LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380115001

Issued 04/06/94
Expires 09/06/94
Revenue Code 18754

Establishment
BETH FLACK
T11N R5E SEC 8
11900 W WAVERLY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
BETH FLACK
6201 S 42 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"

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: 471-7800

RECEIVED APR 05 1994

A

FILING FEE: $150.00

FILE NO. _____

DATE: 3/9/95

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. 11N ; Range 5E ; Section 8 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 11900 W. WAVERLY RD MALCOM NE 68402

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 (4) . Describe _____

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

4. Distance to public sewer: _____ ft.

Barb A Fr Tack
Signature of Applicant (Owner or Lessee)

6201 S. 42ST LINCOLN NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/94 . Date Frwd. 4/6/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-6-94 . Date Frwd. 4-6-94 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blaugh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-12-94 by: rm, lagoon too large, need to be sealed, sewer line already capped
Date: 11-14-94 by: rm, lagoon made smaller + Bentonite added, need fence. Need drawings.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-16-94 By: Ron Marquardt

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

FORM 23-43

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section S½ SE¼ 8
Property Dimensions: 675 ft. x 1292.02 ft. Area: 20.010 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/27/94 to 3/28/94 . Weather: Precip. TRACE Temp. 38-42.

OWNER: DAVID AND BETH FLACK

Address: 11900 W. WAVERLY RD MALCOLM NE

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	34	3/27	1:30	3/27	6:30	3/28	4:00	18.0	8:00	18.625	240	0.625	384.00
2	34	3/27	1:30	3/27	6:30	3/28	4:00	20.5	8:00	22.75	240	2.25	106.67
3	34	3/27	1:30	3/27	6:30	3/28	4:00	22.0	8:00	23.5	240	1.5	160.00
4	32	3/27	1:31	3/27	6:30	3/28	4:00	17.25	8:00	17.5	240	0.25	960.00
5	32	3/27	1:31	3/27	6:30	3/28	4:00	21.0	8:00	22.0	240	1.0	240.00
6	33	3/27	1:31	3/27	6:30	3/28	4:00	22.5	8:00	24.75	240	2.25	106.67

Sum of Percolation Rates: 1957.34
Average of Rates: 326.22
Mean of Rates: _____

Signature of Person Conducting Test

Address 704 MAIN NORTH BEND, NE Phone (402) 652-3609

(Do not write below this line)

