LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1567-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 13, 1980 — THIS PERMIT EXPIRES

Gary Ossenkop — ISSUED TO

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

T1ON, R8E; Section 24, Lots 6 and 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. 1567-C

DATE: 6-30-79

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 N; Range 8 E; Section 24;
48 acres Block _____: Lot ~~5677~~ Irregular TRACT: Addition _____
Street Address Rt 2 Sun

2. Property Use: Residential ☒; Commercial ☐ Other Use ☐
No. of Bedrooms 2. Describe _____

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

4. Distance to public sewer: Sun ft.

Gary & Janice Oosenkop
Signature of Applicant (Owner or Lessee)

Rt 2 - Sun Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/13/79. Date Frwd. 7/13/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/13/79. Date Frwd. 7/13/79. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen

3. City or County Engineer: Date Rec'd. 7-13-79. Date Frwd. 7-13-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Krafft

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-5-84 by: J.M.R.
Date: 7/12/84 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 7/12/84 By: J. C. Hood

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

*PROVISIONAL PART WAS 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. 1567-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section 24.
Property Dimensions: 2640 ft. x 915 ft. Area: 48 acres. (Attach Sheet C with sketch of property).
except for 231 x 1320
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-26 to 6-27. Weather: Precip. slight Temp. 80's.

OWNER: Gary + Janice Ossenkop

Address: Rt 2 - Sin, 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"	6/26	8:00	6/27	8:00	6/27	8:05	6"	8:35	5 11	30 min	1	1/30
2	36"	6/26	8:00	6/27	8:00	6/27	8:06	6"	8:36	5 1/2"	"	1/2	5/30
3	36"	6/26	8:00	6/27	800	6/27	8:07	6"	8:37	5 1/2"	"	1/2	5/30
4	36"	6/26	8:00	6/27	8:00	6/27	8:08	6"	8:38	5 3/4	"	1/4	4/30
5	36"	6/26	8:00	6/27	8:00	6/27	8:09	6"	8:39	5 3/4"	"	1/4	4/30
6	36"	6/26	8:00	6/27	8:00	6/27	8:10	6"	8:40	5"	"	1	1/30

Sum of Percolation Rates: 3.5 per 30 min
Average of Rates: .7 per 30 min
Mean of Rates:

Owners
Signature of Person Conducting Test

Address RR 2 Phone 781-2969

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon will have to be sealed
Soil Type (SCS): Wymore Silty Clay Loam or Sharpsburg Silty Clay Loam
Date: July 13, 1979

Approved Percolation Rate (a)
A. 53 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 ☒

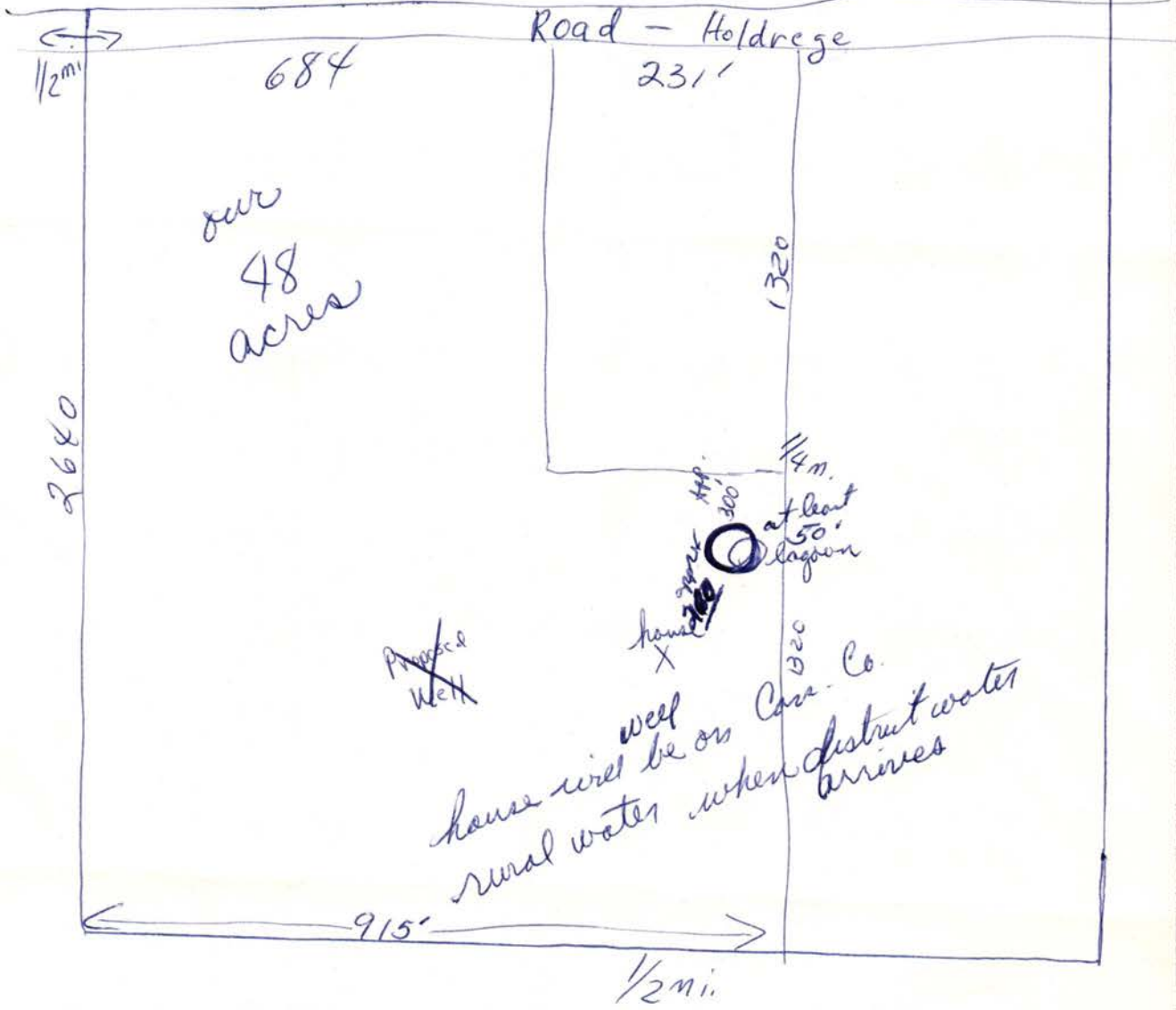
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1567-C

