LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1285-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 5, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

Randall C. Wobig for Arlan Boldebuck, 762 West Lakeshore, Lincoln, NE

ISSUED TO — ADDRESS

T11N, R5E, Section 9

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

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: $ 30.00

FILE NO. 1285-C

DATE: April 4, 1978

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: copy attached Twp. 11N ; Range 5E ; Section 9 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Randall C. Wolfe for Arlan Baldeback
Signature of Applicant (Owner or Lessee)

762 W. Lakeshore
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/4/78. Date Frwd. 4/4/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-5-78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Allen L. Reimberger

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-3-78 by: jw
Date: 1-29-81 by: [illegible]
Date: _____ by: _____

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

mail Kenp

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/25/82 By: Jerrold C. Hood

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. 1385-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section 9 .
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: 4-1-78 to 4-2-78 . Weather: Precip. 0 Temp. 60° .

OWNER: Arlan Bakebuck
Address: No. 8 Beckman Circle

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	40"	4-1	11 AM.	4-2	11 AM	4-2	3:30	23	4:00	24½	30	1½	
2	"	"	"	"	"	"	"	22	"	23½	"	1½	
3	"	"	"	"	"	"	"	21	"	22½	"	1½	
4	"	"	"	"	"	"	"	26	"	27¼	"	1¼	
5	"	"	"	"	"	"	"	22	"	23¼	"	1¼	
6	"	"	"	"	"	"	"	27	"	28½	"	1½	

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

Randall C. Wolvig
Signature of Person Conducting Test

Address 762 W. Lakeshore Phone 475-9871

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: April 4, 1978

Approved Percolation Rate (a)
A. _____ 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 ☐

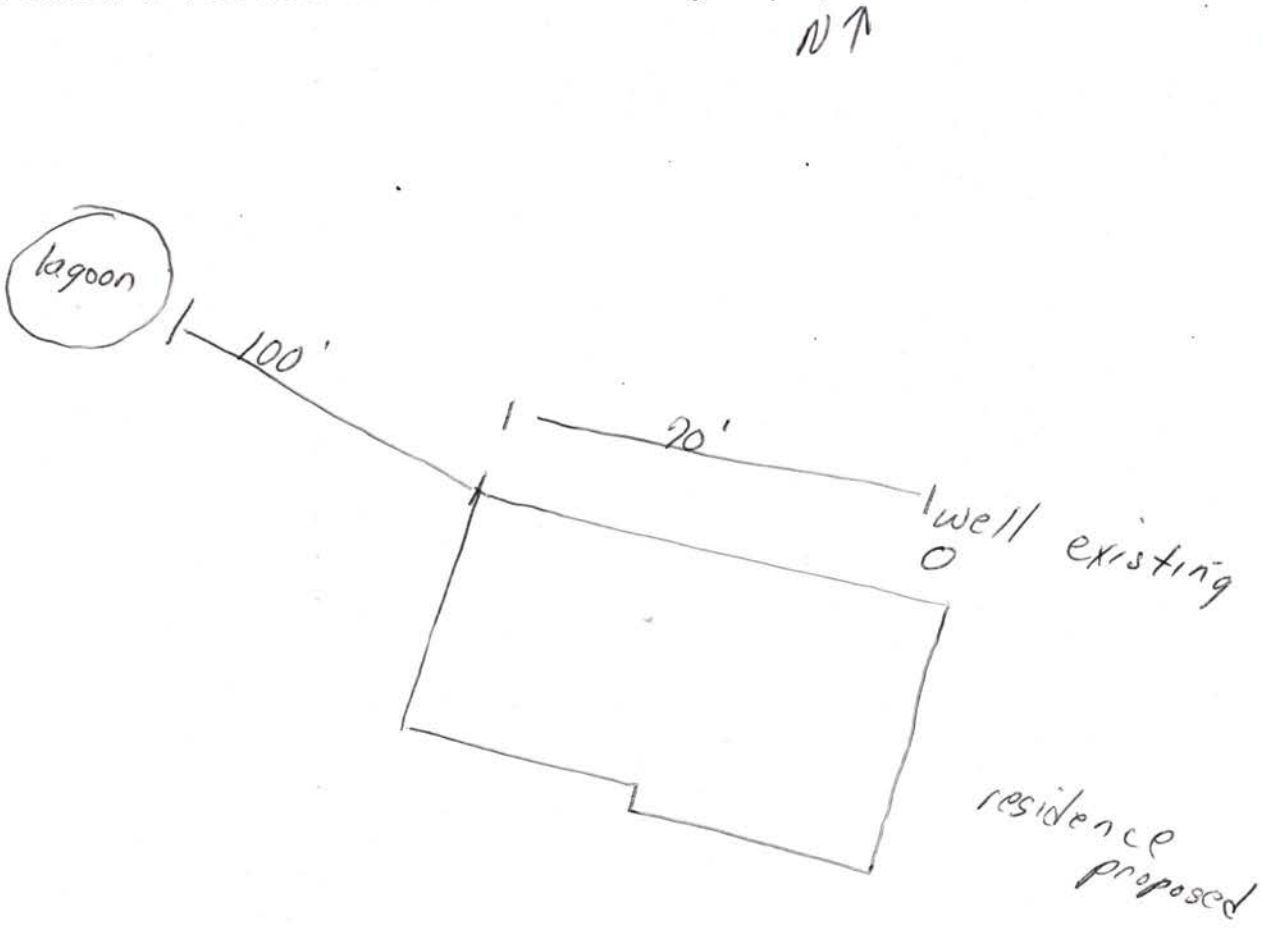
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1285-C

