LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380107001

Issued 09/28/93
Expires 03/28/94
Revenue Code 18754

Establishment
MICHELE HULETT
T9N R5E SEC 9
LOT 21
10501 W PIONEERS BLVD

FEES: $150.00

TOTAL $150.00

Permittee
MICHELE HULETT
3743 S 48 ST
LINCOLN NE 68506

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"

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: $150.00

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. 9N ; Range 5E ; Section 29 ;
   Block _____ : Lot 2 I.T. : Addition _____
   Street Address 10501 W. Pioneer Blvd.

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe 1560' Walkout Ranch

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

3743 SOUTH 48TH
Address

(Do not write below this double line) 68506

1. Health Department: Date Rec'd. 9/28/93. Date Frwd. 9/28/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/28/93. Date Frwd. 9/28/93. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blaugh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/9/93 by: J.C.H. ~~oop Need Sewer~~
Date: 4/6/94 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/6/94 By: Jerrold Hood

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

FORM 23-43

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

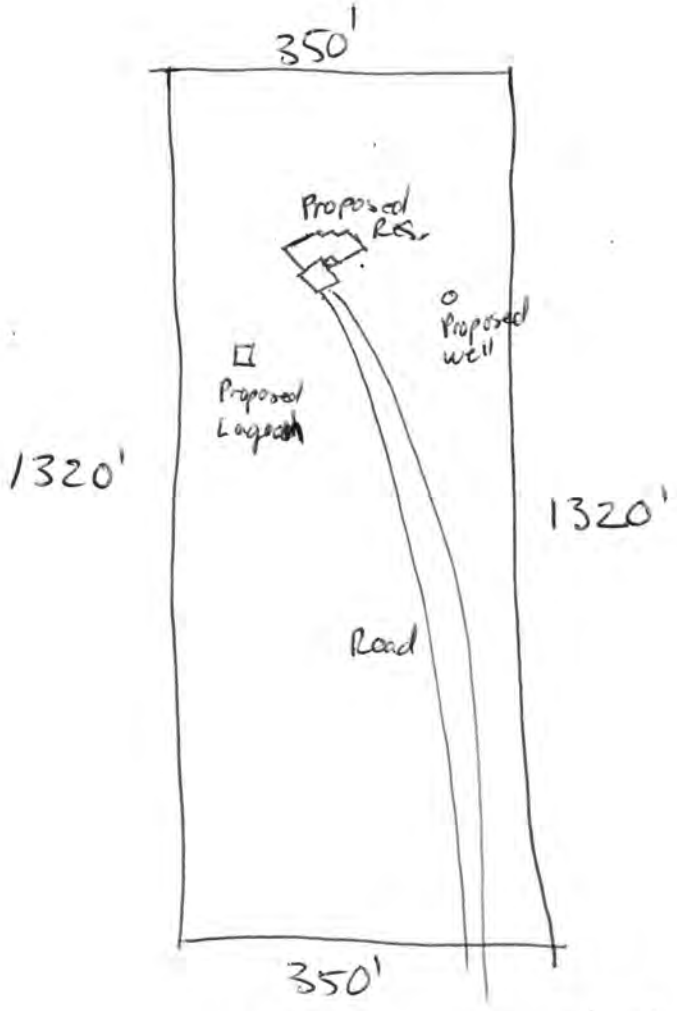
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: Lagoon must be lined

