LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380137301

Issued 11/09/95
Expires 05/09/96
Revenue Code 18754

Establishment
GREG SHINAUT
T11N R5E SEC 14
LOT 10
2801 W WAVERLY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
GREG SHINAUT
4740 LINDEN ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: 471-7000

A

FILING FEE: $_____

FILE NO._____

DATE: 11-8-95

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. ~~11~~ 11N ; Range 5E ; Section 14 ; Block _____ ; lot 10 NW Addition _____ Street Address 2801 W Waverly Road

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 , Describe _____

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

4. Distance to public sewer: N/A ft.

Signature of Applicant (Owner or Lessee)

4740 Linden
Address Lincoln Ne 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/95. Date Frwd. 11/9/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-9-95. Date Frwd. 11-9-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 11-9-95. Date Frwd. 11-9-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-9-95 by: [signature]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-22-95 By: [signature]

FORM 2343

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

7801 W. Waverly Rd. FILE NO.

PROPERTY WHERE SOIL TESTED: 40 acres.

Location: Township 12 N; Range 5E; Section & ¼ Section 14 NW ¼
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: 10-21-95 to 10-22-95. Weather: Precip. 0 Temp. 70°

All Holes were empty after 2 hours.

OWNER: Pride Homes

Address:

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		10-21		10-22		10-22					10 min	½	20
2												¾	13.33
3												¾	13.33
4												1¼	8
5												1½	6.66
6												¼	40

Sum of Percolation Rates: 101.33
Average of Rates: 16.88
Mean of Rates:

Wellmann Plbg Inc. Steve Budling
Signature of Person Conducting Test

Address 3301 S 67th. Phone 434-2400

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 16 min./inch
B. ____ min./inch
C. ____ min./inch

