CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1302

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 27, 1978

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Bryce Walin — Rural Route 6, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T9N, R5E, Section NE 2 —

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1302

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. 9N ; Range 5E ; Section 2 ; SEE ATTACHED
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Bruce Walin
Signature of Applicant (Owner or Lessee)

RFD 6 Lincoln, Nebraska 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/31/78. Date Frwd. 7/31/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-31-78 Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Tom Brasch

3. City or County Engineer: Date Rec'd. 7/31/78. Date Frwd. 7/31/78. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-2-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 384-C

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 5E; Section 2; Block NE¼; Lot _____; Addition _____; Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3. Describe: _____
Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X] LAGOON

4. Distance to public sewer: 1 mi. ft.

Bruce Malin
Signature of Applicant (owner or lessee)

4010 NO. 12TH ST. - LINCOLN
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12-18-73. Date Frwd. 12-18-73. ACTION: Approved ___ [X] Disapproved [ ] Signature: James Wiverka

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ___ [ ] Disapproved [ ] Signature: _____

3. City Engineer: Date Rec'd. 12-20-73. Date Frwd. 12-20-73. ACTION: Approved ___ [X] Disapproved [ ] Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

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

B

FILE NO. 1302

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 5E ; Section & ¼ Section NE 2.
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: Aug 29 1977 to _____. Weather: Precip. _____ Temp. _____.

OWNER: Bryce Wolfe
Address: RFD 6

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	3'												
2	3'												
3	3'							These holes were filled with water and dropped on ½" to Period.			1"	in 2	24 hrs
4	3'												
5	3'												
6	3'												

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

Bryce Wolfe
Signature of Person Conducting Test

Address RFD 6 Phone 475-8391

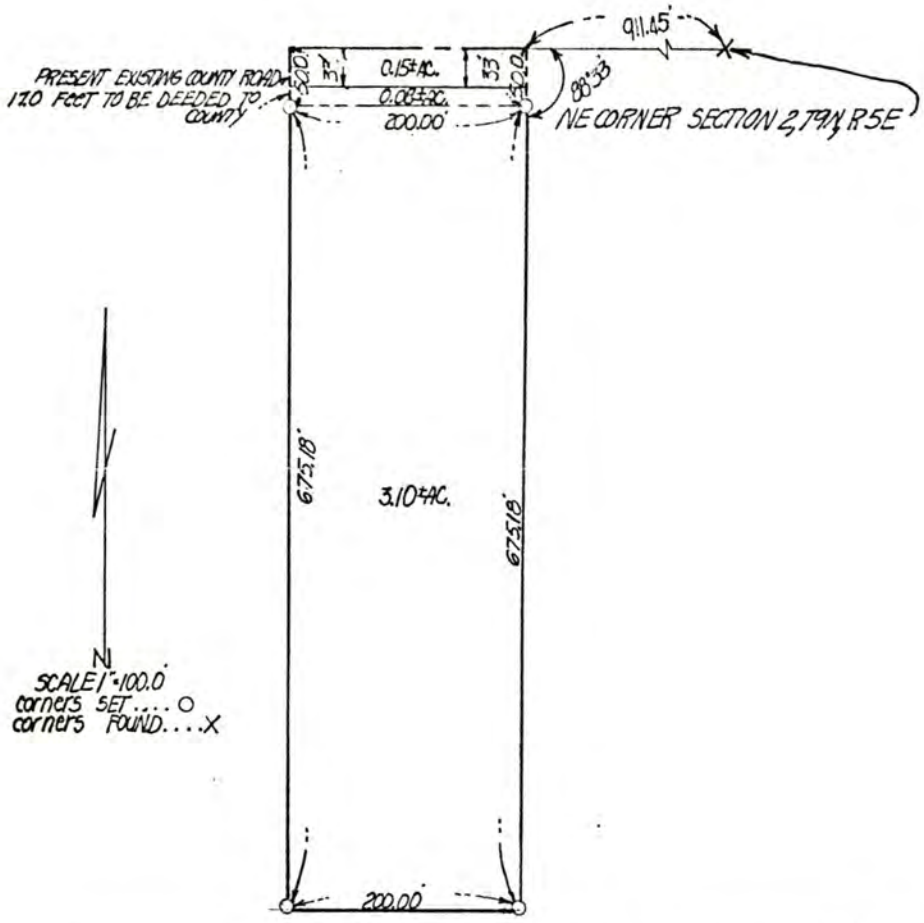
(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): Pawnee clay loam
Date: April 17, 1978

Jerrold C. Vogt
Signature of Reviewing Official



I hereby certify that I have surveyed and staked out the following described tract of land:

Commencing at the northeast corner of the NE¼ of Section 2, Township 9 North, Range 5 East of the 6th Principal Meridian, Lancaster County, Nebraska; thence westerly, along the north line of the NE¼ of said Section 2, a distance of 911.45 feet, to the point of beginning; thence southerly, on an angle of 88°33' right, from the last described course, a distance of 725.18 feet; thence westerly, parallel with and 725.18 feet southerly from the north line of the NE¼ of said Section 2, a distance of 200.0 0 feet, to a point 725.18 feet southerly from the north line of the NE¼ of said Section 2; thence northerly, a distance of 725.18 feet, to a point on the north line of the NE¼ of said Section 2; thence easterly, along the north line of the NE¼ of said Section 2, a distance of 200.0 feet, to the point of beginning.

