LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380065401

Issued 11/05/90
Expires 05/05/91

ESTABLISHMENT

LYMMIA JOHNSON
T9N R5E SEC 1 QTR NE

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

LYMMIA JOHNSON
2201 W VAN DORN ST
LINCOLN NE 68522

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
11/8/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 11-2-90

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:

X 1. Legal description of property: Twp. 9N ; Range 5E ; Section 1 NE¼
Block _____ : Lot 7 I.T. : Addition _____
Street Address 3401 S.W. 56th / Lincoln, NE 68522

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

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

4. Distance to public sewer: ~ ft.

X Lynnis G. Johnson
Signature of Applicant (Owner or Lessee)

2201 West Vista Drive / Lincoln, NE 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/2/90 . Date Frwd. 11/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/8/90 . Date Frwd. 11/8/90 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 11/8/90 . Date Frwd. 11/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-25-91 by: rm need fence
Date: 4-5-91 by: rm OK
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-5-91 By: Ron Mayer

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 _____; 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: 11-1 to 11-2-90. Weather: Precip. — Temp. 70°

3c101 SW,56th
for Kent Apthorp Const

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	20	11-1	5:30	11-2	6:30 AM	11-2	6:30	15	7:00	15½	30	½	
2	15							5		5		–	
3	24							20		20½		½	
4	15							4¼		4¼		–	
5	20							9½		9¾		¼	
6	15							10¼		10¾		½	
7	10"	11-2	1:00 PM	11-2	4:40	11-2	4:40	3½	5:20	3¼		¼	

Hole in bottom of Lagoon

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

Signature of Person Conducting Test: Larry Schunck

Address 8202 old Cheney Phone 489-7294

(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

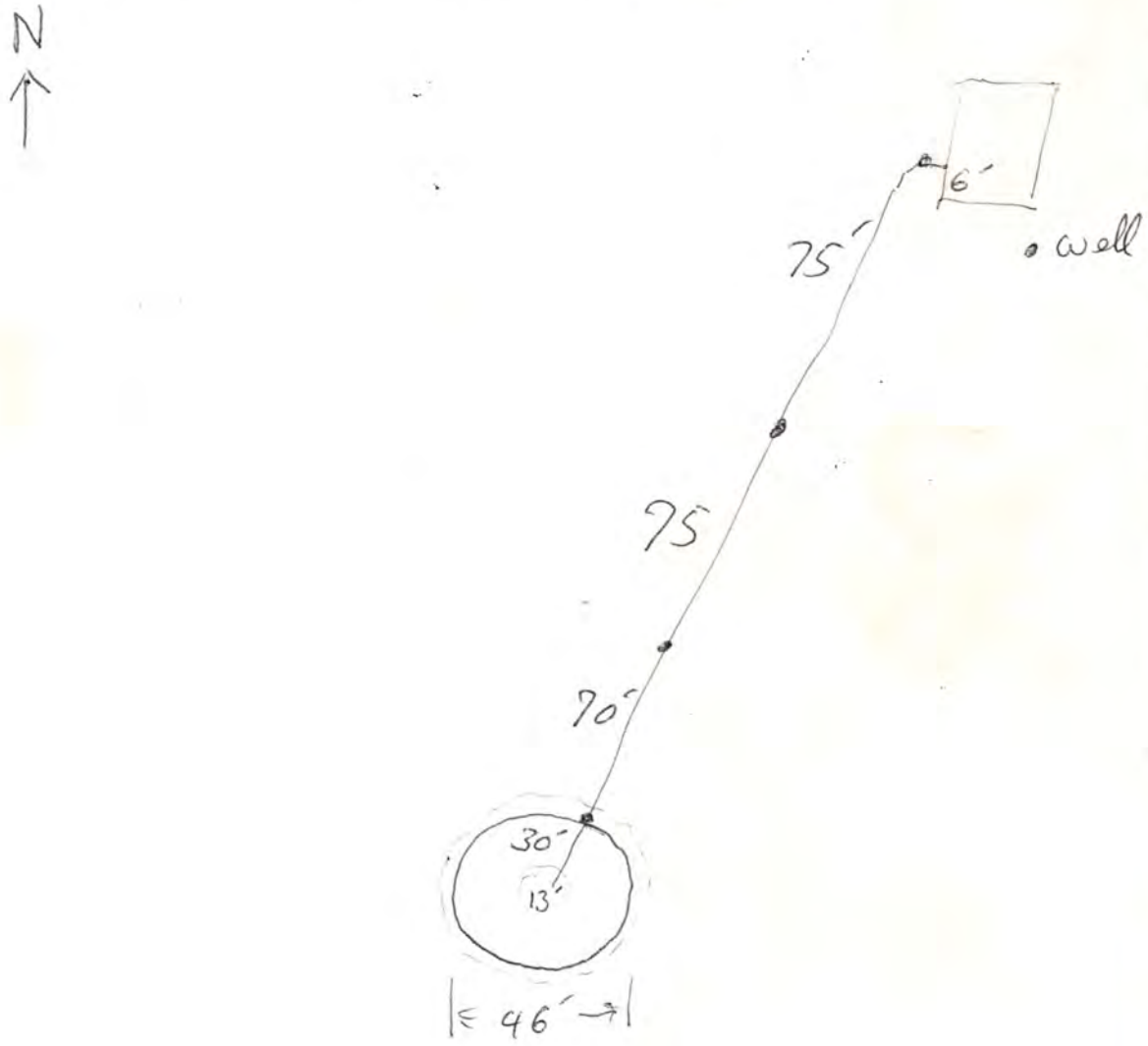
_____
Signature of Reviewing Official

Larry Schwarek 11-2-90

D

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: _____

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.

