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

**A**

Permit Number A5002022

# Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

## PLEASE PRINT OR TYPE

### A. Onsite System Location

Address* 1121 S 112TH ST City LINCOLN, NE Zip 68520
(no rural route)

Legal Description S25 T10 R7 112TH STREET HOMEOWNERS 2
1/4 1/4 Section Township Range Subdivison 2ND ADDITION Addition Block Lot

PID 17-25-401-002-000 *Approx. Address (If to be determined)

### B. Owner

Name DAVE KIRBY Signature
Address 1121 S 112TH City/State/Zip LINCOLN, NE 68520
Home Phone 402-730-9149 Work Phone

### C. Certified Installer

Name: JAIME KLAIK Signature
Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2202

### 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 8.47
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☐ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**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 6-11-20 Amount Paid $430.00
Received By JAO Cash/Check No. CC 0854

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

Form A Updated: 4/15

**Lincoln-Lancaster County Health Department (LLCHD)**
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

**B**

Permit Number:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 1121 S 112th Street (no rural route) City Lincoln NE, Zip 68520

Owner Dave Kirby Address

Date of Tests 6/6/2020 to 6/7/2020 Weather: Precipitation none Temperature 90 degrees

## Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Saturation/Swelling Time | | | | Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth(in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Initial Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop(in) | Percolation Rates (Min/in = mpi) |
| 1 | 30 | 6/6 | 5:00 pm | 6/7 | 7:35 am | 6/7 | 11:05 am | 6 | 6/7 | 11:35 am | 30 min | 1/2 | 60 |
| 2 | 30 | 6/6 | 5:00 pm | 6/7 | 7:35 am | 6/7 | 11:05 am | 6 | 6/7 | 11:35 am | 30 min | 1/2 | 60 |
| 3 | 30 | 6/6 | 5:00 pm | 6/7 | 7:35 am | 6/7 | 11:05 am | 6 | 6/7 | 11:35 am | 30 min | 5/8 | 48 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Soil type (NRCS Maps/Other) 7207 Askarben
Groundwater Depth +12

Sum of Percolation Rates: 168
Average of Rates: 56
Rate Used for Calculation: 59

**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official Date

**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3131 O Street Lincoln, Nebraska 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**
**No. HS002022**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 6/11/2020

Expires: 6/11/2021

**Description:** 112TH STREET HOMEOWNERS 2ND ADDITION, Lot 2

**Owner:** KIRBY, DAVID C & ANN L
1121 S 112 ST
LINCOLN, NE 68520

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JASON KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

SCANNED

**A**

Permit Number A5002022

# Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address* 1121 S 112TH ST City LINCOLN, NE Zip 68520
(no rural route)

Legal Description S25 T10 R7 112TH STREET HOMEOWNERS 2
1/4 1/4 Section Township Range Subdivison 2ND ADDITION Addition Block Lot

PID 17-25-401-002-000 *Approx. Address (If to be determined)

## B. Owner

Name DAVE KIRBY Signature
Address 1121 S 112TH City/State/Zip LINCOLN, NE 68520
Home Phone 402-730-9149 Work Phone

## C. Certified Installer

Name: JAIME KUBIK Signature
Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402 475-2202

## 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 8.47
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☒ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**1. Health Department**
Site visits
Comments
Date rec'd 6/11/20
Date frwd 6/11/20
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 6/17/20

***Business Office Use Only***
Date Received 6-11-20 Amount Paid $430.00
Received By JAO Cash/Check No. 0854

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 45002022

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 6/17/20 Legal Description 1/2 1/4 112th St. Homeowner 1/4 Section/Township/Range Lot 2

### Onsite System Location

Address (no rural route) 1124 S. 112th City

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 1440 (1400 Req'd) Sq. Ft. Tank Size 2 X 1000 gals

Total length of laterals 326 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 22- flow

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 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 ☐ | 25 ☐ | 5 ☐ |

**Geographical Coordinates to 6 Decimals:**

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

**Comments:**

Inspections prior to Final Approval
Initial WH Date 6/16/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By

Date 6/17/20

**Field Note Drawing (See Reverse Side):**

Old Market Plaza
Grocery
Liquor

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

D

Permit Number: #5002022

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

### Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 17-25-401-002-000

Owner: DAVE KIRBY Address 1121 S 112TH LINCOLN, NE 68520

### A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 115 ft.

### B. Septic Tank IM

1. Material (2) 1060 INFILTRATOR TANKS
2. Capacity: 1000 GALLON - 2 TANKS TOTAL 2000 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well + 100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 115 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. N

