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. HS002339

System Type: Standard

Situs: No Site Address Specified

Issued: 12/1/2021

Expires: 12/1/2022

Description: S33, T11, R5, 6th Principal Meridian, LOT 70 NE

Owner: SCHMIDT, PATRICIA S LIVING TRUST
7100 NW 105 ST
MALCOLM, NE 68402

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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
Health Director

SCHMIDT, PATRICIA S LIVING TRUST
7100 NW 105 ST
MALCOLM, NE 68402

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

SCANNED

Permit Number
HS002339

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* 7100 NW 105 St (no rural route) City MALCOLM, NE Zip 68402

Legal Description 33 11 5 6TH PRINCIPAL MERIDIAN 70 NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-33-200-010-000 *Approx. Address (If to be determined)

B. Owner

Name STAN SCHMIDT Signature

Address 7100 NW 105 St City/State/Zip MALCOLM, NE 68402

Home Phone 402-499-5253 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 402-475-2462

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 18.42
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 12/14/21
Date frwd 12/14/21
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 1/4/22

Business Office Use Only
Date Received 11/30/21 Amount Paid 450.00
Received By KJ Cash/Check No. 66044

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

Form A Updated: 4/15

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

B SCANNED

Permit Number: 3199

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7100 N.W. 105th (no rural route) City Malcolm NE, Zip Ne

Owner Stan Schmidt Address 5606 Hall Cliff CT.

Soil Type (SCS): Sharpsburg Silty Clay loam Percolation Rate: 60 min./inch

Date of Tests 4-3-97 to 4-4-97 Weather: Precipitation 0 Temperature 45

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	56	4-3-97	9 am	4-4-97	9 am	4-4-97	9 am	6	4-4-97	1 pm	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	7/8	34
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
5	"	"	"	"	"	"	"	6	"	"	"	5/8	48
6	"	"	"	"	"	"	"	6	"	"	"	3/4	40

Sum of Percolation Rates: 282
Average of Rates: 47
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 402-454-2400
Address 3301 Se 6th Lincoln Ne

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks this area of Sharpsburg soil is boarded by Pawnee Clay loam. Must make every effort to keep drain field out of Pawnee soils.

Signature of Reviewing Official Ron Morgan Date 4-10-97

FORM 23-101 10-96

SCANNED

B

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

Permit Number: 3199

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7100 N.W. 105th (no rural route) City Malcolm NE, Zip Ne

Owner Stan Schmidt Address 5606 Hall Cliff CT.

Soil Type (SCS): Sharpsburg Silty Clay loam Percolation Rate: 60 min./inch

Date of Tests 4-3-97 to 4-4-97 Weather: Precipitation 0 Temperature 45

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (In.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/In)
1	36	4397	9am	4-4-97	9am	4-4-97	9am	6	4497	1pm	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	7/8	34
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
5	"	"	"	"	"	"	"	6	"	"	"	5/8	48
6	"	"	"	"	"	"	"	6	"	"	"	3/4	40

Sum of Percolation Rates: 282

Average of Rates: 47

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Clint Presnell

Phone: 402-434-2400

Address 3301 So 6th Lincoln Ne

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks This area of Sharpsburg soil is bounded by Pawnee Clay loam. Must make every effort to keep drain field out of Pawnee soils.

Signature of Reviewing Official Ron Maynard Date 4-10-97

FORM 23-101 10-96

SCANNED

D

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

Permit Number:

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) 05-33-200-010-000

Owner: STAN SCHMIDT Address 7100 NW 105TH MALCOLM, NE 68402

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 175 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well ±300 ft.
   Pressure line ±50 ft
   Property Line ±50 ft.
   Foundation 175 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. S

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:
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size 1440 sq. ft.
5. Distance to:
   Well ±300 ft.
   Pressure line ±50 ft.
   Property line ±50 ft.
   Depth of Groundwater ±12 ft.