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



REVIEWING ACTION

Remarks: Lagoon will need to be sealed

Date: April 4, 1978

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.

Jerrold C. Hood
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._____

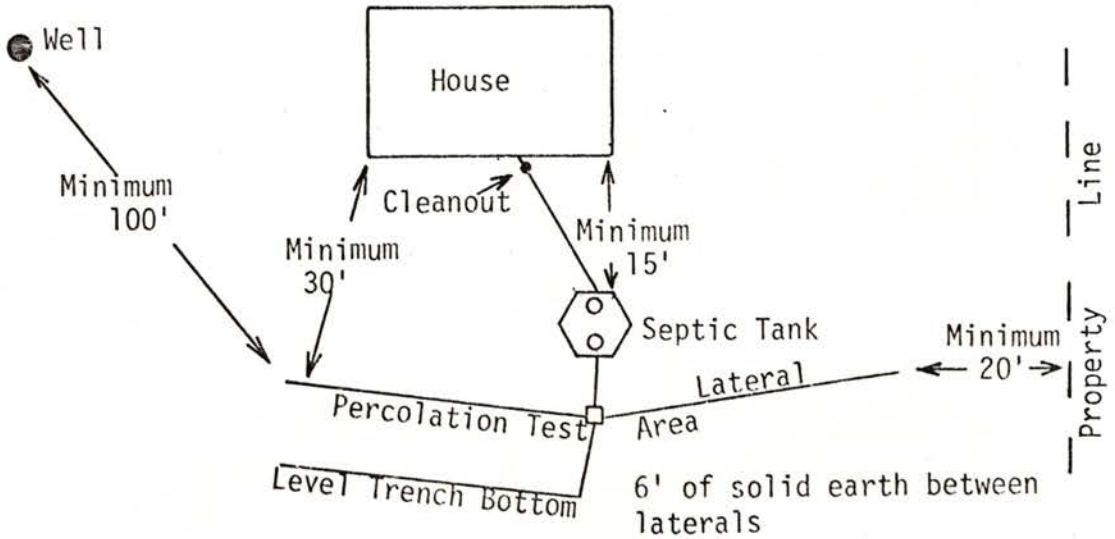
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; 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.

