LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2072-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 12, 1984 — THIS PERMIT EXPIRES

PAUL VON GILLERN, % LARRY HALL 3308 NO. COTNER LINCOLN, NE 68507

ISSUED TO — ADDRESS

T8N; R7E; Sec. SW¼ 16; Lot 4 I.T.

LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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
SS	3-12-84	60.00

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. 2072-C

DATE: 2-29-84

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. T8N; Range R7E; Section SW¼ 16;
   Block ____: Lot 4 I.T.: Addition ____
   Street Address ____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☒ Void PUD
   No. of Bedrooms 3. Describe ____

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

4. Distance to public sewer: ____ ft.

c/o Paul von Gillern
c/o Larry Hall
Signature of Applicant (Owner or Lessee)

3308 N Cotner Blvd
Address

Telephone No. 467-4792

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/2/84. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/5/84. Date Frwd. 3/8/84. ACTION: Approved ☒ Disapproved ☐ Signature: Michael J. Oelschlager

3. City or County Engineer: Date Rec'd 3/12/84. Date Frwd. 3/12/84. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 3-8-84 by: sm (need fence)
Date: 9-7-84 by: sm
Date: 9-10-84 by: sm

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/31/88 By: Jerrold Hood

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: ~~474-1541~~ 471-7800 JERRY HOOD

B

FILE NO. 2072-C

PROPERTY WHERE SOIL TESTED:

Location: Township 16N; Range R7E; Section & ¼ Section 16.
Property Dimensions: 294.73 ft. x 942.86 ft. Area: 6.38 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.

Dates of Tests: 9/5/82 to 9/9/82. Weather: Precip. ____ Temp. ____.

OWNER: De Jonge Realty

Address: 165 Wedgewood

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"	9/5	2:00	9/6	4:30	9/6	4:30	8"	8:30	7½"	30	½"	30 1½"
2	"	"	P.M	"	PM	"	PM	"	PM	6½"	"	1½"	" 1½"
3	"	"	"	"	"	"	"	"	"	6"	"	2"	" 2"
4	"	"	"	"	"	"	"	"	"	6¼"	"	1¾"	" 1¾"
5	"	"	"	"	"	"	"	"	"	6"	"	2"	" 2"
6	"	"	"	"	"	"	"	"	"	1"	"	1"	" 1"

Sum of Percolation Rates: 8¾"
Average of Rates: 1⅜"
Mean of Rates: ____

Paul von Gillern
Signature of Person Conducting Test

Address 3308 N Cotner Blvd Phone 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems a little fast for Wymore Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: February 24, 1984

Approved Percolation Rate (a)
A. 2 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