NPH

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: Jaime Kuss Date: DEC 3, 2021

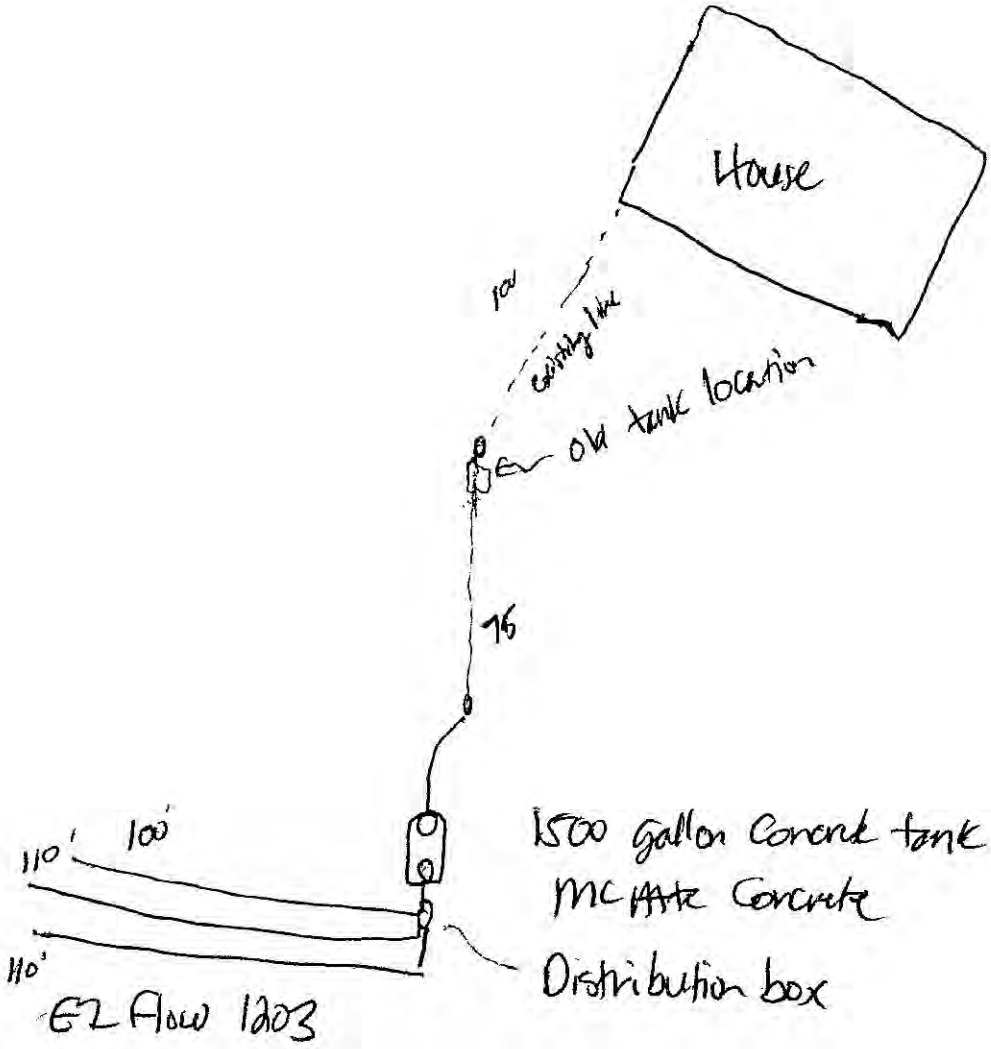
Complete As-Built drawing on the back of this form.

N ↑

4 bedroom

SCANNED

well



320' @ 4.5 = 1440 square feet drain field

12/3/21 Jason Kubik 2040

SCANNED

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Thursday, January 6, 2022 7:28 PM
To: Nate C. Hartman
Subject: 7100 NW 105th (B and D SHEET)
Attachments: 7100 NW 105th Street D Sheet.pdf; 7100 NW 105th Street B SHEET.pdf

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380156801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/14/97
Expires 10/14/97
Revenue Code 18754

Establishment

STAN SCHMIDT
T11N R5E SEC 33
7100 NW 105 STREET

FEES: $150.00

Permittee

STAN SCHMIDT
5606 HALLCLIFFE CT
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4392

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 7100 N.W. 105th (no rural route) City Malcolm NE, Zip 68402

Legal Description NE (1/4) 33 (Section) 11N (Township) 5E (Range) SEE ATTACHED (Subdivision) 20 Acres (Addition) N 16 (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Stan Schmidt Signature Patricia S. Schmidt

Address 5606 Hallcliffe Ct. City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 423-4845 Work Phone 471-6875

C. Contractor

Name OWNER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (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

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 4/10/97 Date frwd 4/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/11/97 Date frwd 4/11/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/11/97 Date frwd 4/11/97 ACTION ☒ Approved ☐ Disapproved Signature _____

