LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390033101

Issued 06/09/93
Expires 12/09/93
Revenue Code 18754

Establishment
CAROLYN KELLY
T10N R8E SEC 22
LOT 23

FEES: $50.00

TOTAL $50.00

Permittee
CAROLYN KELLY
14901 PLUMRIDGE RD
LINCOLN NE 68527

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

RECEIVED JUN 07 1993

Attention: Doug Smith

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: June 3, 1993

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 22 ;
Block _____; Lot 23 I.T.; Addition _____
Street Address _____

See file

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4 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' lateral

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	~1,000.00

Carolyn Kelly
Signature of Applicant (owner or lessee)

14901 Plumrose Rd.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/3/93 by: D.L
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/3/93 by: R.S

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1502-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 23, 1979 — THIS PERMIT EXPIRES

Vern Keiser — ISSUED TO

4120 South 36 Street, Lincoln, NE 68506 — ADDRESS

T10N, R8E, Section NW¼ of 22, Lot 7 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. 1502-C

DATE: March 22, 1979

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 NW¼ 22,
   Block _____ : Lot 7 I.T. : Addition Bar Home Stead
   Street Address (change to Lot 23 (Subdivided) 14901 Plum Ridge Rd 5-22-93)
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: 4 Miles ft. DEPENDENT UPON SOIL PERCOLATION TEST

Vern Kaiser
Signature of Applicant (Owner or Lessee)

4120 S 36th
Address
Lincoln, Nebr 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/23/79. Date Frwd. 3/23/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 3-23-79. ACTION: Approved ☐ Disapproved ☐ Signature: EJP
3. City or County Engineer : Date Rec'd. 3-23-79. Date Frwd. 3-23-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Ahrens

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-14-79 by: jpr
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-24-79 By: James Wenerlea

South 50' lateral was not completed at time of 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 NW ½ 22
Property Dimensions: Lot 73 ft. x _____ ft. Area: 6 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Mar 27, 79 to Mar 28, 79 . Weather: Precip. 0 Temp. 70 .

OWNER: Vern Kaiser

Address: 4120 S 36th

North to South

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	24"	Mar 27	6:30	Mar 28	6:30	Mar 28	6:30	6	11:00	4 1/4	60M	1 3/4	60M / 1 3/4
2	"	"	"	"	"	"	"	"	"	3 7/8	"	2 1/8	2 1/8
3	"	"	"	"	"	"	"	"	"	4 1/4	"	1 3/4	1 3/4
4	"	"	"	"	"	"	"	"	"	4 1/2	"	1 1/2	1 1/2
5	"	"	"	"	"	"	"	"	"	4 5/8	"	1 5/8	1 5/8
6	"	"	"	"	"	"	"	"	"	4 1/4	"	1 3/4	1 7/8

Paul von Gillern
Signature of Person Conducting Test

Address 3308 N Cotner Blvd Phone 467 4792

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Near Pawnee Clay Loam
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 29, 1979