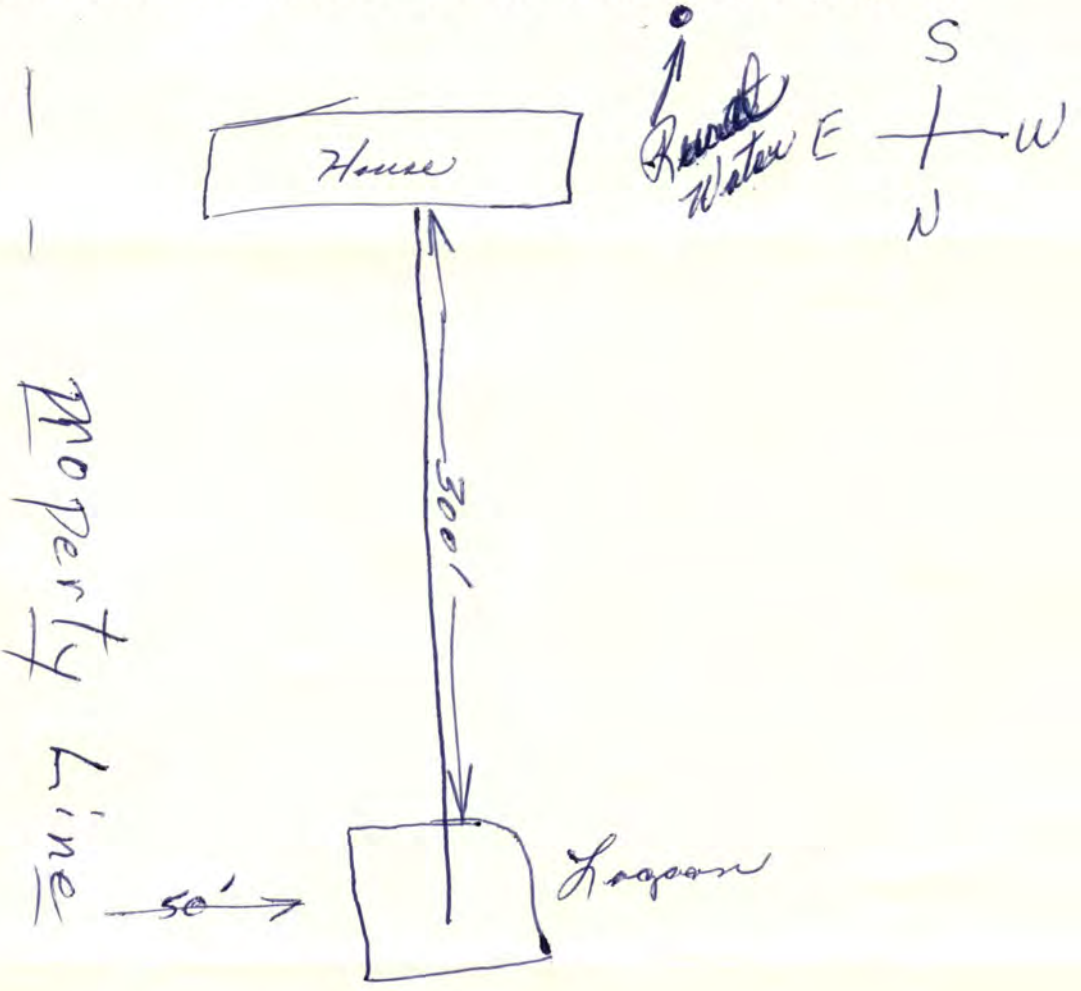
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2072-C

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