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 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
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D

DATE: _____

FILE NO. 1567C

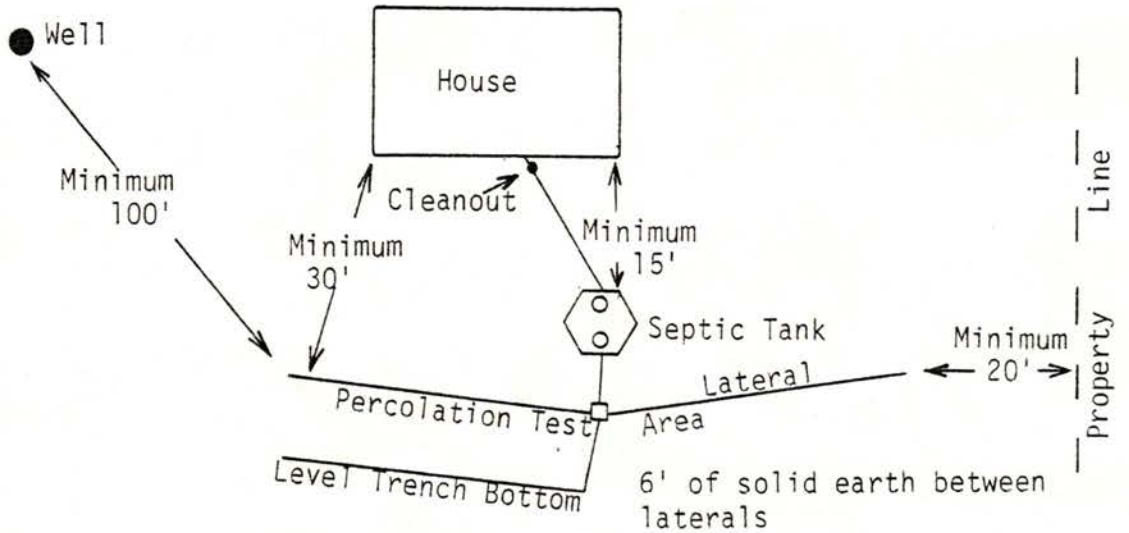
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
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_____; Number - available outlets_____.
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_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____,
_____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

