LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 716-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 24, 1976 — THIS PERMIT EXPIRES

Gerald M. Weinberg — ISSUED TO

RFD #2, Lincoln, Nebr. 68505 — ADDRESS

T10N; R8E; Sec. 26-SE¼; Lot 6 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1536	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 716-C

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

DATE: 10-23-75

The undersigned hereby requests SITE CLEARANCE 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 26 SE¼
   Block ____ ; Lot 6 I.T. ; Addition ____
   Street Address ____

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

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

4. Distance to public sewer: 5 mi ft.

Gerald M. Weinberg
Signature of Applicant (Owner or Lessee)

RFD #2 Lincoln 68505
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/23/75. Date Frwd. 10/24/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. ____. ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 10/24/75. Date Frwd. 10/24/75. ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff
   Recd 10/28.

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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. 716-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 26 SE1/4 _____; Block _____; Lot 6 I.T. ; Addition _____.
Street Address _____.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bedrooms 3
Describe: _____
Other Use _____ ☒
Describe: HOME STUDY

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Gerald M. Weinberg
Signature of Applicant (owner or lessee)

RFD #2 Lincoln 68505
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-6-75 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 10/23/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-6-75 by: jw

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 475-6221)

FILE NO. 716-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10N; Range 8E
Section & ¼ Sect. 26
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: Jerry Weinberg
Address P.F.O. 2

Dates of Tests: 10-22-75 to 10-23-75 Weather: Precip. No 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				
Hole 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	32	10-22	9:AM	10-23	2:00	10-23	1:30	6"	2:00	4½	30	1½	12/8
										4¼		1¼	
2										5¼		¾	12/8
										5⅛		⅝	
3													8/8
4													
5										5¼		¾	6/8
6										5⅛		⅝	5.6 6/8

Sum of Percolation Rates 41/8 = 8.4
Average of Rates: 8.4/100
Mean of Rates:

Linda Dennis
Signature of Person Conducting Test

Address 2425 So.
Phone: 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 23, 1975

Gerrold C. Hood
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. 716-C

SPECIFICATIONS

DATE: 10-23-75

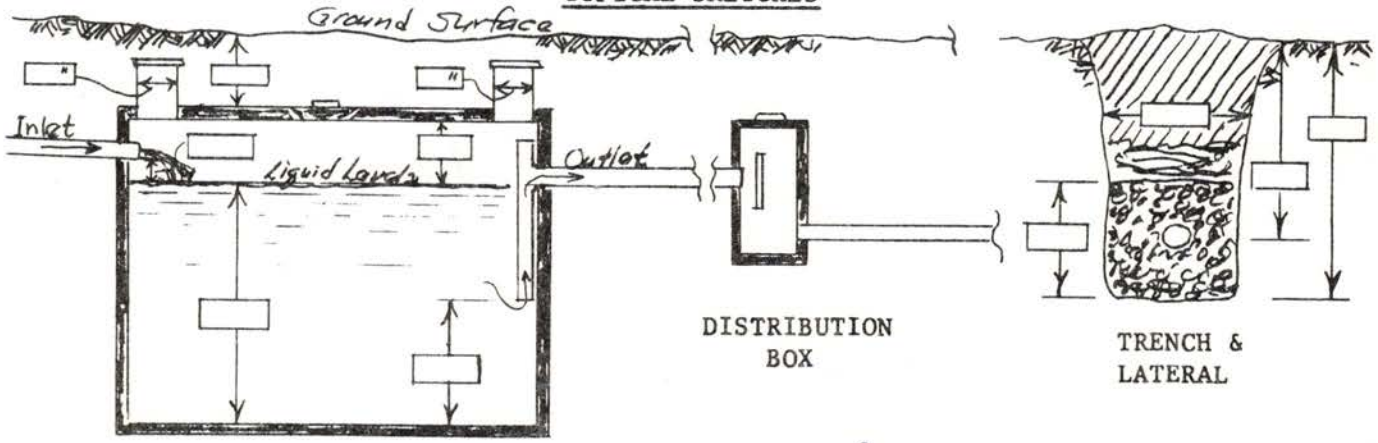
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 55 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Pre-Cast)
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. riser
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-cast) No ☐
3. Dimension: Length ____in.; Width ____in. Depth ____in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated pipe
2. Lateral Lines: Depth below grade ____in. Number 3; Length of each line ____ft Total length of Laterals 250 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other plastic
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ____in.; Width 36 in.
4. Filter Material: gravel.
Depth of material from trench bottom ____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES

