LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380103201

Issued 07/30/93
Expires 01/30/94
Revenue Code 18754

Establishment
LINDSEY CONSTRUCTION
T8N R5E SEC 17
ELSNER LAKESIDE ESTA BLK 2 LOT 1
146600 BOBWHITE TRAIL

FEES: $150.00

TOTAL $150.00

Permittee
LINDSEY CONSTRUCTION
3410 FOX HOLLOW CI
LINCOLN NE 68506

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 7-21-93

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

1. Legal description of property: Twp. 8N ; Range 5E ; Section 17 ;
   Block 2 : Lot 1 : Addition ELSNER LAKESIDE ESTATES
   Street Address 14660 Bob White TRAIL

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

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

4. Distance to public sewer: _____ ft.

[signature]
Signature of Applicant (Owner or Lessee)

[illegible] Fox Hollow Circle
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/21/93 . Date Frwd. 7/22/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/22/93 . Date Frwd. 7/22/93 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 07/22/93 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☒ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/7/93 by: D.C.H.
Date: 10/15/93 by: D.C.H.
Date: 10/19/93 by: D.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/17/93 By: Jerrold C. Hood

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

FORM 23-43

1000 Bob White Trail

FORM 20105-0477
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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-1-93 to 7-2-93. Weather: Precip. 0 Temp. 72

OWNER: Daryl Lindsey

Address: _____

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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-1-93	10 am	7-2-93	8 am	7-2	8 am	9¼	8:30	8⅛	30	⅜	80
2	"	"	"	"	"	"	"	5⅛	"	4⅝	"	⅝	48
3	"	"	"	"	"	"	"	5	"	4	"	1	30
4	"	"	"	"	"	"	"	5¼	"	4⅞	"	⅜	80
5	"	"	"	"	"	"	"	6⅛	"	5⅝	"	½	60
6	"	"	"	"	"	"	"	5⅜	"	5	"	⅜	80
7	"	"	"	"	"	"	"	5⅛	"	4⅝	"	⅝	48
8	"	"	"	"	"	"	"	5⅛	"	4	"	1⅛	26

Sum of Percolation Rates: 452
Average of Rates: 56.5
Mean of Rates: _____

Clint Pasewalk
Signature of Person Conducting Test

Address 3301 So 6th Phone 437-6817

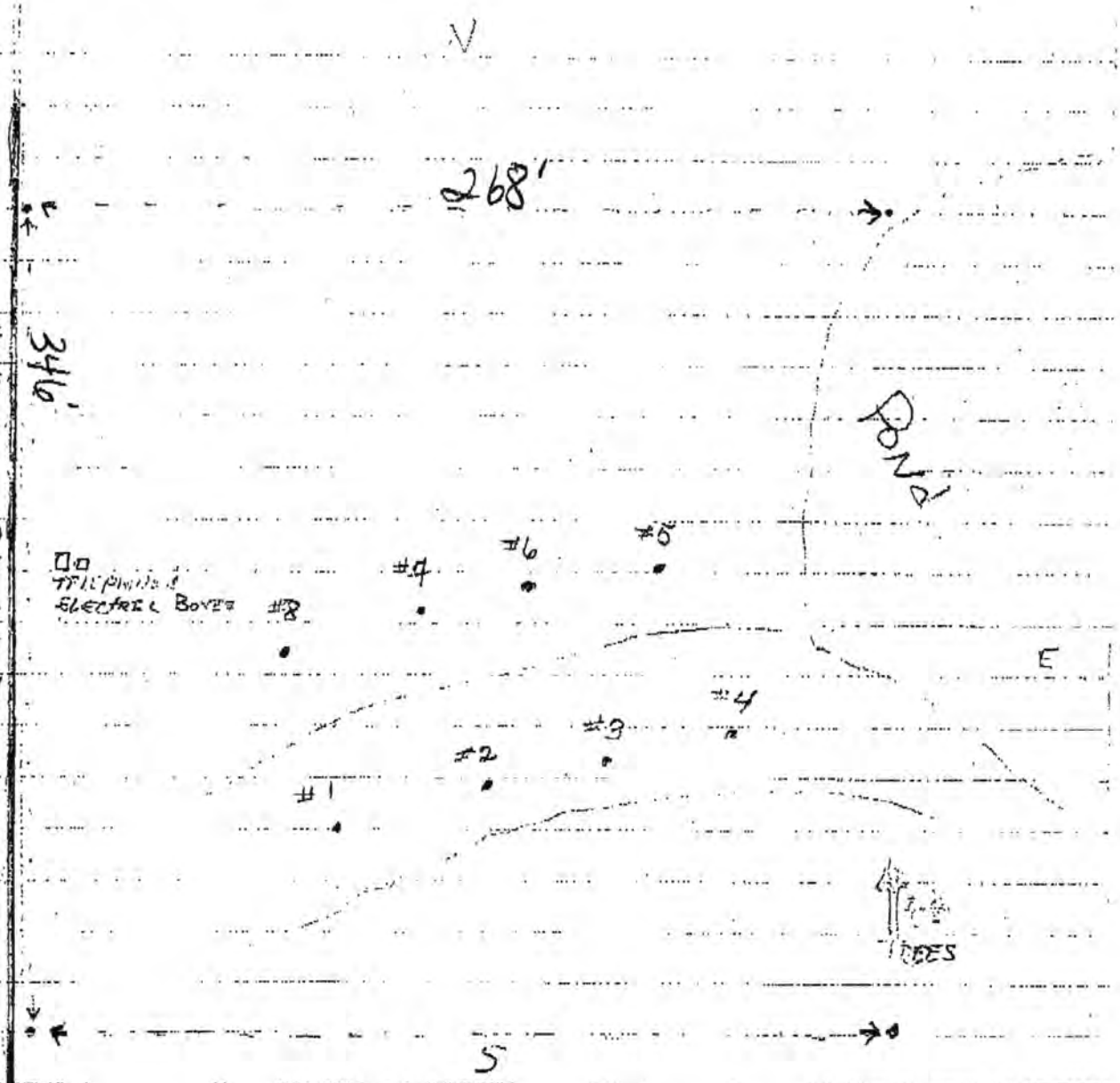
(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: JULY 21, 1993

