LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1523-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 30, 1979 — THIS PERMIT EXPIRES

David Duckett — ISSUED TO

6915 Kearney, Lincoln, NE — ADDRESS

T11N, R5E, Section 15, Lot 1 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Alter)

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-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: 475-6221)

FILE NO. 1523-C

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

DATE: April 17, 1979

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. 11N; Range 5E; Section 15;
Block ____; Lot 1.I.T; Addition ____
Street Address 9001 WEST WAVERLY ROAD

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: replace existing system with a lagoon

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1000.00

David Duckett
Signature of Applicant (owner or lessee)

6915 Kearney - Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 9-26-97 by: sm fence up
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hoaf

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-26-97 by: Ron Maynard

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. 1523-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 5 ; Section & ¼ Section 15 .
Property Dimensions: 378 ft. x 620 ft. Area: 5.39 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-13-79 to 4-14-79 . Weather: Precip. 0 Temp. 68 .
OWNER: Dave Duckett
Address: 6915 Kearney-Lincoln

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	4-13	7:03	4-13	11:20	4-14	11:46	16¾	12:17	17 –	31	¼	
2	36	4-13	7:06	4-13	11:22	4-14	11:45	18⅝	12:15	19⅞	30	¼	
3	36	4-13	7:08	4-13	11:25	4-14	11:43	21¼	12:13	21½	30	¼	
4	36	4-13	7:10	4-13	11:26	4-14	11:41	22⅜	12:12	23 –	31	⅜	
5	36	4-13	7:13	4-13	11:29	4-14	11:39	20⅛	12:08	20½	31	⅜	
6	36	4-13	7:16	4-13	11:29	4-14	11:34	20¾	12:06	21⅜	32	⅜	
7	36	4-13	7:18	4-13	11:32	4-14	11:48	19⅝	12:18	20 –	30	⅝	

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

Dave Duckett
Signature of Person Conducting Test

Address 6915 Kearney Phone 464-2512 office 474-1111

(Do not write below this line)

REVIEWING ACTION

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

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

_____
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: _____

FILE NO. _____

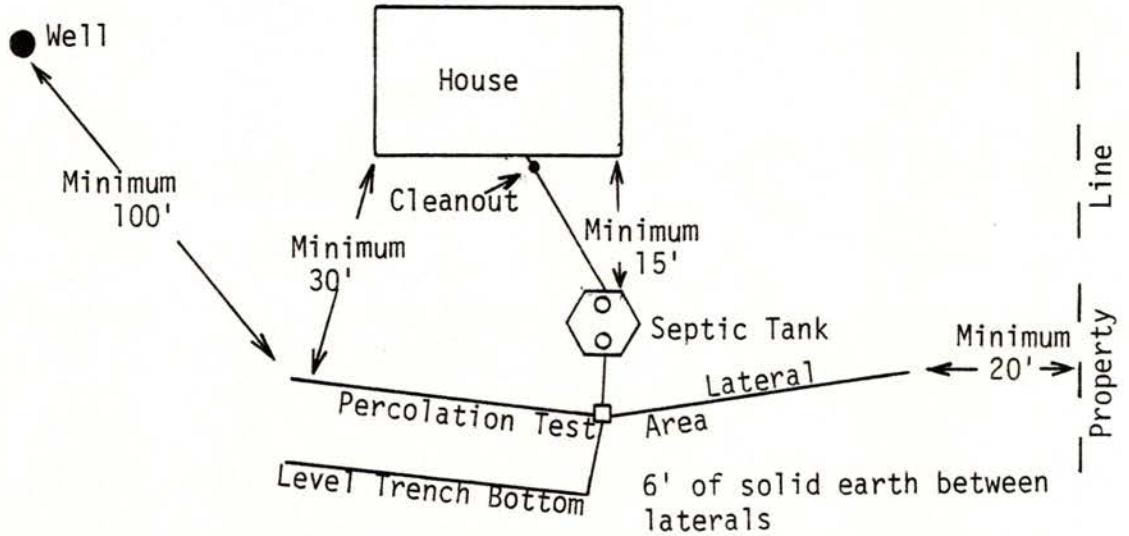
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material P.V.C.; Diameter 4 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 THREE.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK: LAGOON
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.

