LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1199-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 18, 1978 — THIS PERMIT EXPIRES

Eden Realty — ISSUED TO

3210 Pioneers Blvd, Lincoln, NE — ADDRESS

T8N, R5E, Section 1 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

RECEIPTED BY — DATE — AMOUNT

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 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. 1199-C

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

DATE: 10-14-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: W. 197.0 feet of S 1/2 SE 1/4 Sec 1-8-5 SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 5E ; Section 1
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.

Eden Realty
Signature of Applicant (Owner or Lessee)

3210 Pioneers Blvd
Address City

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/18/77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/18/77. Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10-24-77. Signature: Gary N. Steward

3. City or County Engineer: Date Rec'd. 10/18/77. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 10/19/77. Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Has existing vacant -

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. 1199-C

DATE: 10-14-77

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. SEE ATTACHED

1. Legal description of property: Twp. 8 N ; Range 5 E ; Section 1 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 2
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).

D. Daly for Eden Realty
Signature of Applicant (owner or lessee)

3210 Pioneers
Address
City

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12-1-77 by: jw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 10/18/77
by: Jerrold E. Hoad

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-77 by: James Neverka

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISP L 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. 1199-C

SPECIFICATIONS

DATE: 10-14-77

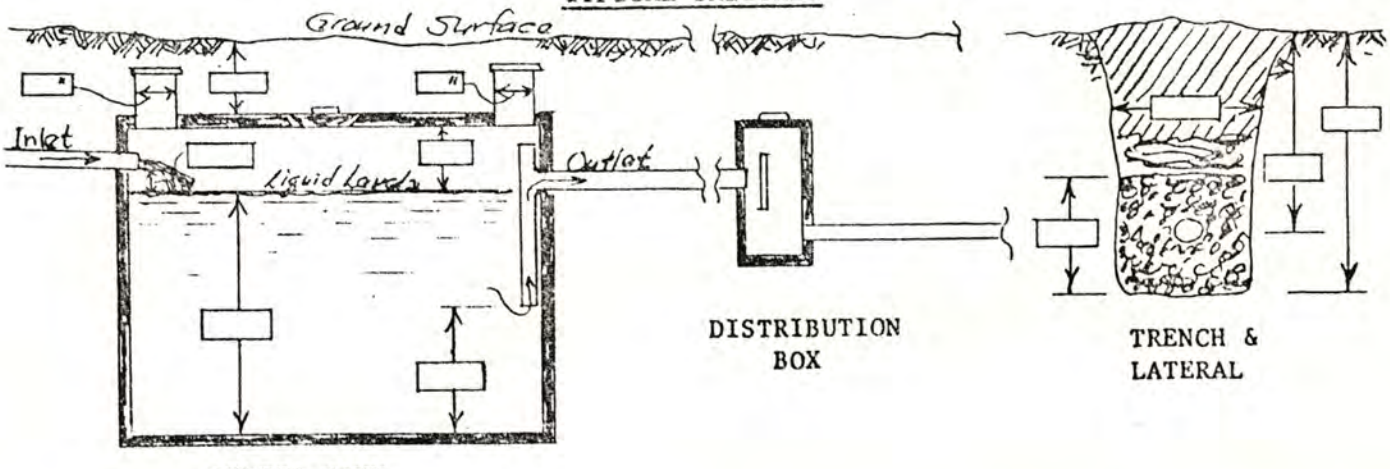
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company _____)
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) 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: 4" Perf. Plastic
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 212 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 36 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

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 474-1541)

FILE NO. 1199-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 : Range 5
Section & ¼ Sect. 1
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: Eden
Address: 3210 Peonies

Dates of Tests: 10-13-77 to 10-14-77. Weather: Precip.____Temp.____

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				
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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	10-13	11AM	10-13	3P	10-14	8:30	6	12:30	4 3/8	60	1 5/8	
2	"									4 3/8		1 5/8	
3	"									4 3/8		1 5/8	
4	"									5		1	
5	"									5		1	
6	"									5		1	1 5/6

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

SINTEK SERV. CO
2425 SOUTH ST.
LINCOLN, NE 68502

Signature of Person Conducting Test
Address 475-1486
Phone ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam. C.D.C.D.H.

