LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 764-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

August 25, 1976
THIS PERMIT EXPIRES

Chris Nissen
ISSUED TO

Route #1, Box 98, Raymond
ADDRESS

T11N; R5E; Sec. 13-NE¼; Lot 5 I.T.
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

ISSUING OFFICER

2832

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

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. 764-C

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

DATE: Feb-24-76

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. 11N ; Range 5E; Section 13-NE ¼
Block _____; Lot 5 IT ; Addition _____
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Chris Nissen
Signature of Applicant (Owner or Lessee)

Rt #1 Box 98 Raymond 68428
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. Feb-24-76. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. _____. Signature: Ronald Maynard

2. Supt. Bldg. Insp.: Date Rec'd. 2-25-76. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 2-25-76. Signature: Williamson

3. City or County Engineer : Date Rec'd. Feb-25-76. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. _____. Signature: Henry Graff

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 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 764-C

DATE: Feb-24-76

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. 14N ; Range 5E ; Section 13-NE 1/4 ; Block ; Lot 5 IT ; Addition .
   Street Address .

2. Property Use: Residential [ ]; Commercial [ ]
   No. of Bedrooms 3
   Describe:
   Other Use
   Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; 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).

Chris Nissen
Signature of Applicant (owner or lessee)

Rt #1 Box 98 Raymond 68428
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; Feb-24-76
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 3-23-76 by: JW
   Date: by:
   Date: by:

3. Date: Approved [X]; Disapproved [ ]
   by: Ronald Mayer

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 3-23-76 by: James Weverka

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. 764-C

PROPERTY WHERE SOIL TESTED:
Location: Township 11; Range 5
Section & ¼ Sect. 13
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: _____
Address _____

Dates of Tests: Feb-23-76 to Feb-24-76. Weather: Precip. none Temp. 55°

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	31 5/8	2-23	1			Feb 24-76	8:30	10 1/8	4:00	8 7/8	30	1 1/4	
2	29		1-23		5-45	"	"	7 7/8	"	7	"	3/8	
3	32		1-28			"	"	6 7/8	"	3	"	3 7/8	
4	31		1-33			"	"	6 7/8	"	6 5/8	"	1/4	
5	29 1/2		1-35		"	"	"	9 1/2	"	7 7/8	"	1 5/8	
6	31		1-38		5-45						"		

Chris Nissen & Ron Maynard
Signature of Person Conducting Test

Address _____
Phone: _____

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

3 bdrm - 1000 gal.
4' = 155'
3' = 206'

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: Feb-24-76

Ronald Maynard
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. 764-C

SPECIFICATIONS

DATE: Feb-24-76

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.

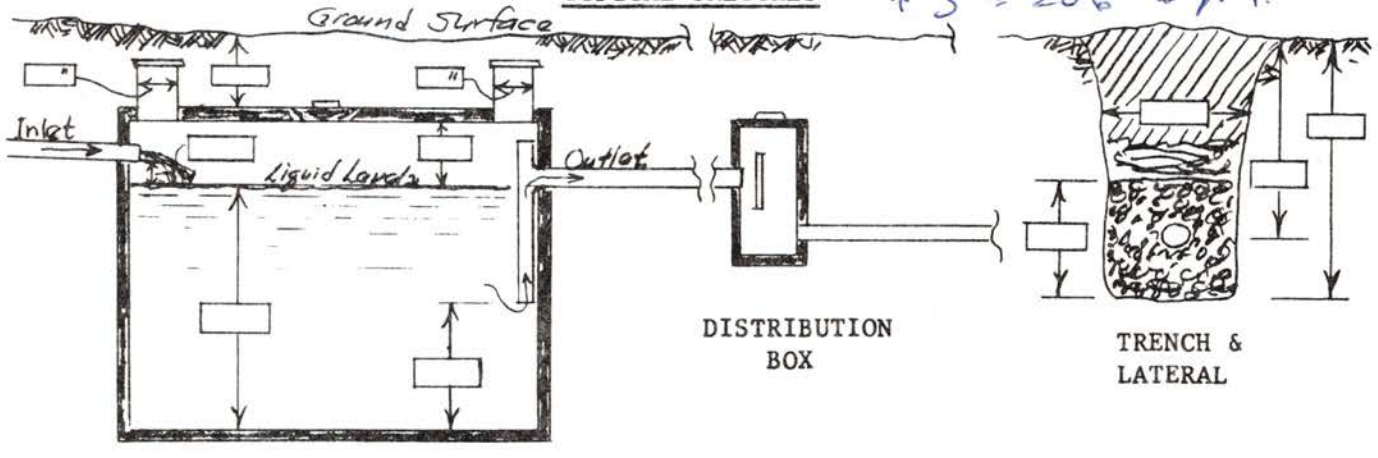
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6.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