Gerald C. Hood
Signature of Reviewing Official



East & West property lines		South & North property lines	
#1	130'	#1	215'
#2	160'	#2	210'
#3	200'	#3	208'
#4	242'	#4	205'
#5	290'	#5	159'
#6	260'	#6	165'
#7	215'	#7	170'
#8	160'	#8	175'

"perc test Holes"

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

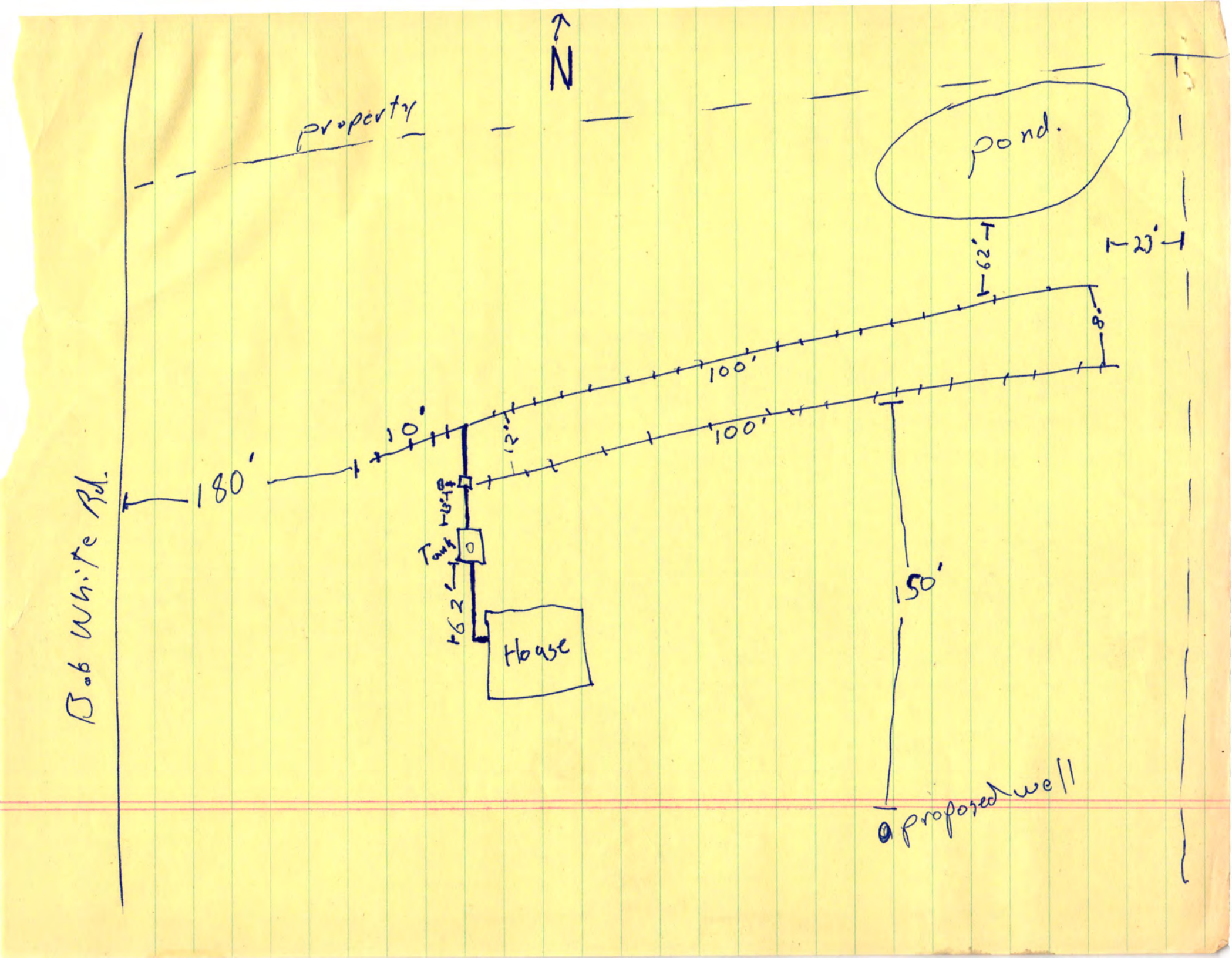
REVIEWING ACTION

Remarks: _____

Date: JULY 22, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 611 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


N
property
pond.
62'
23'
8'
100'
100'
10'
12'
180'
Tank
House
150'
proposed well
Bob White Rd.

FORM 20105-0477
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: 471-7800

Test Location
14666 Bob white Trail

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 10-1-94 to 10-2-94. Weather: Precip. .10 Temp. 65°.

Hole's 2-6 had water in From Pre-Test

OWNER: Wellmann Plumbing
Address: Suit B 3301 SO. 6th Lincoln

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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	5 7/8"	30m	1/8"	
2	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	6"	30m	0	
3	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	5 5/8"	30m	3/8"	
4	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	5 3/4"	30m	1/4	
5	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	5 1/4"	30m	3/4	
6	36"	10-1	2:00 pm	10-2	7:15 Am	10-2	7:15 Am	6"	8:15 Am	5 7/8"	30m	1/8"	

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

Mike Haugland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

PRE-CAST STEP CO., INC.

Date 10-1-94

Contractor Wellman's P/S

Address

Tank Size Lat.

Res. of

Job Location

10-2-94

Test Start - 2:00 pm

7:15 Am	7:45	8:15
1	1/8	1/8
2	0	0
3	3/4	3/8
4	1/2	1/4
5	1	3/4
6	1/8	1/8

Temp - 63°

Pic - .10

Clay Loam

Holes - 2-6

Had water in From Pre-Test

Del. Date Time

026

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 reque

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County H

