Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS001453

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 5101 W A St. (no rural route) City Lincoln SB, NE Zip 68522

Legal Description 31 10 6 (1/4, 1/4, Section, Township, Range) Subdivison Addition Block Lot

PID 1031100001000 SB

B. Owner

Name Marvin Vevgaew Signature

Address 5101 W A St City/State/Zip Lincoln NE 68522

Home Phone 402 403 2508 Work Phone same

C. Certified Installer

Name: Kevin C Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer ☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No Design flow in gallons per day 500

☐ Commercial Establishment/Other Facility Specify

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-11-17 Amount Paid 8509
Received By SB Cash/Check No. 345.00

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: HS001453

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5101 w A st (no rural route) City lincoln NE, Zip 68522

Owner Gene Vavsaw Address 5101 w A st

Date of Tests 5-4-17 to 5-5-17 Weather: Precipitation 0 Temperature 75°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5-4	10 Am	5-5	7:00	5-5	2:00	6	5-5	2:30	30	½	60
2	↓		↓	↓	↓	↓	↓	6	↓	↓	↓	½	48
3								6				½	48
4								6				1	30
5								6				½	48
6								6				1	30
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln Ne 68523

Sum of Percolation Rates: 264
Average of Rates: 44
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other)

Groundwater Depth Over 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

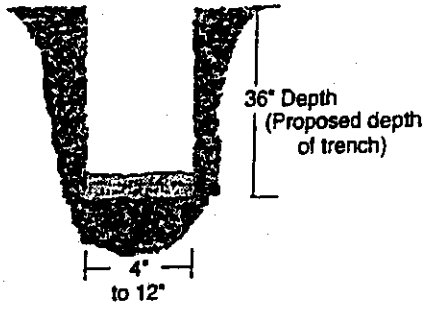
Signature of Reviewing Official Date

READ THOROUGHLY

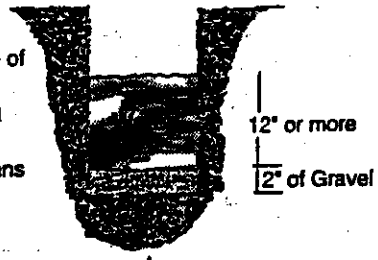
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

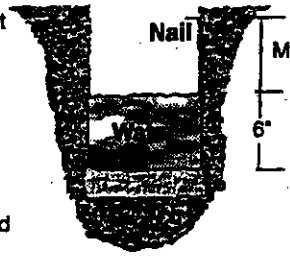


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



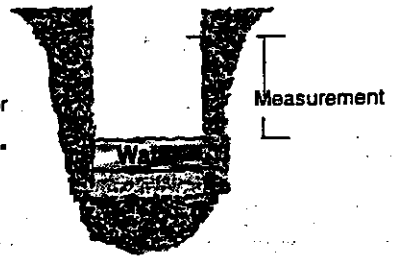
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

