.44 ft. Area: 20+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-10-82 to 6-11-82 . Weather: Precip. None Temp. 70-80°.

OWNER: J. H. Klein

Address: RR #13 Lincoln, Ne. 68505

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	6-10	9:30	6-10	1½ Hr	6-11	8:00 AM	12"	8:30	6"	30 min	6"	
2	36	6-10	9:30	6-10	1½ Hr.	"	"	"	"	"	"	6"	
3	36	6-10	9:30	6-10	1½ Hr	"	"	"	"	"	"	6"	
4	36	6-10	9:30	6-10	1½"	"	"	"	"	"	"	6"	
5	36	6-10	9:30	6-10	1½"	"	"	"	"	"	"	6"	
6	36	6-10	9:30	6-10	1½	"	"	"	"	"	"	6"	
												6"	
												6"	

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

J. H. Klein
Signature of Person Conducting Test

Address J. H. Klein RR #13 Lincoln Ne Phone 488-1448

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☐

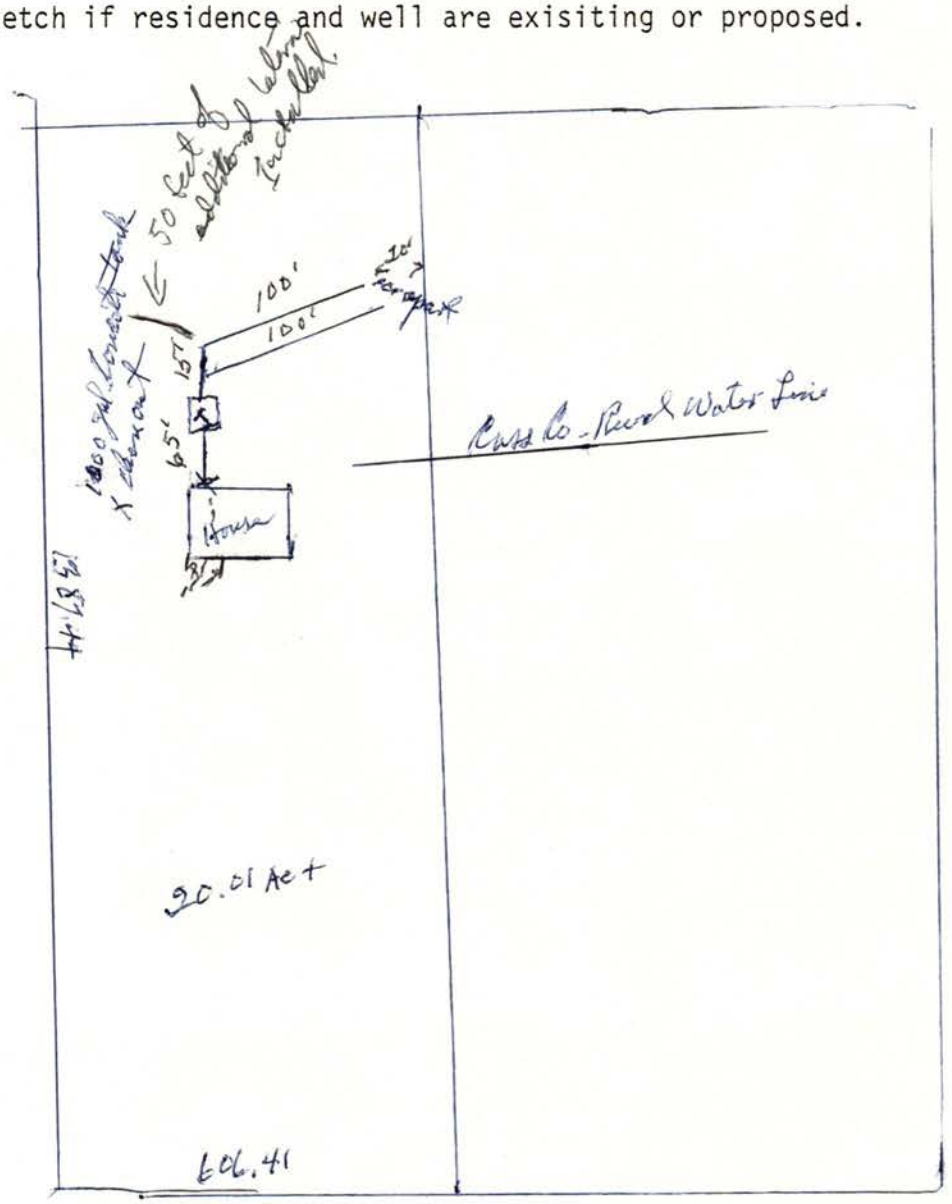
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: June 22, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 336 ft.
3. With a Trench Width of 24 in.
4. Total Area of Lateral needed 476 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: 474-1541

