LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2021-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JANUARY 27, 1984
THIS PERMIT EXPIRES

NORMAN D. JUDDS
ISSUED TO

4910 Rent Worth Lincoln, NE 68516
ADDRESS

T11N; R5E; Sec. 5; Lot 11 IT; SE¼ of Sec. 5; 5 E of 6th P.M.
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
SS	8-1-83	60.00

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: 471-7800

A

FILING FEE: $ ~~8~~ 60.00

FILE NO. 2021-C

DATE: 7/26/83

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 5 ;
   Block _____ : Lot 11 I.T. : Addition _____
   Street Address So. East 1/4 of Section 5. East of 6th P.M.

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: 5 MILES ft.

No City or Village Bd. involved

Norman D. Teudeh
Signature of Applicant (Owner or Lessee)

4910 Kentworth Lincoln NB
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/27/83. Date Frwd. 7/27/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-27-83. Date Frwd. 8-1-83. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowers

3. City or County Engineer: Date Rec'd. 7/27/83. Date Frwd. 7/27/83. ACTION: Approved ☐ Disapproved ☑ Signature: Larry Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/26/83 by: JMN
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

* SEEMS TO BE CORRECTED

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. 2021-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 5E ; Section & ¼ Section 5 .
Property Dimensions: _____ ft. x _____ ft. Area: 3/ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: July 19 to July 20 . Weather: Precip. 0 Temp. 90 .

OWNER: Row Strough

Address: _____

N D Judds Norm 423-3030

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		Start		End		Start			End			Results	
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	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4 1/2"	30	1 1/2"	
2	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4 1/2"	30	1 1/2"	
3	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4"	30	2"	
4	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4 1/2"	30	1 1/2"	
5	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4"	30	2"	
6	48"	7/19/83	2:30 PM	7/20/83	8:00 PM	7/20/83	8:10 PM	6"	8:40 7/20	4"	30	2"	

Norman D. Judds
Signature of Person Conducting Test

Address 4910 Reatacorta Phone 423-3030
Lincoln NB

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM

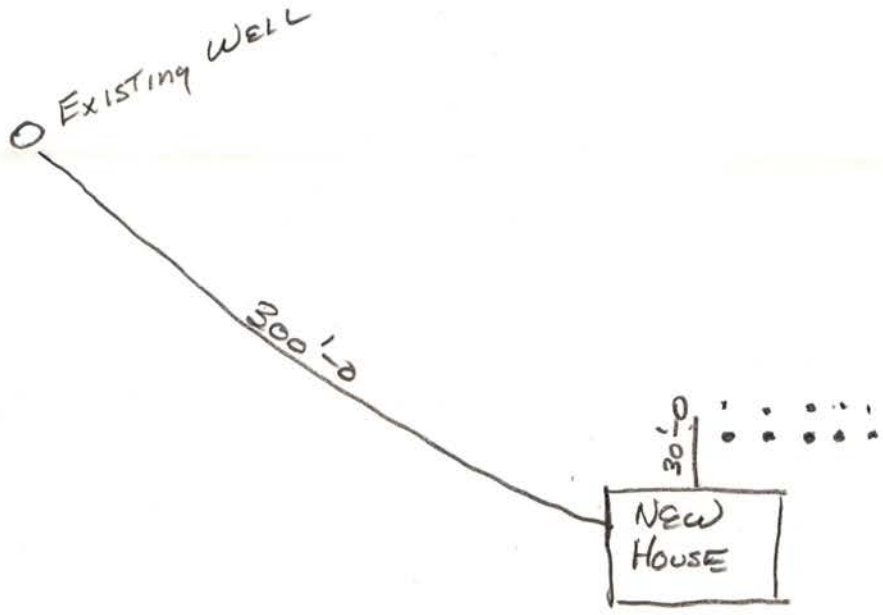
Date: JULY 27, 1983

Approved Percolation Rate (a)
A. 17 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: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 2021-C