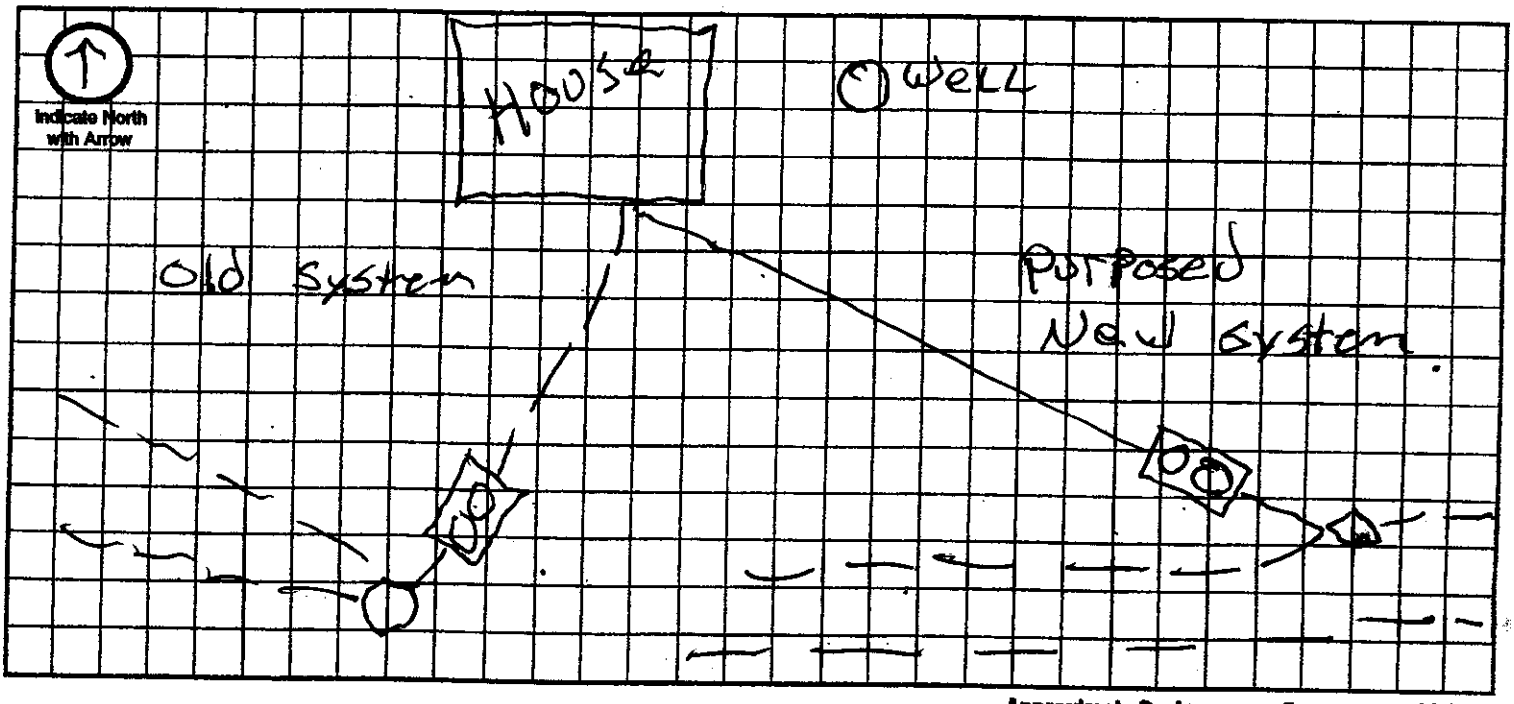
LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

C

Permit Number: HS001453

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5701 W A St City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4 Plus

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 988' ft. Number of Trenches _____ Trench Width 3.625

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001453

System Type: Standard

Situs: 5101 W A ST, RURAL, NE

Issued: 5/15/2017

Expires: 5/15/2018

Description: S31, T10, R6, 6th Principal Meridian, LOT 12 NW

Owner: VERSAW, MARVIN E
5101 W A ST
LINCOLN, NE 68522

Charlotte Burke, MS, RD, Interim Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Charlotte Burke, MS, RD
Interim Health Director

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE
LINCOLN, NE 68523

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

dcp
LH

Exhibit 5

Permit Number: HS 001453

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/17 Legal Description ¼ ¼ 31/10/6 Section/Township/Range

Onsite System Location

Address (no rural route) 5101 W A City Lincoln

Owner _____ Address _____

Mark One: ❑ Dwelling ❑ Non-dwelling

☒ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

❑ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size 1,250 gals

Total length of laterals 388 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 Facto No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ❑	500 ❑	50 ❑	NA ❑	10 ❑	5 ☒
Field (ft)	100 ❑	500 ❑	50 ❑	4 ❑	2 ❑	5 ❑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

N/A

Comments:

Inspections prior to Final Approval
Initial DS Date 5/30/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shine
Date 6/5/17

Field Note Drawing (See Reverse Side):

Updated 4/15

JUN 0 5 2017

D

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001453

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date June 5 2017 Legal Description N 40° 47.921 W096° 47.482
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5101 W A City Lincoln NE, Zip 68522

Owner Marvin Vessar Address " "

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 6 in.
3. Distance between dwelling and septic tank: 69 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line Over 100 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 21' ft.