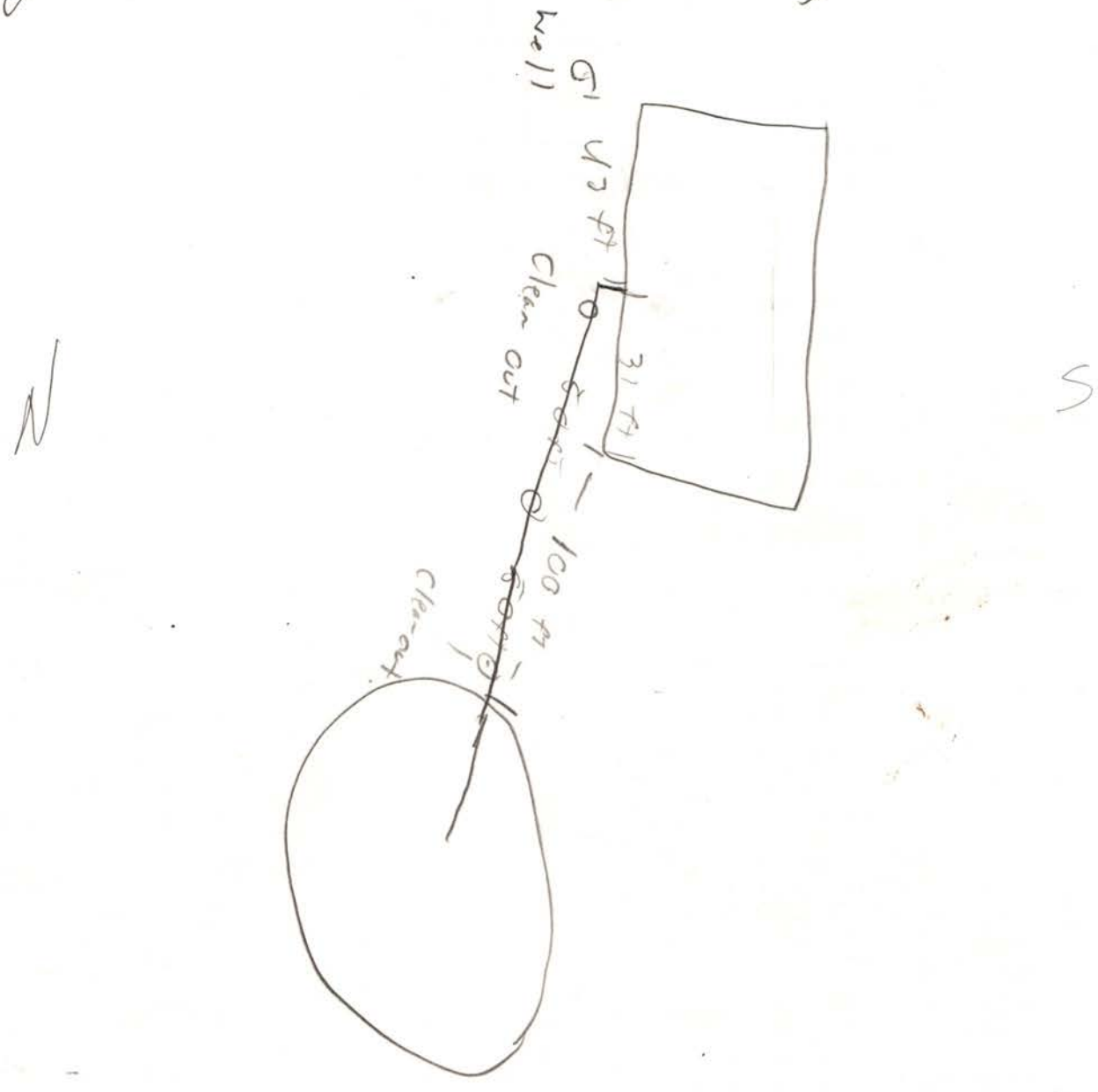
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
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