_____

Signature of Reviewing Official

FILE # W-279

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

CYNTHIA G. JOHNSON — LICENSEE OR PERMITTEE

2201 WEST VAN DORN LINCOLN, NE 68522 — ADDRESS

T9N; R5E; Sec 1; — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ _____

FILE NO. W-279

DATE: 9/2/88

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein: Roughly the south half of the southeast quarter of the northeast quarter of:

1. Legal description of property: Twp. 9N : Range 5E : Section 1
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe one-family dwelling; eventual construction of barn for approx. 5-8 horses
3. Distance to Public Water Supply: ___ Ft. more than ½ mile
4. Intended use of well household use

Lynnea G. Johnson
Signature of Applicant (owner or lessee)

2201 West Van Dorn
Address

No City Water

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 9/6/88. Date Frwd. 9/6/88. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/6/88. Date Frwd. 9/6/88. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 9/6/88. Date Frwd. 9/6/88. Action: Approved ☒ Disapproved ☐ Signature: John D. Miscisky

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-25-91 by mm
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM Chloride 140ppm
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-18-91 By: Ron Margraf

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-279

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 1 T. 9N R. 5E Block ____ Lot ____ Addition ____

Owner Cynthia Johnson Address SW 56 + Van Dorn

LOG OF WELL	
Depth Ft. to	Description
0-15	dk. brn. c.
15-25	sand
25-35	brn. c.
35-70	blue clay
70-95	white, red & blue sh.
95-149	fine white ss
149-150	hard slab of L. Stone
150-155+	fine white ss

WELL COMPLETION RECORD

Drilling Method: Dane

Depth (from ground level), Ft. 149
Date Completed 9-17-88

Casing: Length, Ft. 139 ; Dia. In. 4
Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type WOP PVC , slot Size .025

Drop Pipe: Length, Ft. ____ Dia. In. ____

Water Level, Surface to top of water, Ft.:
Static 40 , Pumping ____

Yield: 100 gpm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moon
(Signed)

REMARKS NITRATE NITROGEN < 0.1 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 140 p.p.m.

Address ____

Date 9-28-88

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

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: 2-25-91

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

Legal Description of Property: TWP. 9N ; RANGE 5E ; SECTION 1 NE¼ ; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property ½ S of VanDorn on SW 56th

Location of Well SE of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System S. of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Cynthia Johnson	3401 SW 56th	471-2616
Tenant/Buyer:		68522	
Return to:			

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

Signature of Applicant Cynthia D. Johnson Address 3401 SW 56th

==========

HEALTH DEPARTMENT USE ONLY

Date Received 2-25-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-25-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 2-25-91	by Ron Fague
Bacteria	☒	☐	Provisional:	☐	Date _____	by ____
Nitrate	☒ 10.1	☐	Disapproved:	☒	Date _____	by ____

Comments: Need fence around waste stabilization lagoon

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ provided fence is completed in 30 days. corrected 4-5-91 Provisional Approval: ☐

APPROVED BY Ron Mangum DATE 3-27-91

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

4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: NEW WELL

MO. 3 (2-3) DAY 3 (5) SAMP/DAY (6-7) 3-Mile Zone

ACCOUNT (6-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 2-25-91 (9-16) BY [illegible] (17-28)

ADDRESS OR LOCATION Cynthia Johnson (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Marys
Lincoln, NE

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. 3481 (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 [signature] (76-79)

IN

OUT

FEB 25 P 2:34

'91 FEB 26 P2:0

WATER CHEMISTRY

STATE LAB NO. 15 1627

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DAT[illegible]ED 2 - 25 - 91 1300
MO. DAY YEAR HOUR

SAM[illegible]TED BY Marquart

SAMP[illegible]ION Cynthia Johnson

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

REPORTED

RECEIVED

'91 FEB 26 P3:35

'91 FEB 25 P2:33

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

Lincoln, NE

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

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 CONTAINE

TEST(S) BY lw

FOR ACCOUNTING USE ONLY

LWN 88

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 15 2324

DATE COLLECTED 4 (Mo.) - 5 (Day) - 91 (Yr) 1000 (Hour)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION Cynthia Johnson

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QTR____ SECTION 1 TOWNSHIP 9 N S RANGE 5 E W

APR 91

REC.

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD

2200 St. Marys

Lincoln NE

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

APR -5 AM 9:49

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE 140 mg/l
- ☐ NITRATE-N _____ 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: ET

FOR ACCOUNTING USE ONLY

LRWC 85