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. 90380061901

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
GENE SEDIVY
TYN R5E SEC 27 QTR NW
W YANKEE HILL RD, DENTON

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
GENE SEDIVY
2717 KIPLING CI
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/20/90	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: $_____

FILE NO._____

DATE: 6/26/90

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:

1. Legal description of property: Twp. 9N ; Range 5E ; Section SEE ENCLOSED NW 1/4 of Section 27;
   Block_____: Lot_____: Addition_____
   Street Address W. Yankee Hill Rd, Denton, Ne 68339
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: N/A ft.

Joe R Sedlacek
Signature of Applicant (Owner or Lessee)

2717 KIAWA CIRCLE, LINCOLN NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/19/90. Date Frwd. 7/19/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-3-90. Date Frwd. 7-3-90. ACTION: Approved ☒ Disapproved ☐ Signature: Patty L. Norris
3. City or County Engineer: Date Rec'd. 7-19-90. Date Frwd. 7-19-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dan Pillard

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/26/90 by: L.C.H. ~~Need fence signs etc.~~
Date: 11/21/90 by: L.C.H.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/20/90 By: Jerrold 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 9 N ; Range 5E ; Section & ¼ Section NW 1/4 of Section 27
Property Dimensions: see attached map ft. x ft. Area: 13 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6/23/94 to 6/24/94. Weather: Precip. NORMAL Temp. 85°.

OWNER: GENE SODEVY
Address: 2717 KIPLING CIRCLE LINCOLN NE 68516

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	29"	6/23	12:00	6/24	2:00	6/24	2:00	6 3/4	2:30 6/24	6 3/4	30	0	
2	30"	6/23	12:00	6/24	2:00	6/24	2:00	5 3/4	2:30 6/24	5 3/4	30	0	
3	31"	6/23	12:00	6/24	2:00	6/24	2:00	7 1/4	2:30 6/24	7 1/4	30	0	
4	29"	6/23	12:00	6/24	2:00	6/24	2:00	10 3/8	2:30 6/24	10 1/2	30	1/8	
5	29"	6/23	12:00	6/24	2:00	6/24	2:00	11 1/8	2:30 6/24	11 1/4	30	1/8	
6	30"	6/23	12:00	6/24	2:00	6/24	2:00	5 3/8	2:30 6/24	5 3/8	30	0	

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

Steve Seding
Signature of Person Conducting Test

Address 2717 KIPLING CIRCLE Phone 423-0084
LINCOLN, NE 68516

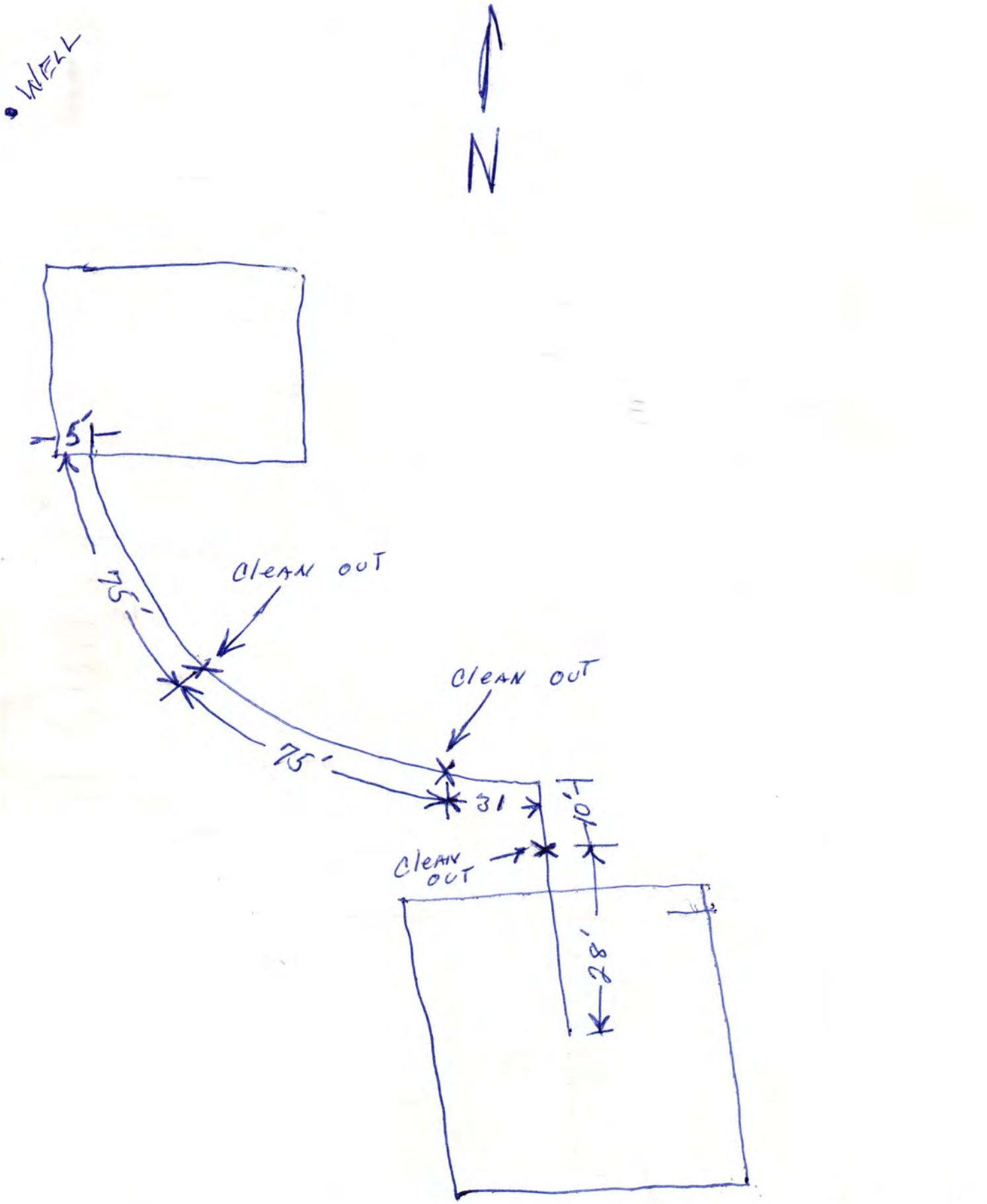
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

