# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1619-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 2, 1980 — THIS PERMIT EXPIRES

Eugene L. Furry — ISSUED TO

Box 179, Waverly, NE 68462 — ADDRESS

T10N, R8E, Section 22 NW¼, Lot 27 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

| 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

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. 1619-C

DATE: 10-31-79

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. 10 NORTH; Range 8 E (EAST of 6TH P.M.); Section 22 NW 1/4 of; ~~IRREG.~~ ~~Block~~ ~~TRACT~~: Lot 27 I.T. ~~Addition~~
   Street Address

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.

DETERMINE AFTER ADDITIONAL PERCOLATION TESTS MUST BE OBSERVED

Eugene J Furry
Signature of Applicant (Owner or ~~Lessee~~)

Box 179 Waverly Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/2/79. Date Frwd. 11/2/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11-2-79. Date Frwd. 11-2-79. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Williamson

3. City or County Engineer: Date Rec'd. 11-2-79. Date Frwd. 11-2-79. ACTION: ~~Approved~~ ☒ Disapproved ☐ Signature: Henry Kraft

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 10/9/80 by: J.C.H.
Date: 10/15/80 by: J.C.H.
Date: / / by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/13/81 By: Jerrold C. Hood

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. 1619-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 8E ; Section & ¼ Section 22 NW¼. Lot 27 I.T.
Property Dimensions: 500 ft. x 455 ft. Area: 5.0 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-9-80 to 8-10-80 . Weather: Precip. .25" Temp. 90° .

OWNER: Eugene Furry

Address: RFD #2 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 | 34 | 8-9 | 11:55 AM | 8-9 | 4:00 PM | 8-10 | 7:30 PM | 8 1/4 | 8:00 PM | 9 1/2 | 30 | 1 1/4 | 24 |
| 2 | 33 | 8-9 | 11:59 AM | 8-9 | 4:03 PM | 8-10 | 7:32 PM | 7 3/4 | 8:02 PM | 8 3/4 | 30 | 1 | 30 |
| 3 | 34 | 8-9 | 12:03 PM | 8-9 | 4:06 PM | 8-10 | 7:33 PM | 8 | 8:03 PM | 8 1/2 | 30 | 1/2 | 60 |
| 4 | 35 | 8-9 | 12:07 PM | 8-9 | 4:09 PM | 8-10 | 7:35 PM | 7 3/4 | 8:04 PM | 8 1/4 | 29 | 1/2 | 58 |
| 5 | 35 | 8-9 | 12:11 PM | 8-9 | 4:12 PM | 8-10 | 7:36 PM | 7 1/2 | 8:05 PM | 8 | 29 | 1/2 | 58 |
| 6 | 34 | 8-9 | 12:15 PM | 8-9 | 4:15 PM | 8-10 | 7:37 PM | 7 1/4 | 8:07 PM | 9 1/2 | 30 | 2 1/4 | 13 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 243
Average of Rates: 40.5
Mean of Rates: 41

Eugene Furry
Signature of Person Conducting Test

Address 840 Smoky Hill Rd Phone 488 2655 work # 761-2131 ext 275

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 9, 1980

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoad
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 ☐

