LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1194-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 12, 1978 — THIS PERMIT EXPIRES

Gary F. Ossenkop — ISSUED TO

Route 2, Box 105-A, Lincoln, NE 68505 — ADDRESS

T10N, R8E, Section 24 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1194-C

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

DATE: 9/25/77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SOUTH 825 ft of NE 1/4 of Sec 24-10-8E

1. Legal description of property: Twp. 10N ; Range 8E ; Section 24
   Block ____; Lot ____; Addition ____
   Street Address ____

2. Property Use: Residential X ☐ ; Commercial ____ ☐
   No. of Bedrooms 3. Describe: ____
   Other Use ____ ☐
   Describe: ____

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

4. Distance to public sewer: County ft.

Gary Oosenbrop
Signature of Applicant (Owner or Lessee)

Rt 2 - Sun
Address

781-2969

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/12/77. Date Frwd. 10/12/77.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Rood

2. Supt. Bldg. Insp.: Date Rec'd. 10-12-77 Date Frwd. ____.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 10/12/77. Date Frwd. 10/12/77.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

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: $_____

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._____; Range_____; Section_____;
   Block_____: Lot_____: Addition_____
   Street Address_____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☐
   No. of Bedrooms_____. Describe_____

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

4. Distance to public sewer: _____ft.

Substitute Form A for missing one at original application.

_____
Signature of Applicant (Owner or Lessee)

_____
Address

(Do not write below this double line)

1. Health Department: Date Rec'd._____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature:_____

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd._____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature:_____

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

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5-14-81 by: RM (approved 16 feet of lateral)
Date: 10th Mo. 78 by: ODS
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-1-81 By: Ron Maynard

FORM HD-43 (73) 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)

FILE NO. 1194-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N : Range 8E
Section & ¼ Sect. 27
Property Dimensions: 825 ft. x ½ Mile ft.
Area: 50 acres. (Attach sketch of property showing hole location).
Soil Type: ~~Silty Clay~~ ; Silty Clay Loam ; ~~Sandy Loam~~
Silty Loam ; ~~Clay Loam~~ ; ~~Sandy Clay~~

Owner: Gary Osentoski
Address: Rt 2 - Lin

50/50 Clay & Black dirt mix

Dates of Tests: 9/24/77 to 9/25/77. Weather: Precip. 0 Temp. 70

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	9/24	3:30	9/25	12:45	9/25	12:45	6in	1:15	5 3/8	30	5/8"	
2	36"	9/24	3:32	9/25	12:47	9/25	12:47	6in	1:17	5 2/8	30	6/8"	
3	36"	9/24	3:35	9/25	12:48	9/25	12:49	6in	1:20	5 2/8	30	6/8"	
4	36"	9/24	3:40	9/25	12:52	9/25	12:52	6in	1:23	5 3/8	30	5/8"	
5	36"	9/24	3:45	9/25	12:55	9/25	12:55	6in	1:25	5 2/8	30	6/8"	
6	36"	9/24	3:50	9/25	1:00	9/25	1:00	6in	1:30	5 1/8	30	7/8"	

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

Gary Osentoski
Signature of Person Conducting Test

Address Rt 2
Phone 281-2969

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam near Colo (Nodaway)
DATE: October 12, 1977

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerold C Hoe
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1194-C

SPECIFICATIONS

DATE: _____

Digging for Harlan Nelson

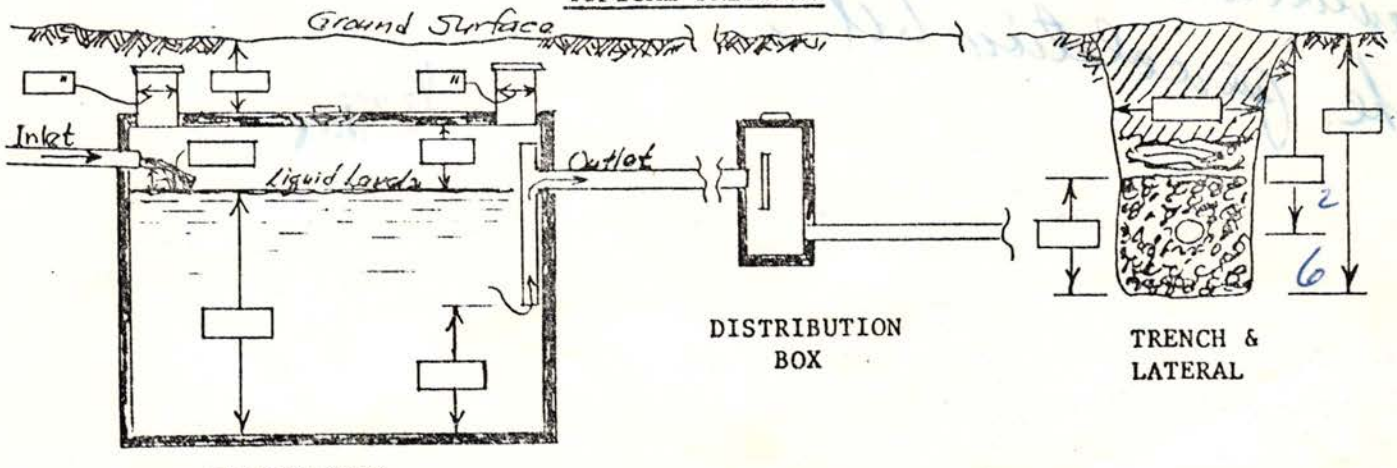
A. BUILDING SEWER: from PreCast Step Co.
1. Material concrete; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs $1 2 per house.
5. Distances To:
Well or Suction Line 250 ft.;
Stream 200 ft.; Pressure Line ____ft.;
Property Line 200/600 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company PreCast) No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ____in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☒, (Company Pre Cast _____) No ☐
3. Dimension: Length ____in.; Width ____in. Depth ____in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 36 in. Number 3; Length of each line 100 ft Total length of Laterals 215 ft.; Slope 6 in/100 ft. Diameter of pipe ____ in.; Shape half moons Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 42 in.; Width 48 in.
4. Filter Material: gravel. Depth of material from trench bottom 6 in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream 200 ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch
6/8" @ 30 min