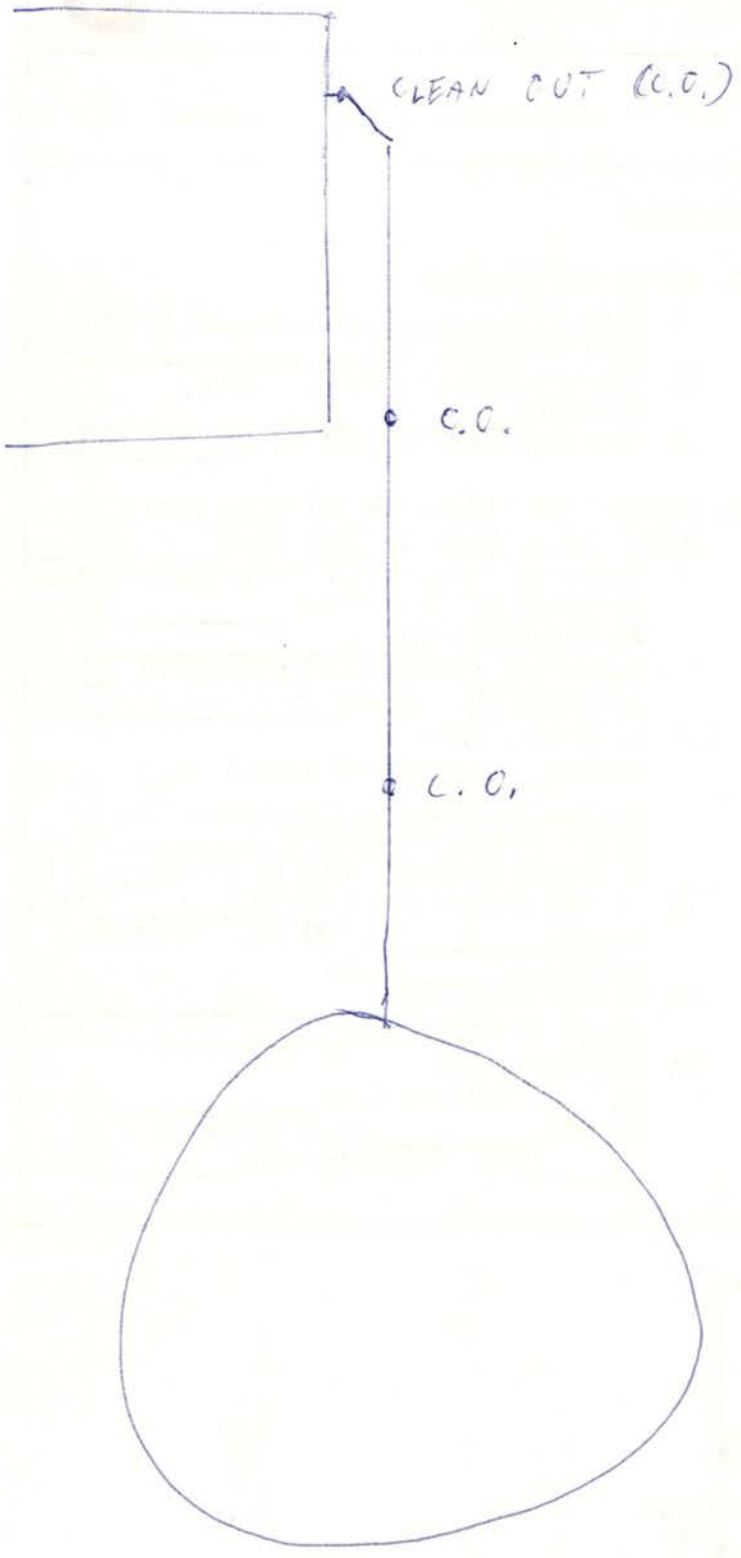
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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 DENNIS DULING



021

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

3446

Legal Description of Property: Street Address 9001 West Waverly Rd, Malcom, NE 68402

Twp 11 Range 5 Section 15 1/4 NE 1/4 Block ___ Lot 3 Addition ___

Directions to Property 2½ miles west of highway 79 on West Waverly rd.

Location of Well East of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of house Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	DAVID & REBA DUCKETT	9001 W WAVERLY RD	796-2516
Tenant/Buyer:	MIKE & Joyce Greenfield		434-9663
Return to:	State Title Services, Inc.	PO Box 85355 Lincln. NE 68501	402-434-5020

Signature of Applicant David Duckett Address 9001 W. WAVERLY Date 9/17/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 09/18/98
Initials ds
Amount $150.00
Check No. 6821

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By R. Marquart **DATE:** 9/18/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☒ Corrected
Provisional ☐
Disapproved ☒ Need Cover

Additional Site Visits
Date 9/26/97 by rm
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard, RS Date 9/29/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95