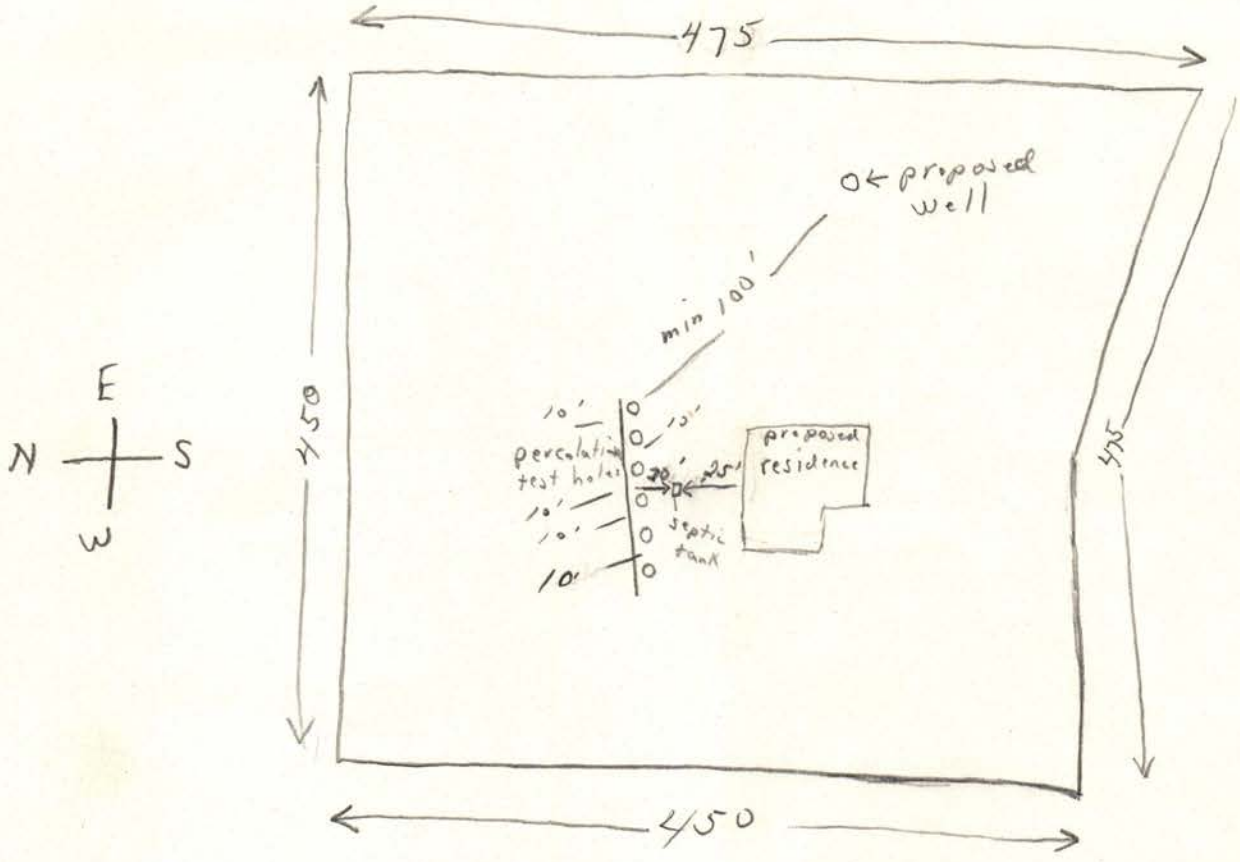
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

**C**

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

FILE NO. 1619C

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




REVIEWING ACTION

Remarks: _____

_____

Date: _____

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

_____
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. 1619-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 NORTH; Range 8 EAST OF 6th P.M. NW 1/4 of Section 22.
Property Dimensions: 450 ft. x 475 ft. Area: 5.002 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 10-28-79 to 10-29-79. Weather: Precip. 0 Temp. 65°F.

OWNER: Eugene L. Furry
Address: Box 179, Waverly 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 | 10-28 | 11:00 | 10-28 | 3:00 | 10-29 | 3:00 | 20 5/8 | 3:30 | 20 3/4 | 30 | 1/8 | |
| 2 | 36 | 10-28 | 11:00 | 10-28 | 3:00 | 10-29 | 3:01 | 20 3/8 | 3:32 | 20 1/2 | 31 | 1/8 | |
| 3 | 33 | 10-28 | 11:01 | 10-28 | 3:00 | 10-29 | 3:02 | 20 | 3:33 | 20 1/16 | 31 | 1/16 | |
| 4 | 36 | 10-28 | 11:01 | 10-28 | 3:01 | 10-29 | 3:03 | 20 7/8 | 3:34 | 21 1/4 | 31 | 3/8 | |
| 5 | 36 | 10-28 | 11:02 | 10-28 | 3:01 | 10-29 | 3:05 | 21 1/4 | 3:35 | 21 3/8 | 30 | 1/8 | |
| 6 | 36 | 10-28 | 11:02 | 10-28 | 3:01 | 10-29 | 3:06 | 21 1/8 | 3:36 | 21 1/4 | 30 | 1/8 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Eugene L Furry
Signature of Person Conducting Test

Address Box 179 Waverly Nebr Phone 786-2167

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 160 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 ☐