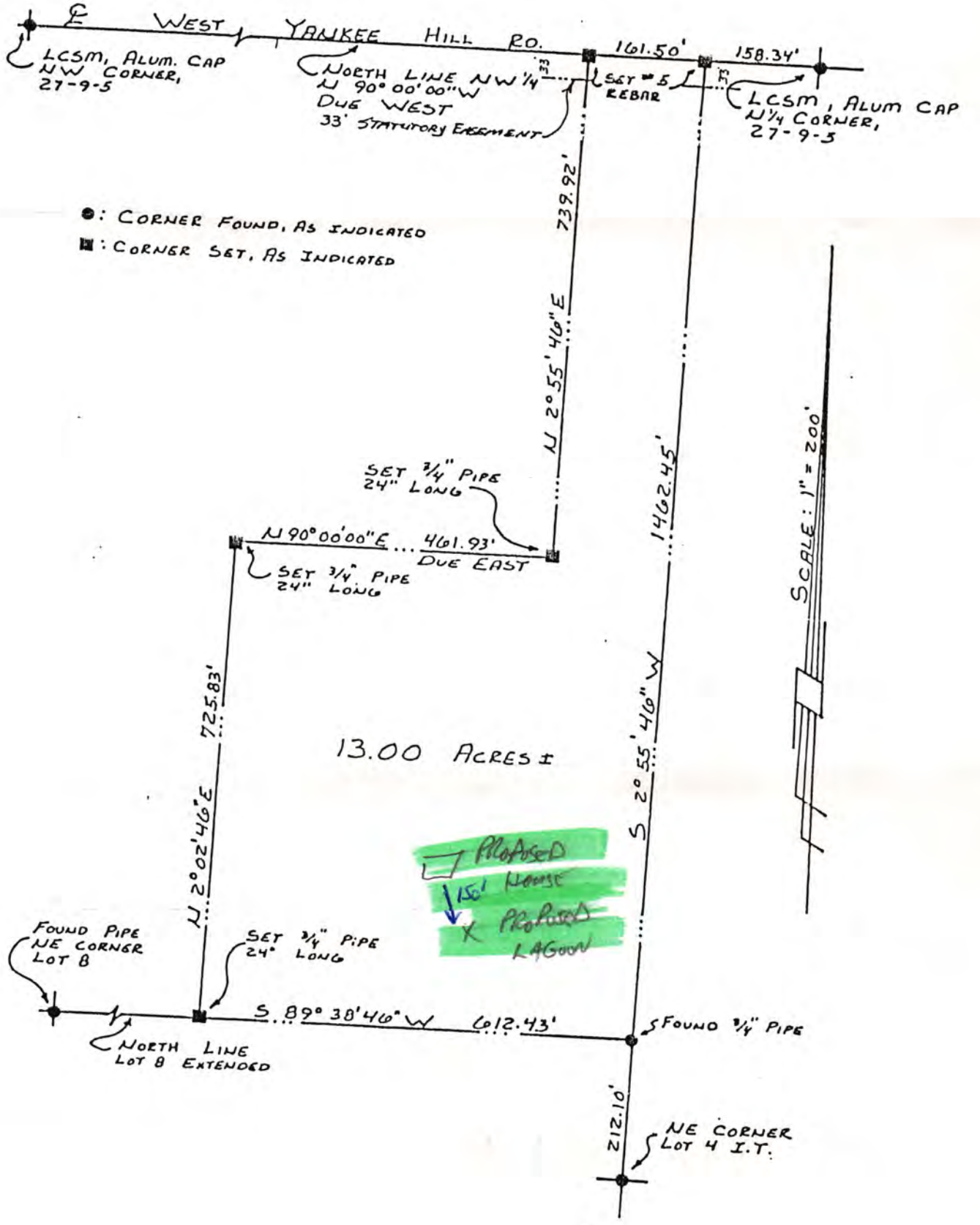
_____
Signature of Reviewing Official



Capital City Treemakers
10-26-90

SURVEY RECORD

SURVEY OF: An Irregular Tract of Land situated in the Nortwest Quarter of Section 27, T 9 N, R 5 E, 6TH P.M. Lancaster County, COUNTY, NEBRASKA more particularly described herein.



AN IRREGULAR TRACT OF LAND SITUATED IN THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 9 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: REFERRING TO THE NORTH QUARTER CORNER OF SAID SECTION 27; THENCE DUE WEST ALONG THE NORTH LINE OF THE NORTHWEST QUARTER A DISTANCE OF 158.34 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 2 DEGREES 55 MINUTES 46 SECONDS WEST, A DISTANCE OF 1462.45 FEET TO A POINT ON THE NORTH LINE OF LOT EIGHT (8), EXTENDED; THENCE SOUTH 89 DEGREES 38 MINUTES 46 SECONDS WEST, ALONG THE NORTH LINE OF LOT EIGHT (8), EXTENDED, A DISTANCE OF 612.43 FEET; THENCE NORTH 2 DEGREES 02 MINUTES 46 SECONDS EAST, A DISTANCE OF 725.83 FEET; THENCE DUE EAST ON A LINE PARALLEL TO THE NORTH LINE OF THE NORTHWEST QUARTER, A DISTANCE OF 461.93 FEET; THENCE NORTH 2 DEGREES 55 MINUTES 46 SECONDS EAST, A DISTANCE OF 739.92 FEET TO A POINT ON THE NORTH LINE OF THE NORTHWEST QUARTER; THENCE DUE EAST, A DISTANCE OF 161.50 FEET TO THE POINT OF BEGINNING

END OF LEGAL

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: 12-19-90

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 27; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property SW 9th & Yankee Hill Road