DATE: October 17, 1977

Approved Percolation Rate (a)
A. 56 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hoab
Signature of Reviewing Official

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 St[illegible]r Street Lincoln, Nebraska 68[illegible]5

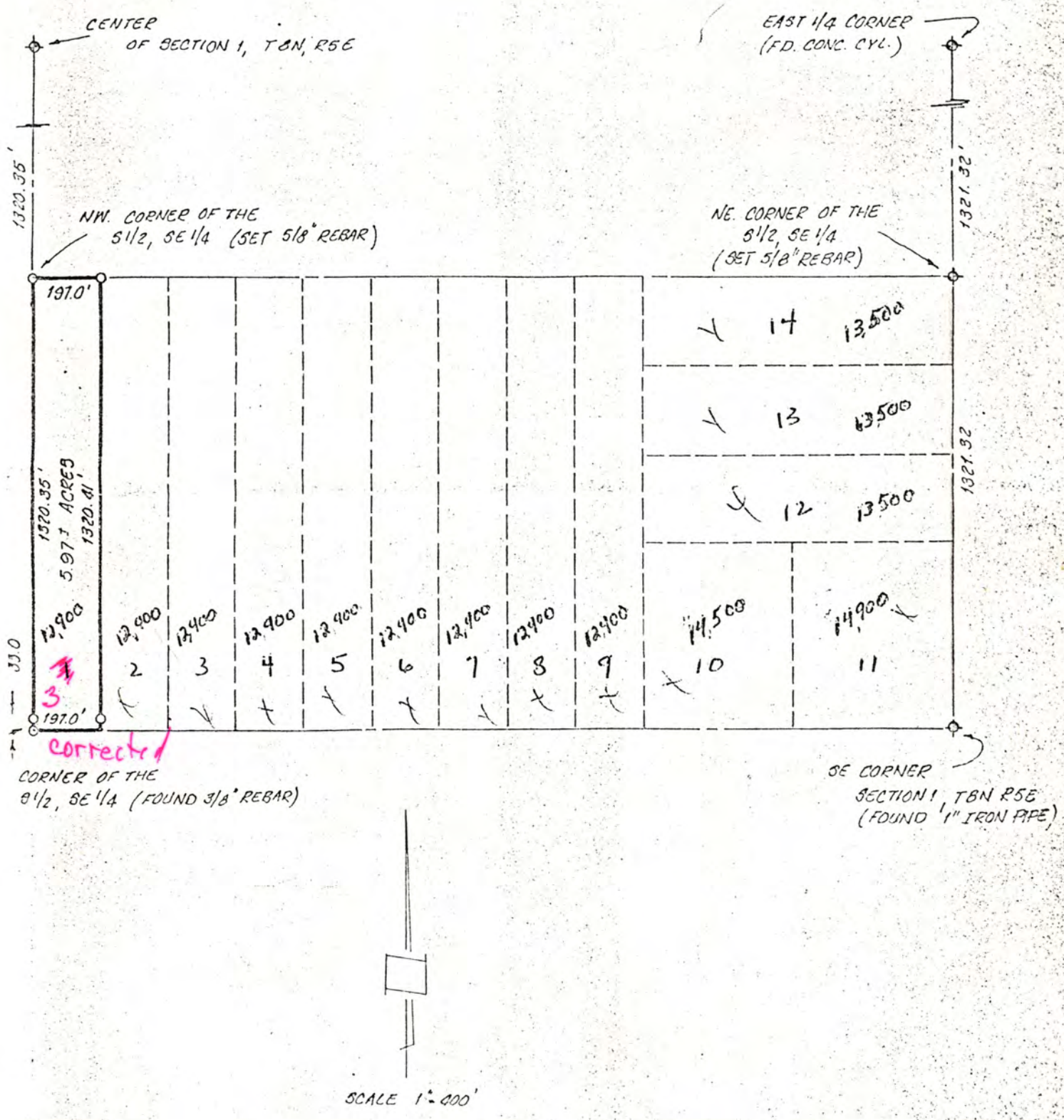
Telephone 466-5538

Sheet 1 of 1

rey of the West One Hundred Ninety-Seven and No Tenths (197.0) feet of the South One-Half of