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



31 ACRES TOTAL

REVIEWING ACTION

Remarks: _____

Date: JULY 27, 1983

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 595 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

REC'D SEP 1 1983

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: Aug 31 1981

FILE NO. _____

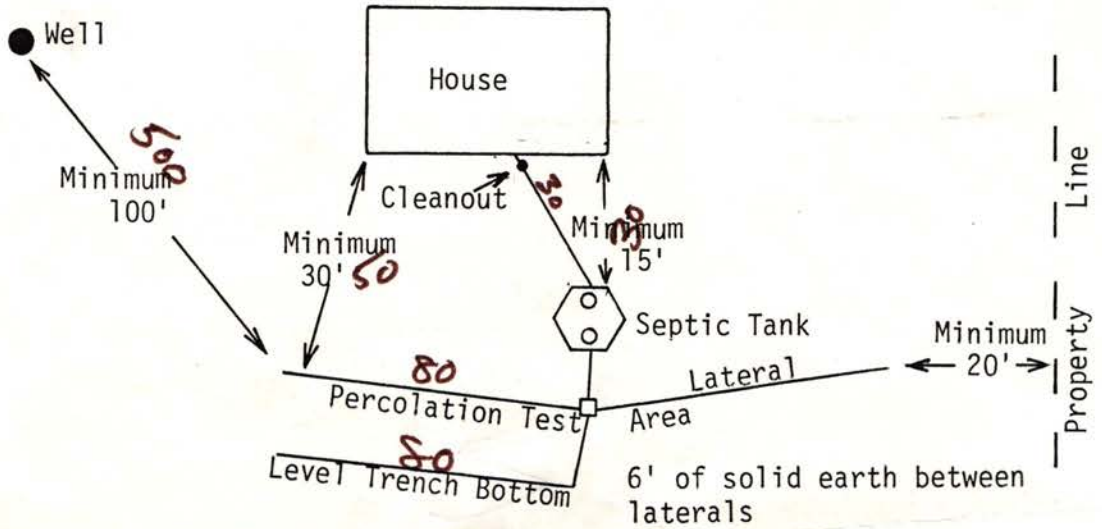
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C.I ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 600 ft.; Stream 940 ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc. ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Prescast Step)
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 500 ft.; Stream 940 ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Conc. ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 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 2 ; Length of each line 80', 80', _____, _____, _____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4-0 ft.;
Slope 0 in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 500 ft.; Stream 940 ft.; Pressure Line _____ ft.; Property Line _____ ft.