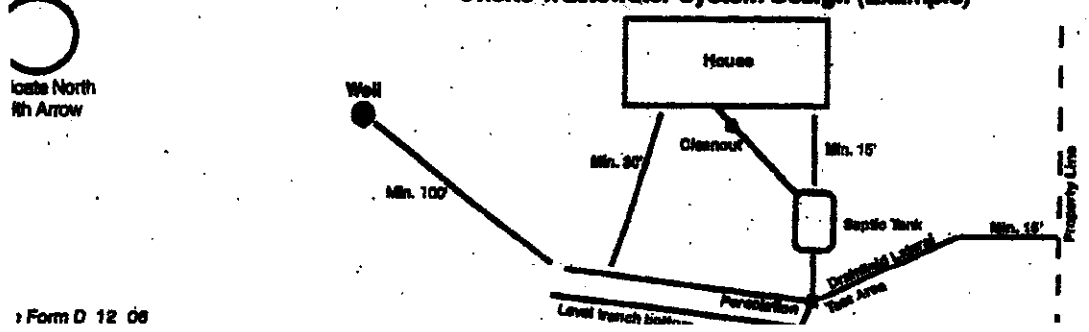
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 3.625
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 148 ft. 128 ft.
   112 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 0.625 ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: N/A
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

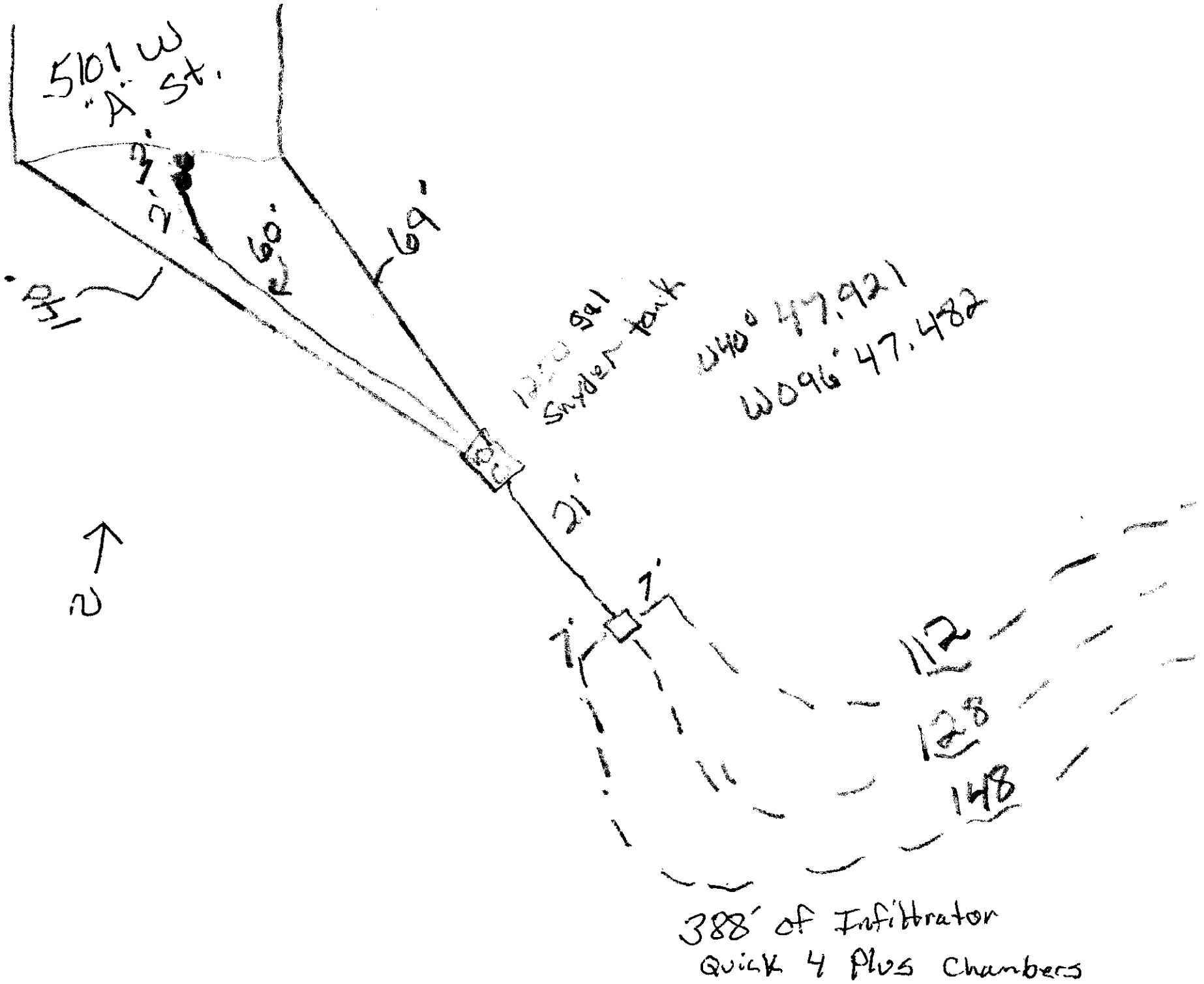
Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)