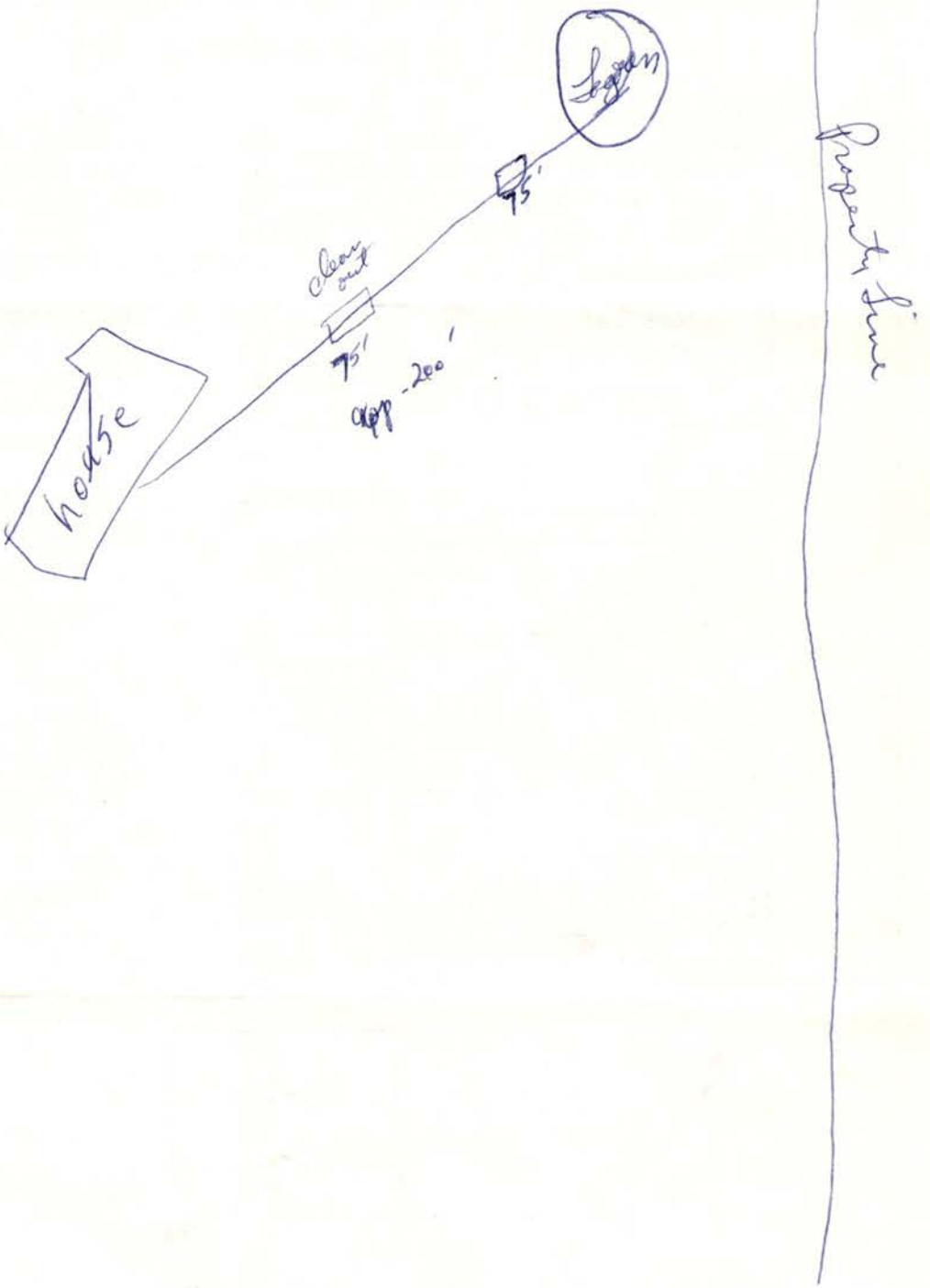


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____

Pete Gronf
will dig Logoan



10-8-24

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property 18405 HOLDREGE ST
Directions to Property LINCOLN

Land Owners CLIFFORD + JEANNE DILL
Name:
Address: 18405 HOLDREGE ST (27)
Phone: 477-7780

Send Results to:
Name: SAME
Address:
Phone:

Land Owners Signature Clifford D Dill

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	120'
Casing Material	
Casing Diameter	4"
Is well located in a pit	NO
Type of pump	Submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	150 (distance)	FEET	(U)/D
CESSPOOL		FEET	U/D
SEPTIC TANK		FEET	U/D
SEWAGE DISTRIBUTION FIELD		FEET	U/D
WASTE STABILIZATION LAGOON	500	FEET	U/D
BARN YARD		FEET	U/D
NEAREST WELL		FEET	U/D
NEAREST PASTURELAND		FEET	U/D
NEAREST CROPLAND	500	FEET	(U)/D
SHOP		FEET	U/D
GRAINERY		FEET	U/D
FUEL TANKS		FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

Collected 6-19-96 by P.D.