6-2-97, line, tank Last Report 1 lateral run
6-3-97 three more laterals

Installation Final Written Approval

By Ron Maynard

Date 6-3-97

Business Office Use Only

3199

Date Rec'd 04/10/97

Amt Paid 150 ck

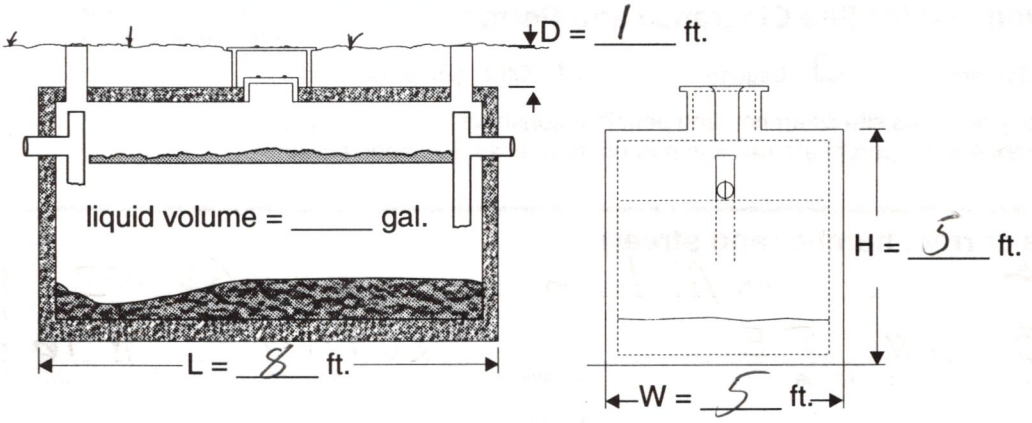
Rec'd By _____ Cash/Check No. 3260

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

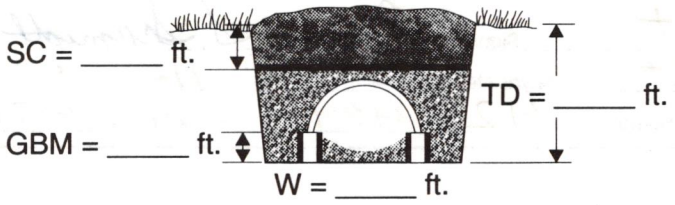
SC = Soil Cover
GBM = Gravel Below Half Moon
TD = Trench Depth
L = Tank Length
H = Tank Height
W = Width
GBP = Gravel Pipe Below
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

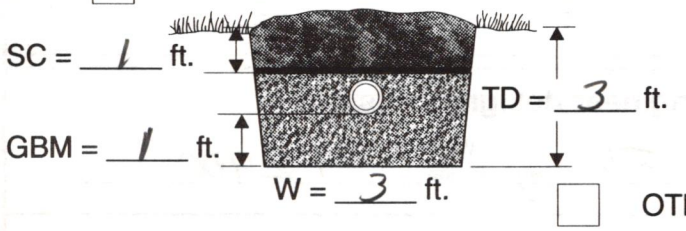


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☑ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

All set backs are met.
C.J.P.

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

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

B

Permit Number: 3199

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7100 N.W. 105th (no rural route) City Malcolm NE, Zip Ne

Owner Stan Schmidt Addresss 5606 Hall Cliff CT.

Soil Type (SCS): Sharpsburg silty Clay loam Percolation Rate: 60 min./inch

Date of Tests 4-3-97 to 4-4-97 Weather: Precipitation 0 Temperature 45

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4397	9am	4-4-97	9am	4-4-97	9am	6	4497	1pm	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	7/8	34
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
5	"	"	"	"	"	"	"	6	"	"	"	5/8	48
6	"	"	"	"	"	"	"	6	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 402-434-2400
Address 3301 So 6th Lincoln Ne

Sum of Percolation Rates: 282
Average of Rates: 47
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks this area of Sharpsburg soil is boardered by Pawnee Clay loam. Must make every effort to keep drain field out of Pawnee soils.