Locate North with Arrow

Form D 12 06


510 W
"A" St.
3'
2'
60'
69'
24'
1250 gal
Snyder tank
W40° 47.921
W096° 47.482
21'
2'
2'
2'
112'
128'
148'
388' of Infiltrator
Quick 4 Plus Chambers

FILE NO. 365

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

May 1, 1974 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #6, Lincoln — ADDRESS

T10N; R6E; Sec. 31; Lot 6 I.T.; West Parcel — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

NON-TRANSFERABLE

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$30.00	$	$	$	$30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535 110.15	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 365

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block ____; Lot 6 I.T.; Addition ~~Hugo Ridge West~~;
Street Address ~~WEST~~ PARCEL.

2. Property Use: Residential ____ ☑; Commercial ____ ☐
No. of Bedrooms 4. Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: ____ ft.

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Rt. 6
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/1/73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. ____. Signature: Jerrold E. Rood

2. Supt. Bldg. Insp.: Date Rec'd. 11-2-73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 11-2-73. Signature: Chas. Leach By Bob Thomas

3. City Engineer: Date Rec'd. 11-6-73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. ~~same~~. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☒ Disapproved ☐

Date Applicant Notified: ____ Signature James Weverka

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 365

DATE: _____

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block _____; Lot Pt. Lt.; Addition _____;
Street Address WEST PARCEL.

2. Property Use: Residential _____ [4]; Commercial _____ [ ]
No. of Bed Rooms 4 Describe: _____

Other Use _____ [ ]
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Rt. 6
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Date Site Clearance _____

3. Site Visits:
Date: 3-29-74 by: _____
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 11/1/73
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-4-77 by: James Wewerka

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 365

SPECIFICATIONS

DATE: _____

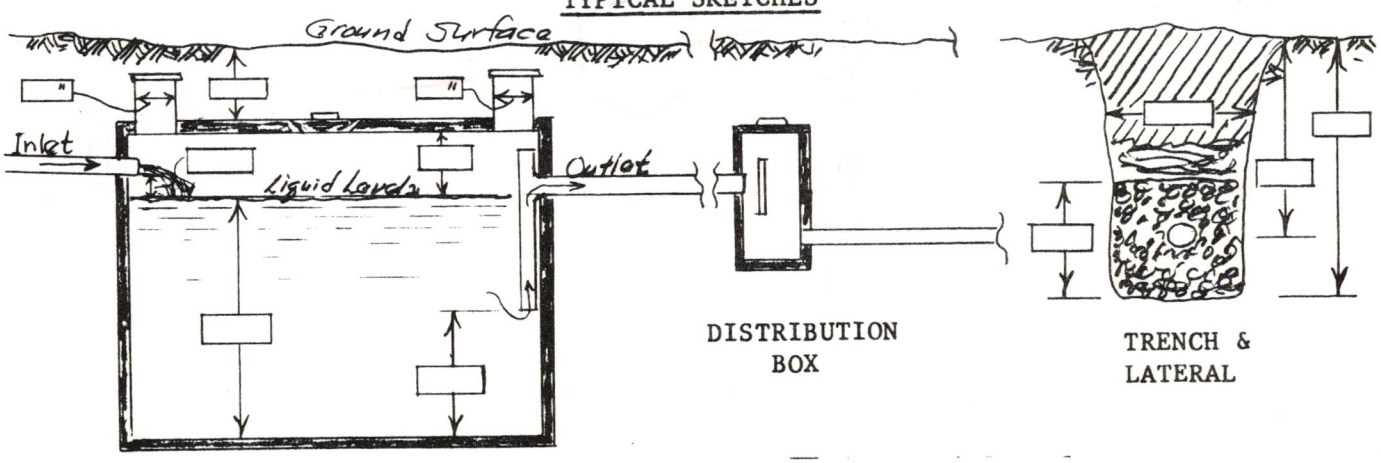
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (Company Pre Cast)
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.

