

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave

Lincoln, NE 68502-3785

(402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE SYSTEM REPAIR

No. 93390035101

Issued 10/27/93

Expires 04/27/94

Revenue Code 18754

Establishment

LARRY RUTH

T10N R8E SEC 31

11500 VAN DORN STREET

FEES: \$50.00

Permittee

LARRY RUTH

BOX 00128

WALTON NE 68461

TOTAL \$50.00

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 HD-41(73) APPLICATION FOR PERMIT
TO ALTER, EXTEND OR
REPAIR INDIVIDUAL SEWAGE
DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: 10-93

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐
an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance
or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. _____; Range _____; Section _____;
Block _____; Lot _____; Addition _____
Street Address 11500 Van Dera
2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____
3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☐
4. Description of proposed alteration, extension or repair: _____

5. Work to be done by: Owner ☐; or Contractor ☐, _____
Contractor's Name
6. Estimated cost of project:

a. Materials	\$	_____
b. Labor	\$	_____
c. Other	\$	_____
TOTAL	\$	_____

Larry Ruth by Bred Sathert
Signature of Applicant (owner or lessee)

RFD Walton
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: \$ _____

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

FORM HD-41(73) APPLICATION FOR PERMIT
TO ALTER, EXTEND OR
REPAIR INDIVIDUAL SEWAGE
DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐
an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance
or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 8E; Section 31;
Block _____; Lot _____; Addition _____
Street Address 11500 VAN DORN, WALTON, NE.

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

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

4. Description of proposed alteration, extension or repair: adding 100 ft. of
perforated lateral.

5. Work to be done by: Owner ☐; or Contractor ☒, SOUTHWICK SEWER & DRAIN
Contractor's Name

6. Estimated cost of project:

a. Materials	\$	_____
b. Labor	\$	_____
c. Other	\$	_____
TOTAL	\$	<u>4100.00</u>

Carry L. Ruth
Signature of Applicant (owner or lessee)

Box 128, WALTON, NE.
Address

68461

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: \$ 50.00

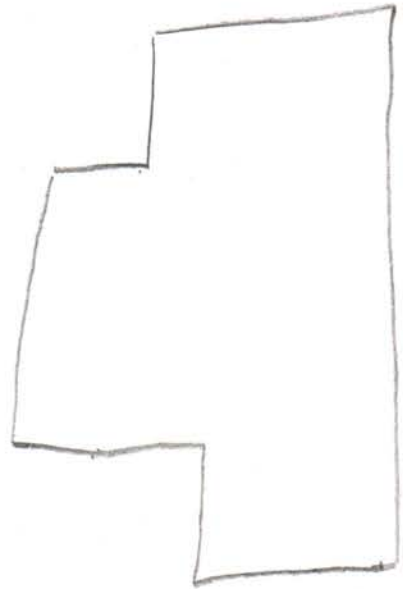
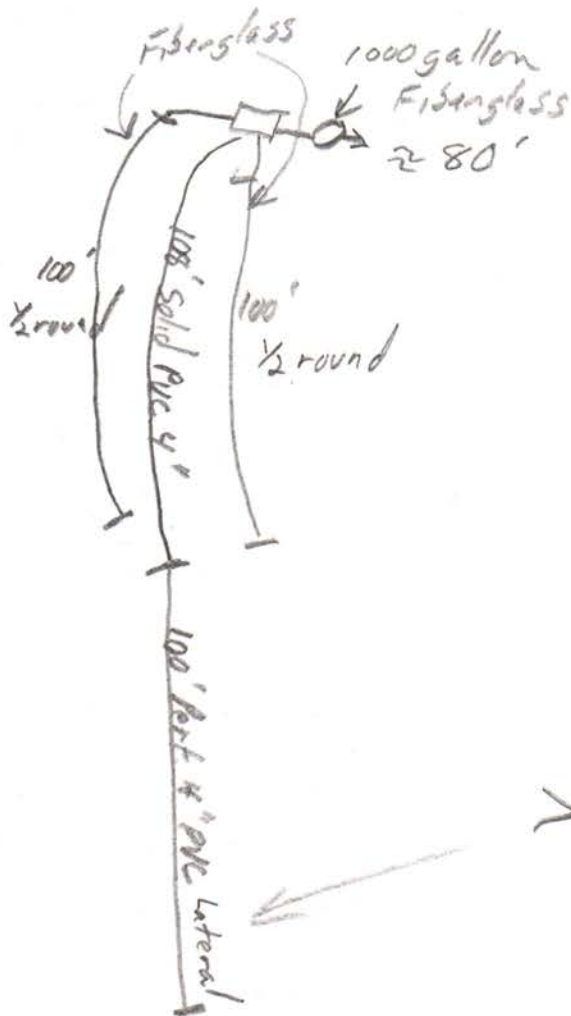
2. Site Visits:
Date: 10/25/93 by: J.C.H.
Date: 10/26/93 by: J.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Terrell E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/12/93 by: J.C.Hood



