LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2562-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 22, 1988 — THIS PERMIT EXPIRES

DANIEL L. CREAL — ISSUED TO

ROUTE #1, BOX 135 EAGLE, NE 68347 — ADDRESS

T10N; R8E; Sec 24; Lot 13 I.T.; 1401 No. 190 Street — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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: JS — DATE: 9-23-87 — 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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2562-C

DATE: 9-21-87

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 24 ;
   Block ~~NE SW~~ Lot 13 I.T. ; Addition _____
   Street Address 1401 N. 190th.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2-story, 3 bdrm.

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

4. Distance to public sewer: miles ft.

LAGOON MUST BE SEALED

David L. Lee
Signature of Applicant (Owner or Lessee)

1401 N. 190th.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/22/87. Date Frwd. 9/23/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/23/87. Date Frwd. 9/23/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 9/23/87. Date Frwd. ". ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-12-87 by: mr (need drawing)
Date: _____ by: _____
Date: _____ by: _____

PROVISIONAL Experimental Wide-lateral

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 10-18-93 By: Ron Marquart

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

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

FILE NO. 2562-C

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: 9-15-87 to 9-16-87. Weather: Precip. 0 Temp. 66°.

Hole's - 1-4-5-6 had water in From Pre-Test

OWNER: Dan Creal / John Kramer
Address: 1401 N. 190th
781-2622

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"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	5:15 pm	6"	30m	0"	
2	36"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	6:15 pm	5¼"	"	¾"	
3	36"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	6:15 pm	5⅛"	"	⅞"	
4	36"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	5:15 pm	5⅞"	"	⅛"	
5	36"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	5:15 pm	5⅞"	"	⅛"	
6	36"	9-15	5:00 pm	9-16	4:45 pm	9-16	4:45 pm	6"	5:15 pm	5⅞"	"	⅛"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 3833 NW 52st Phone 464-0638

Pre-Cast Step Co.

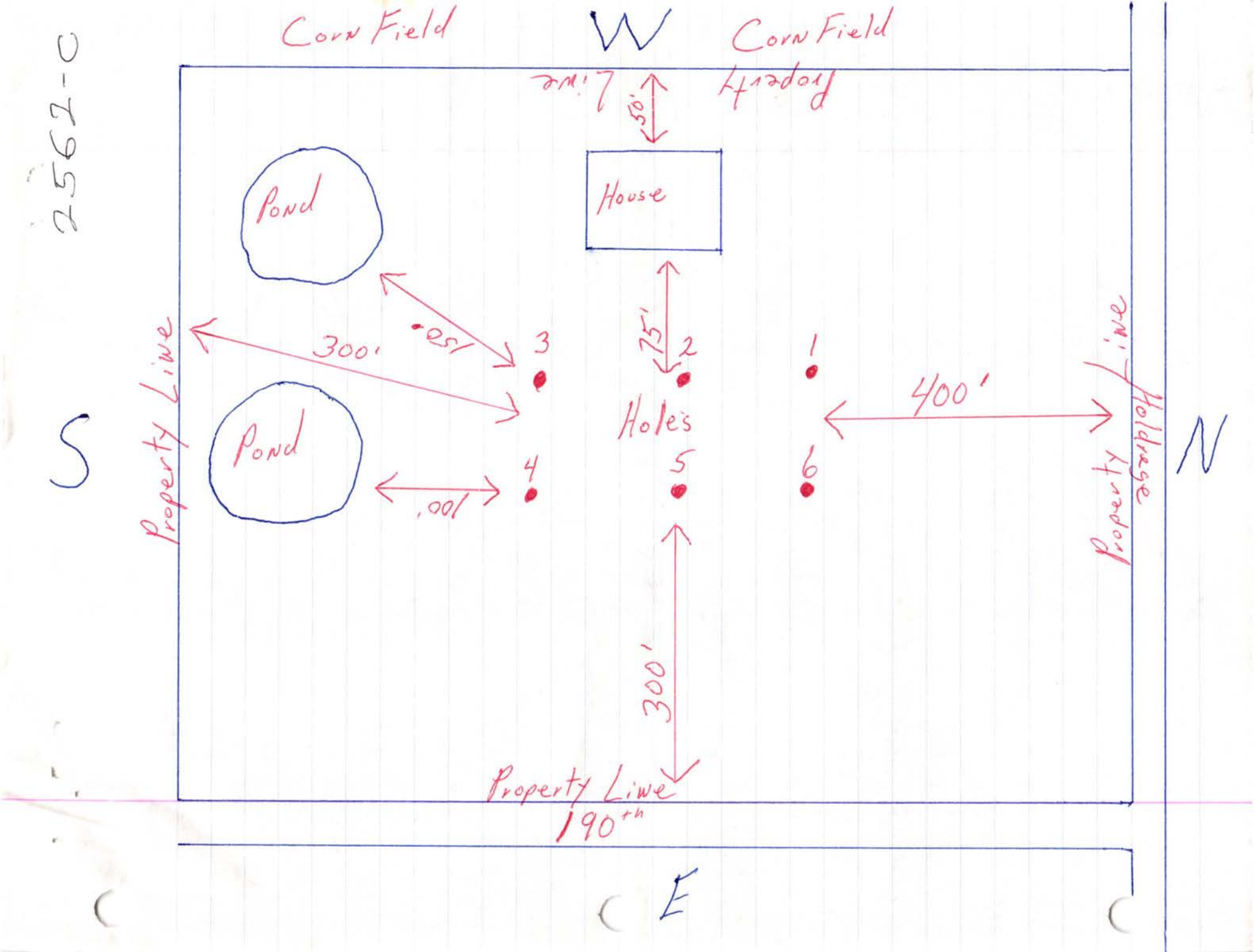
(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septem
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


