LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2568-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 11, 1988 — THIS PERMIT EXPIRES

PATRICK W. SANDERS — ISSUED TO

1521 SUPERIOR ST., #12 LINCOLN, NE 68521 — ADDRESS

T8N; R6E; Sec 30; Bk 5; Lot 3; Bluestem Hgts; SW 42 & Sunflower Lane — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	10-2-87	

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 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: $ 60.00

FILE NO. 2569-C

DATE: 10/1/87

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 6E ; Section 30 ; Block 5 : Lot 3 : Addition Bluestem Heights
   Street Address SW 42nd & Sunflower Lane

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. WILL PUT IN WHATEVER SOIL TEST INDICATES

Patrick W Sanders
Signature of Applicant (Owner or Lessee)

1521 Superior St #12 Lincoln NE 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/1/87. Date Frwd. 10/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/2/87. Date Frwd. 10/2/87. ACTION: Approved ☐ Disapproved ☐ Signature: Gary N Sherwood

3. City or County Engineer : Date Rec'd. 10/2/87. Date Frwd. 11. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 11/24/87 by: J. C. Hood
Date: 11/25/87 by: J. C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/6/88 By: Jerrold C. Hood

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

FORM 23-43

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. 2569-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area: 3.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/30 to 10/1. Weather: Precip. 0 Temp. 75.

OWNER: Patrick W Sanders
Address: 1521 Superior St #12 68521

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"	9/30	7:50	10/1	7:50	10/1	11:22	19½	11:52	20	30	½	30/½
2	—	—	—	—	—	—	11:23	19¼	11:53	19⅜	—	⅛	30/⅛
3	—	—	—	—	—	—	11:24	21	11:54	21¼	—	¼	30/¼
4	—	—	—	—	—	—	11:25	21⅞	11:55	22⅛	—	¼	30/¼
5	—	—	—	—	—	—	11:26	20½	11:56	20¾	—	¼	30/¼
6	—	—	—	—	—	—	11:27	20½	11:57	20⅛	—	⅝	30/⅝

Patrick W Sanders
Signature of Person Conducting Test

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

Address 1521 Superior St #12 Lincoln Ne 68521 Phone 435-3325

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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. 2568-C

PROPERTY WHERE SOIL TESTED: BL 3 Lot 5

Location: Township 8 No. ; Range 6 E. of 6th PM; Section & ¼ Section 30.
Property Dimensions: 420 ft. x 532 ft. Area: 3.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11/17 to 11/18. Weather: Precip. 0 Temp. 40°.

OWNER: Patrick Sanders
Address: Rt 1 Box 14A Marshall Mo 64944

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	11/17	7:00 AM	11/18	7:00	11/18	12:00	18½	12:30	19½	30	1	30/1
2	—	—	—	—	—	—	12:01	22	12:31	22¾	—	3/4	30/3/4
3	—	—	—	—	—	—	12:02	20	12:32	21	—	1	30/1
4	—	—	—	—	—	—	12:03	17¼	12:33	18	—	3/4	30/3/4
5	—	—	—	—	—	—	12:04	19	12:34	20¾	—	1¾	30/1¾
6	—	—	—	—	—	—	12:05	19	12:35	20½	—	1½	30/1½

Patrick Sanders
Signature of Person Conducting Test
Address 1521 Superior St #12 Phone 435-3325

Sum of Percolation Rates: 6¾"
Average of Rates:
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