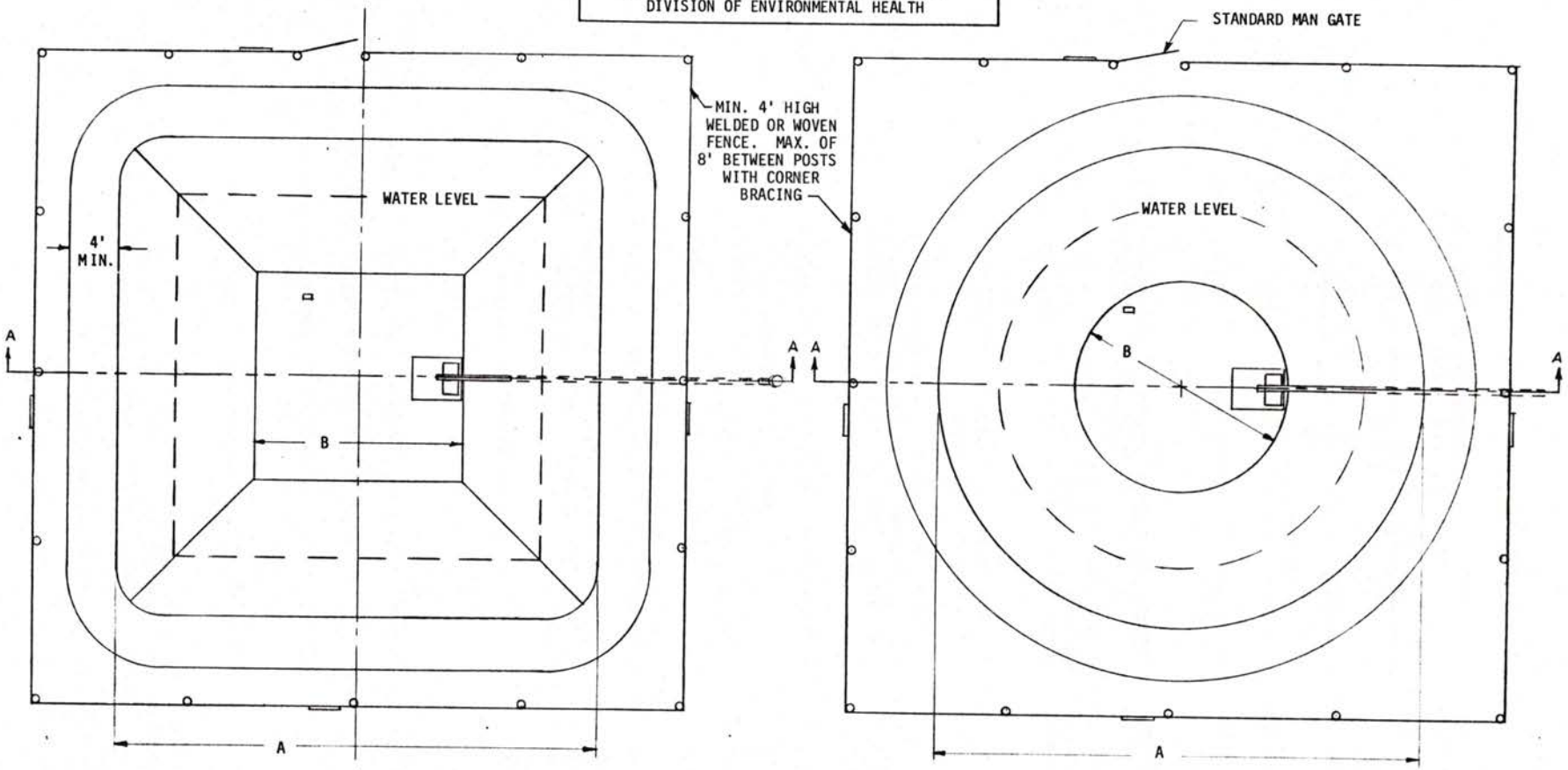
AS BUILT DRAWING OF SYSTEM

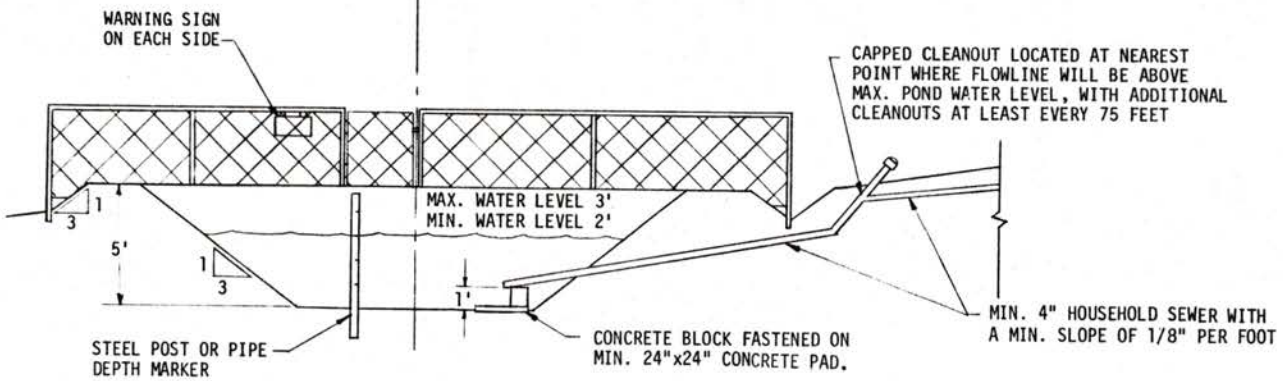
DATE aug 3 1974 INSTALLER Duling Const Co



WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

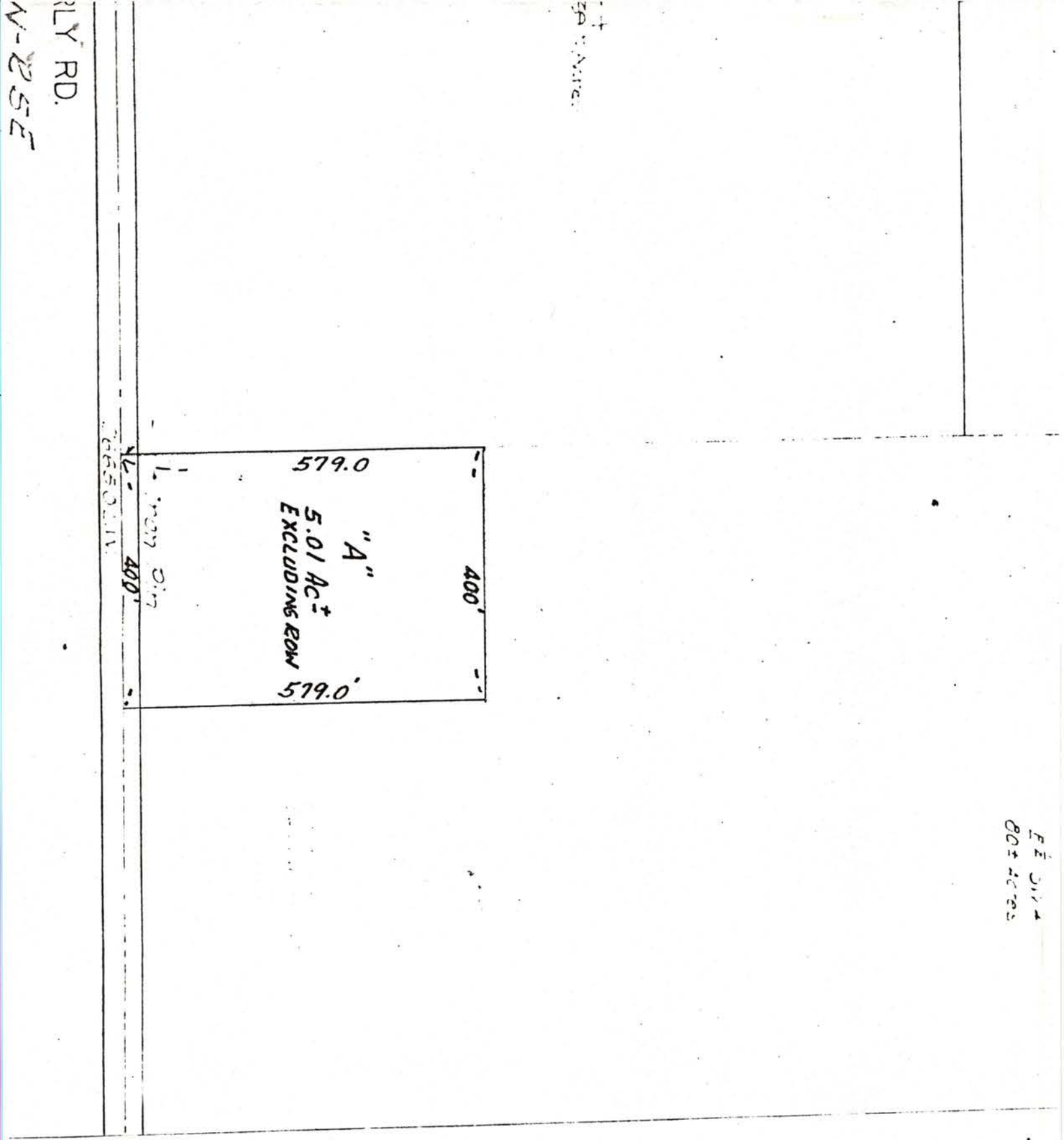
Randall C. Wolfe
APPLICANT'S SIGNATURE

FORM 20111-0278









DESCRIPTION

"A" PART OF THE E² SW⁴ SECTION 9 - T11N-R5E 6TH P.M. LANCASTER CO. NEBR. FURTHER DESCRIBED AS:

THE SOUTH 579.0 FT. OF THE WEST 400 FEET SAID E² SW⁴ SECT 9. CONTAINING 5.01 ACRES EXCLUDING ROADWAY ROW.

DESCRIPTION BY: KB Smith
3-30-78

NEBRASKA REGISTERED LS-[illegible] LAND SURV[illegible] K. B. SMI[illegible]

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 10800 W. WAVERLY RD.

Twp 11 Range 5 Section 9 1/4 SW 1/4 Block ___ Lot 9 Addition ___

Directions to Property NORTH OF MALCOLM ON PAVEMENT TO WEST WAVERLY ROAD - ½ MILE EAST - NORTH SIDE

Location of Well NE OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW OF HOUSE Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	ARLEN BOLDEBUCK		
Tenant/Buyer:	ALVIN + KAREN KAMPHAUS	8 BECKMAN CR. MALCOLM, NE 68402	796-2120 890-0101
Return to:	(SAME AS ABOVE)		

Signature of Applicant Alvin Kamphaus Address 8 BECKMAN CR MALCOLM, NE 68402 Date 8 / 18 / 98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 08 / 19 / 98
Initials lo
Amount 150.00
Check No. 6118

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By JBaer **DATE:** 8 / 23 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits

Date 9 / 14 / 98 by JB
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: The trees located on the east And south sides of the lagoon are less than the required 100 foot minimum distance from the lagoon. If the Sewage System fails and repairs needed, the trees must be removed to a distance of 100 ft from the lagoon. Depth marker needed. See Attached Letter ☒

FINAL STATUS

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

Approved by James E Rea Date 9 / 14 / 98

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