Southeast Quarter of Section 1 T 8 N, R 5 E of the 6th P.M.

No. 2076 Date September, 19 77



SCALE 1" = 400'

o = Monuments Found

SURVEYORS CERTIFICATE

Signed this 26th day of September, 1977

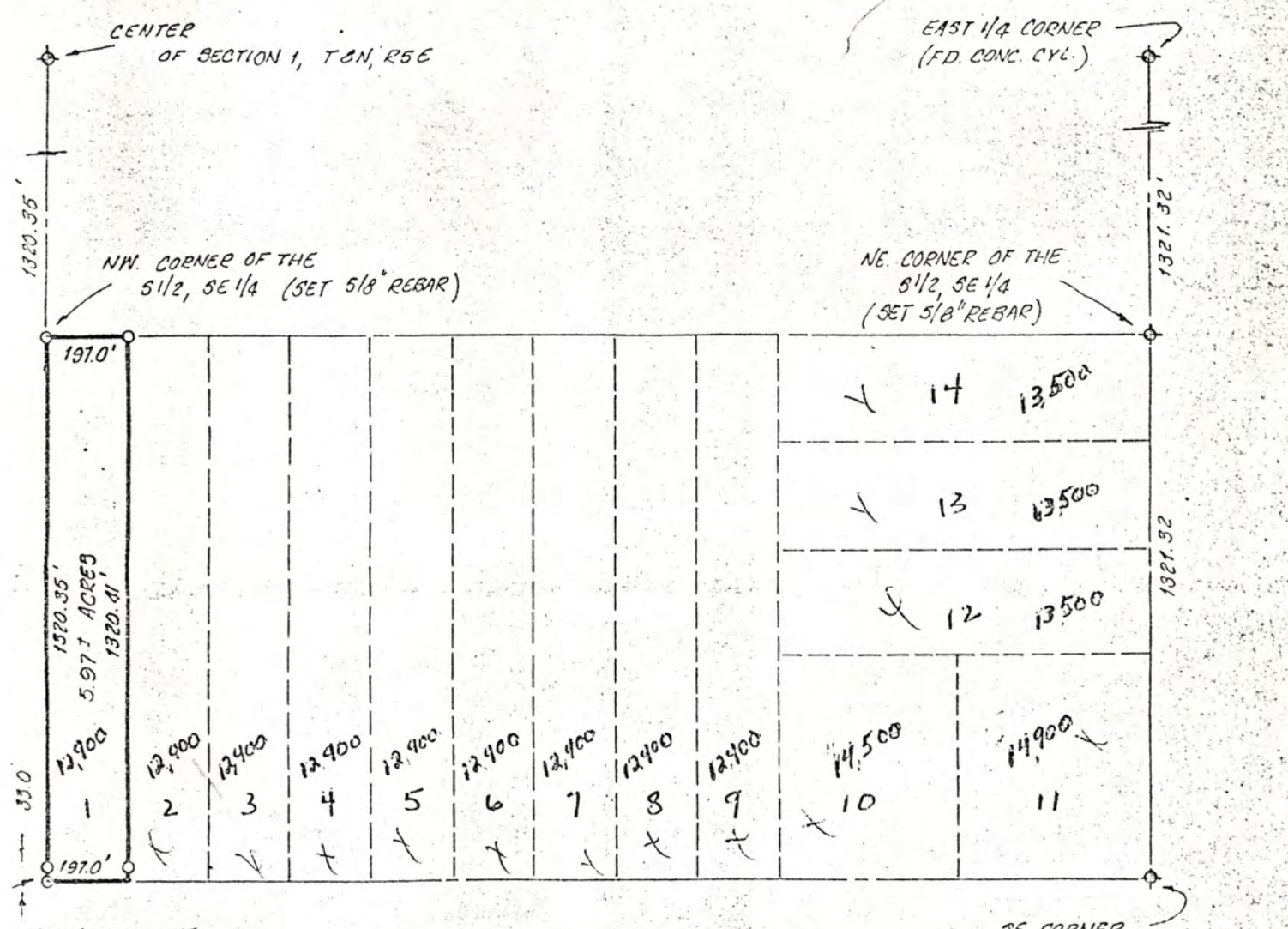
NEBRASKA REGISTERED

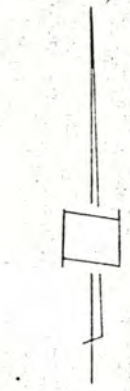
ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 St[illegible]r Street Lincoln, Nebraska 6[illegible]05
Telephone 466-5538

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No. 2076 Date September, 19 77





o = Monuments Found

SURVEYORS CERTIFICATE

Signed this 26th day of September, 1977

NEBRASKA REGISTERED

Official Survey Record

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 Starr Street Lincoln, Nebraska 68505

