LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000

NON TRANSFERABLE Lincoln, NE 68510-1514

PERMIT

Permit No. 95380128601

SEWAGE INSTALLATION

Issued 03/31/95
Expires 10/01/95
Revenue Code 18754

Establishment

REX WAMSLEY
T8N R7E SEC 26
18301 SE 96 STREET

FEES: $150.00

TOTAL $150.00

Permittee

REX WAMSLEY
225 MEADE AV
FORTLEAVENWORTHKS 66027

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"

MAR 29 1995

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

FILE NO. _____

DATE: _____

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 7E ; Section 26 ; SEE ATTACHED
   Block _____ : Lot _____ : Addition _____
   Street Address 18301 SE 96th St.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

* Please Send Permit To
LTC Rex E. Wamsley
225 Meade Ave
Fort Leavenworth, Kansas
66027

x Rex E Wamsley
Signature of Applicant (Owner or Lessee)
18301 SE 96th Street
Hickman, Nebraska 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/29/95. Date Frwd. 3/29/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/29/95. Date Frwd. 3/29/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 3-29-95. Date Frwd. 3-29-95. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/6/95 by: D.C.H Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/14/95 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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section NE¼ SE¼ 26.
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: 3-21 to 3-22-95 . Weather: Precip. — Temp. 55.

× OWNER: _____

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~~	30	3-21	4.30	3-22	8:10	3-22	9:10	10	9.40	10¼	30	~~¼~~	
~~2~~								11		11¼		~~¼~~	
3								8¾		9¼		½	
4								13½		14		½	
5								11½		12		½	
6								11⅜		12⅜		1	
7								12¼		12½		¼	
8								9⅜		9¼		⅛	
9								12		12½		½	
10								11		11¾		¾	

Larry Schwarck trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Barely passing
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 29, 1995

Approved Percolation Rate (a)
A. 60 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 ☐

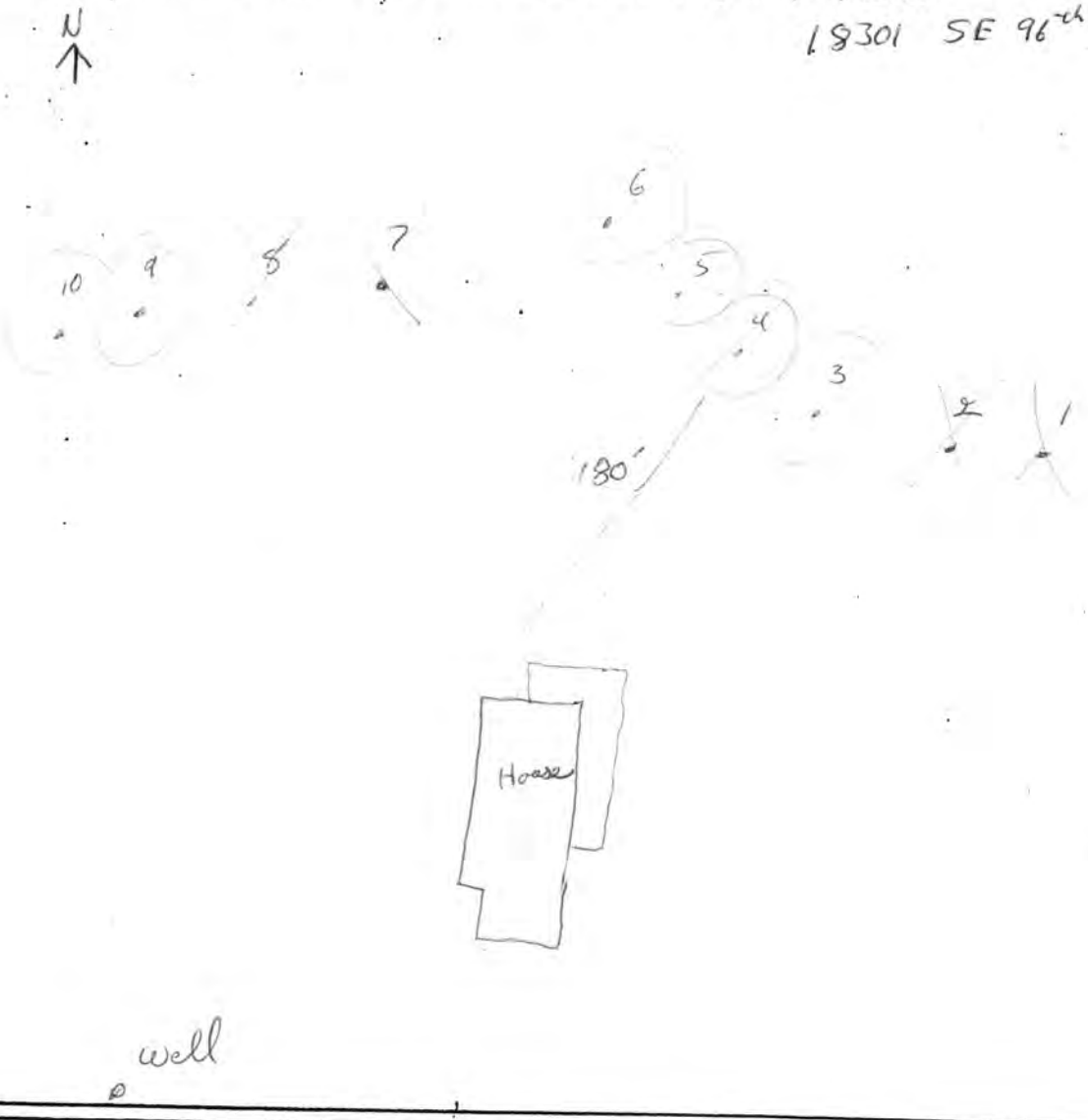
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: March 29, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 320 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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