TYPICAL SKETCHES

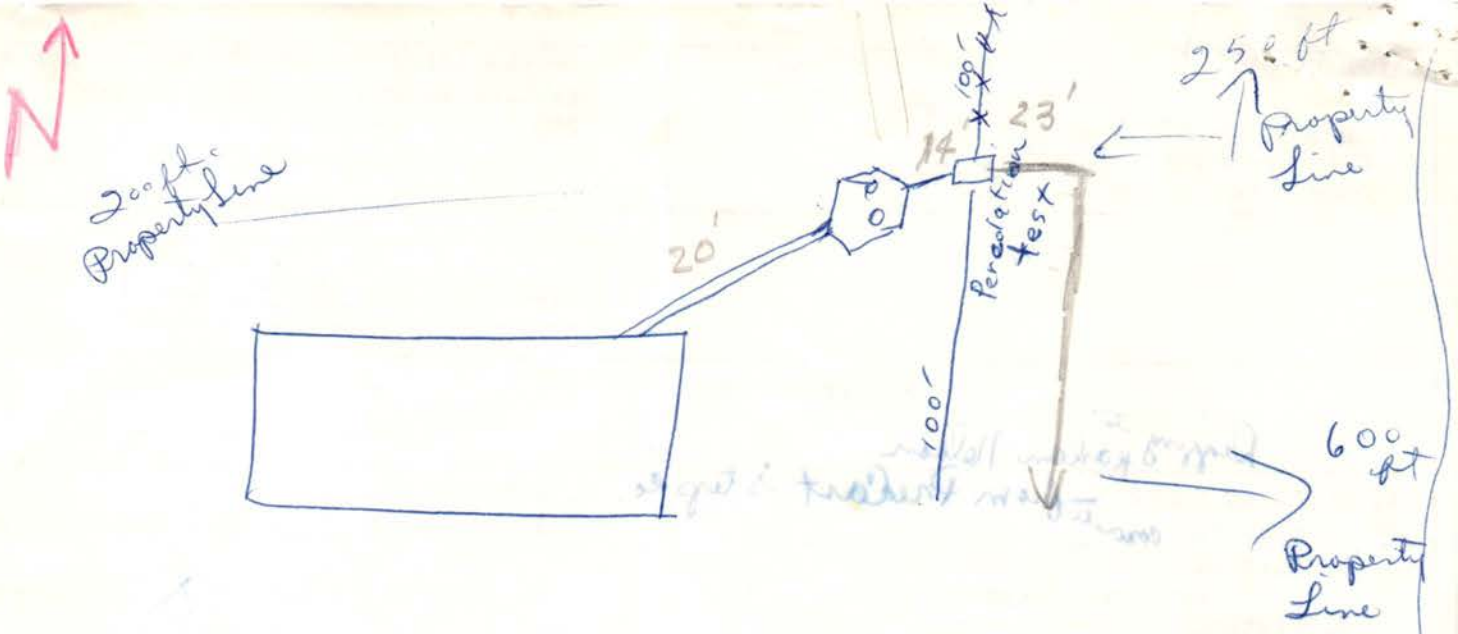


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant

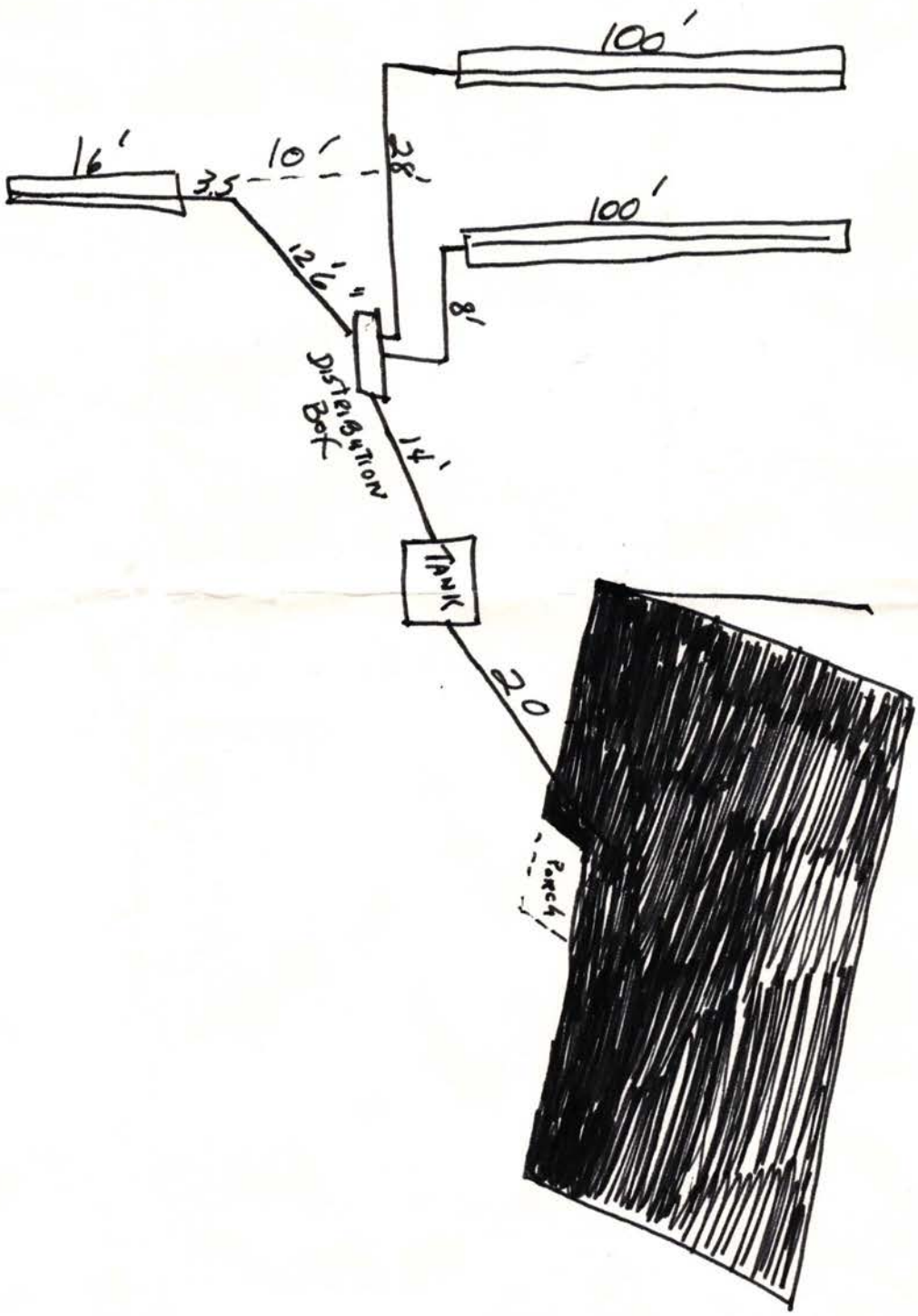


according to estimates made by professionals in septic systems - the County sets the size-etc. of systems needed in the area. Therefore many of these questions are impossible to answer & septic tanks & half moons are made & will be purchased from Pre-Cast - Step according to their specifications. However we are applying for the permit & now the percolation test.

1/2 min deep

E

REC'D MAY 1 9 1981



N

S

M

★ Please Rush. We're closing loan on 12-18-92. Thank you!

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-[redacted] Lincoln, Nebraska 68502

RECEIVED DEC 15 1992

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 12-11-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 24; BLOCK ___

LOT ___; ADDITION NE 1/4; Street Address 18301 Holdrege, Lincoln NE

Directions to Property _____

Location of Well RWD #1 Tap Location: Inside ☐ Outside ☐

Location of Sewage System NE of Home Year Installed 15 yrs old as seen by

	NAME	ADDRESS	PHONE
Present Owner:	Todd + Sara Morton	18301 Holdrege, Lincoln	781-2743
~~Tenant/Buyer:~~	Todd's work # 786-5277	Sara's work # 483-3368 Resp. Therapy	
Return to:	Security Federal Savings	POB 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela D. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 12-15-92 Received $150.00 Check ☑ Cash ☐

#31527 C.C.

PRELIMINARY STATUS--DATE 12-16-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐ RWD (Cass Co.)	☐	Approved:	☐	Date 12-16-92 by [illegible]
Bacteria	☐	☐	Provisional:	☐	Date 9-14-94 by [illegible]
Nitrate	☐	☐	Disapproved:	☒	Date _____ by ___

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS Public Water Supply

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

APPROVED BY _____ DATE _____

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