Signature of Reviewing Official Ron Maynard Date 4-10-97

FORM 23-101 10-96

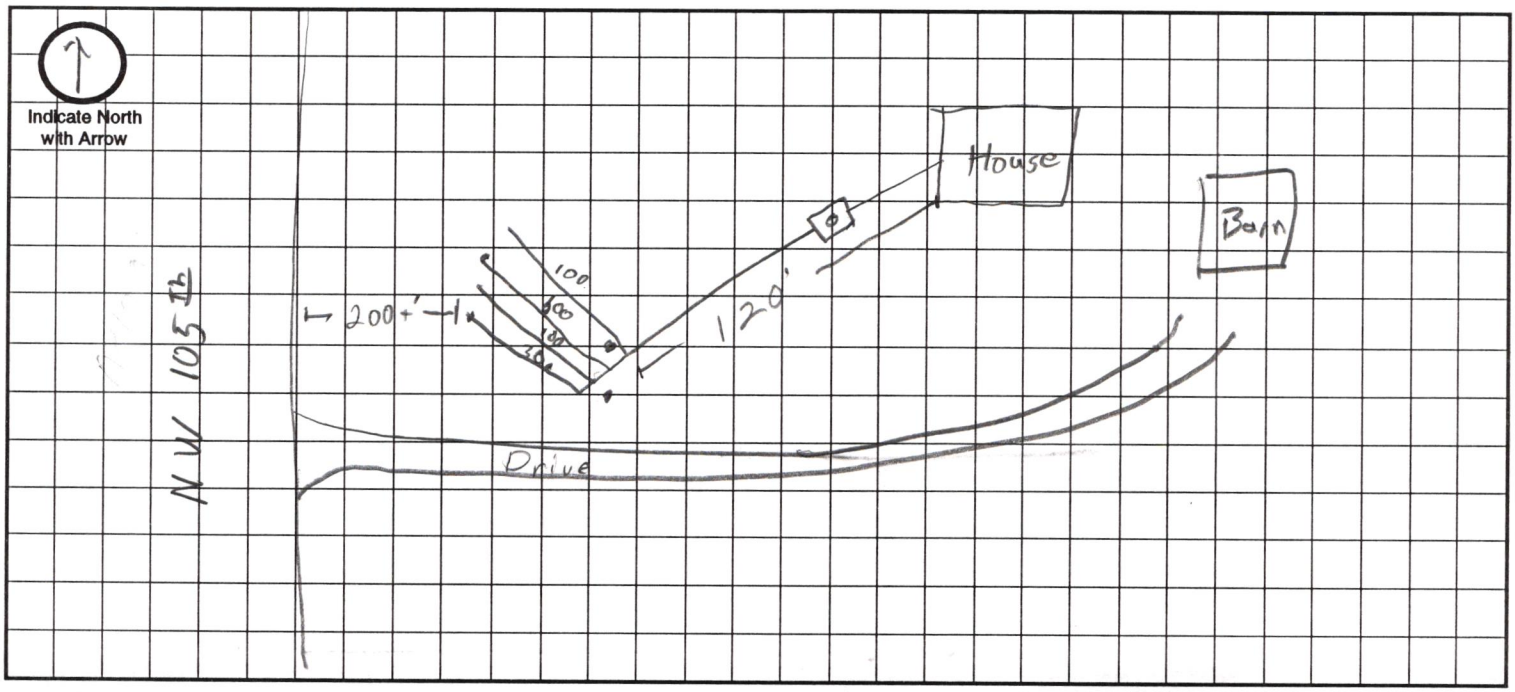
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 3199

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) 7100 N.W. 105th City Malcolm NE, Zip 68402

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: Sharpsburg Land Slope: 4-5 %

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

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Half-Moon ☑ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 3'

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 OWNER Patricia S. Schmidt Date 4-9-97

Installer Chet Pruitt Date 4-7-97

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-3-97

System Location (Indicate correct number and street)

Address 7100 (no rural route) City Lincoln NE, Zip 6

A. Building Sewer

1. Material: Sceduled 40
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 300 ft.
   stream — ft.
   pressure line 75' ft.
   property line 150' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 6" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line 150 ft.
   Property line 200+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