### D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW 1203
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 6/29/2020

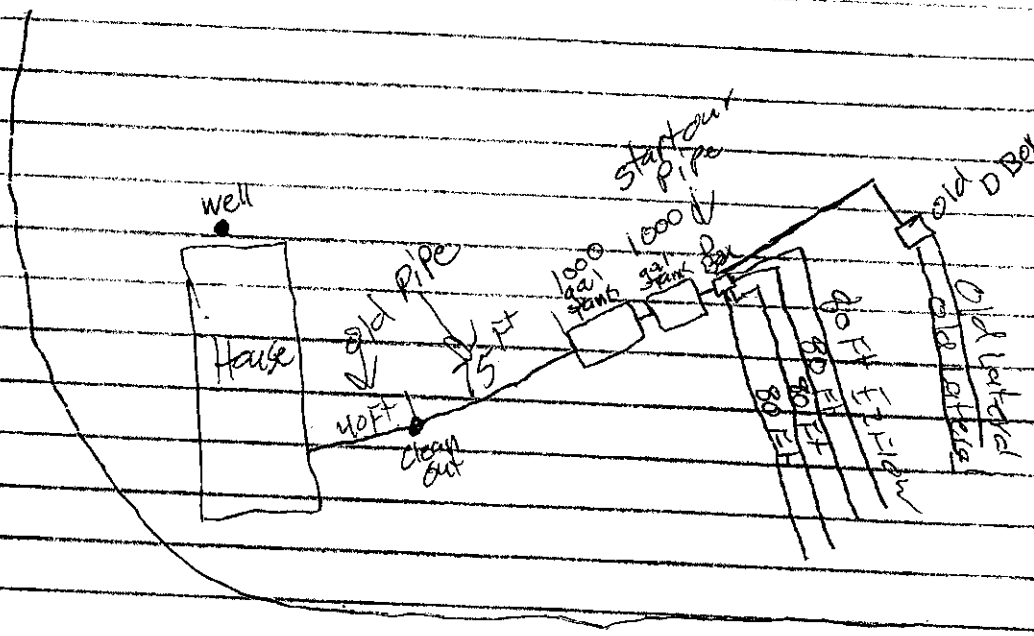
**Complete As-Built drawing on the back of this form.**

1121 S. 112th

N
W E
S

8 Ft
14 Ft
23 Ft
44 Ft
8 Ft
97 Ft of Pipe to Hookup

Laterals New + old



# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 840

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 1, 1976
THIS LICENSE OR PERMIT EXPIRES

Vaughn E. Border
LICENSEE OR PERMITTEE

710 Cottonwood Drive; Lincoln, Nebraska
ADDRESS

T10N; R7E; Sec. 25
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 | 110.16 | 148.14 | 6-2 |

| SERIAL NO. | DATE | AMOUNT |
|---|---|---|
| 624-1535 | | |

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
Health

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. 840

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

DATE: 5-27-76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 10 N ; Range 7E ; Section 25
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: N/A ft.

Vaughn E. Border
Signature of Applicant (Owner or Lessee)

710 Cottonwood Dr. Lincoln Nebr 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/28/76 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6/1/76 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-1-76 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6-1-76 . Signature: gwilliamson

3. City ~~or County~~ Engineer: Date Rec'd. 6-1-76 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6-1-76 . Signature: Al Long

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 [X]
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. 840

DATE: 5-27-76

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 7E ; Section 25 ; Block ; Lot ; Addition . SEE ATTACHED
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 3
Describe:

Other Use
Describe:

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

Vaughn E. Border
Signature of Applicant (owner or lessee)

710 Cottonwood Dr. Lincoln, Neb 68510
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-1-76 by: sm
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 5/28/76
by: Jerrold C. Hoad

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-1-76 by: Ron Maynard

FORM HD- 43(73) 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 475-6221)

FILE NO. 840

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
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 ☐

Owner: VAUGHN E. BORDER
Address 710 Cottonwood Dr. Lincoln

Dates of Tests: 5-9-76 to 5-11-76. Weather: Precip. none Temp. 70 F.