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

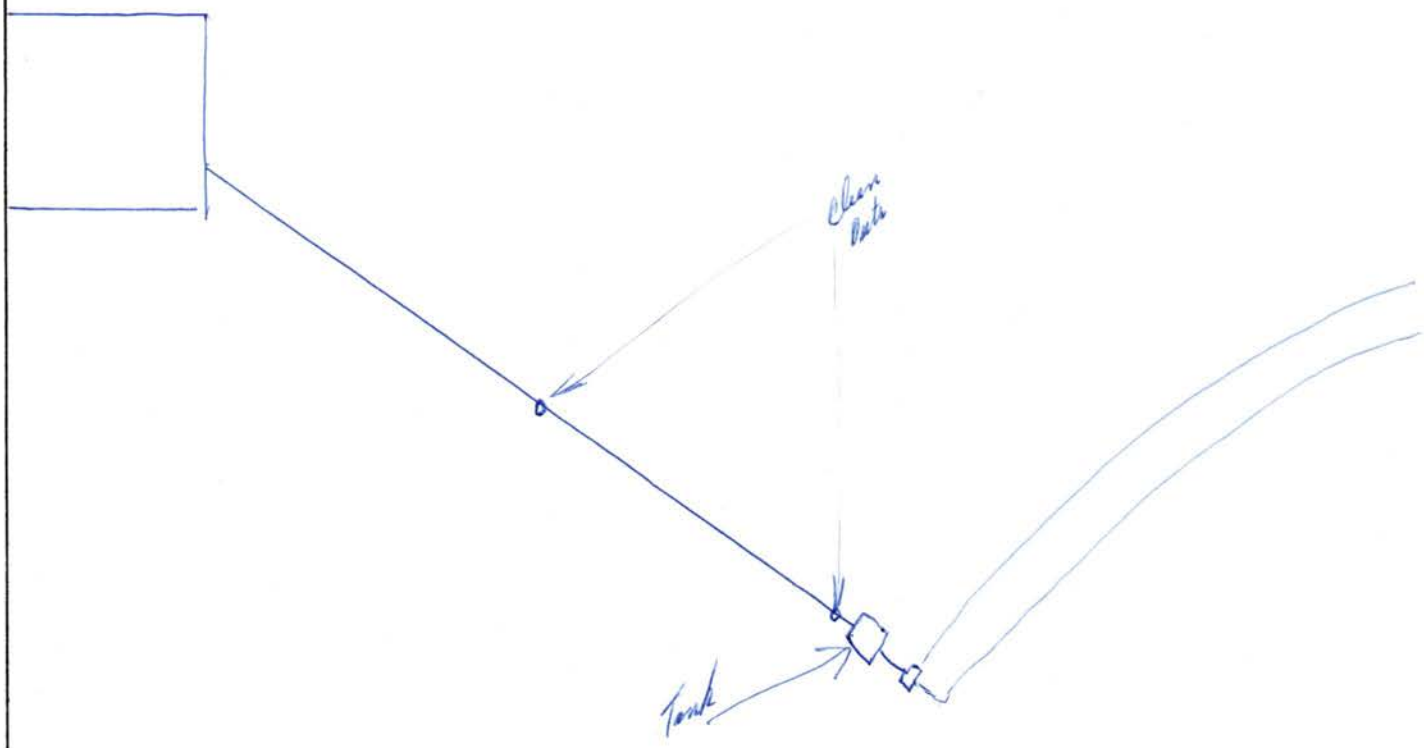
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1502-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 200 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 798 sq.ft.