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

10501 W. Pioneers.

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

DATE: 12-9-93

FILE NO. _____

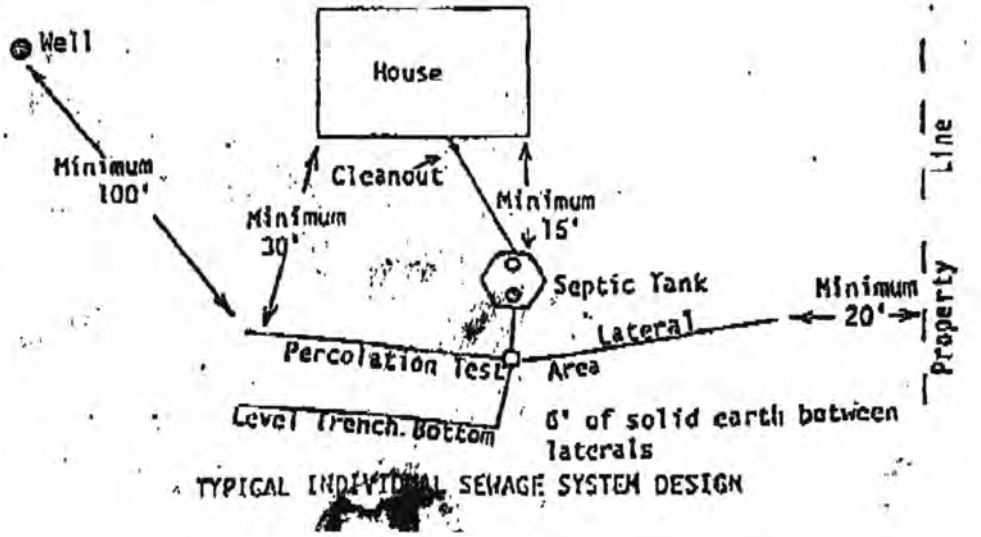
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank N/A ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

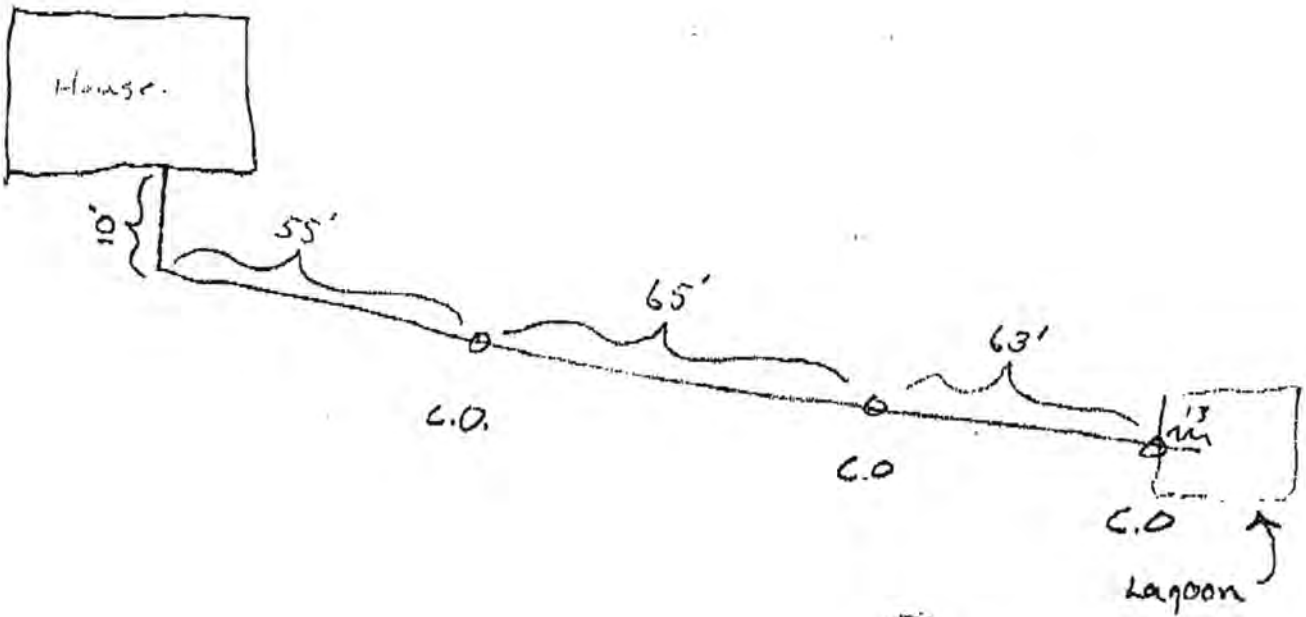
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____,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