Property Line > 150'



Well

> 100'

Waterway

FILE NO. 712

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

April 21, 1976

TYPE OF LICENSE OR PERMIT

THIS LICENSE OR PERMIT EXPIRES

C. E. Siemens

6919 Sumner Lincoln

LICENSEE OR PERMITTEE

ADDRESS

T10N; R8E; Sec. 31;

NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
\$	\$	\$	\$	\$
30.00				30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15 624-1956	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT	APPLICATION	
38160	4/21/76	30.00		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 712

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

DATE: 10/17/75

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. 10N ; Range 8E ; Section 31
Block ; Lot ; 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.

C. E. Siemens
Signature of Applicant (Owner or Lessee)

6919 Sumner
Address

(Do not write below this double line)

REVIEWING ACTION

- | | | |
|---|------------------------------|---|
| 1. Health Department: | Date Rec'd. <u>Oct-20-75</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. _____ | Signature: <u>Ronell Mangum</u> |
| 2. Supt. Bldg. Insp.: | Date Rec'd. <u>10-21-75</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. _____ | Signature: <u>Paul R. Jensen</u> |
| 3. City or County Engineer : | Date Rec'd. <u>10-21-75</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>10-21-75</u> | Signature: <u>Al Long</u> |

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 ☐

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

FILE NO. 712

DATE: 10/17/75

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. 10N; Range 8E; Section 31
; Block _____; Lot _____; 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. 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).

C. E. Siemens

Signature of Applicant (owner or lessee)

6919 Sumner

Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: Oct-17-75
Filing Fee: \$ 30.00
2. Site Visits:
Date: Nov-5-75 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ronald Magnum
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Nov-5-75 by: Ron Magnum

(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.

Owner:

Address

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 ☐

Dates of Tests: OCT 1 to OCT 2. Weather: Precip. _____ Temp. _____

[illegible]

Sum of Percolation Rates

Average of Rates:

Mean of Rates:

Signature of Person Conducting Test

Address

Phone:

(Do not write below this line)

REVIEWING ACTION

REMARKS:

DATE: Oct-20-75

Approved Percolation Rate(s)

A. 29 min./inch

B. _____ min./inch

C. _____ min./inch

Ronald Maynard
Signature of Reviewing Official

(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. 712

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in.;
or below basement floor _____ in.
3. Distance between dwelling and septic tank 50' ft.
4. Number of clean-outs none.
5. Distances To:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.;
Property Line _____ ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material glas; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth _____ in.
3. Factory Built: Yes ☒ (Company castings)
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 12 in.
8. Distances To:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.;
Property Line _____ ft.