Denton front of house

Location of Well N. of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Gene R. Sedivy	Box 44 BB Denton, Ne. 68339	797-2777
Tenant/Buyer:			
Return to:	Same		

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

Signature of Applicant Gene Sedivy Address Denton, Ne

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 19, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/19/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 12/19/90 by L. Cuff
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐
APPROVED BY	Gerald C. Hood R.S.	DATE	DECEMBER 26, 1990

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

STRADER'S
BLUE VALLEY DRILLING

"Third generation drillers with modern equipment."

Rt. #1, Box 89A
PICKRELL, NE 68422

Eric Strader
Blue Rapids, KS 66411
(913) 226-7353

Roger & Alan Strader
Pickrell, NE 68422
(402) 673-3465

Name Gene Sedivy Date April 26 19 90

Address 2717 Kipling Circle Phone 423-0084

Location Lincoln, NE 68516

Location of Well ½ mile east of SW 98th street

____ Test @ ____ per. ft.	$ ____	
____ Test @ ____ per. ft.	$ ____	
____ Reaming @ ____ per ft.	$ ____	
236' Well @ $8.25 per ft.	$ 1,947.00	
____ Extra Casing @ ____ per ft.	$ ____	
____ Total ft. of casing used	$ ____	
20' Perforations @ $40.00	$ 40.00	
X Sand	$ 30.00	
Cement Grout	$ ____	
X Cap Bottom	$ 10.00	
Cap Top	$ ____	
____	$ ____	
____	$ ____	
____	$ ____	
☐ Cash ☒ Charge	TOTAL	$ 2,027.00