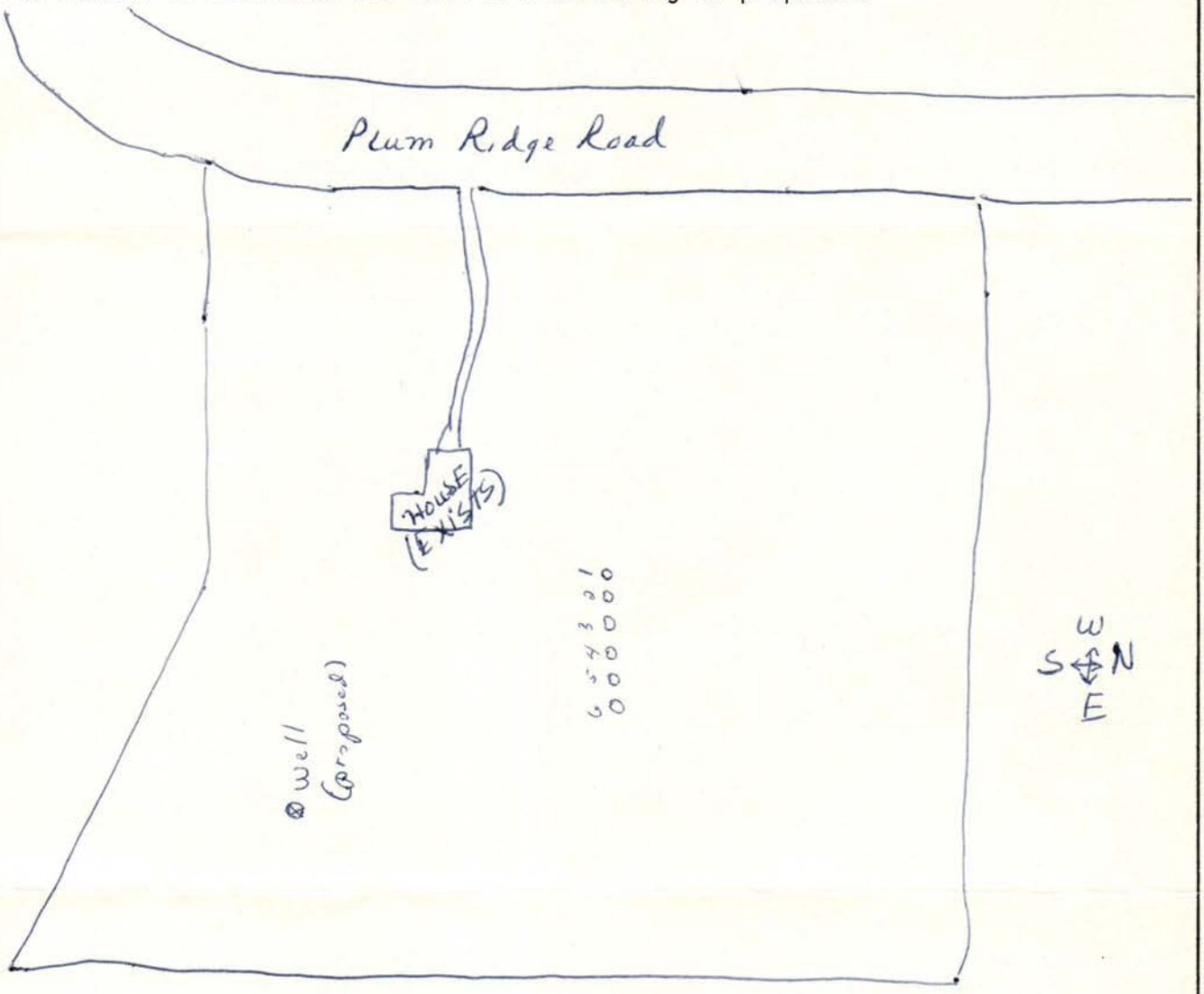
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

**C**

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

FILE NO. 1619-C

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




REVIEWING ACTION

Remarks: _____

Date: October 9, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 188 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 750 sq.ft.