Containing 3.33 acres, more or less of which 0.15 acres is presently used as a public road.

Corners are marked as shown on the sketch and all dimensions shown are in feet or decimals of a foot.

Signed this 24th day of April, 1978.

Henry Graff

Deputy County Surveyor
Lancaster County, Nebraska.

REGISTERED LAND SURVEYOR
HENRY G. GRAFF
LS - 170
NEBRASKA

F.B. N2-P9. 153

21101-6

FILE #W-213

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 25, 1988
THIS LICENSE OR PERMIT EXPIRES

BRYCE VALIN ROUTE #6 LINCOLN, NE 68502
LICENSEE OR PERMITTEE ADDRESS

T9N; R5E; Sec 2
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 10.00	019851	$ 10.00

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 $ 10.00

FILE NO. W-213

DATE: Jan-87

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:

1. Legal description of property: Twp. 7N : Range 5E : Section 2
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Drinking & Household

Bruce Mlak
Signature of Applicant (owner or lessee)

RFD 6 Lincoln, Ne. 68502
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 8/25/87. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/27/87. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____
3. City or County Engineers: Date Rec'd _____. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL Well Repair cap on sanitary seal without 4 bolts & lifts off. Must repair sanitary seal before a bacterial water sample can be collected.

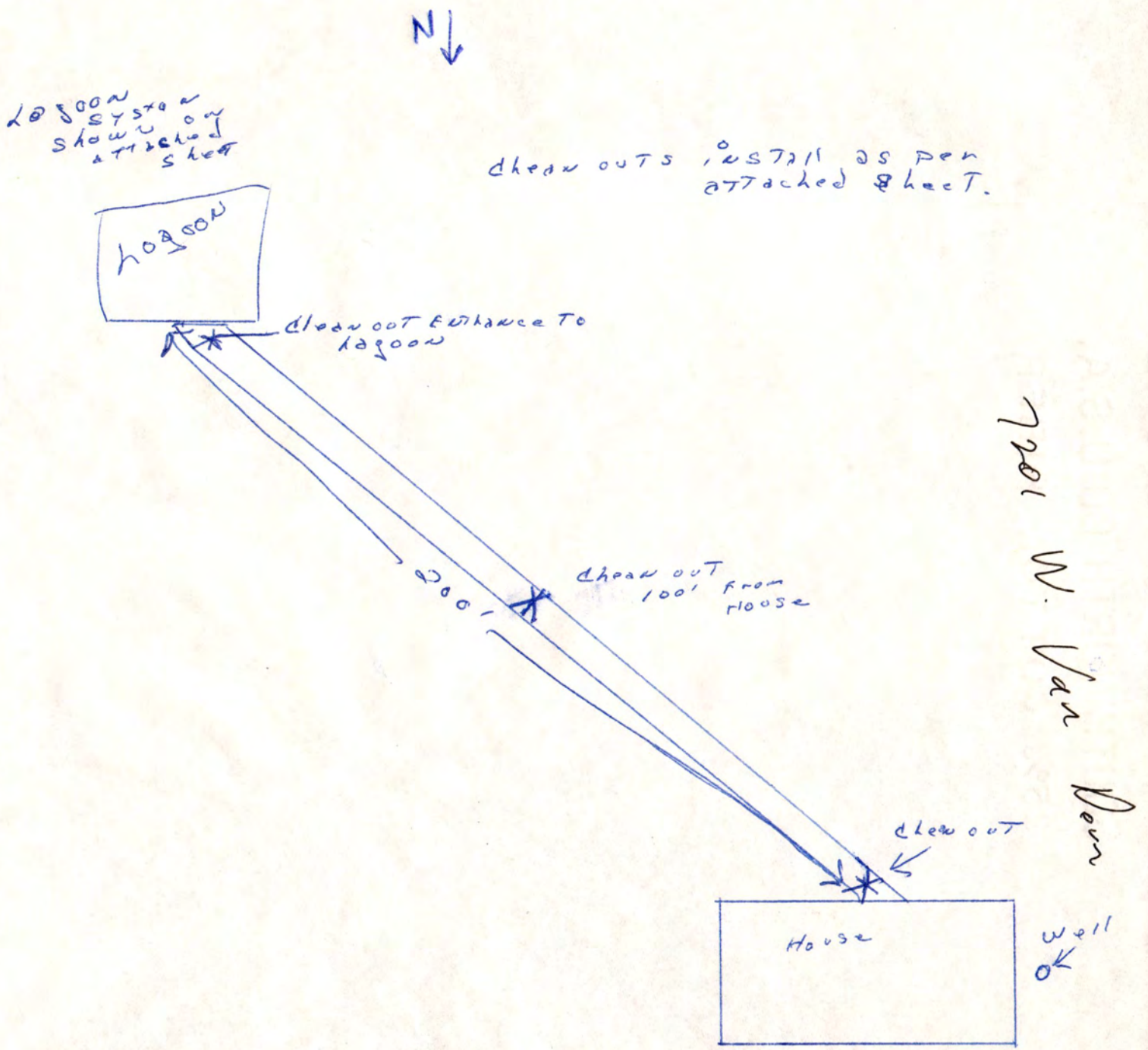
Site Visits:
Date: 8-19-87 by [illegible]
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM NO IRON BAC. present in sample.
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