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 24, 1995

Jerrold C. Hood
Signature of Reviewing Official

441-8029

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

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

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

7801 W. WAVERLY ROAD

REVIEWING ACTION

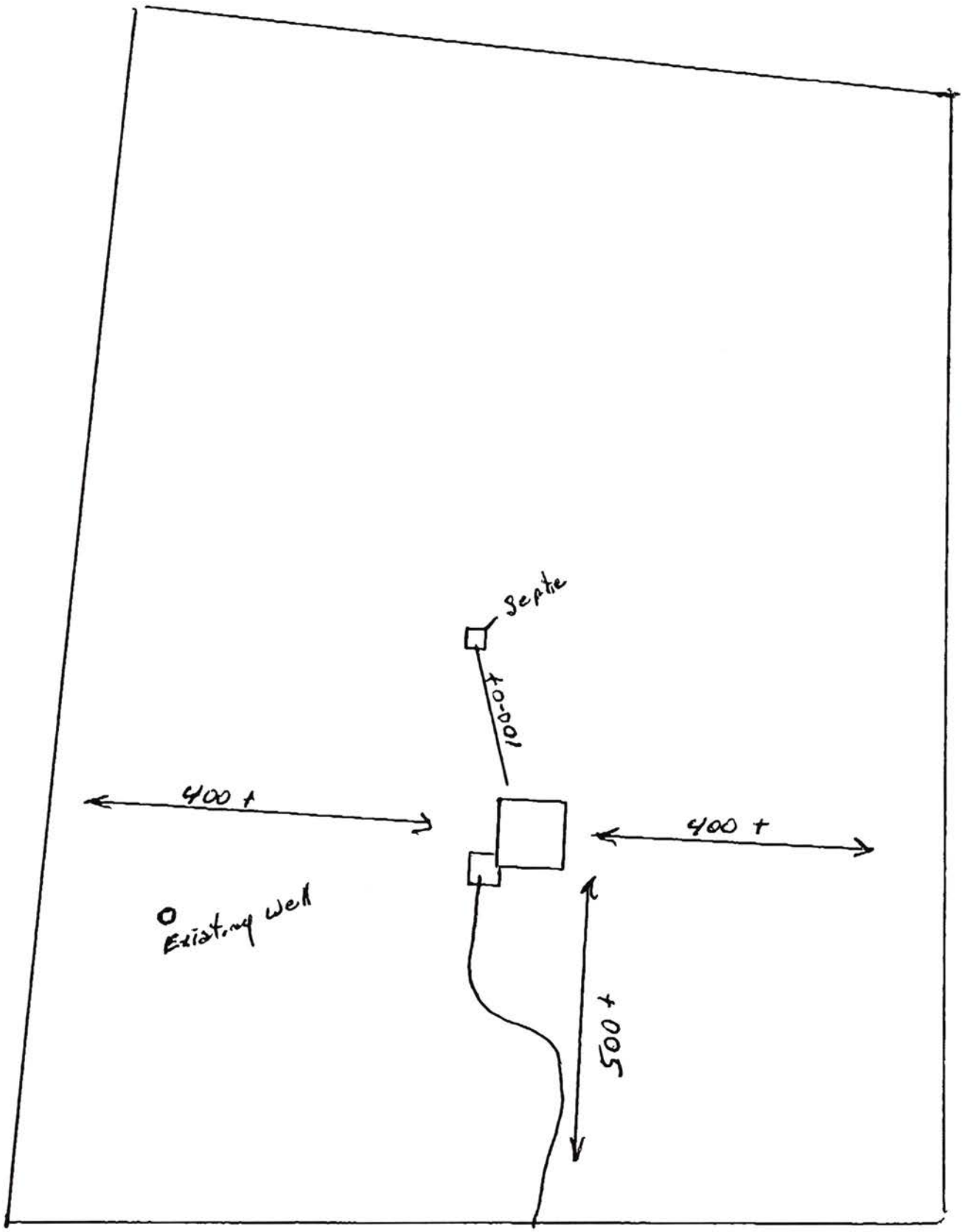
Remarks:_____

Date: NOVEMBER 9, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 583 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Pride Homes



7801 W. Waverly

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: 11-12-45

FILE NO. _____

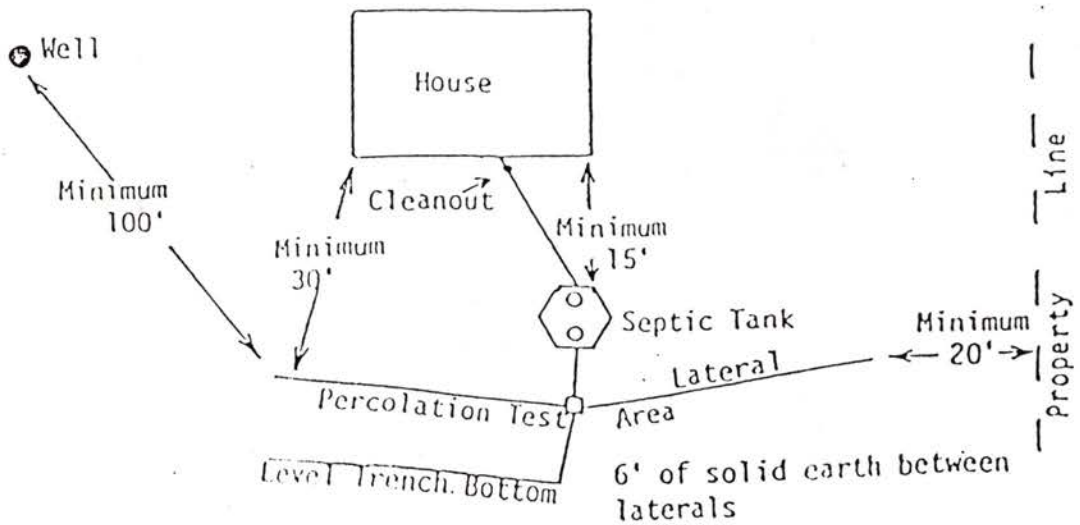
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ tank ~~250~~ ft/15 Feet
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 120 ft.; Stream — ft.; Pressure Line — ft.; Property Line 200 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company precast)
4. Manholes: Over Inlet; diam. — in.
Over Outlet; diam. — in.
Riser Above ☑ Below ☐ Grade 6 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 300 ft.; Stream — ft.; Pressure Line 156 ft.; Property Line 400 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 54 ft.