_____
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: 5/18/79

FILE NO. _____

Vern Kaiser's

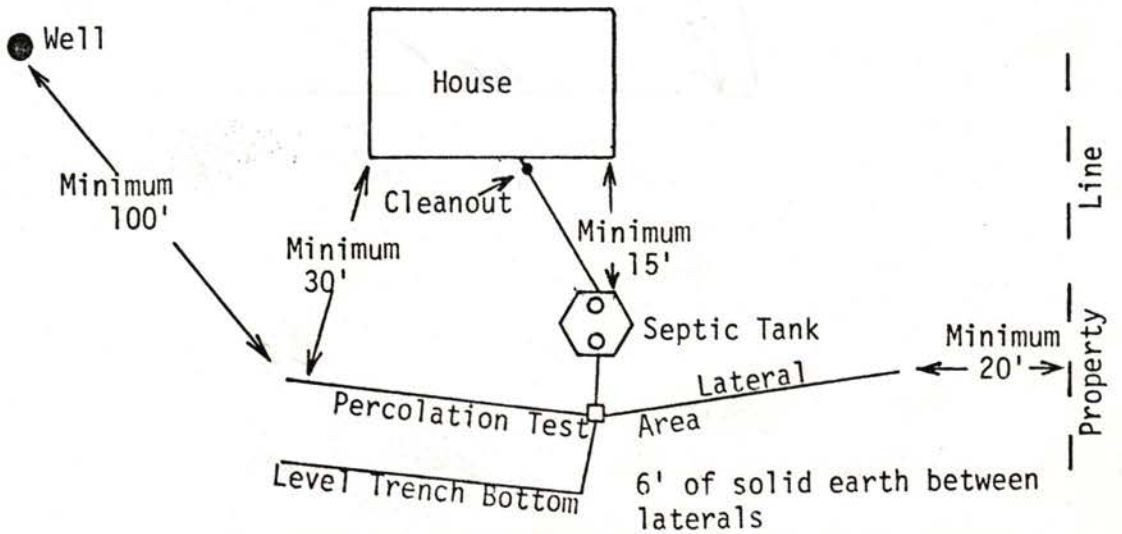
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 139 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line 65 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Fiberglass; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Corn & Glass)
4. Manholes: Over Inlet; diam. 18 in. Over Outlet; diam. 12 in. Riser Above ☐ Below ☐ Grade 18 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 18 in.
8. Distances to: Well or Suction Line 206 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets seven.
2. Factory Built: Yes ☒ No ☐ (Company _____)
3. Distance from Septic Tank 8' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 12" or Perforated Pipe _____. Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines: Number 3; Length of each line 100, 50, 50, _____, _____ ft.; Total length of laterals 200 ft.; Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4 ft.; Slope 0 to 1/2 in/100 ft.; Average Depth 24" in.
4. Filter Material: Road Gravel Depth of Material 16 in.
5. Distances to: Well or Suction Line 350 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



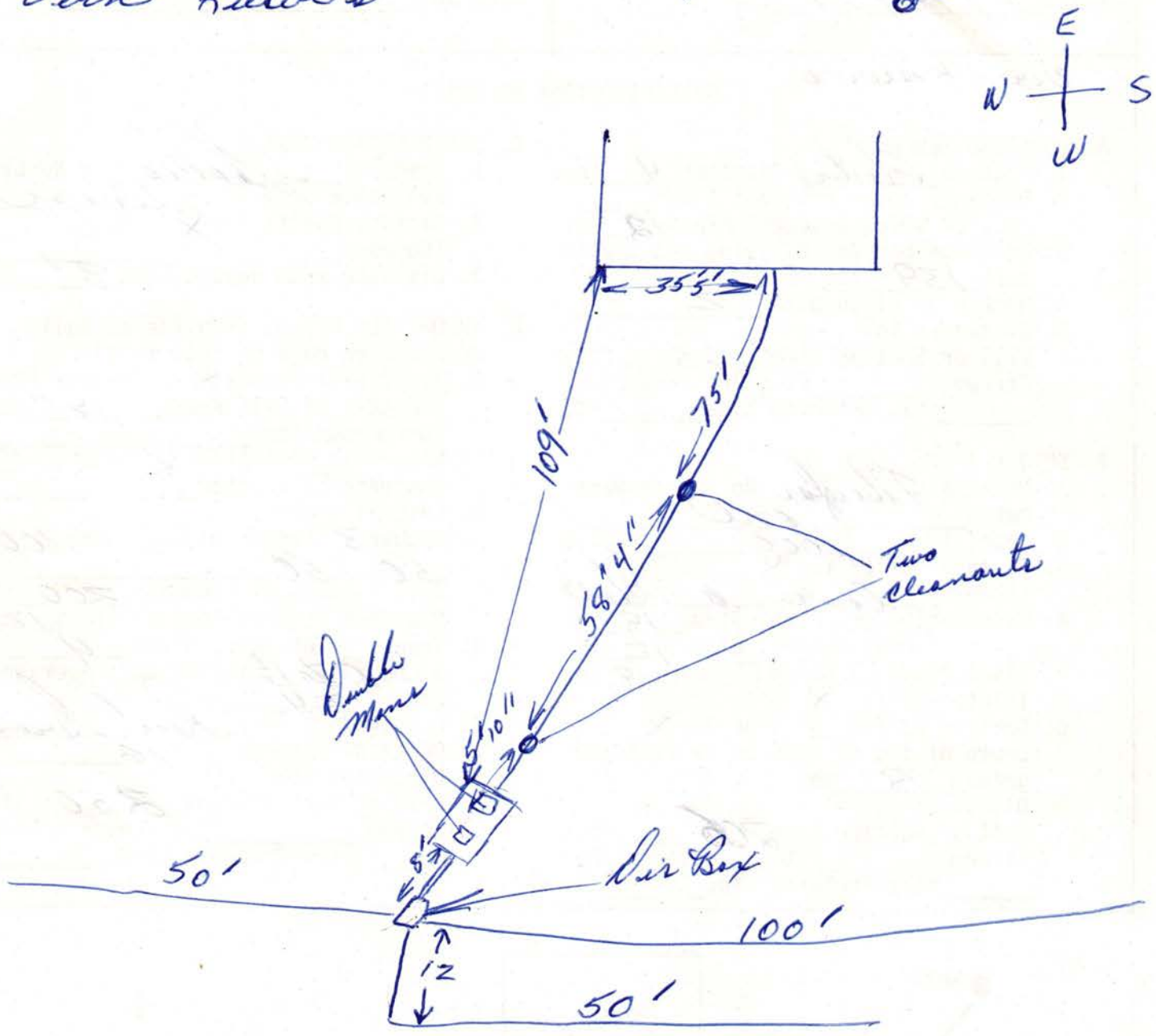
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5/18/79 INSTALLER [signature]