D

DATE: _____

FILE NO. _____

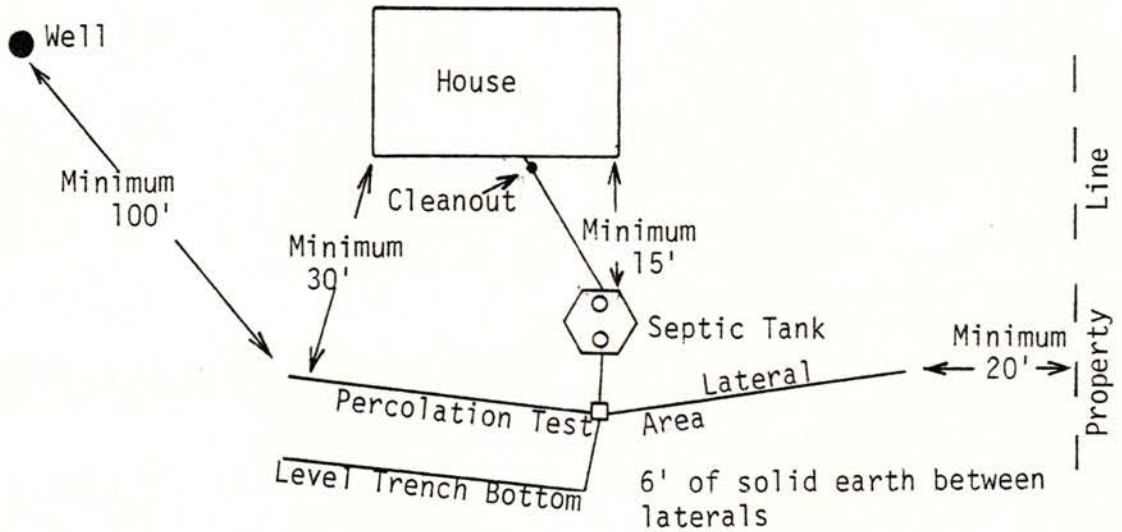
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line None ft.;
Stream — ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 3 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step Co. Inc.)
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 _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 3 .
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 4" .
Material: fiberglass ☐ ; plastic ☒ ;
concrete ☒ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , _____ , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 2 ft.;
Slope 1/2 per ft in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 6 ~ 10 in.
5. Distances to:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line _____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

PLEASE RUSH

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St Marys Avenue Phone (402) 471-78

REAL ESTATE TRANSFER / LOAN

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: May 8, 1991

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 21; BLOCK ____

LOT 36; ADDITION _____; Street Address 201 North 148th Street, Lincoln, NE 68527

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received MAY 9, 1991 Received $~~75.00~~ 150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5-10-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 5-10-91 by JM
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping. Repair and alteration work was not inspected by this Department. Permit and drawing were completed, however, thus, a provisional See Attached Letter ☐

FINAL STATUS Public Supply

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

APPROVED BY Ron Moyer RS DATE 5-16-91

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