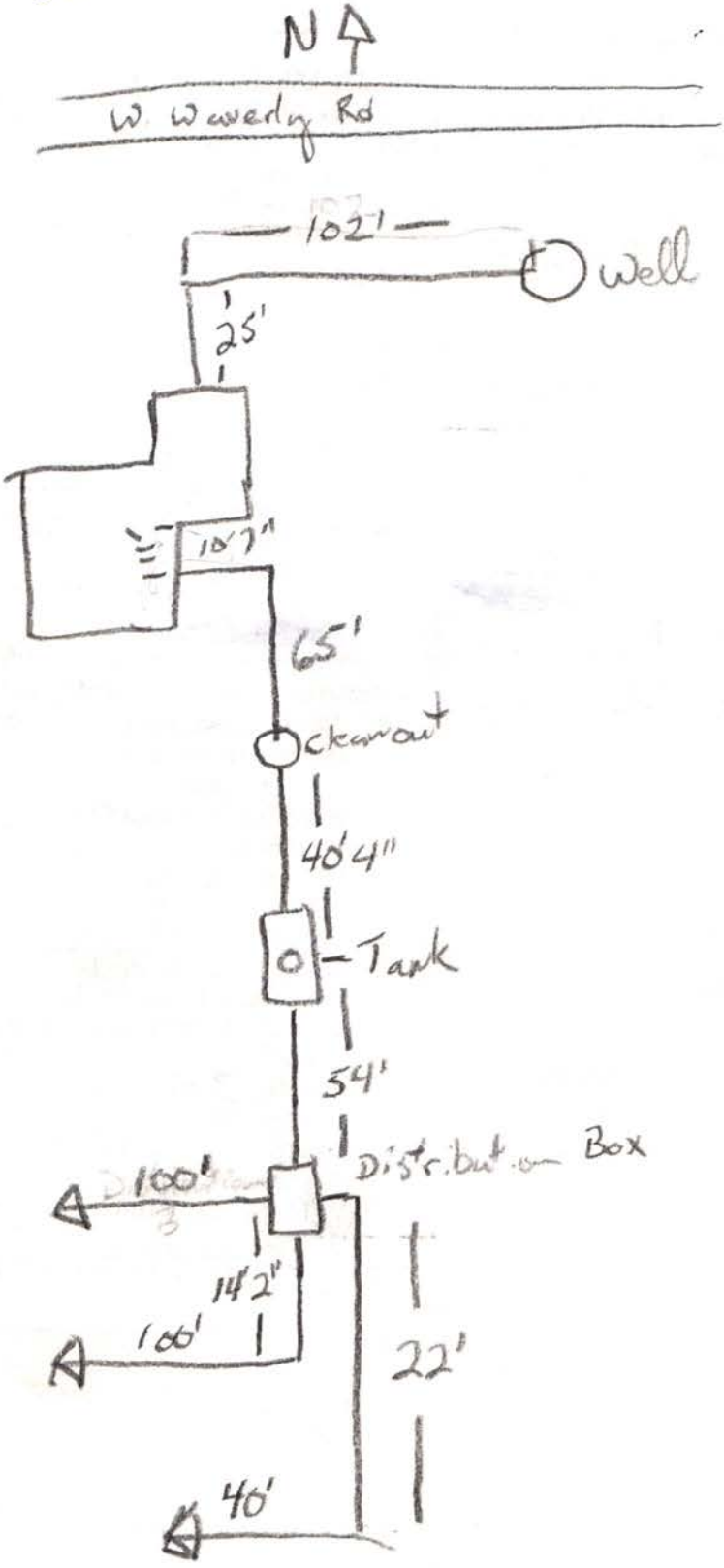
D. ~~ABSORPTION FIELD~~: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or Perforated Pipe 4".
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 40, _____, _____ ft.;
Total length of laterals 240 ft.
Distance between lateral lines 15 f
3. Trench dimensions: Width 3 ft
Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 20 in
5. Distances to:
Well or Suction Line 500 ft.
Stream — ft.; Pressure Line 300 ft.; Property Line 400 ft