D
APR 14 1995

DATE: 4-6-95

FILE NO. _____

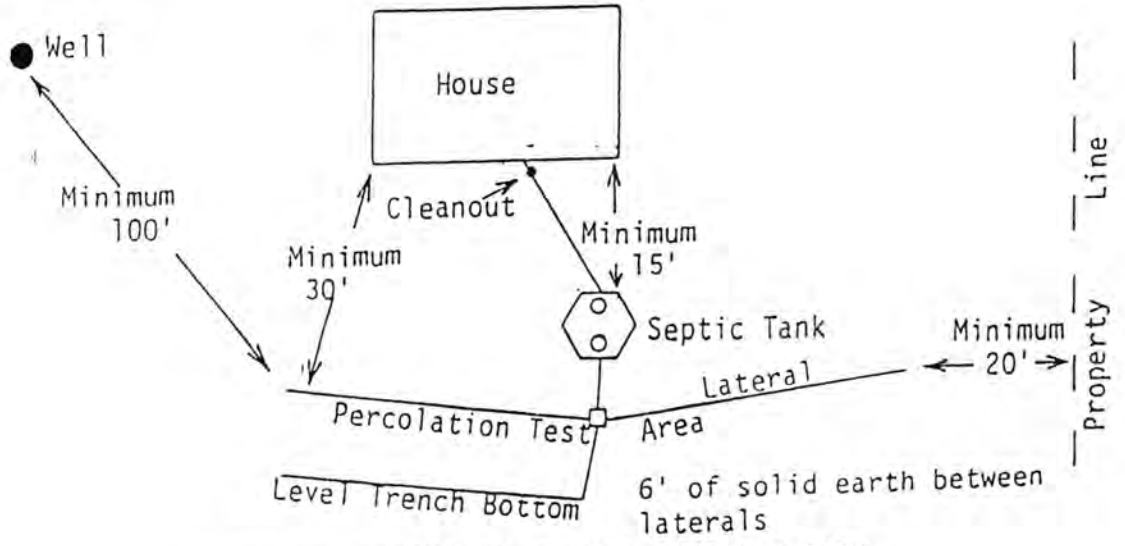
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 14" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank 10' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4.
Material: fiberglass ☐; plastic ☒; concrete ☐ ; other _____.
2. Lateral Lines:
Number 5; Length of each line 100, 100, 100, 70, 70 ft.;
Total length of laterals 440 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36 - 42 in.
4. Filter Material: Road Gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

EXHIBIT A

LEGAL DESCRIPTION:

Description of the North One-Half of the Northeast Quarter of the Southeast Quarter of Section 26, Township 8 North, Range 7 East of the 6th P.M., Lancaster County, Nebraska, more particularly described by metes and bounds as follows:

Referring to the Northeast corner of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26. Thence in a Southerly direction along the East line of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26 on an assumed bearing of S 00° 00' 00" E a distance of Six Hundred Fifty-Nine and Sixty-Five Hundredths (659.65) feet to the Southeast corner of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26. Thence S 89° 44' 38" W along the South line of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26 a distance of One Thousand Three Hundred Twenty-One and Forty-Nine Hundredths (1,321.49) feet to the Southwest corner of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26. Thence N 00° 02' 37" E along the West line of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26 a distance of Six Hundred Sixty-One and Four Hundredths (661.04) feet to the Northwest corner of the North One-Half of the Northeast Quarter of Southeast Quarter of said Section 26. Thence N 89° 48' 15" E along the North line of the North One-Half of the Northeast Quarter of the Southeast Quarter of said Section 26 a distance of One Thousand Three Hundred Twenty and Ninety-Eight Hundredths (1,320.98) feet to the Point of Beginning and containing a calculated area of 20.03 Acres more or less.