REVIEWING ACTION

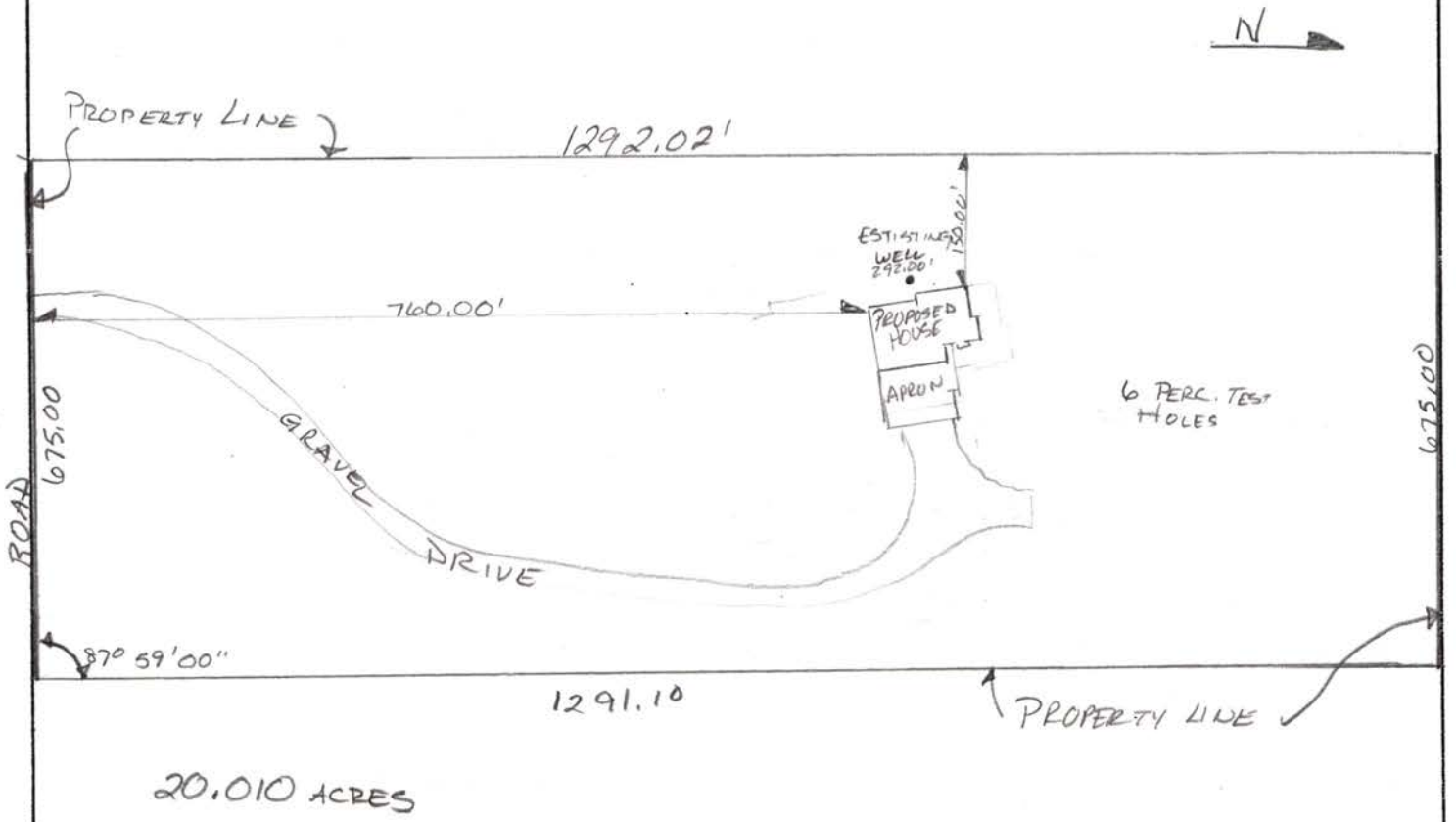
Remarks: Too steep for conventional septic
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: APRIL 4, 1994

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

Gerrold 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: 471-7800 **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.



20.010 ACRES

REVIEWING ACTION

Remarks: _____

_____

Date: _____

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.

_____

Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

RECEIVED FEB 1 0 1994
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

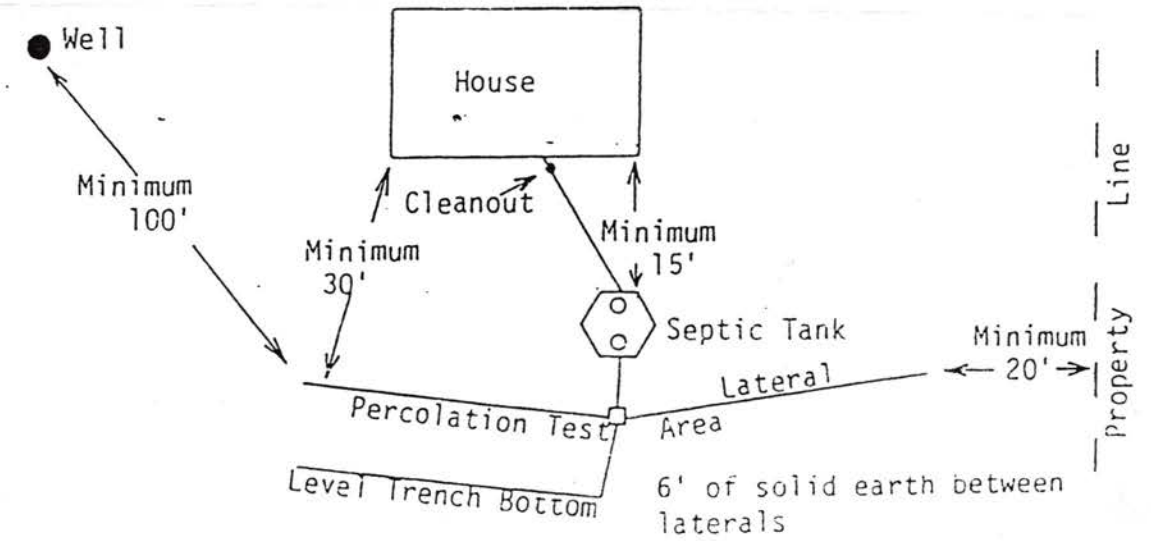
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 4 in.
3. Distance between dwelling and septic tank 200 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 150 ft.