LOG OF WELL

Top	Bottom	
0	1	Top soil
1	7	Sand & clay
7	12	Yellow clay
12	16	Fine sand
16	29	Yellow clay
29	33	Green clay
33	151	Blue clay
151	154	Sandrock
154	167	Light green clay
167	172	Yellow & red clay
172	174	Blue clay
174	180	Sandy blue clay
180	180½	Limestone
180½	191	Blue clay & sandrock
191	236	Sandrock.

Depth drilled 236' Depth cased 236' Size of hole 9"
Method drilled Rotary mud
Size of casing 5" Grade 200# Guides ____ Thickness ____
Feet of screen 20' Type PVC Slot size .015"
Depth screen set 216' to 236' & ____ to ____
Bottom cap X Type PVC Top cap ____ Type ____
Type of gravel pack Concrete Amount 1800# Height 25'
Seal X Type Bentonite & clay Depth 211'
Static water level 72' Well tested 100 GPM Method Air
Plumber ____ Recommended Pump setting ____

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

PLEASE ....
Pay From This Invoice -
No Statement Will Follow

DRILLER Alan Strader PURCHASER ____

BIOLOGICAL EXAMINATION OF DRINKING WATER

S[redacted]OLLECTED AND MAILED ON: CHLORIDE

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. 12/19/90 (9-16) MO./DAY/YR./HOUR 9:53AM. BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 27, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER GENE SEDIVY

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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. 140-26543 (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 LJ (76-79)

IN DEC 19 AM 10:24

OUT

DEC 20 PM

WATER CHEMISTRY

STATE LAB NO. 150-9325

COMPLETE INFORMATION BELOW:

DATE COLLECTED 12 (Mo.) 19 (Day) 90 (Yr) 9:53 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION GENE SEDIVY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 27 TOWNSHIP 9 N RANGE 5 E

NAME AND ADDRE[illegible] 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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE 90 mg/l
- ☒ NITRATE-N ~~Nitrate~~ Ammonia 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: CC ET

FOR ACCOUNTING USE ONLY

LRWC 85

DEC 19 A10:24 DEC 20 P5:15 REP REC.

014

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: 1/21/92

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

Legal Description of Property: TWP. 9N; RANGE SE; SECTION NE/4-27; BLOCK ___

LOT ___; ADDITION _____; Street Address 9207 W. YANKEE HILL ROAD

Directions to Property 1 South - ½ East of Denton on W. YANKEE HILL ROAD - WEST SIDE OF LONG DRIVEWAY

Location of Well NW OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System SE OF HOUSE Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	GENE HELAINE SEDIVY	9207 W. Yankee Hill Rd DENTON NE 68339	797-7777
Tenant/Buyer:	"REFINANCE"		
Return to:	FIRST MORTGAGE CORP - % MARGRET BEASLEY	7501 "O" SUITE 100 LINCOLN, NE 68510	483-0000

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

Signature of Applicant Gene Sedivy Address Denton, Ne 68339

==========

HEALTH DEPARTMENT USE ONLY

Date Received 1/21/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/21/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1/21/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate 0.1 PPM	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: REPLACE THOSE SIGNS THAT HAVE FALLEN OFF OF LAGOON FENCE.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerald C. Hood R.E.H.S. DATE JANUARY 23, 1992