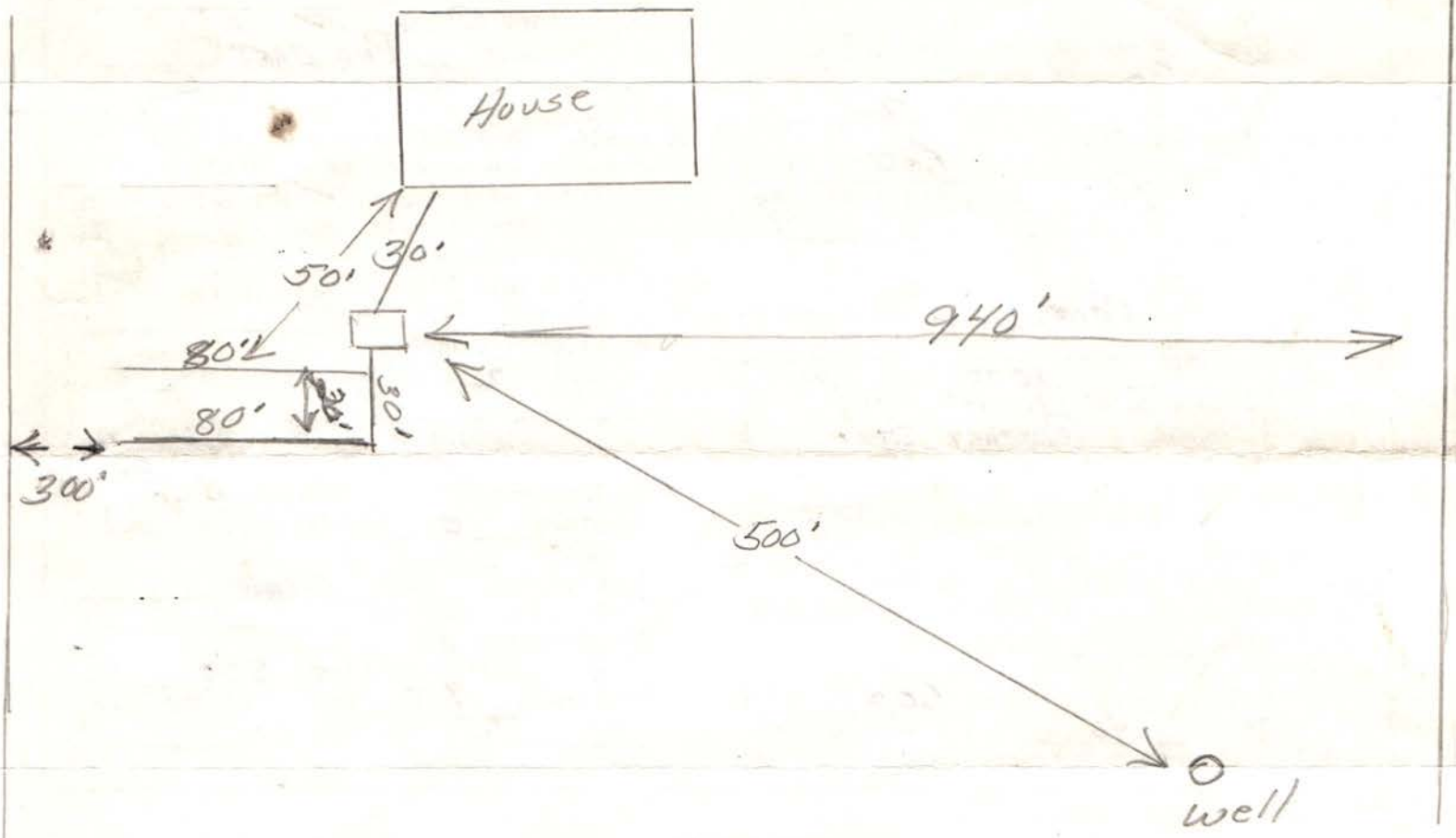


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

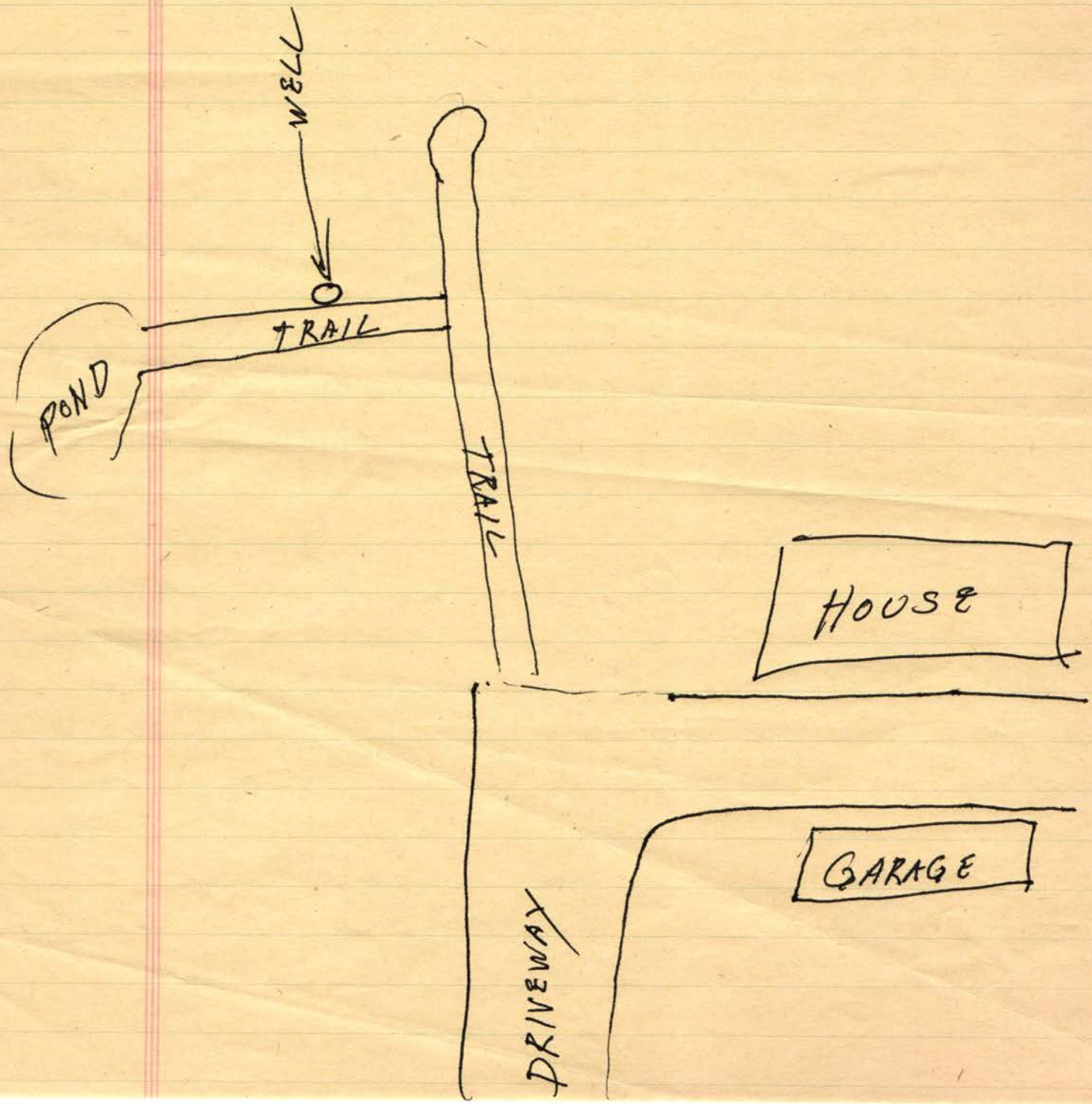
DATE Aug 24, 1983 INSTALLER H.D. Judds

Malcom





11500 West Mill Road



Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN

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 11500 W. Mill Road
Twp 11 Range 5 Section 5 1/4 SE 1/4 Block ___ Lot 11 Addition ___
Directions to Property NW 112th To W. Mill Rd. west to Driveway North ½ mile To gate - open & Follow To House.
Location of Well East of Garage (south of house) Tap Location: Inside ☒ Outside ☒
Location of Sewage System North & East of house? Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	Chris & Jody Larson	Ron Strough	
Tenant/Buyer:	Lyn & Natalie Leach		486-4732
Return to:	D. Respess	NEBRASKA TITLE 5635 "O" Street #101 Lincoln NE 68510	486-4900

Listing Agent: Ph 483-2951 Paul Cordell cell 437-8321 432-0718

Signature of Applicant Dick Roberts Address 3910 South St. Date 12/7/95
Ph 436-4663 Lincoln NE

HEALTH DEPARTMENT USE ONLY

Date Received 12/11/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Margaret **DATE:** 12/12/95

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

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date 12/20/95 by sm
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: No record of a permit or inspection of this septic system could be found. Thus, a provisional approval. There was no visible malfunction at the time of inspection. 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 Margaret, RS Date 12/27/95

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.