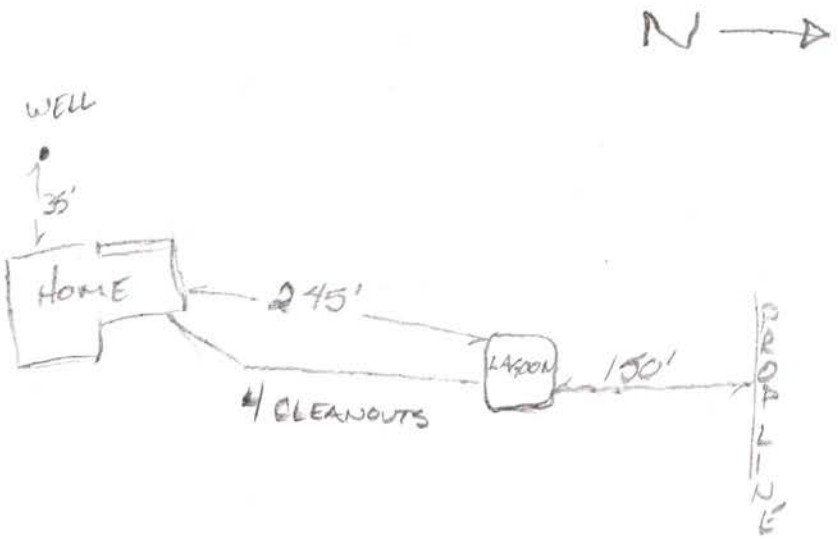
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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


N
WELL
35'
HOME
245'
LAGOON
150'
4 CLEANOUTS
DRAIN LINE

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 11900 W WAVERLY RD

Twp 11 N Range 5E Section 8 1/4 S½ 1/4 SE Block ___ Lot ___ Addition ___

Directions to Property HWY 34 WEST TO SSM SPUR (TO MALCOLM) NORTH 1.5 MI OF MALCOLM WEST ¼ MI ON WEST WAVERLY RD ON NORTH SIDE OF ROAD

Location of Well 90' WEST OF HOME Tap Location: Inside ☐ Outside ☐

Location of Sewage System 240' NE OF HOME Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	DAVID W & BETH A FLACK	11900 W WAVERLY RD MALCOLM, NE 68402	(402) 796-9566
Tenant/Buyer:			
Return to:	DAVID FLACK	11900 W WAVERLY RD MALCOLM NE 68402	(402) 796-9566

Signature of Applicant Beth A Flack Address 11900 W WAVERLY RD MALCOLM NE Date 10/12/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/12/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Maryuart **DATE:** 10/12/94

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

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☒	Date 10/12/94 by RM
Provisional	☐	Date 12/16/94 by RM
Disapproved	☒ Corrected	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maryuart, R.S. Date 12/29/94

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.