LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / I

This form must be completed and returned to request a real estate transfer inspection.

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

☐ Evaluation of the Individual Water System Date: 7-9-91

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 35; BLOCK ____

LOT ____; ADDITION _____; Street Address 2040S 5th 12th

Directions to Property South on Hiway 77 to Hickman Rd. then 3/4 mile on South, House located on West Side top of Hill. Green House, name on Mailbox.

Location of Well Bennet Rural Water System Tap Location: Inside ☐ Outside ☑

Location of Sewage System South of House 100 yds. Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Mark E. Smith	2040S 5th. 12th	792-2688
Tenant/Buyer:	Mark E. Smith	2040S 5th 12th	792-2688
Return to:	Ken Kuta	First Federal Lincoln 3901 Normal	473-6104

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

Signature of Applicant Mark E. Smith Address 2040S 5th. 12th.

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 9, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 10, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 7/10/91 by J.C.H
Bacteria	☐	☐	Provisional:	☐	Date 8/5/91 by J.C.H.
Nitrate	☐	☐	Disapproved:	☒	Date _____ by ____

Comments: FENCE IS MASHED DOWN BELOW 4 FEET. LITTLE CEDARS AND ELMS MUST BE REMOVED FROM ON AND AROUND DIKES. VEGETATION NEEDS MOWING AND CATAILS AND WEEDS KILLED OUT FROM WATERS EDGE 8/5/91 all corrected J.C.H Good Job See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Wood R.S. DATE AUGUST 8, 1991

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

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description _____ Location _____
Owner/Requestor _____

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS _____

Water System _____

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____
Date: _____

WA1002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1227-C (Alter Sewage Disposal System)

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — May 22, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

Robert Chenny, Martell, NE

ISSUED TO — ADDRESS

T8N, R6E, Section 35, Lot 10 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Alter)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
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-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: 475-6221)

FILE NO. 1227-C

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

DATE: _____

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 6E ; Section 35 ;
Block _____; Lot 10 I.T.; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: CHANGE TO LAGOON SYSTEM

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER $2,000.00

ROBERT CHENNY
Signature of Applicant (owner or lessee)

MARTELL, NEBRASKA
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: 9-11-78 Final by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-11-78 by: James Weverka

No Drawing Submitted

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. 1227-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 6E
Section & ¼ Sect. SE¼ 35
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: Robert Chenny
Address Martell, Nebr.

Dates of Tests: 10-18-77 to 10-19-77. Weather: Precip. 0 Temp. 55°

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	36"	10-18	6 PM	10-19	5 PM	10-19	5:00	24⅛	5:30 PM	25⅜	30	1¼	
2	37"	10-18	"	"	"			26½		27½	"	1	
3	36"	10-18	"	"	"			27		27 3/4	"	¾	
4	35"	10-18	"	"	"			28¼		29 5/16	"	1 1/16	

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

Edward T Douglass
Signature of Person Conducting Test

Address Cortland, Neb.
Phone: 798-2680

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

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. 1227-C

DATE: 11-14-77

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.

1. Legal description of property: Twp. 8N; Range 6E; Section 35 ____; Block ____; Lot ____; Addition ____.
Street Address ____. in SE¼ (part)

2. Property Use: Residential ____ ☑; Commercial ____ ☐
No. of Bedrooms 3 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).

Bob Chenny - by Ed Dayton
Signature of Applicant (owner or lessee)

Martell, Neb.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☐; Disapproved ☐ ____
by: ____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____