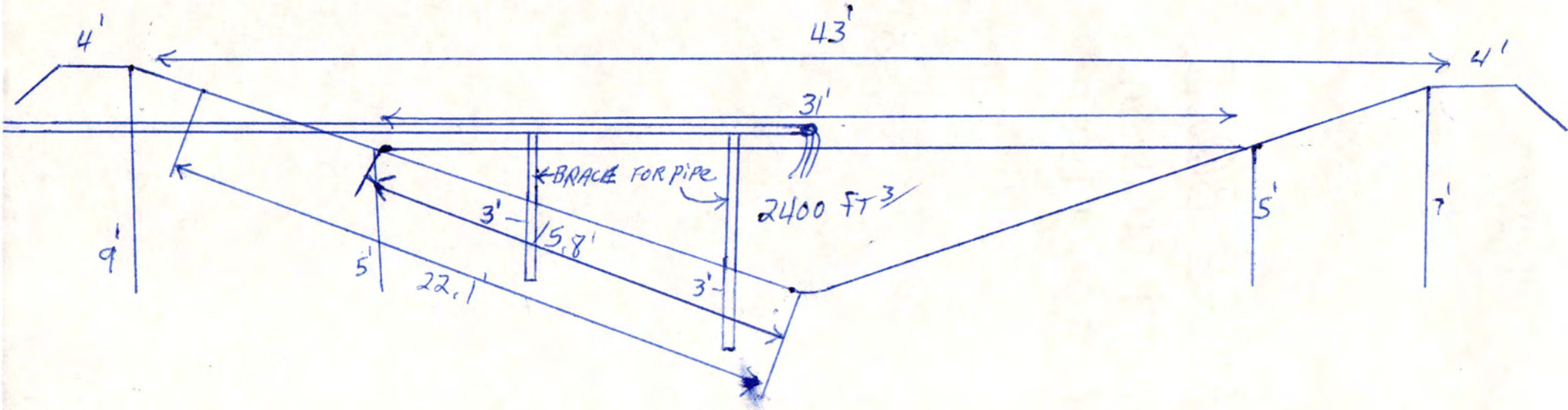
INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-13



7201 W. Van Dorn


4'
43'
4'
31'
BRACE FOR PIPE
2400 FT 3/
3'
15.8'
3'
9'
5'
22.1'
5'
7'

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: 10-7-90

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION NE¼ of 2; BLOCK ____

LOT 6; ADDITION _____; Street Address 7201 W. Van Dorn

Directions to Property 7201 W. Van Dorn - Straight West on Van Dorn

Location of Well W. of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon South of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Bryce Boklin Sharon Boklin	4300 Edison Circle #6 Lincoln 68504 7201 W. Van Dorn	467-3681 472-3123 wk 475-8391 Hm
Tenant/Buyer:			
Return to:	Judy Holechek	3201 Pioneers	483-4151

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

Signature of Applicant Gary A Holder Address 5030 Holdrege

==========

HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 9, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE _____ Model

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	Corrections	SITE VISIT:
Construction	☒ Corrected	☒	Approved:	☑	Date 10-22-90 by ___
Bacteria	☐	☐	Provisional:	☐	Date 11-6-90 by ___
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ___

Comments: Fence around lagoon must be set up to 4ft height Wood gate in fence trees on dike & cattails in lagoon must be removed Weed edges. Need water level at 2-3 ft. May have to seal lagoon. Conduit needs repair. See Attached Letter ☐

* Lagoon is somewhat large & thus may have to add water.

FINAL STATUS

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

APPROVED BY Ron Mayeur DATE 11-8-90

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: date. Corrected

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 0 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11-6-90 (9-16) MO./DAY/YR./HOUR BY mm (17-28)

ADDRESS OR LOCATION Bryce Wallin (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary
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. 23412 (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 SW (76-79)

IN 9- NOV 90 AM 11:1

OUT NOV 7 PM 2:22

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: Confirmed Wallin

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

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

DATE COLL. 10-22-90 (9-16) MO./DAY/YR./HOUR BY ____ (17-28)

ADDRESS OR LOCATION Bryce Wallin (29-41)

NAME AND ADDRESS OF OWNER

LLCHD

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 ____ (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

IN

OUT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

'90 OCT 22 P3:06 '90 OCT 23 P3:22

WATER CHEMISTRY

STATE LAB NO. 15 7662

COMPLETE INFORMATION BELOW:

DATE COLLECTED 10 (Mo.) 22 (Day) 90 (Yr) 1200 (Hour)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION Bryce Wallin

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE ~~Less than~~ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 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: JW

FOR ACCOUNTING USE ONLY