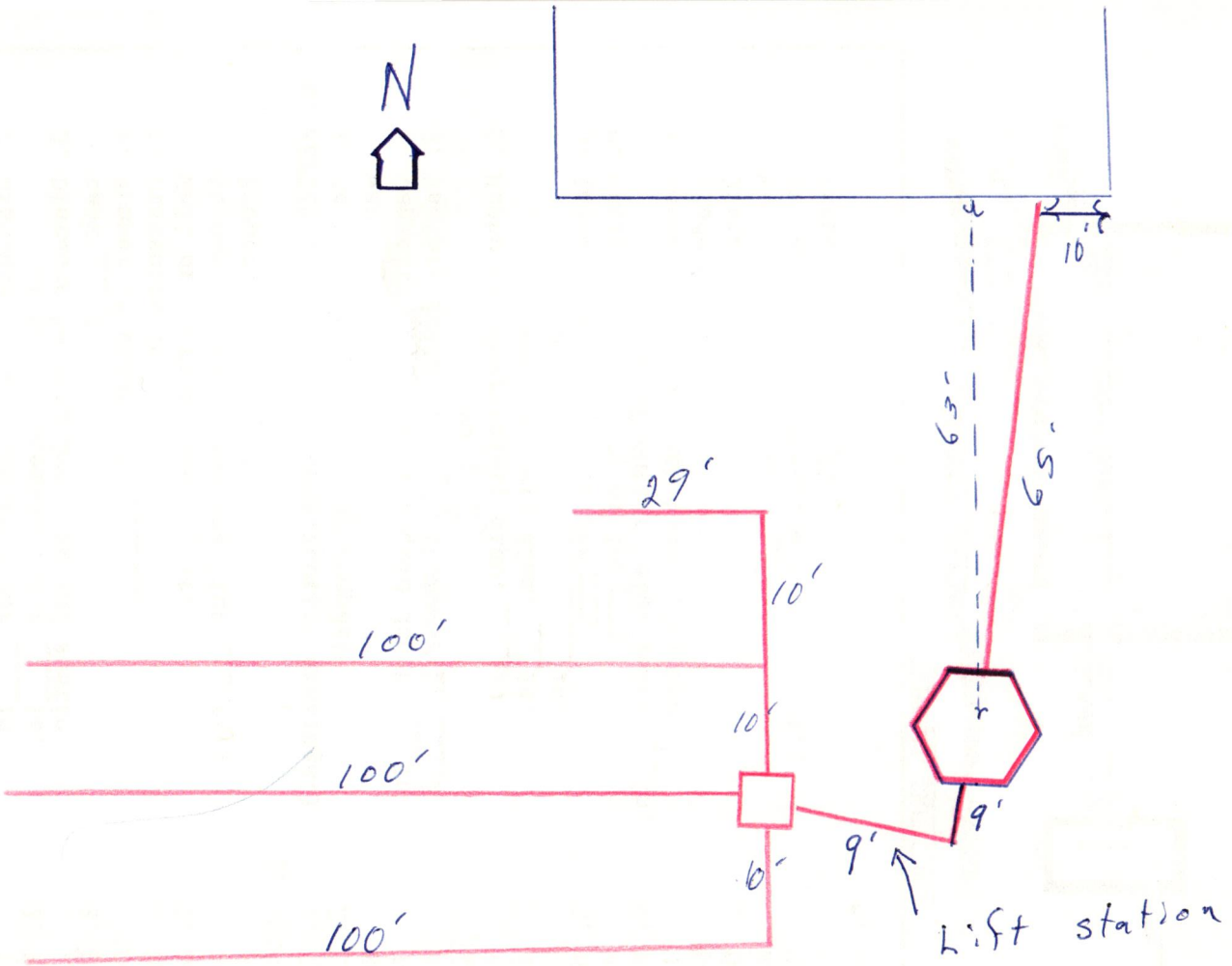
C. DISTRICTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built; Yes [X], (Company Precast) No [ ]
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated plastic pipe
2. Lateral Lines: Depth below grade ___in. Number 4; Length of each line ___ft Total length of Laterals ~~342~~ ft.: 329 Slope ____in/100 ft. Diameter of pipe 4" in.; Shape O Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other plastic Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.; Width ~~48~~ in. 36
4. Filter Material: gravel. Depth of material from trench bottom 6 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