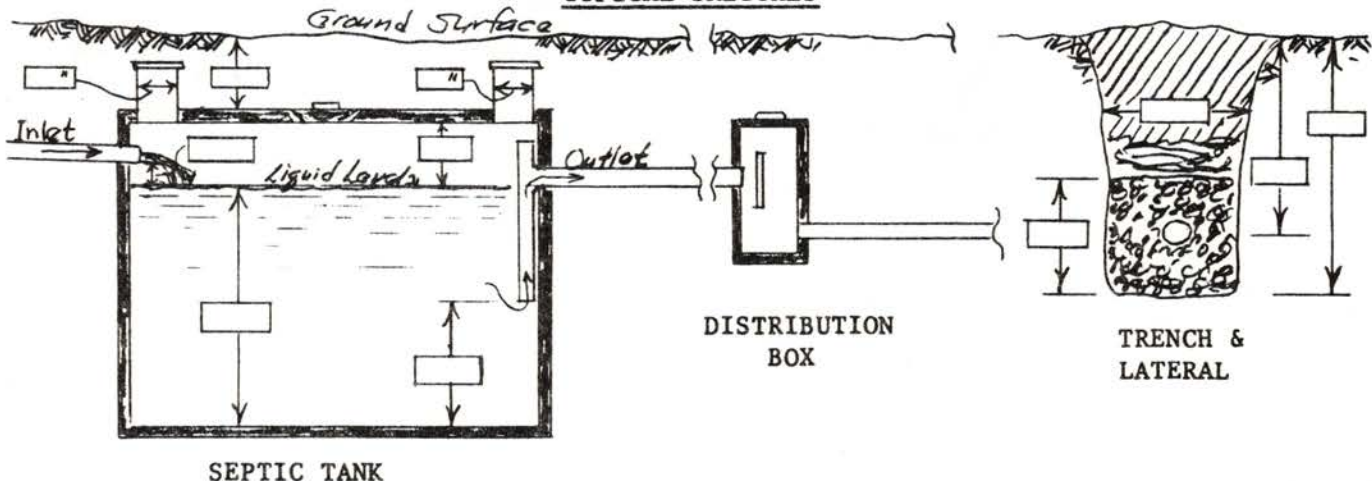
C. DISTRIBUTION BOX

1. Material concrete; No. available outlets _____.
2. Factory Built: Yes ☒ (Company precast)
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.)

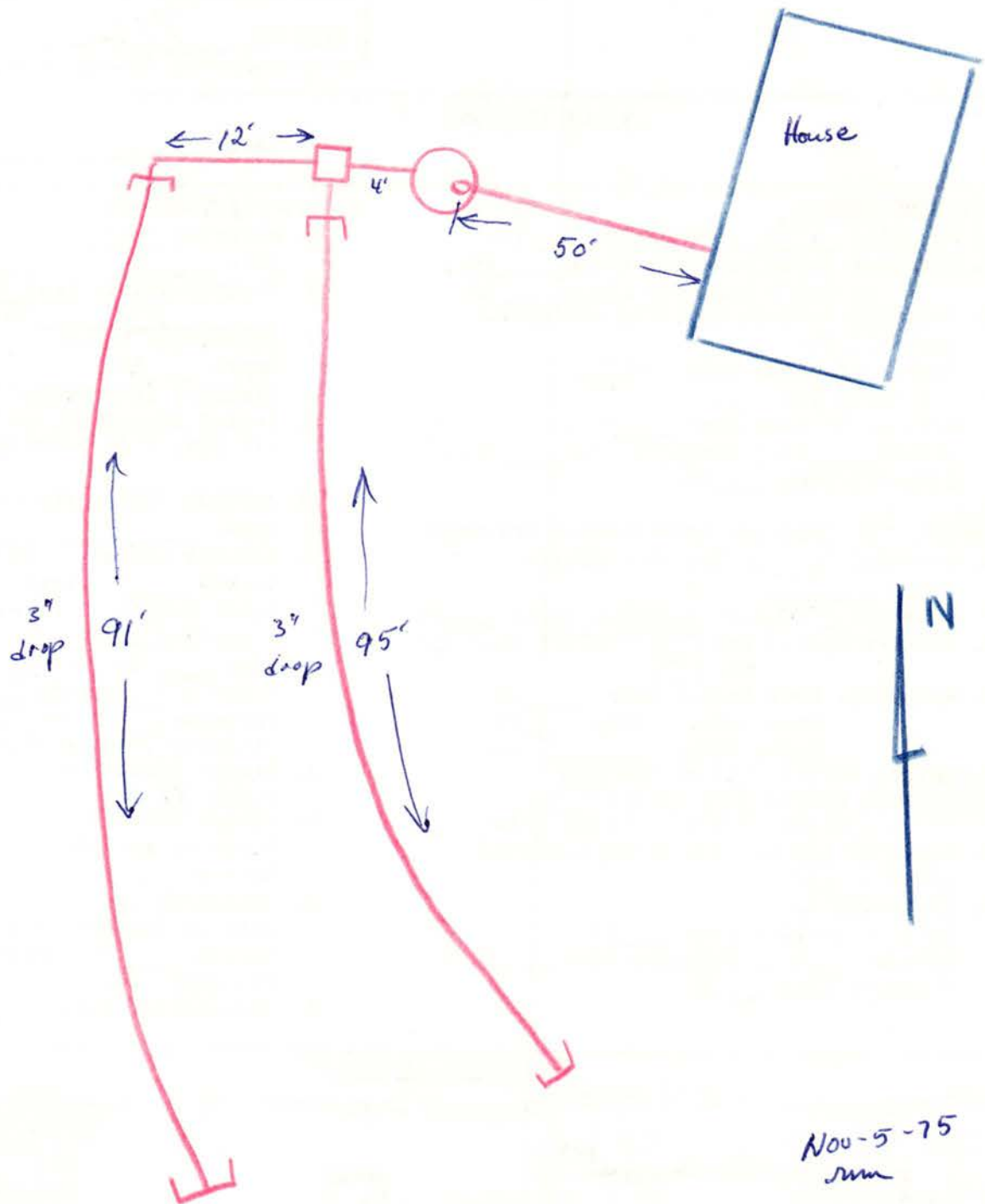
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: _____
2. Lateral Lines: Depth below grade _____ in.
Number _____; Length of each line _____ ft.
Total length of Laterals 184 ft.;
Slope level 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: _____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant _____