REVIEWING ACTION

Remarks: Lagoon must be sealed

Date: 2-29-84

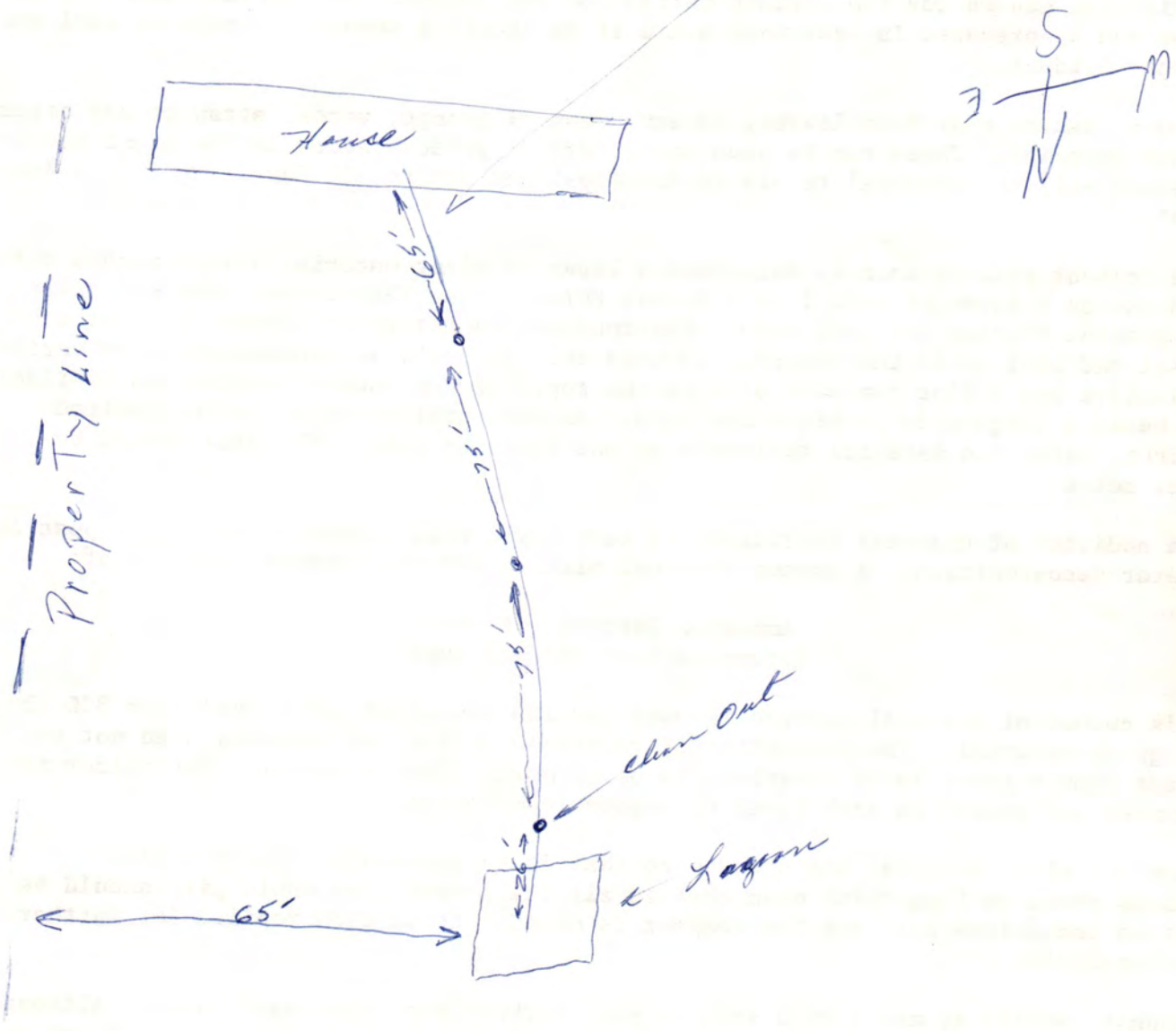
Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