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 | | | | |
| Hole 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./inch) |
| 1 | 32" | 5/9 | 11 AM | 5/9 | 5 PM | 5/10 | 6 PM | 12 | 6:30 PM | 11 3/8 | 30 | 5/8" | |
| 2 | 32" | | | | | | 6 PM | 12 | 6:30 | 11 3/4 | 30 | 1/4" | |
| 3 | 32" | | | | | | 6:10 PM | 12 1/2 | 6:40 | 11 5/8 | 30 | 3/4" | |
| 4 | 30" | | | | | | 6:10 PM | 12 | 6:40 | 11 1/2 | 30 | 1/2 | |
| 5 | 30" | | | | | | 6:20 PM | 12 | 6:50 | 11 1/2 | 30 | 1/2" | |
| 6 | 32" | | | | | | 6:20 PM | 12 1/2 | 6:50 | 11 3/4 | 30 | 3/4" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Don Pentico
Signature of Person Conducting Test

Address BOX 232 - Firth, Ne.
Phone: 791-5714

(Do not write below this line)

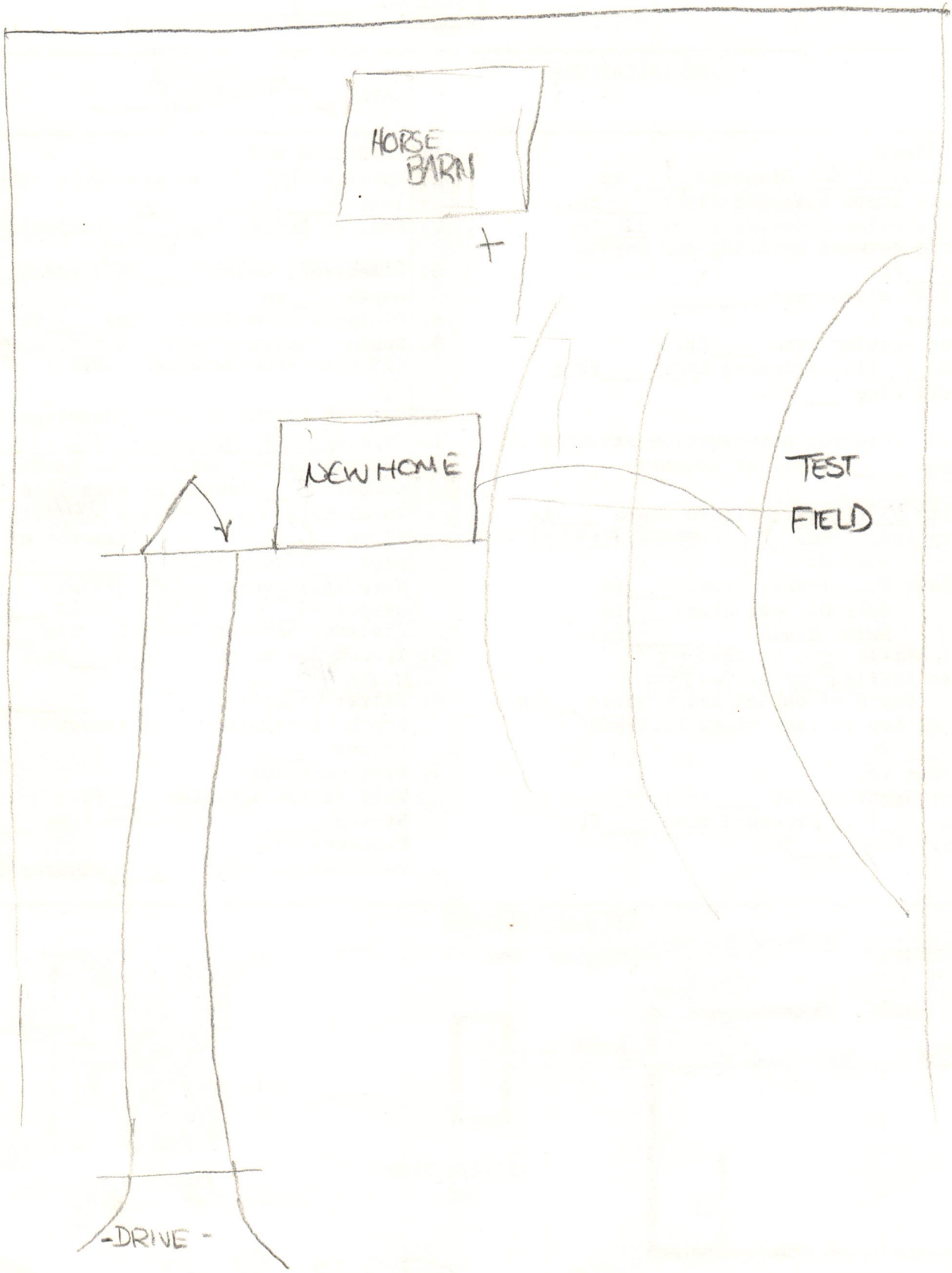
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 28, 1976

Jerrold C. Hood
Signature of Reviewing Official


HORSE BARN
NEW HOME
TEST FIELD
-DRIVE-

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 840

## SPECIFICATIONS

DATE: 5-27-76

**A. BUILDING SEWER:**

1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 12 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 _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company pre cast cement) 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 ____in.
8. Distances To:
   Well or Suction Line ____ft.;
   Stream ____ft.; Pressure Line ____ft.;
   Property Line ____ft.