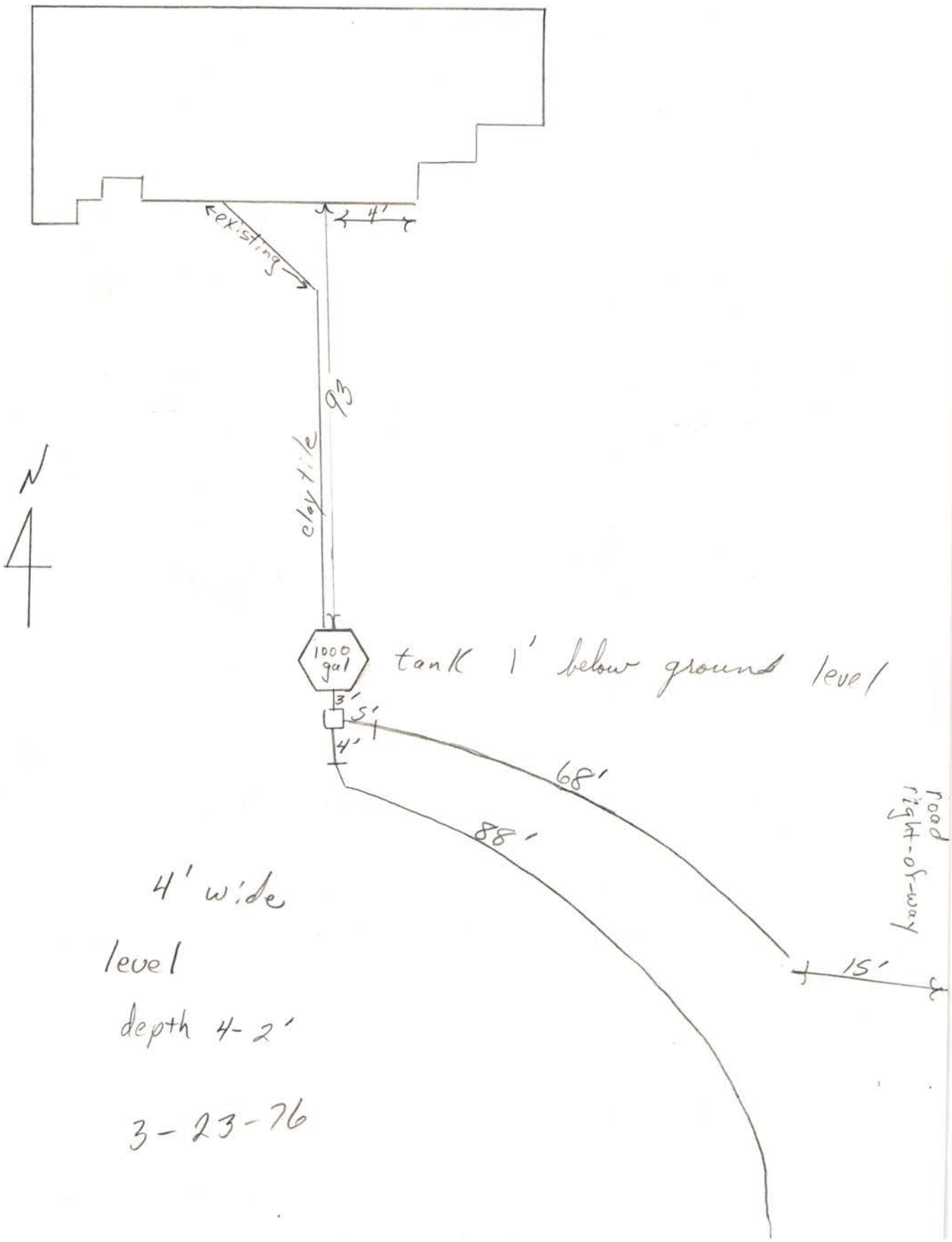
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number 2; Length of each line ___ft Total length of Laterals 155 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; *Width 48 in.
4. Filter Material: _____.
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: 19 minutes/inch

TYPICAL SKETCHES

* 3' = 206' length.



Signature of Applicant



4' wide

level

depth 4-2'

3-23-76

Lincoln-Lancaster County Health Department

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

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 11611 NW 56th ST 45 NE 13-11-5

Twp_____ Range_____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition_____

Directions to Property 2½ miles north on Hwy 79 from Hwy 34

Location of Well West of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System South of House Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Christoph Nissen Estate		
Tenant/Buyer:	Michael + Laura Hardesty	2946 N. 12 St	438-2946
Return to:	V.A. Regional Office	~~Susan Hinricks~~ 3901 Normal Blvd. Lincoln, NE 68506	

Signature of Applicant Marilyn Brunk COPR Address Rt. 1 Box 99 Raymond NE 68428 Date 10/25/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/25/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Maryvart **DATE:** 10/25/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☒ will put Corrected	Approved ☒	Date 11/21/94 by mm
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date __/__/__ by____
Nitrate	now 1.7 ☒ ~~3.90~~ ppm	☐ ____ ppm	Disapproved ☐	Date __/__/__ by____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard, R.S. Date 11/28/94

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.