T8N, R7E, 16

Lanny Hall by Paul von Gillern

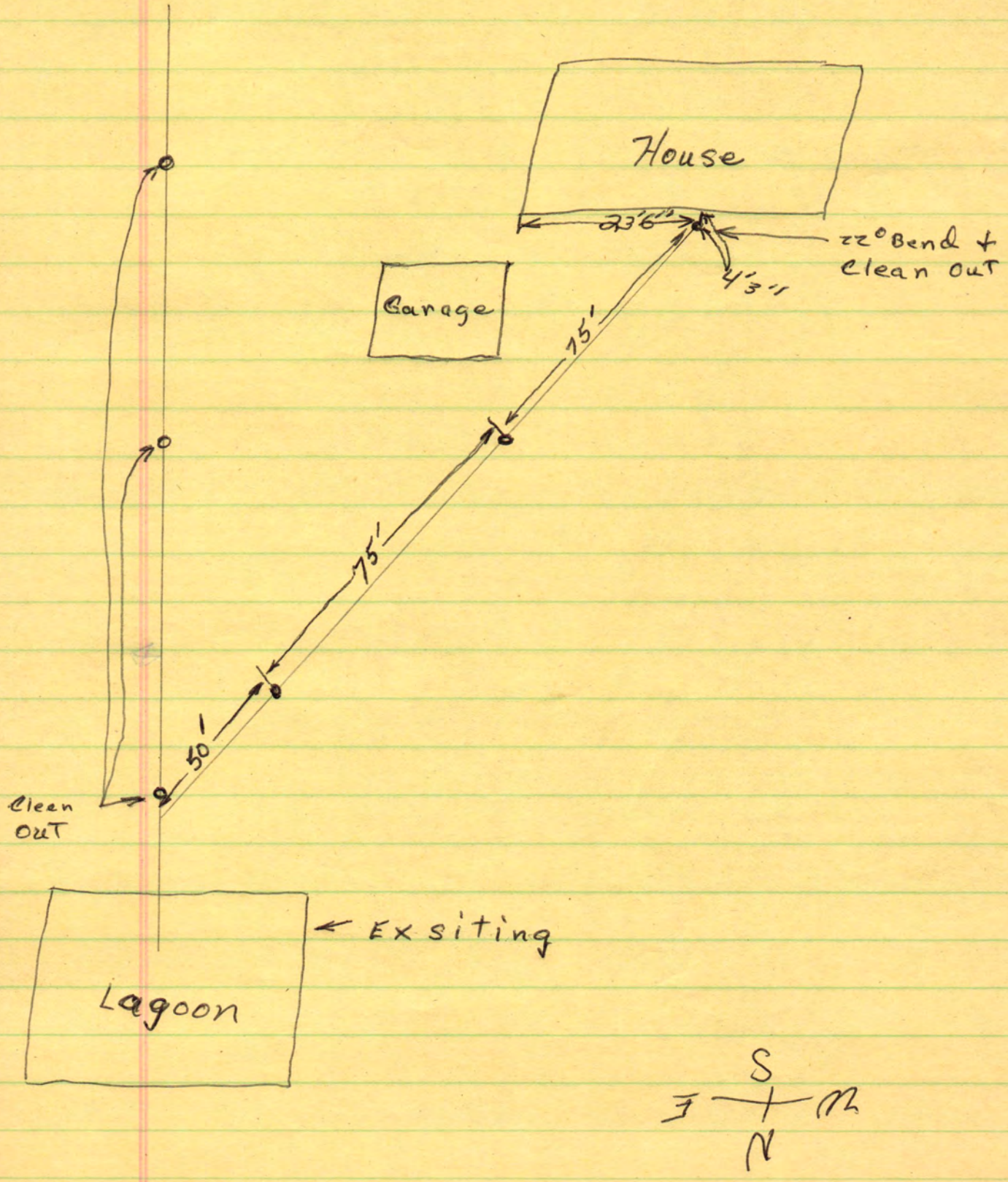
RD1 3-8-84



Drawing For Lanny Hall

9-10-84

Rural Water



RECEIVED AUG 2 8 1990

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 8-17-90

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

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 16; BLOCK 1

LOT 4; ADDITION PESTER PLAINS SUBDIVISION; Street Address _____

Directions to Property 5600 ROCA RD. (CALL OWNERS)

Location of Well N/A Tap Location: Inside ☐ Outside ☐

Location of Sewage System 600+ FEET NO. OF RESIDENCE Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	JOHN & RITA HARSHBERGER	5600 ROCA Rd.	792-2887
Tenant/Buyer:			
Return to:	FAX TO DONNA F. KUTINA COLDWELL BANKER	ATTN: COLLEEN RELOCATION MANAGEMENT 27271 LAS RAMBLAS MISSION VIEJO, CALIFORNIA 92691	(714)367-256

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

Signature of Applicant PATRICK ELGERT Address 2855 SO. 70TH LINCOLN, NE. 68506

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 20, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/22/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☐	Date 8/22/90 by J.C.H.
Bacteria	☐	☐	Provisional: ☐	Date 8/28/90 by J.C.H.
Nitrate	☐	☐	Disapproved: ☒	Date _____ by _____

Comments: LAGOON REEDS MOWING. 8/28/90 Mowed. J.C.H

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: ~~ASSUME TO BE~~ NOT REQUESTED (RURAL WATER DISTRICT WATER (A PUBLIC SUPPLY).

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

APPROVED BY Jerrold C. Hood R.S. DATE AUGUST 28, 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7[illegible]

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: 11-13-90

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

Legal Description of Property: TWP. 8N ; RANGE 7E ; SECTION 16 ; BLOCK 1

LOT 4 ; ADDITION Pester Plains Subdivision ; Street Address _____

Directions to Property 5600 Roca Road

Location of Well None - N/A Tap Location: Inside ☐ Outside ☐

Location of Sewage System 600+Feet No. of Residence Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Coldwell Banker	Relocation Management	714-367-2500
Tenant/Buyer:	Mark, Sara Schroeder	434 Chestnut	792-2024
Return to:	Sally Moorhead	2855 So. 70th	483-2951

FAX 483-6640

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

Signature of Applicant Sally Moorhead Address 2855 So. 70th Lincoln, NE 68506

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 13, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-14-90

WATER SYSTEM: Public Supply	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 11-14-90 by [illegible]
Bacteria	☐	☐	Provisional:	☐	Date _____ by _____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

See Attached Letter ☐

FINAL STATUS Property is on Rural Water District

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

APPROVED BY Ron Mazanec DATE 11-14-90

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