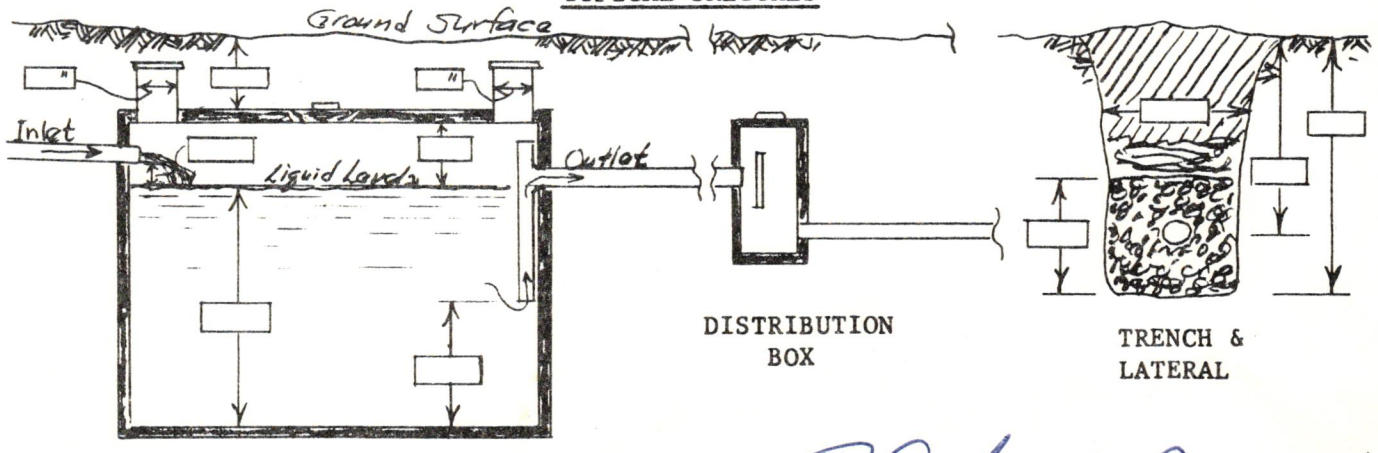
**C. DISTRIBUTION BOX**

1. Material concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre Cast) 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.)