2562-C
Corn Field
W
Corn Field
Property Line
50'
House
Pond
Pond
300'
251'
75'
3
2
1
Holes
4
5
6
400'
Property Line
Property Line
S
N
300'
Property Line
190th
E

Dan & Vicki Creal
1401 N 190th
Eagle Ne 68347

RECEIVED OCT 15 1993

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: 10-3-93

FILE NO.:

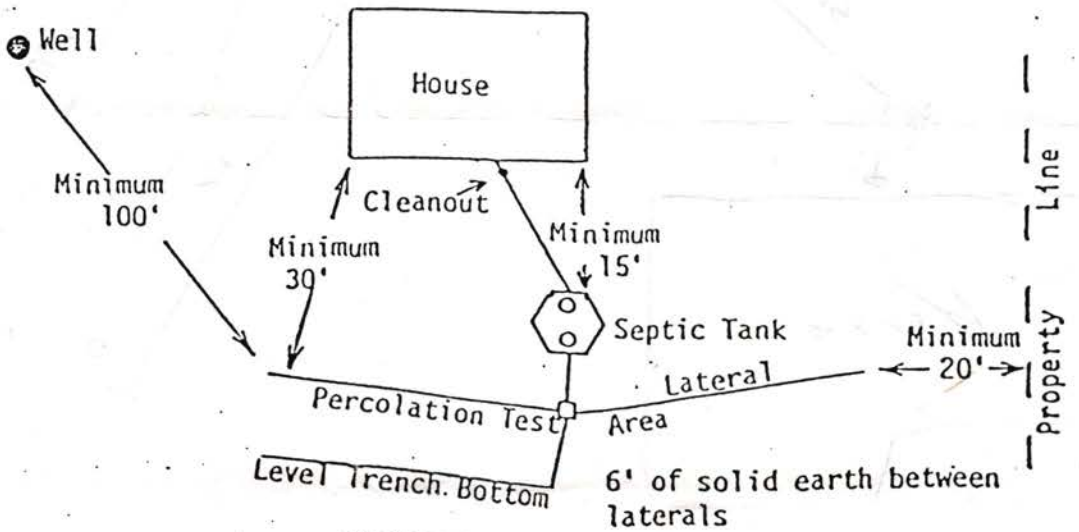
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 20+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
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 10 in.
8. Distances to:
Well or Suction Line 100+ 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 Pre-Cast)
3. Distance from Septic Tank 30 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 _____.
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 10 ft.
3. Trench dimensions: Width 8 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