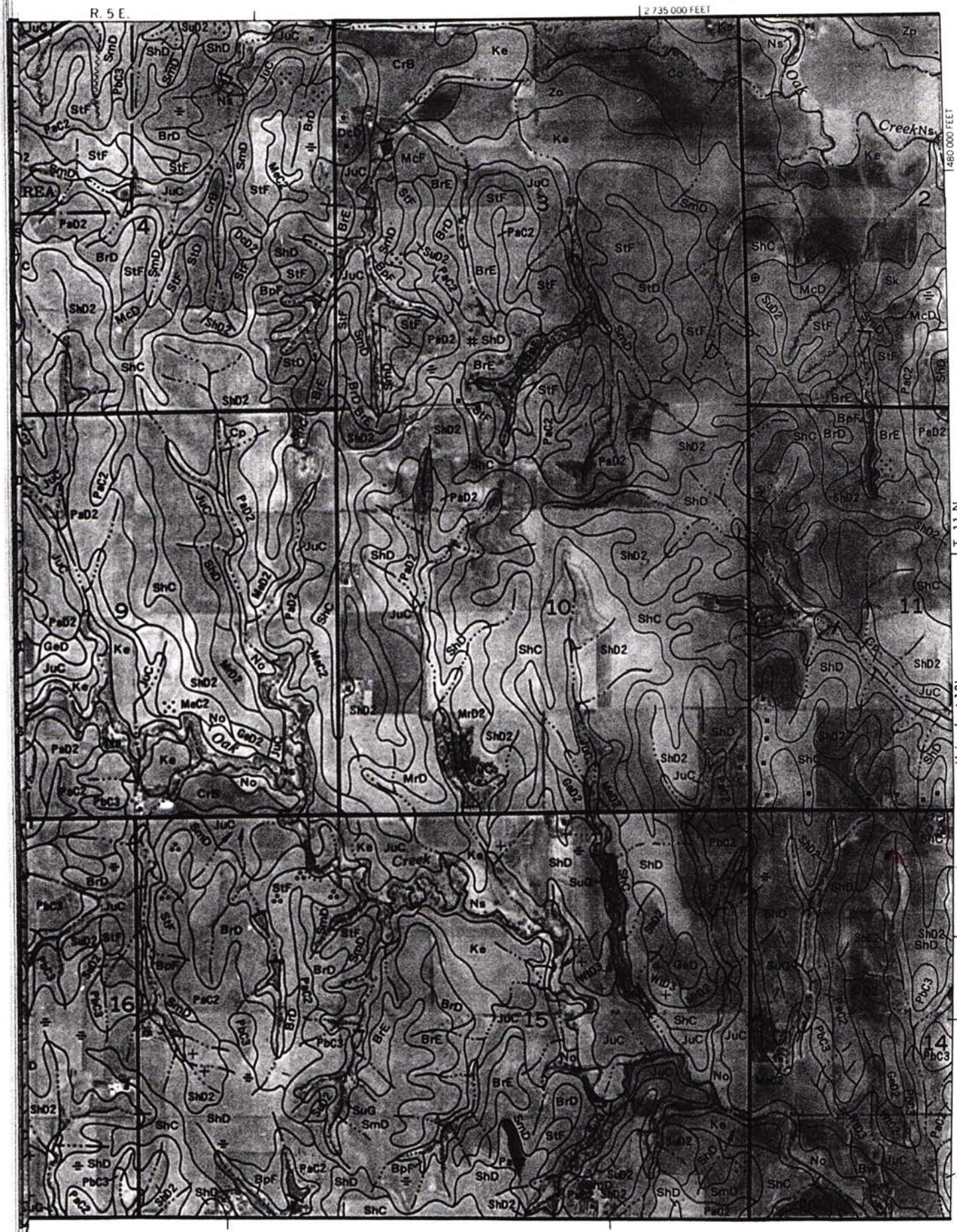
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

7801 West Waverly Road

14 - 11 - 5



NEBRASKA — SHEET NUMBER 12



Weaver Rd.

11-9-95 need drawing

New Septic

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 7801 W. Waverly Road
Twp 11N Range 5E Section 14 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___
Directions to Property Hwy 34 West to Hwy 79 North to Waverly Rd West to 7801 West Waverly Rd - on South Side of Waverly Rd.
Location of Well East of Home approx 150-200' Tap Location: Inside ☒ Outside ☐
Location of Sewage System South of House Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Pride Homes by Greg Shinault	4740 Linden Lincoln NE 68516	434-3220
Tenant/Buyer:	Tony Martinez	7801 W. Waverly Rd.	
Return to:	Pride Homes	4740 Linden Lincoln NE 68516	434-3220 / 430-6487

Signature of Applicant [signature] Address 4740 Linden Lincoln NE 68516 Date 4 3 96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 04 04 96
Initials ns
Amount 150.00
Check No. 8759

DATA ENTRY
Date / /
Case No.
Initials

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4 5 96

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date / / by
Date / / by
Date / / by

Comments: Recommend that in 3 years the septic tank should be checked to see if it needs pumping.
See Attached Letter ☐

FINAL STATUS
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐
Approved by Ron Marquart, R.S. Date 4 11 96

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