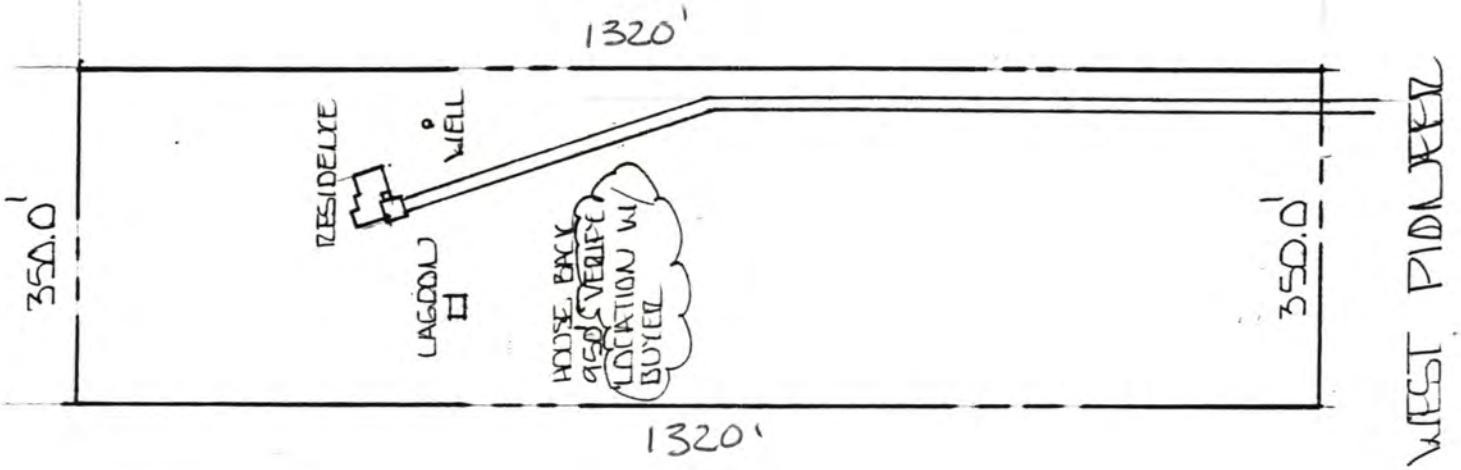


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10501 W. Pioneers

Total Length - 206'





LEGAL DESCRIPTION

LOT 21 TT NE. ¼
9-9-5 LCNJ
10501 W. PIONEER Blvd.

PLOT PLAN

TEMBOLT CONSTRUCTION LINCOLN NEBRASKA	
SCALE 1" = 200'	DWN
DATE 6	SHEET 1 OF 1

01/

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 10501 West Pioneers Blvd

Twp 9N Range 5E Section 9 1/4 NE 1/4 Block ___ Lot 21 Addition ___

Directions to Property 1/2 mile west of 98th & West Pioneer Blvd

Location of Well West of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System North east of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	H Scott + Mary M Jones	10501 West Pioneers Blvd, Denton current: 2948 Franklin Lincoln, NE	477-1151
Tenant/Buyer:			
Return to:	Dan Searcy	Provident Federal Savings Bank P.O. Box 5700 Village Blvd P.O. Box 95013 Lincoln, NE 68509-5013	434-8660

Signature of Applicant Mary M Jones Address 2948 Franklin Lincoln, NE 68502 Date 3/15/94

HEALTH DEPARTMENT USE ONLY

Date Received 03/18/94 JS Received $150.00 Check ☑ #1333 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/22/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date 4/6/94 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <.01 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: DEPRESSIONS AROUND WELL. LAGOON NOT COMPLETED YET. 4/6/94 Depressions filled, lagoon completed J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/8/94

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 CHEMISTRY

STATE LAB NO. 154808

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO.) 22 (DAY) 94 (YEAR) 10:50 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION H. SCOTT JONES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 9 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY DWJ

FOR ACCOUNTING USE ONLY

LWN 88

MAR 22 11:25

WATER MICROBIOLOGY

STATE LAB NO. 14 7074

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 4 (MO.) 6 (DAY) 94 (YEAR) 2:52pm. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION H. SCOTT JONES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 9 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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 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