Tank and part of line from house were under water
High Water Table, must be at 3-29-74
least 3½' below surface at time
of inspection. jw

EXHIBIT "A"

LEGAL DESCRIPTION OF PROPERTY

Part of Lot 6 I.T. in the NW¼, Section 31, T10N, R6E, of the 6th P.M., Lancaster County, Nebraska. Further described as follows: Beginning at a point on the North line said NW¼, 416 feet West of the Northeast corner said NW¼; thence Southerly on a left deflection angle of 90°30'15" to said North line, 400 feet; thence S89°44'40" W, 360.4 feet; thence Northerly on a bearing of N4°37'W, 127 feet; thence Westerly S89°29'20"W, 587.4 feet to a point on the Easterly right of way line of the Burlington Northern Railroad, 75 feet from the centerline said track measured perpendicular to said centerline; thence Northeasterly along said right of way line N18°18'03"E, 295.4 feet to a point on the North line said NW¼; thence Easterly along said North line to point of beginning. Except the North 33 feet thereof for roadway purposes.

DESCRIPTION OF PARCELS CREATED

Parcel 1 Part of Lot 6 I.T. in the NW¼, Section 31, T10N, R6E of the 6th P.M., Lancaster County, Nebraska. Further described as follows: Beginning at a point on the North line said NW¼, 416.0 feet West of the Northeast corner said NW¼; thence Southerly Southerly on a left deflection angle of 90°13'15" to said North line, 400.0 feet; thence South 89°44'40"W, 360.4 feet; thence Northerly on a right deflection angle of 85°38'20", 403.10 feet to a point on the said North line NW¼; thence Easterly along said North line to point of beginning. Except the North 33.0 feet thereof for roadway purposes.

Cash

Parcel 2 Part of Lot 6, I.T. in the NW¼, Section 31, T10N, R6E of the 6th P.M., Lancaster County, Nebraska. Further described as follows: Commencing at the Northeast corner said NW¼ Section 31, thence West along the North line said NW¼, 804.7 feet to point of beginning. Thence Southerly on a left deflection angle of 94°37 94°37' to last described course, 276.10 feet; thence Westerly South 89°29'20"W, a distance of 587.4 feet to a point on the Easterly right of way line of the Burlington Northern Railroad, 75.0 feet from centerline said track measured perpendicular to said track; thence Northeasterly along the said East line right of way 295.4 feet to a point on the North line said NW¼; thence e East along said North line to point of beginning except the North 33.0 feet thereof for roadway purposes.

West

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: 9-7-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 10 ; Range 6 ; Section 31 ; NW¼
Block ; Lot 12 ; Addition .
Street Address 5101 West A.
Directions on how to get to property 4yr. old last house on black top, on south side
.
Location of well NE corner of house .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	copy Ray Fallstead	5101 West A Lincoln	474-0896
Realty Agency:	copy Real Estate	5500 Holdrege St Lincoln	466-8166
Lending Agency:	original STATE Federal S&L	attn: Mike Eberl 4000 5.27 TD	

(Do not write below double lines)

Health Department: Date Received 9-7-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 9-12-79 by mm
Date by
Date by

Ray Fallstead
Signature of Applicant
5101 West A
Address
Lincoln, Ne. 68532

PRELIMINARY STATUS -- DATE 9-12-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

~~Corrections Required or Reasons for Disapproval~~ Comment about septic system: There was no visible malfunctioning of septic system at the time of inspection.
☐ See Attached Letter.

FINAL APPROVAL -- DATE 9-13-79

Water System ☒ . Sewage Disposal System ☒ .

BY Lon Margrant

Form Number 20215-0878