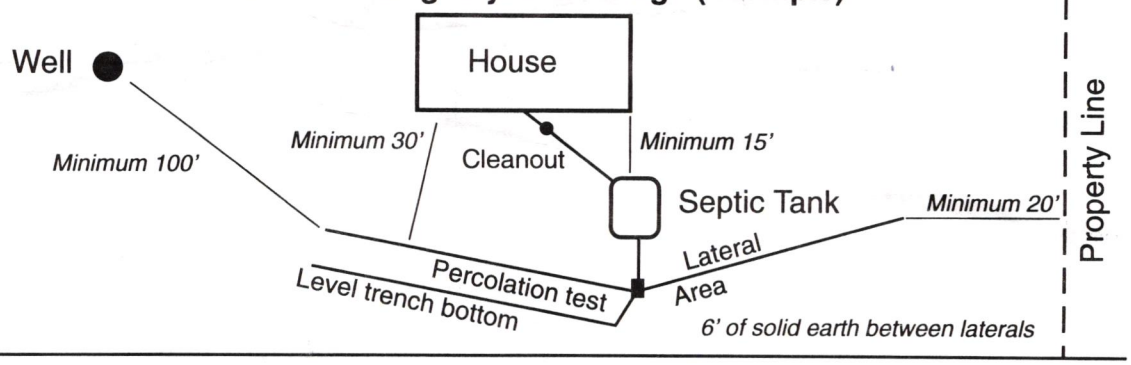
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 83 ft. 83 ft.
   83 ft. 83 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 3 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 300+ ft.
   Stream — ft.
   Pressure line 200+ ft.
   Property line 100 ft.

Indicate North with Arrow

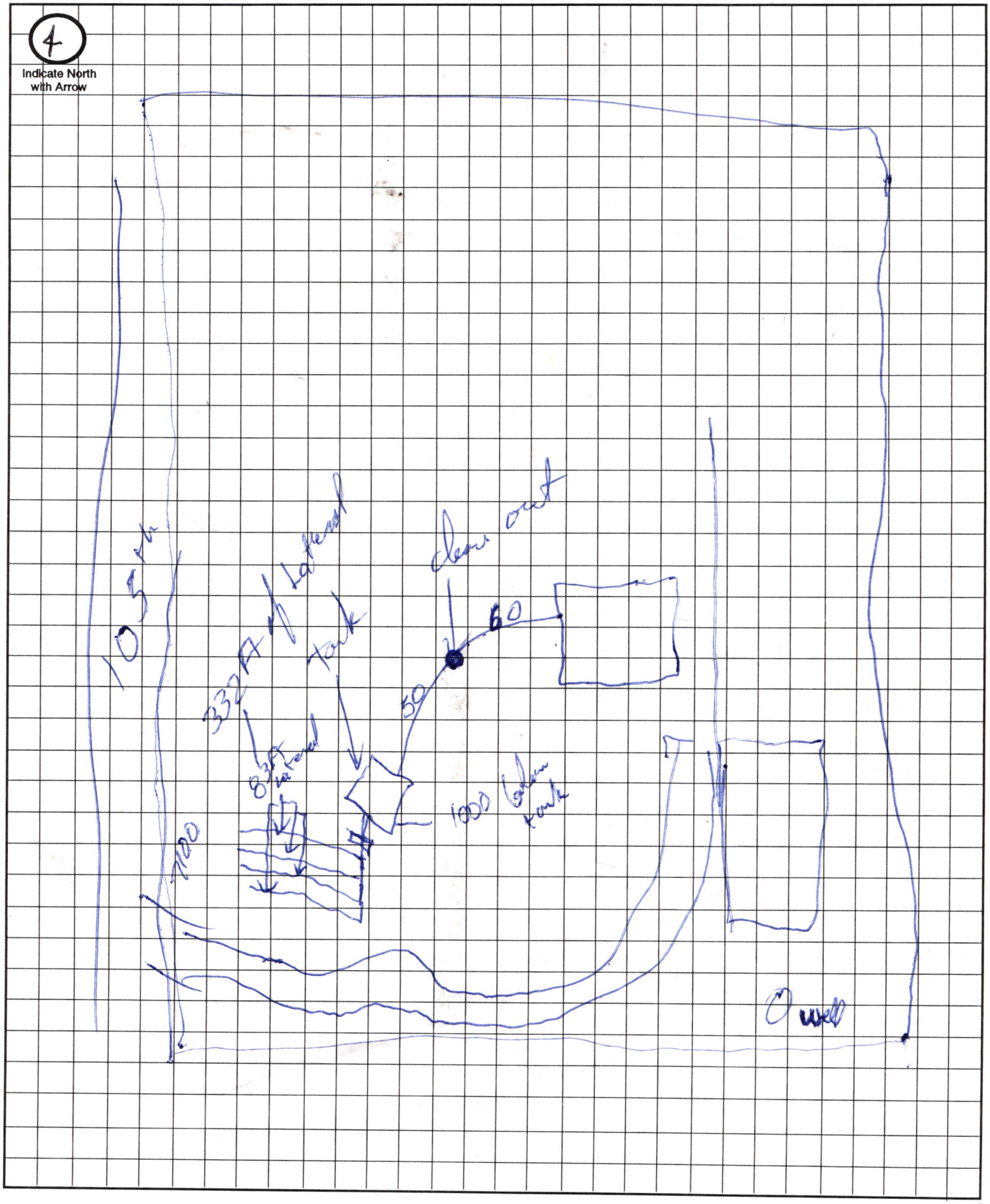
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/