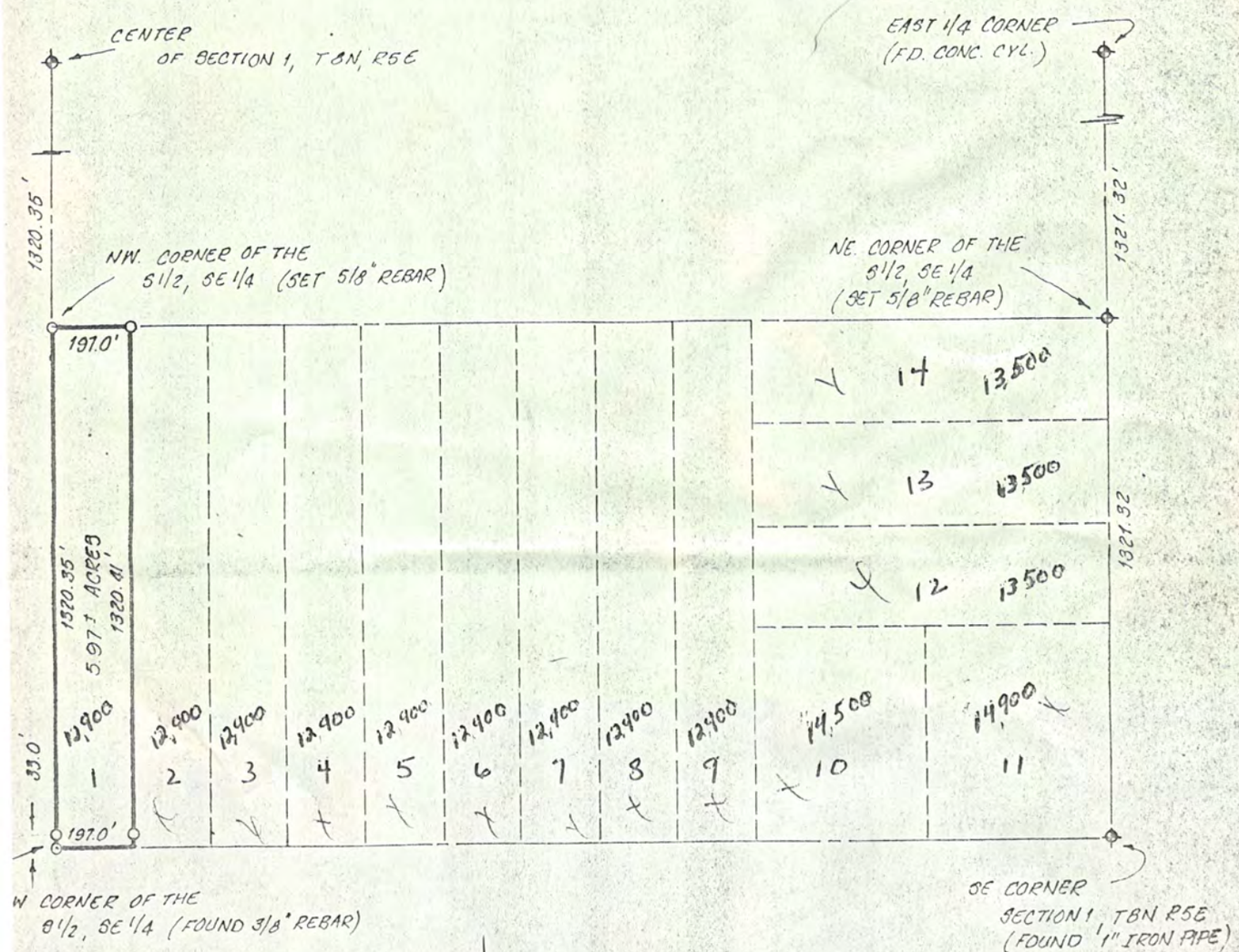
Telephone 466-5538

Sheet 1 of 1

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No. 2076 Date September, 19 77



SCALE 1" = 400'

● = Monuments Found

SURVEYORS CERTIFICATE

ereby certify that I have accurately veyed the property in the above plat. n Bars were set at points marked O. dimensions are in feet and decimals a foot.

Signed this 26th day of September, 1977

NAME Kerry W. Simonds

Surveyor's License Nebraska L.S. 338

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2439-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 9, 1987 — THIS PERMIT EXPIRES

ROGER C. BOHL — ISSUED TO

BOX #2823 LINCOLN, NE 68501 — ADDRESS

T8N; R5E Sec 1; 6500 W. Bennet Rd. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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

RECEIPTED BY — DATE 1-9-87 — AMOUNT

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 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. 2439-C

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

DATE: Jan 8 - 87

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. 8N; Range 5E; Section 1;
Block _____; Lot _____; Addition _____
Street Address 6500 W Bennet Rd.

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

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

4. Description of proposed alteration, extension or repair: add 400 sq ft lateral — 140' perforated pipe

5. Work to be done by: Owner ☐; or Contractor ☒, Larry Schwank
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 600
b. Labor	$ 500
c. Other	$
TOTAL	$ 1128

Signature of Applicant (owner or lessee)

BOX 82823, LINCOLN, NEBR. 68501
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 1-8-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 1-8-87 by: rm
Date: _____ by: _____
Date: _____ by: _____