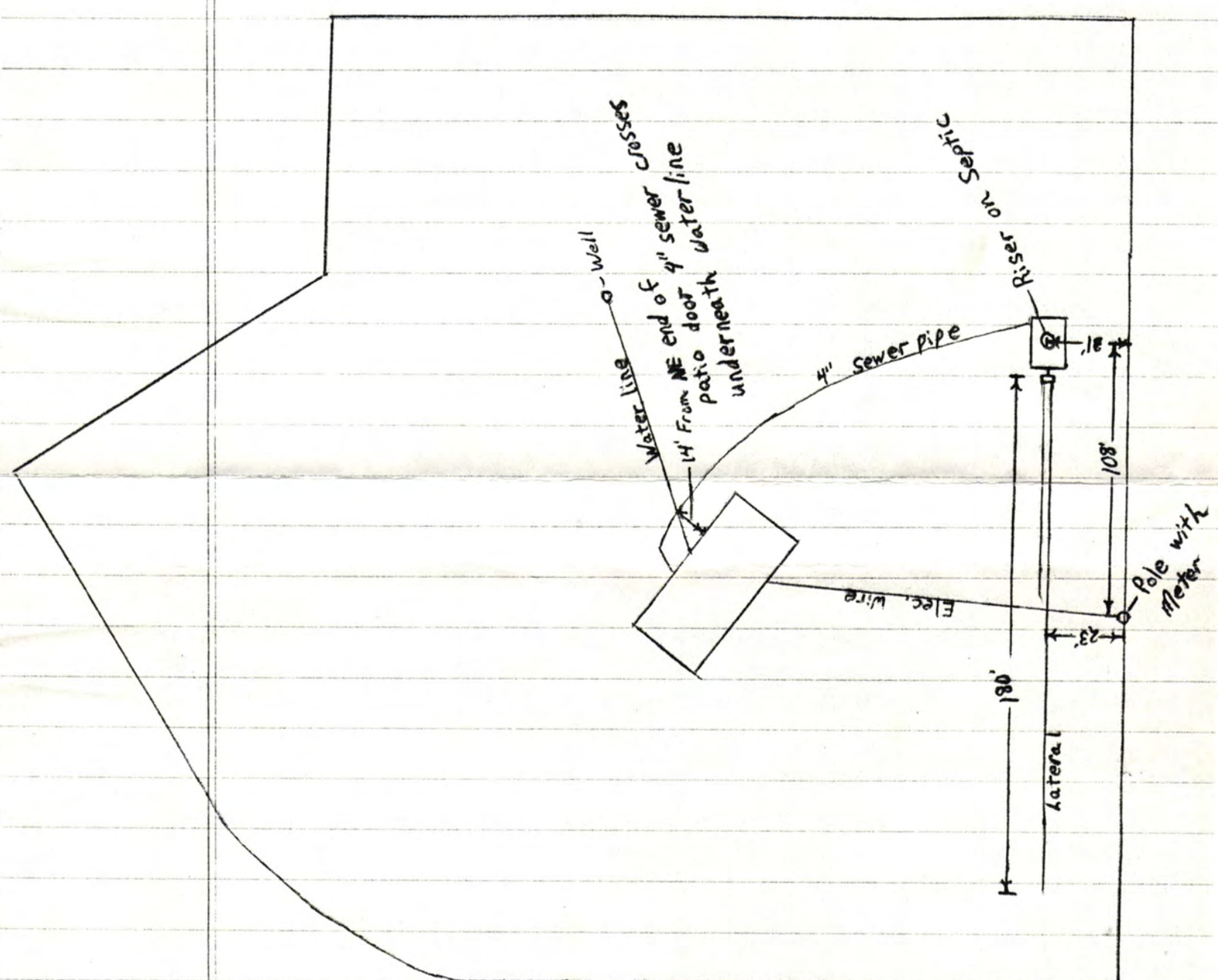
Remarks: CONFIRMED 11/24/87
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date:

Approved Percolation Rate (a)
A. 27 min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

JAN 6 1988

Pat Sanders
Rt 1 Box 14A
Martell Ne 68404



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 4-16-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 #150.00

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 30; BLOCK 3

LOT 3; ADDITION BLUE STEM HEIGHTS; Street Address 4200 SUNFLOWER RD.

Directions to Property 77 SOUTH TO CRETE CORNER - THEN WEST TO S.W. 142ND THEN SOUTH 1½ MILE - RIGHT HAND OR WEST SIDE OF RD

Location of Well PROPERTY 1/4 E. OLD HR. Tap Location: Inside ☐ Outside ☐

Location of Sewage System MR HOOD SAID HE HAD LOCATION MAP Year Installed 1989 1988

	NAME	ADDRESS	PHONE
Present Owner:	PATRICK A SANDERS	4200 SUNFLOWER RD	
Tenant/Buyer:			
Return to:			

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received _____ Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 4/17/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 4/17/90	by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 4/23/90	by L.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date _____	by ___

Comments: PLASTIC CASING ABOVE GROUND. NO ELECTRICAL CONDUIT DEPRESSION & HOLES AROUND WELL. WELL CAP NOT ON TIGHT. 4/23/90 Well all corrected L.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Harold C. Hood R.S. DATE APRIL 24, 1990

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2-ONLY (23) 1. NIL 2. N 3. BOTH 4. TPC

DATE COLL. 4/17/90 12:02PM (9-16) BY J. C. Wood (17-28)
MO./DAY/YR./HOUR

ADDRESS OR LOCATION SEC. 30, T8N, R6E, BLK5, LOT 3, BLUESTEM HEIGHTS (29-41)

NAME AND ADDRESS OF OWNER

PATRICK SANDERS

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. ____ (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM ____ /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE < 0.1 STATE TEST mg/LITER (61-64)

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

IN

OUT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

BIOLOGICAL EXAMINATION OF DRINKING WATER

WELL ALL CORRECTED

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 4/23/90 11:29AM (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 30, T8N, R6E BLK 3, LOT 5, BLUESTEM HEIGHTS (29-41)

NAME AND ADDRESS OF OWNER PATRICK SANDERS
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 7857 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

'90 IN APR 23 P4:31

'90 OUT APR 24 P1:02

WATER CHEMISTRY

STATE LAB NO. 15 2948

COMPLETE INFORMATION BELOW:

DATE COLLECTED 4 (Mo.) 17 (Day) 90 (Yr) 12:03 PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION PATRICK SANDERS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NE SECTION 30 TOWNSHIP 8 N RANGE 6 E

APR 17 P1:35 '90

REP. REC.

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N Less than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: KG

FOR ACCOUNTING USE ONLY

LRWC 85