SURVEY RECORD

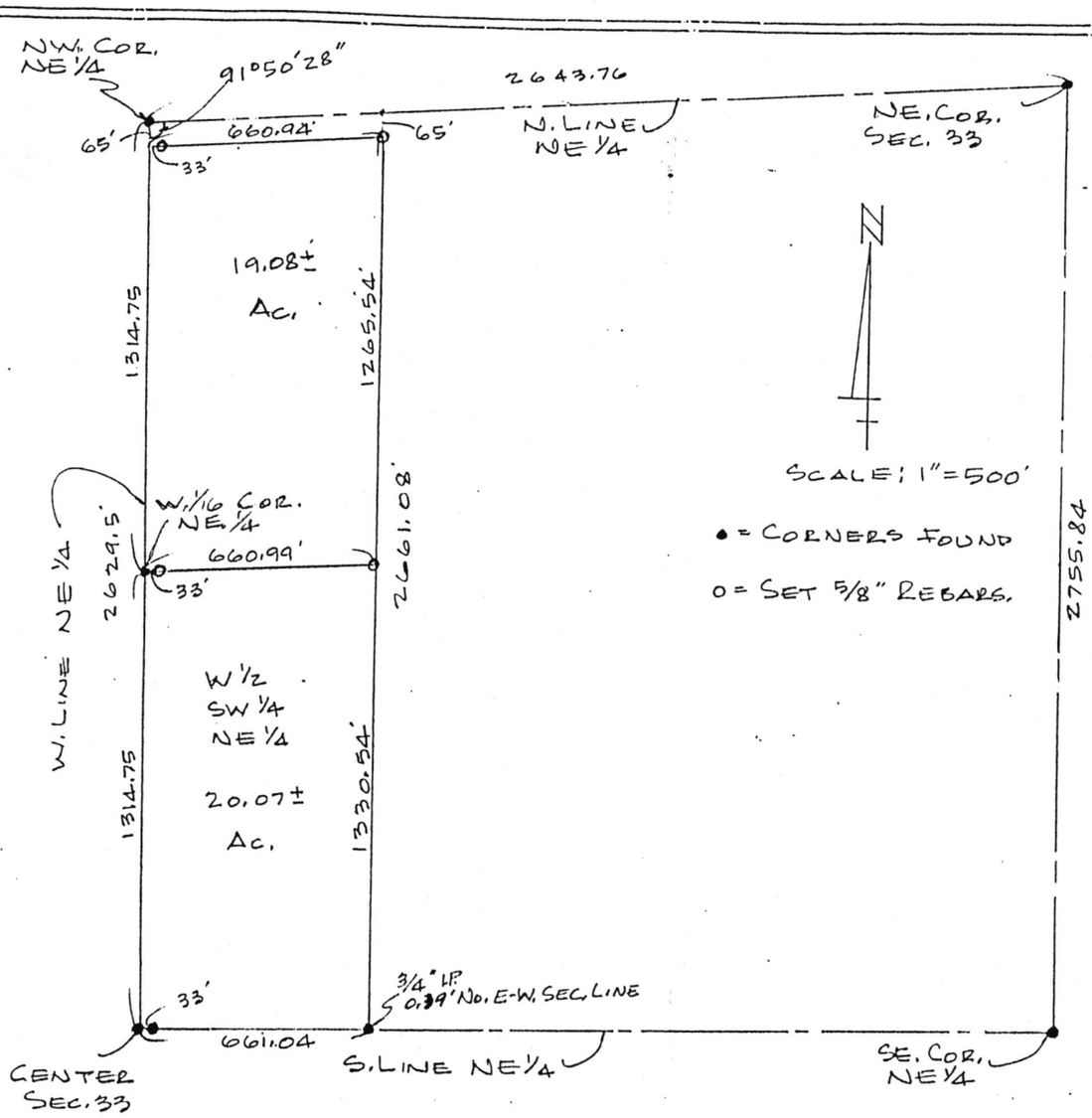
AA-12125

LANCASTER COUNTY, NEBRASKA

Survey of W 1/2 SW 1/4 & W 1/2 NW 1/4
NE 1/4 Section 33 T. 11 N., R. 5 E.
of 6th P.M.