TRACT NO. 2

Commencing at a point 33.0 feet north of the southwest corner of Section 31, T. 10 N., R. 8 E. of the 6th P.M., Lancaster County, Nebraska and extending east 898.9 feet parallel to the south line of said Section 31 to the point of beginning;

thence north 660.1 feet parallel to the west line of said Section 31;

thence east 330.1 feet parallel to the south line of said Section 31;

thence south 660.1 feet parallel to the west line of said Section 31;

thence west 330.1 feet parallel to the south line of said Section 31 to the point of beginning.

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 11500 VAN DORN, WALTON, NE, 68461

Twp 10N Range 8E Section 31 1/4 1/4 Block Lot Addition

Directions to Property 11500 VAN DORN; ADDRESS ON MAILBOX

Location of Well CENTER OF FRONT YARD

Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK YARD

Year Installed 1975?

Present Owner: NAME LARRY L. RUTH

Box 128 ADDRESS

11500 VAN DORN
WALTON, NE, 68461

PHONE

408-6681-HOM.
434-3399-BUS.

Tenant/Buyer:

Return to: LARRY RUTH

SAME

Signature of Applicant Larry L. Ruth

Box 128
Address 11500 VAN DORN
WALTON, NE, 68461

Date 9/23/93

HEALTH DEPARTMENT USE ONLY

Date Received 09/24/93

Received \$150.00

Check ☒

Cash ☐

#464995

PRELIMINARY STATUS--By Terrell C. Hood DATE: 9/28/93

WATER SYSTEM: Approved ☐ Disapproved ☒

Construction ☐

Bacteria ☒ 0 /ml ☐ /ml

Nitrate ☒ 0.4 ppm ☐ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 10/25/93 by LCH

Date 10/26/93 by LCH

Date by

Comments: CORRECTIVE WORK DONE AROUND LATERAL FIELD AND WELL.
WELL STILL HAS SLIGHT DEPRESSION AROUND IT. Well completed 10/25/93 LCH
10/26/93 More corrective work done on lateral field. See Attached Letter

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM

Approved: ☒

Provisional Approval: ☐

Approved by Terrell C. Hood R.E.H.S. Date 11/12/93

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.