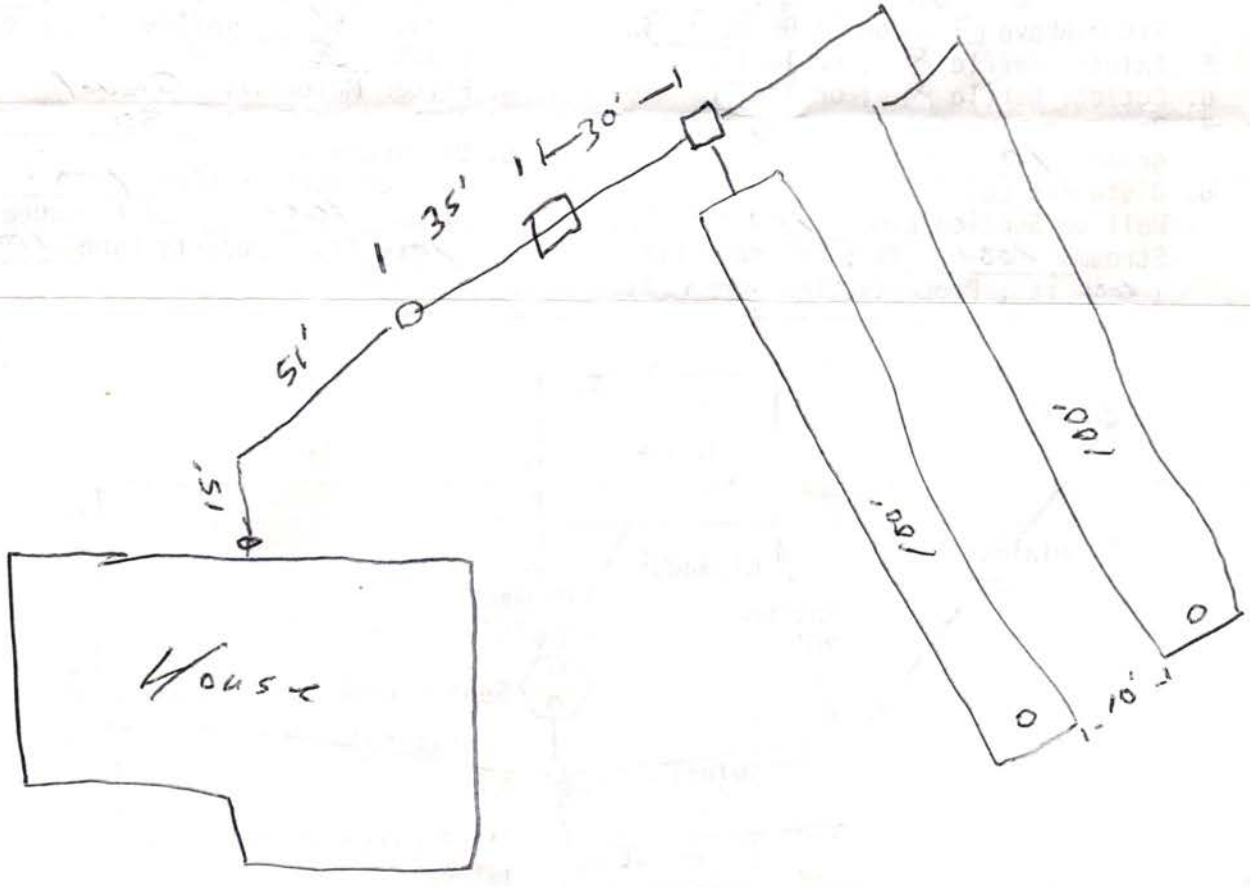


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

↑
N

Installed By
Most T&T

24-10-8



010

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

Ron closing Mon/Tues. Need ASAP

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 1401 N 190th

Twp 10N Range 8E Section 24 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___

Directions to Property 2 1/2 mi E of 84th & O St 1 mi North on 190th

Location of Well ——— NONE Tap Location: Inside ☐ Outside ☐

Location of Sewage System West & North of House Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Vicki + Dan Creal	1401 N 190th Eagle Ne 68347	781-2883
Tenant/Buyer:			
Return to:	Dan Searcy	c/o Provident Federal Savings	

Signature of Applicant Vicki M. Creal Address 1401 N 190th Eagle Ne 68347 Date 9/21/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/21/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Moorman DATE: 9/22/93

Cass Co. Rural Water Dist #2

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. This is a wide seepage bed experimental sewage system. Thus, a provisional approval. See Attached Letter ☐

FINAL STATUS Public Water Supply

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/28/93

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.

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