LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1106-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 15, 1978 — THIS PERMIT EXPIRES

Jerry W. Frazier — ISSUED TO

5120 Adams, Lincoln, NE — ADDRESS

T9N, R5E, Section 3, Lot p 7 I.T., Addition 4 East of the 6th pm — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1106-C

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

DATE: July 15-1977

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range ~~South~~ 5E ; Section 3
Block ____; Lot p/ I.L.; Addition 5 East of the 6th PM
Street Address ____

2. Property Use: Residential X ☐ ; Commercial ____ ☐
No. of Bedrooms 4 .
Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: ____ ft.

Jerry W Frazier
Signature of Applicant (Owner or Lessee)

5120 Adams Street
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/15/77 . Date Frwd. 7/15/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. 7-15-77 . ACTION: Approved ☐ Disapproved ☐ Signature: Ernest Simmons

3. City or County Engineer : Date Rec'd. 7/15/77 . Date Frwd. 7/15/77 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

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. 1106-C

DATE: _____

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. SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 5E ; Section 3 ; Block P.T.I. ; Lot _____ ; Addition _____.
Street Address _____.

2. Property Use: Residential _____ ☒ Commercial _____ ☐
No. of Bedrooms 4 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).

Gerry W. Frazier
Signature of Applicant (owner or lessee)

5720 Adams
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-29-77 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: 7/5/77
Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-29-77 by: James Nevelda

→ Lagoon is deep, may be too sheltered ←

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 474-1541)

FILE NO. 1106-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 N : Range North
Section & ¼ Sect. _____
Property Dimensions: 362 ft. x 1258 ft.
Area: 10.1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: July 13-1977 to July 14-1977. Weather: Precip. None Temp. 100

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	3 F	7-13	4:15 PM	7-14	2:30 PM	7-14	2:30 PM	6"	3 PM	5 3/4"	30	1/4	
2	"	"	"	"	"	7-14	2:30 PM	6"	3 PM	5 3/4"	30	1/4	
3	"	"	"	"	"	7-14	2:30 PM	6"	3 PM	5 3/4"	30	1/4	
4	"	"	"	"	"	7-14	2:30 PM	6"	3 PM	5 3/4"	30	1/4	
5	"	"	"	"	"	7-14	2:30 PM	6"	3 PM	5 3/4"	30	1/4	
6	"	"	"	"	"	7-14	2:30 PM	6"	3 PM	5 15/16	30	1/16	

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

Gerry W. Frazier
Signature of Person Conducting Test

Address 5120 Adams

Phone 464-5117

(Do not write below this line)

REVIEWING ACTION

REMARKS: Morrill Clay Loam. (A.C.A.)

DATE: _____

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

_____
Signature of Reviewing Official

Description of Survey

A tract of land located in Part of Lot 7, in Section 3-Township 9 North-Range 5 East of the 6th. P.M. Lancaster County is described as follows;

~~Parcel A~~

Referring to the East ¼ corner of Section 3, thence Southerly on the East line of the Southwest Quarter of Section 3, a distance of 1400.0 feet, thence Westerly (assumed bearing) a distance of 59.15 feet to the point of beginning, thence continuing Westerly, a distance of 1258.36 feet, thence S0°50'30"E, a distance of 361.88 feet, thence S89°59'01" E, a distance of 1258.41 feet, thence N 0°45'26" W, a distance of 362.2 feet to the point of beginning.

Containing 10.1 acres more or less.

SURVEY IS ATTACHED

001

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: 3-9-91

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 3; BLOCK ___

LOT 23; ADDITION ~~SC 3 9 5~~; Street Address 3939 SW84 Denton Ne 68339

Directions to Property 1 Block North of SW84 & Pioneers on SW84 the house on the North - there are 2 houses on 1 Drive west side

Location of Well North side of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System N W of House 250' Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Michael R Durst	3939 SW84	797-7375
Tenant/Buyer:	michael R Durst	〃	〃
Return to:	〃	〃	〃

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

Signature of Applicant Michael R Durst Address 3939 SW84 Denton Ne

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 11, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/12/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☒	Approved: ☐	Date 3/12/92 by J.C.H.
Bacteria	☒	☐	Provisional: ☐	Date 4/7/92 by J.C.H.
Nitrate	<0.1 Rem ☒	☐	Disapproved: ☒	Date ___ by ___

Comments: DEPRESSION ON NORTH SIDE OF WELL. TREES AND SUMAC MUST BE REMOVED FROM LAGOON, WARNING SIGNS MUST BE ON FENCE. GATE MUST BE LOCKED, GATE POST MUST BE SECURED, Corrected 4/7/92 J.C.H. Good job. See Attached Letter ☐
LAGOON NEEDS MORE WATER. WHEN GROWING SEASON STARTS CATAILS MUST BE KILLED OUT OR REMOVED.

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE APRIL 9, 1992

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

6/29/99

1-25-99

9908110005

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

LCR 1633

Legal Description of Property: Street Address 3939 S.W. 84TH L23, SE 3-9-5

Twp 9N Range 5E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 231 Addition ___

Directions to Property ONE MILE SOUTH OF SW 84TH AND VAN DORN

708

Location of Well NORTH OF GARAGE UNDER WINDMILL Tap Location: Inside ☒ Outside ☐

Location of Sewage System WEST OF BARNS Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	MIKE DURST	30241 E. 128TH AV. COMMERCE CITY, CO. 80022	303-637-0915
Tenant/Buyer:	JUDY PAROE		
Return to:	~~ABOVE~~ CAPITOL TITLE → 565 548 #5 68516		402-420-7101

LINDA JOHNSON CELL 432-1080 OFF 434-3600 FAX 434-3605

Signature of Applicant [signature] Address ABOVE Date 6/25/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	06/29/99	Date	___/___/___
Initials	ns	Case No.	
Amount	$ 150 00	Initials	
Check No.	1669		

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/29/99

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 7/14/99 by J.C.H.
Bacteria	☒ 0 /ml	☒ ___ /ml	Provisional	☐	Date 7/15/99 by J.C.H.
Nitrate	☒ 0.7 ppm	☐ ___ ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: LAGOON EMBANKMENTS NEED TO HAVE VEGETATION CUT. CATAILS IN LAGOON MUST BE REMOVED OR KILLED OUT. FENCE SEEMS TO BE SETTLED DOWN INTO THE DIRT SO THAT IS NO LONGER THE REQUIRED 4 FOOT HIGH. WATER, COLIFORM PRESENT See Attached Letter ☐

FINAL STATUS 7/14/99 NEED LOCK ON GATE. J.C.H

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/19/99

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

COLI 7/14/99

COLI 7/15/99