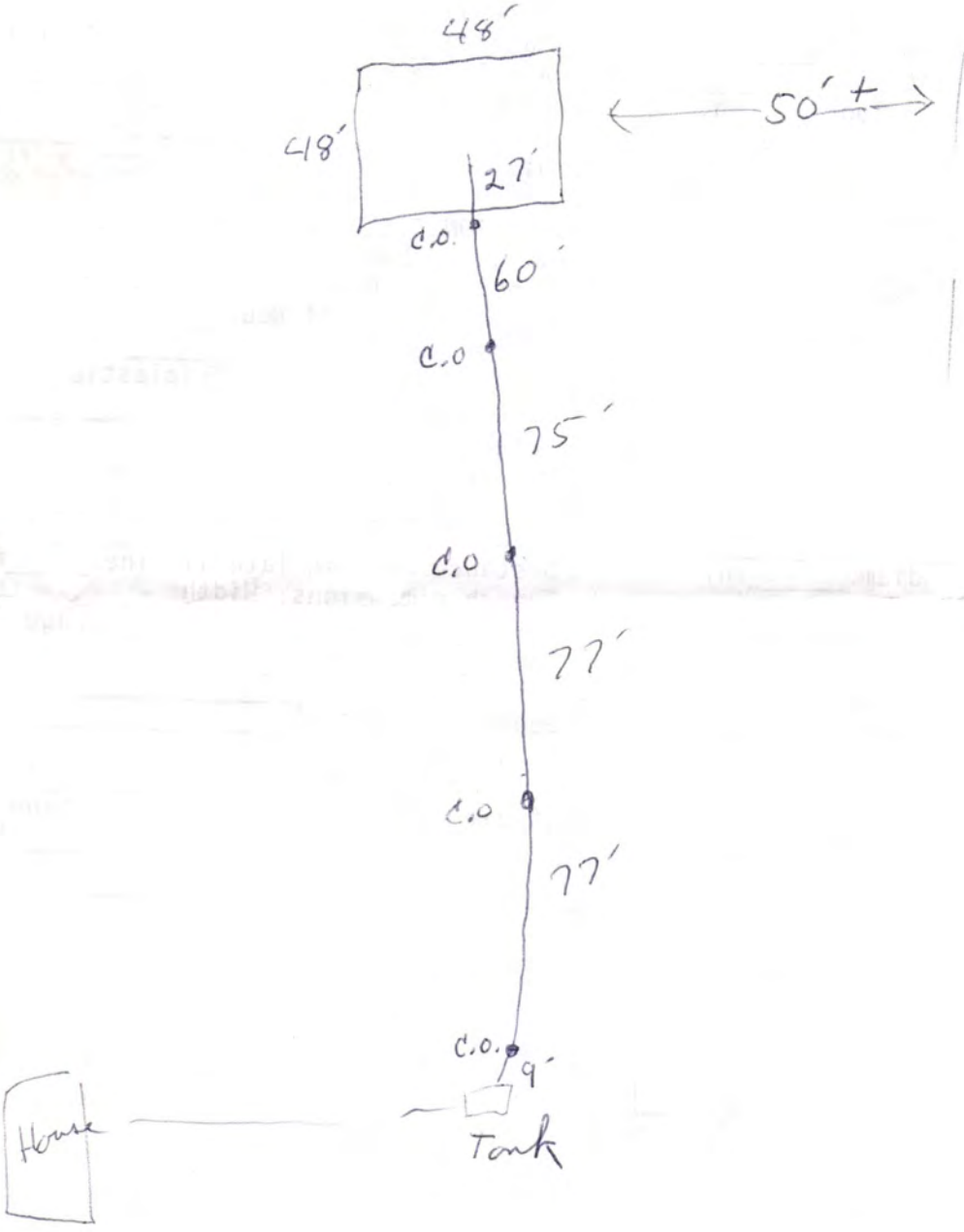
3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Nobe

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-8-87 by: Ron Maynard

Larry Schwarck 10-11-96

N

Lot 3 SE 1-8-5
6500 W Bennett Rd.



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 6500 W Bennet Rd Martell Ne 68404

Twp 8N Range 5E Section 1 1/4 SW 1/4 Block ___ Lot 3 Addition ___

Directions to Property Hwy 33 to SW 72nd 2 miles North 1/2 mile east on Bennet 2nd house on North side of road

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

Location of Sewage System Back of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Roger C + Diane K Bohl	6500 W Bennet Rd Martell Ne 68404	794-4792
Tenant/Buyer:			
Return to:	same as above		

Signature of Applicant Diane K Bohl Address 6500 W Bennet Rd Martell Ne 68404 Date 7/31/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/31/96
Initials T.C.H.
Amount $150.00
Check No. 7059

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/1/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <10 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 10/11/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS RUNNING OUT MUST BE CORRECTED WHETHER LOAN ENVOLVED OR NOT. All Corrected 11/5/96 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/5/96

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

add 140' of perforated pipe