County Survey No. _____

Date April 26 19 93 Weather _____



SURVEYOR'S CERTIFICATE

I hereby certify that, to the best of my ability, I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot and are chord measurements unless otherwise noted.

COPY

RECEIVED
MAY 12 1993
SURVEY RECORD REPOSITORY
$ 5.00
LANCASTER County
270-3061/2

PAUL E. KASL
SURVEYOR L.S.—246
3101 LOVELAND DRIVE
LINCOLN, NEBRASKA 68502

RECEIVED
MAY 25 1993
LANCASTER COUNTY
ENGINEERING DEPT

NEBRASKA REGISTERED 4 LAND SURVEYOR PAUL E. KASL

Signed this 27TH day of April 19 93

Name Paul E Kasl

LAND SURVEYOR'S SEAL

AA-12125

LEGAL DESCRIPTION

The West Half of the Southwest Quarter of the Northeast Quarter of Section 33, Township 11 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska containing 20.07 acres, more or less.

The West Half of the Northwest Quarter of the Northeast Quarter of Section 33, Township 11 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska except the north 65.0 feet thereof, and containing 19.08 acres, more or less.

COPY

CORNER TIES TO 33-11-5

E. 1/4 COR. - LARGE RED FLINT W/1" I. PIPE WEST SIDE OF STONE.
So. 1.3' TO CENTER 9" CEDAR.
S-SE, 4.6' - NAIL TOP C.F.P.
N-NE, 18.6' - NAIL IN F.P.
E. 2.5' - NAIL IN F.P.
S. 5.0' - FENCE EAST

N. 1/4 COR. - 5/8" REBAR IN ASPHALT PAVING
N. 10.0' - ℄ ASPHALT PAVING
SW, 61.23' - NE COR., CONC, R.O.W. POST
SE. 66.35 - NAIL TOP C.F.P.

NE. COR - 1" I. PIPE W/CAP IN METAL POT RING.
S. 12' - ℄ ASPHALT PAVING,
N. 32.87' - 1" I. PIPE
S. 49.86' - 2" ALUM. CAP STAMPED E.C. 35
NE. 46.50' - 1" I. PIPE
NW. 46.6R' - 1" I. PIPE

CENTER 1/4 COR, - 1" I. PIPE
E. 33.0' - 1" I. PIPE.
SE. 48.80' - NAIL TOP So. GATE POST
E-SE. 37.2' - NAIL F.P.
W-SW. 33.85' - NAIL TEL. RISER POST.

W 1/4 NE 1/4 - FOUND 3/4" I. PIPE
S. 20' - FENCE WEST
E. 33.0' - 5/8" REBAR
SE. 42.8' - NAIL TOP F.P.
SW. 37.1' - NAIL C.F.P.
W-NW. 32.85' - NAIL IN F.P.

— SHEET NUMBER 17



17

N

1 Mile
5000 Feet

Scale · 1 : 20000

NW. 105 New septic

W. Fletcher

010

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7100 NW 105TH MALCOLM, NE

Twp 11N Range 5E Section 33 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property HWY 34 + NW 105, 1/4 MILE SOUTH, EAST SIDE OF ROAD

Location of Well NE OF HOUSE Tap Location: Inside ☑ Outside ☐

Location of Sewage System SW OF HOUSE Year Installed 1997

RED BRICK HOUSE
LG WHITE/RED SHED

	NAME	ADDRESS	PHONE
Present Owner:	STAN R. SCHMIDT	5606 HALLCLIFFE CT LINCOLN NE 68516	421-6602 OF. 423-4845 HOME
Tenant/Buyer:			
Return to:		FAX: 473-6180 susan First Federal	

Signature of Applicant Stan R Schmidt Address ___ Date 9/24/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 09/25/97
Initials ___
Amount 150.00
Check No. 1828

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/1/97

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

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 10/2/97 by [illegible]
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 10/3/97

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: 10-95