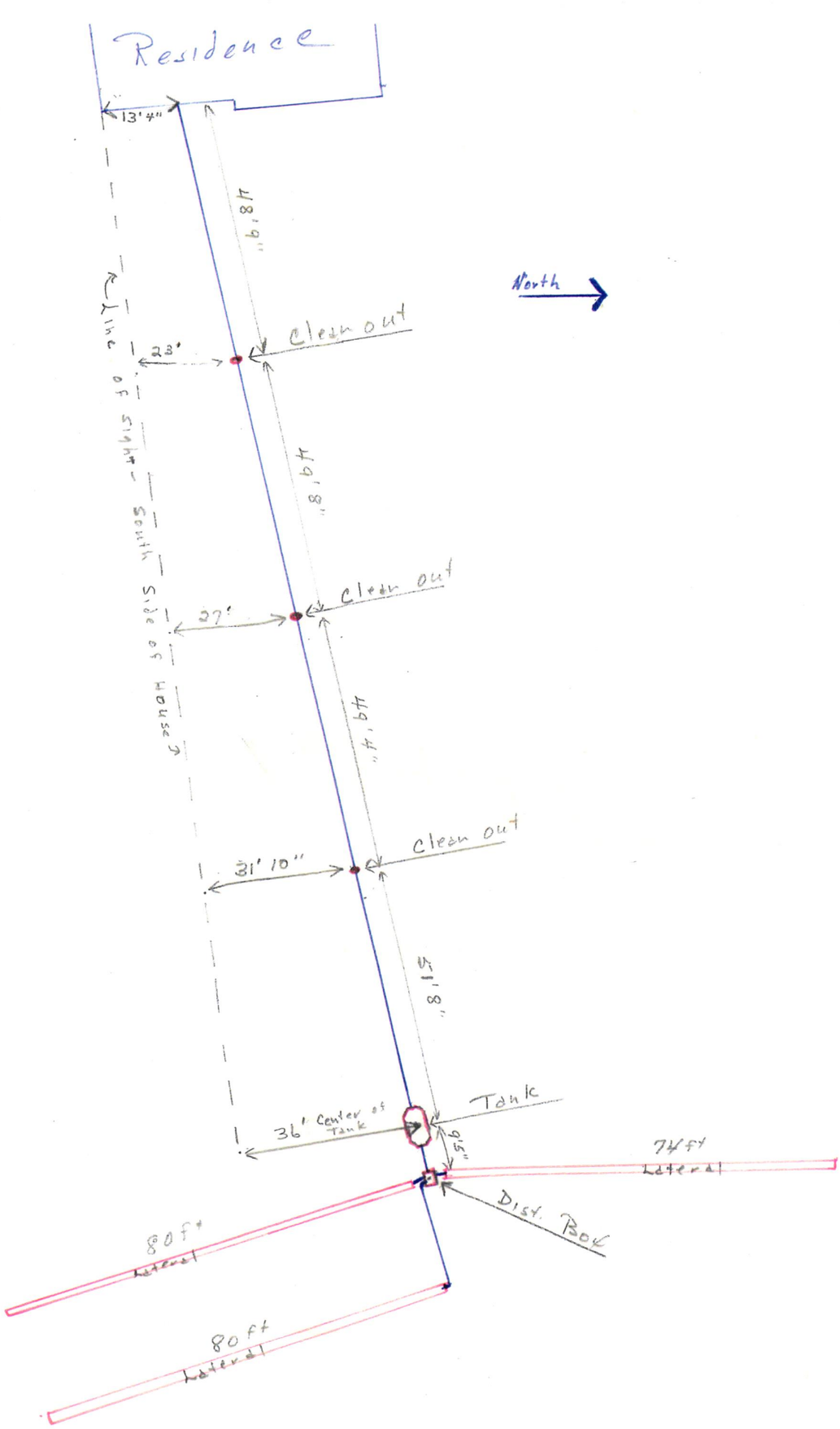
**D. ABSORPTION FIELD:** (Provide drawings.)

1. Type: Concrete Half Moon Crates
2. Lateral Lines: Depth below grade __in. Number 3; Length of each line ___ft Total length of Laterals 234 ft.; Slope 6 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




Vaughn E. Border
Signature of Applicant




Septic System for.

Vaughn Border Residence.

T10N, R8E, Sec. 18.
Block 1, Lot 7

Sc 112 14

That portion of the north half of the southeast quarter of section 25, township 10, north range 7 east of the 6th P.M., Lancaster County, Nebraska, described as follows:

That property commencing at a point 330 feet east of the northwest corner of the north half of the southeast quarter, section 25, township 10 north, range 7 and then 512 feet east, then 726 feet south, then 512 feet west, then 726 feet north to the point of beginning. All in the north half of southeast quarter of section 25, township 10, north range, 7 east of the 6th P.M., Lancaster County, Nebraska.

Coli + Nog
6/8/01

# 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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1121 South 112th Street

Parcel ID 17 - 25 - 400 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 25 1/4 ___ 1/4 ___ Block ___ Lot 23 Addition ___

Directions to Property ___

Location of Well NORTH of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System northeast of house Year Installed 1976

Site Hazards (dogs, etc.) ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Vaughn Border | 1121 S. 112th Street Lincoln, NE 68520 | 488-4532 (H) |
| Tenant/Buyer: | David Kirby | 4110 Barkwood Lane Lincoln, NE 68516 | 466-2300 (W) |
| Return to: | Sheryl Oldham | State Title Services, Inc. 4500 S. 70th St. Ste. 102 (116) | 434-5039 434-5046 (Fax) |
| Signature of Applicant S. Oldham | | Address 4500 S. 70th St. Ste 102 Lincoln, NE 68516 | Date 6/06/01 |

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 6/7/01 Amount #50 + #150 ✓ Check No. 9715 ✓ 4927 ✓ Initials ___

**DATA ENTRY** Date ___/___/___ Case No. ___ Initials ___

**PRELIMINARY STATUS--By** Jerrold C. Wood **DATE:** 6/8/01

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ 4.0 ppm | ☐ ___ ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Wood R.E.H.S. Date 6/11/01

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: 9-00