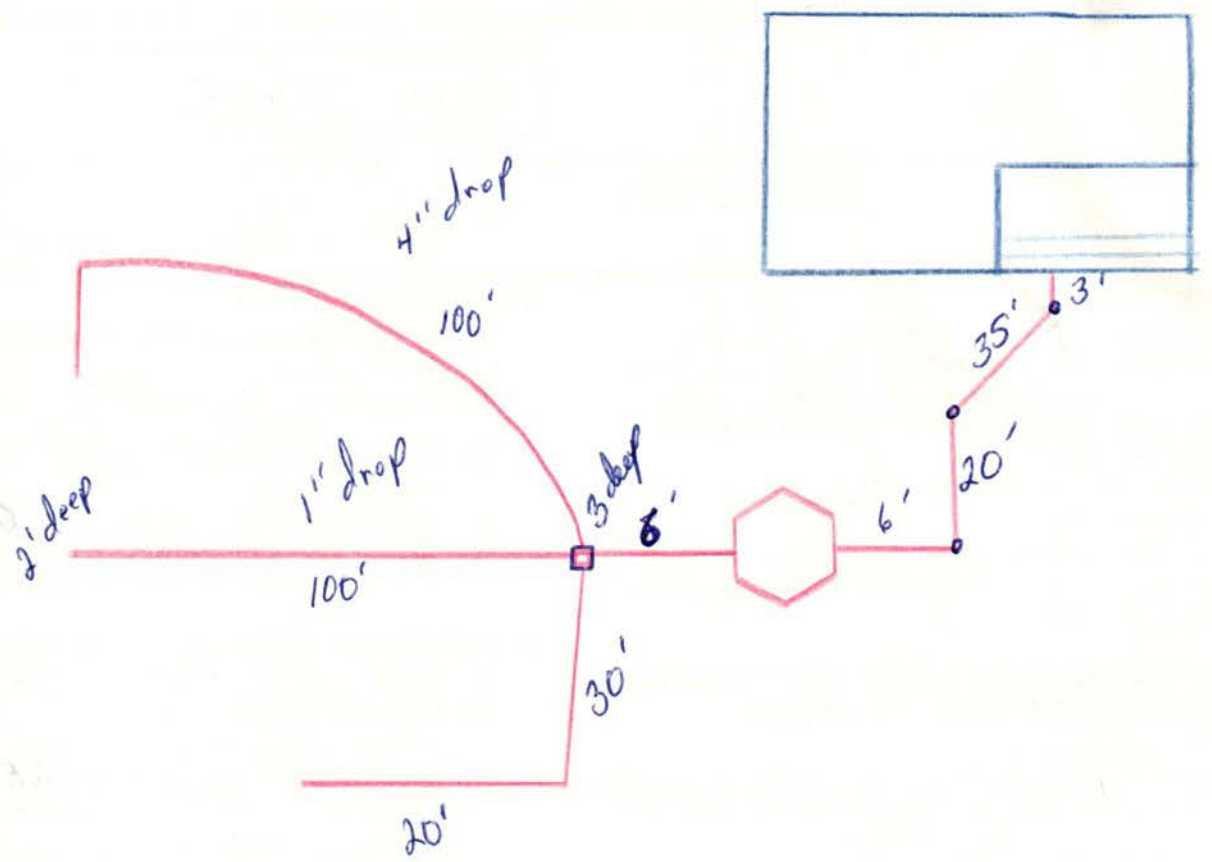


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Gerald M. Weinberg
Signature of Applicant



11-6-75

jw

002

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.

Legal Description of Property: Street Address 821 S 176 Lincoln, Ne

Twp 10N Range 8E Section 26 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition Irr Tract SE 1/4

Directions to Property _____

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System North West of House Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Doug Johnson	Box 10B Walton Ne	488-4437
Tenant/Buyer:	Michael A Loughry	15510 O St Lincoln Ne	
Return to:			

Signature of Applicant Doug Johnson Address Rt 1 Box 10B Walton, Ne 68461 Date 7/5/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/8/97
Initials _____
Amount $150.00 ✓
Check No. 2798 ✓

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 7/9/97

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: No visible signs of failure at time of inspection

See Attached Letter ☐

FINAL STATUS Rural water system

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

Approved by Paul Drotzmann Date 7/9/97

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

022

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 821 So. 176th Cir. NE Lancaster

Twp 10N Range 8E Section 26 1/4 NE 1/4 ___ Block ___ Lot 6 Addition ___

Directions to Property 1/2 mi S. of 176 & "O" St

Location of Well Rural Water Dist. Lancaster Co. Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW corner of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jerry Wordsberg		
Tenant/Buyer:	Doug Johnson		
Return to:	John W Bell Call when ready to pick up	3737 So 27th Lincoln NE	437-6603

Signature of Applicant John W Bell Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 2/1/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 2/1/93

RURAL WATER DISTRICT WATER

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 5/4/93 by C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SEPTIC TANK LID IS BROKEN NEEDS REPLACING. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Septic tank lid replaced 5/4/93 C.H.

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT WATER!

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/4/93

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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