☒ 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 14660 Bob White Trail, Crete, NE
Twp 8 N Range 5 E Section 17 1/4 SW 1/4 SE Block 2 Lot 1 Addition 1st Add, Elsner Lakeside Estates
Directions to Property East of House

Location of Well _____ Tap Location: Inside ☐ Outside ☒
Location of Sewage System _____ Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Daryl E. Lindsey DBA Lindsey Construction	3410 Fox Hollow Cir	488-1868
Tenant/Buyer:	Peter E. + Suzanne J. Moyeux	14660 Bob White Tr. Crete NE 68333	
Return to:	Peter E + Suzanne J. Moyeux	14660 Bob White Tr. Lincoln, NE 68333	

Signature of Applicant Jane Lindsey Address 3410 Fox Hollow Cir Lincoln, NE 68506 Date 2/15/94

HEALTH DEPARTMENT USE ONLY

#5157

Date Received 2/15/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By [redacted] PAUL D. **DATE:** 2/15/94

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ _____ /ml
Nitrate	☒ <0.1 ppm	☐ _____ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date___/___/___by____
Date___/___/___by____
Date___/___/___by____

Comments: Some soil settling around septic tank

See Attached Letter ☐

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

Approved by Paul D. Hoffmann Date 2/22/94

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.

WATER CHEMISTRY

STATE LAB NO. 15 2230

COMPLETE INFORMATION BELOW

DATE COLLECTED 2-15-94 10:50
(MO DAY YEAR HOUR)

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Lindsey Const. 1460 Bobwhite Tr.

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 17 TWNSHP 8 (N) S RANGE 5 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY DJ
FOR ACCOUNTING USE ONLY

LWN 88

REPORTED

RECEIVED
'94 FEB 15 A11:30

WATER MICROBIOLOGY

STATE LAB NO. 142884

COMPLETE INFORMATION BELOW

DATE COLLECTED 2-15-94 10:50
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Lindsey Const. 1460 Bobwhite Tr

PROPERTY LEGAL DESCRIPTION: COUNTY Lanc.

QRTR ____ SECT 17 TWNSHP 8 (N) S RANGE 5 (E) W

REPORTED

RECEIVED

FEB 16 P2:08 '94

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91