004

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 18301 S. 96th Street, Hickman Nebraska 68372

Twp 8N Range 7E Section 26 1/4 NE 1/4 SE Block ____ Lot ____ Addition ____

Directions to Property 2 miles east of the flashing light at intersection by Casey's store (68th Street: Hickman Road) then 1/3 mile north. House sits 1/4 mile to West of 96th Street.

Location of Well 750 feet Southwest of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System North of the house - ~~empty~~ leach field 200 meters Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	Rex and Cindy Walmsley	18301 S. 96th Street Hickman, Nebraska 68372	(402) 792-2063
Tenant/Buyer:			
Return to:	Rex and Cindy Walmsley	Same as above FAX 473-6580	

Signature of Applicant R E Walmsley Address 18301 S. 96th Street Hickman, Nebraska 68372 Date 10 / 10 / 95

HEALTH DEPARTMENT USE ONLY

Date Received 10 / 18 / 95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 10 / 18 / 95

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

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 10 / 24 / 95 by G.C.H.
Date 10 / 27 / 95 by G.C.H.
Date 10 / 30 / 95 by G.C.H.

Comments: SEWAGE LATERALS SHOULD NOT BE FARMED OVER.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Magnuson, RS Date 11 / 1 / 95

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 MICROBIOLOGY

STATE LAB NO 145-25639

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 24 (DAY) 95 (YEAR) 2:11 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION REX WAMSLEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 26 TWNSHP 8 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

~~TOTAL COLIFORMS~~ Confluent Growth ~~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

RECEIVED OCT 24 P2:57 '95

REPORTED OCT 25 '95 A8:58

10881

WATER CHEMISTRY

STATE LAB NO. 15

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 18 (DAY) 95 (YEAR) 11:20 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ~~LANCASTER~~ REX WAMSLEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 26 TWNSHP 8 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '95 OCT 19 P2:32

REPORTED '95 OCT 20 12:10

'95 OCT 20 P2:00

REPORTED

'95 OCT 19 P2:32

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO 1425299

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 18 (DAY) 95 (YEAR) 11:28 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION REX WAMSLEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 26 TWNSHP 8 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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 No Test 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: Wk'd Pack

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☒ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY VR

FOR ACCOUNTING USE ONLY

LWB 91

'95 OCT 31 P1:42

REPORTED

RECEIVED

'95 NOV 3 P3:57

WATER MICROBIOLOGY

STATE LAB NO 1426122

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 30 (DAY) 95 (YEAR) 3:18 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION REX WAMSLEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 26 TWNSHP 8 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

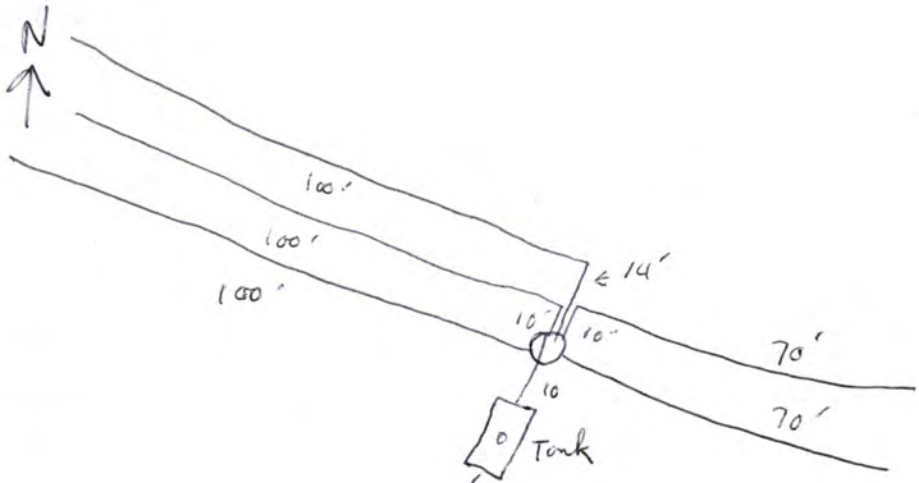
TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

Larry Schwarck

4-6-95



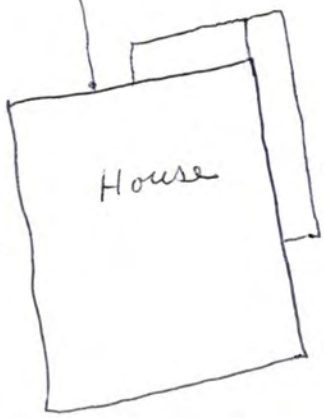
200'

200'

200'

18301 SE 96th St.

Rex Wamsley



well

700'