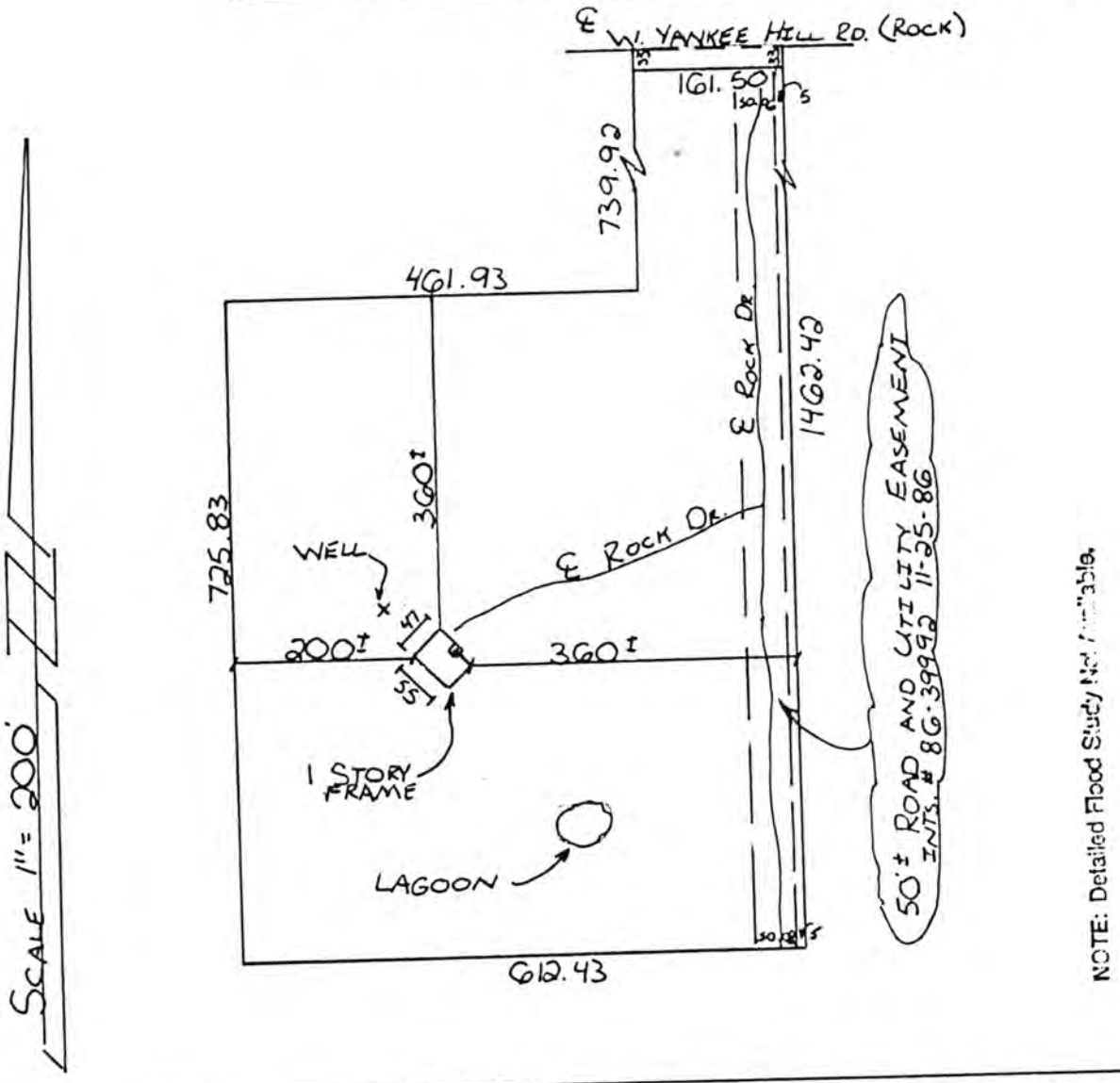
Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

PROPERTY IMPROVEMENT LOCATION PLAT

LEADER FEDERAL NTC

RT. 1 DENTON



LEGAL DESCRIPTION: I.T. in the NE/4 of Section 27, T9N, R5E of the 6th P.M., Lancaster County, Nebraska.

DATE OF CERTIFICATE

11-28-90

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to

Mr. Gene R. Sedivy and Nebraska Title Company

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Professional Surveyors, Inc.

315 SO. 9TH - SUITE 10
LINCOLN, NE 68508
(402) 477-5255

JESSE W. WININGER, L.S.
PRESIDENT

PROJECT NO.

902603

138-154

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (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 1/21/92 2:12PM (9-16) BY L. C. Wood (17-28)

ADDRESS OR LOCATION NE¼ SEC. 27, T9N, R6E (29-41)

NAME AND ADDRESS OF OWNER GENE SEDIVY
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

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. 142-1428 (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 CC (76-79)

IN 92 JAN 21 P2:50

OUT 92 JAN 22 P3:17

WATER CHEMISTRY

STATE LAB NO. 15 289

COMPLETE INFORMATION BELOW

DATE COLLECTED 1 (MO.) 21 (DAY) 92 (YEAR) 2:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GENE SEDIVY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 27 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

'92 JAN 24 P2:50

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. MARYS 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88