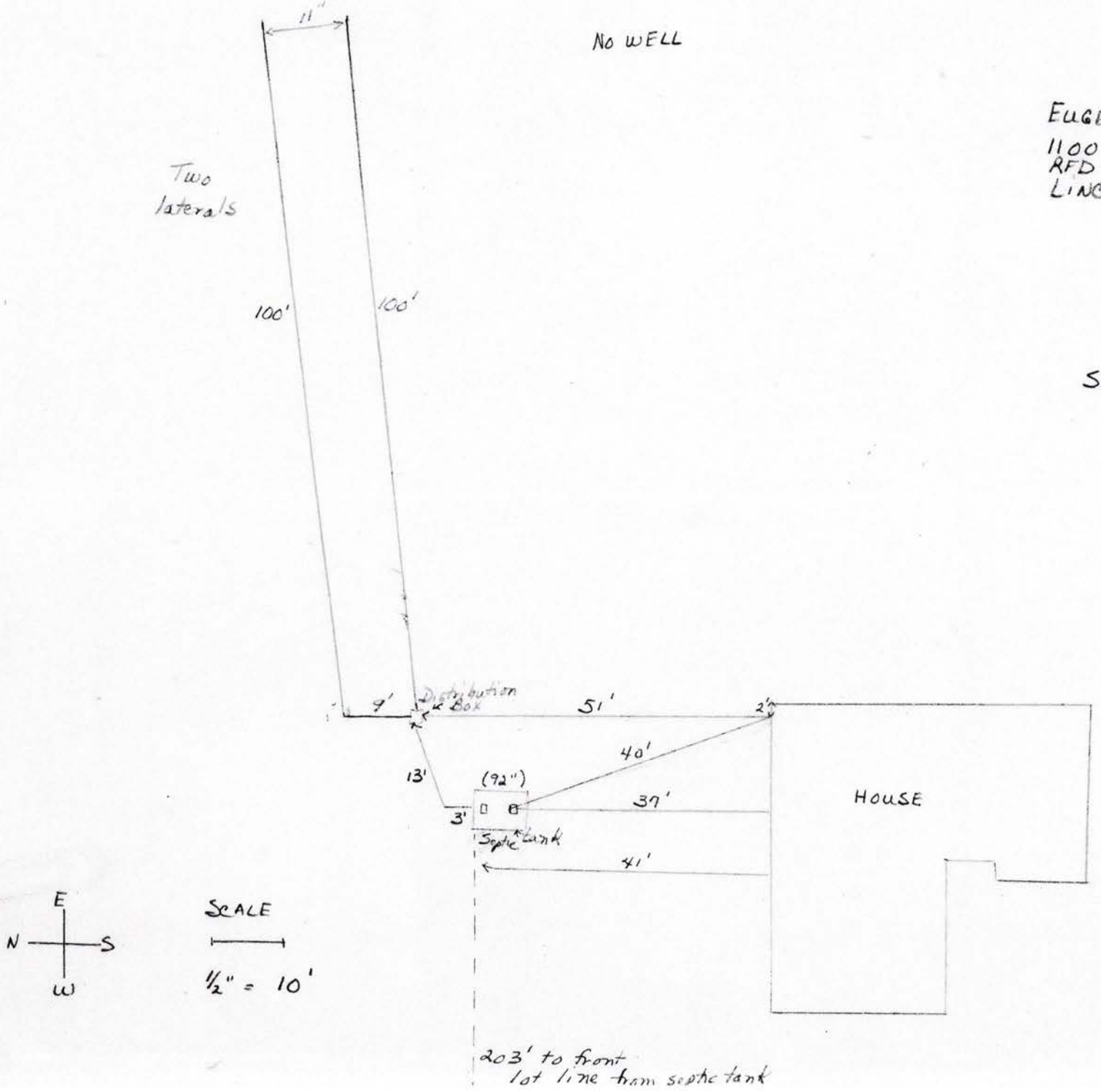
Jerrold C. Hood
Signature of Reviewing Official

REC'D APR 13 1981

NO WELL

EUGENE FURRY
1100 PLUM RIDGE ROAD
RFD #13
LINCOLN, NE 68505

SEPTIC TANK SYSTEM



# Lincoln-Lancaster County Health Department

**3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1100 Plum Ridge Rd error 27

Twp 10N Range 8 Section 22 1/4 NW 1/4 E Block ___ Lot 7 Addition ___

Directions to Property 145th + "O" – 3/4 mi. N.

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northeast of House approx 40' Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | B. Hohler | RR#1 Box 219 Bertrand NE 68927 | 308-472-5269 |
| Tenant/Buyer: | L. Zabokrtsky | 845 N. 68 (07) 5635 O St | 985-4942 |
| Return to: | Nebraska Title Co c/o Connie Bowman | Lincoln NE 68510 | 486-4900 |
| | | | Paul Seibel 483-2951 |

Signature of Applicant L u R Zabokrtsky Address 845 No. 68th Lincoln 68505 Date 11/9/95

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 1/12/96 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Ron Morgwart **DATE:** 1/16/96

Rural Water

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved ☒ | Date ___/___/___ by ___ |
| Bacteria | ☐ ___/ml | ☐ ___/ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☐ ___ppm | ☐ ___ppm | Disapproved ☐ | 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 Morgwart, R.S. Date 1/19/96

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.