467-4792

Verne Kiser's



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 14901 PLUM RIDGE RD

Twp 10N Range 8E Section 22 1/4 NW 1/4 Block ____ Lot 23 Addition ____

Directions to Property EAST ON 'O' TO N. 148TH, NORTH 3/4 MILE - EAST ON PLUM RIDGE

Location of Well RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System WEST SIDE OF LANE (FLAGGED) Year Installed REPAIRED 1993

	NAME	ADDRESS	PHONE
Present Owner:	WILLIAM & CAROLYN KELLY	14901 PLUM RIDGE RD LINCOLN NE 68527	488-5954
Tenant/Buyer:	ROGER & SHARI HARRE	245 BRUCE DR LINCOLN, NE 68510	483-4844
Return to:	ROGER HARRE	225 NO. COTNER LINCOLN, NE 68505	430-6670

Signature of Applicant Roger Harre Address 225 No. Cotner Lincoln, NE 68505 Date 7/8/96

HEALTH DEPARTMENT USE ONLY

Date Received 7/8/96 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/9/96

Rural Water Dist

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM
Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ____
Date ___/___/___ by ____
Date ___/___/___ by ____

Comments: the original permitted septic system installed in 1979 has become water-logged. An approved repair permit added 100 extra feet of drainfield in 1993. This has apparently resolved the water-logged problem. There was no visible malfunction at the time of inspection. See Attached Letter ☐
Recommend checking to see if septic tank needs pumping.

FINAL STATUS

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

Approved by Ron Marquart, RS Date 7/9/96

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.

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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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 14901 Plum Ridge Road

Twp 10N Range 6E Section 32 1/4 NW 1/4 Block ___ Lot 23 Addition ___

Directions to Property First house on Plum Ridge Road off N 148th St

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System North-northwest of house across drive in orchard Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	W.F. Kelly	14901 Plum Ridge Rd Lincoln, NE 68527	488-5950
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant William Steely Address Same Date 5/22/93

HEALTH DEPARTMENT USE ONLY

Date Received 05/25/93 Received $150.00 ✓ Check ☑ #4503 Cash ☐

PRELIMINARY STATUS--By R. Marquardt **DATE:** 5/27/93

Cass Co. #2

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date 6/3/93 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

WATER SYSTEM: Public water Supply Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Ron Marquardt Date 6/8/93

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.