LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1407-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 1, 1979 — THIS PERMIT EXPIRES

Micheal Jennings — ISSUED TO

Denton, NE 68339 — ADDRESS

T9N, R5E, Section 29 SW¼

LEGAL DESCRIPTION

NON-TRANSFERABLE

REMARKS:

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

20109-0977

RECD AUG 24 1978

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. 1409-C

DATE: 8-19-78

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 ~ : Addition SW ¼ of sec. 29
   Street Address SEE ATTACHED

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe

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

4. Distance to public sewer: ~~Not possible ft.~~

Richard F. Kenny
Signature of Applicant (Owner or Lessee)

Denton Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/31/78. Date Frwd. 8/31/78. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-31-78. Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baesch

3. City or County Engineer : Date Rec'd. 8-31-78. Date Frwd. 8-31-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 11-29-90 by: mm
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: By:

8/31/78 # 1405 C expired

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: $ 60.00

FILE NO. 1643-C

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 _____ : Addition SEE ATTACHED
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: _____ ft.

Michael F Jennings
Signature of Applicant (Owner or Lessee)

Denton Nebr 68339
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/80. Date Frwd. 3/26/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/27/80. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☑ Signature: Gary Stewart

3. City or County Engineer: Date Rec'd. 3-27-80. Date Frwd. 3-27-80. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/23/80 by: D.S.
Date: 5/29/80 by: D.S.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/30/80 By: Jerrold C. Hood

RECEIVED AUG 24 1978

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. 1407-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 5 ; Section & ¼ Section SW ¼ Sec. 29
Property Dimensions: _____ ft. x _____ ft. Area: 25 acres. (Attach Sheet C with sketch of property).
Soil Type: ~~Silty~~ Yellow Clay ☑ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-19-78 to 8-20-78. Weather: Precip. 0 Temp. 85°.
OWNER: Mike Jensen
Address: Denton Nebr.

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'	8-19	9:30AM	8-20	10:00AM	8-20	10:AM	12"	10:30	11 15/16"	30 MIN	1/16	30 1/16"
2	3'	8-19	9:30AM	8-20	10:00AM	8-20	10:AM	12"	10:30	11 7/8"	"	1/8"	30 1/8"
3	3'	8-19	"	8-20	"	8-20	10:AM	12"	10:30	11 13/16	"	1/16"	30 1/16"
4	3'	8-19	"	8-20	"	8-20	10:AM	12"	10:30	11 7/8	"	1/8"	30 1/8"
5	3'	8-19	"	8-20	"	8-20	10:AM	12"	10:30	11 7/8	"	1/8"	30 1/8"
6	3'	8-19	"	8-20	"	8-20	10:AM	12"	10:30	11 7/8	"	1/8"	30 1/8"
						Saturation was poor & slow							

Mike Jensen
Signature of Person Conducting Test
Address Denton Nebr Phone 797-2605

Sum of Percolation Rates: _____
Average of Rates: 1/16" - 1/8" / 30 min.
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Steinauer Clay Loam (SCd)
Date: August 31, 1978

Approved Percolation Rate (a)
A. 480 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
Signature of Reviewing Official

AUG 24 1978

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

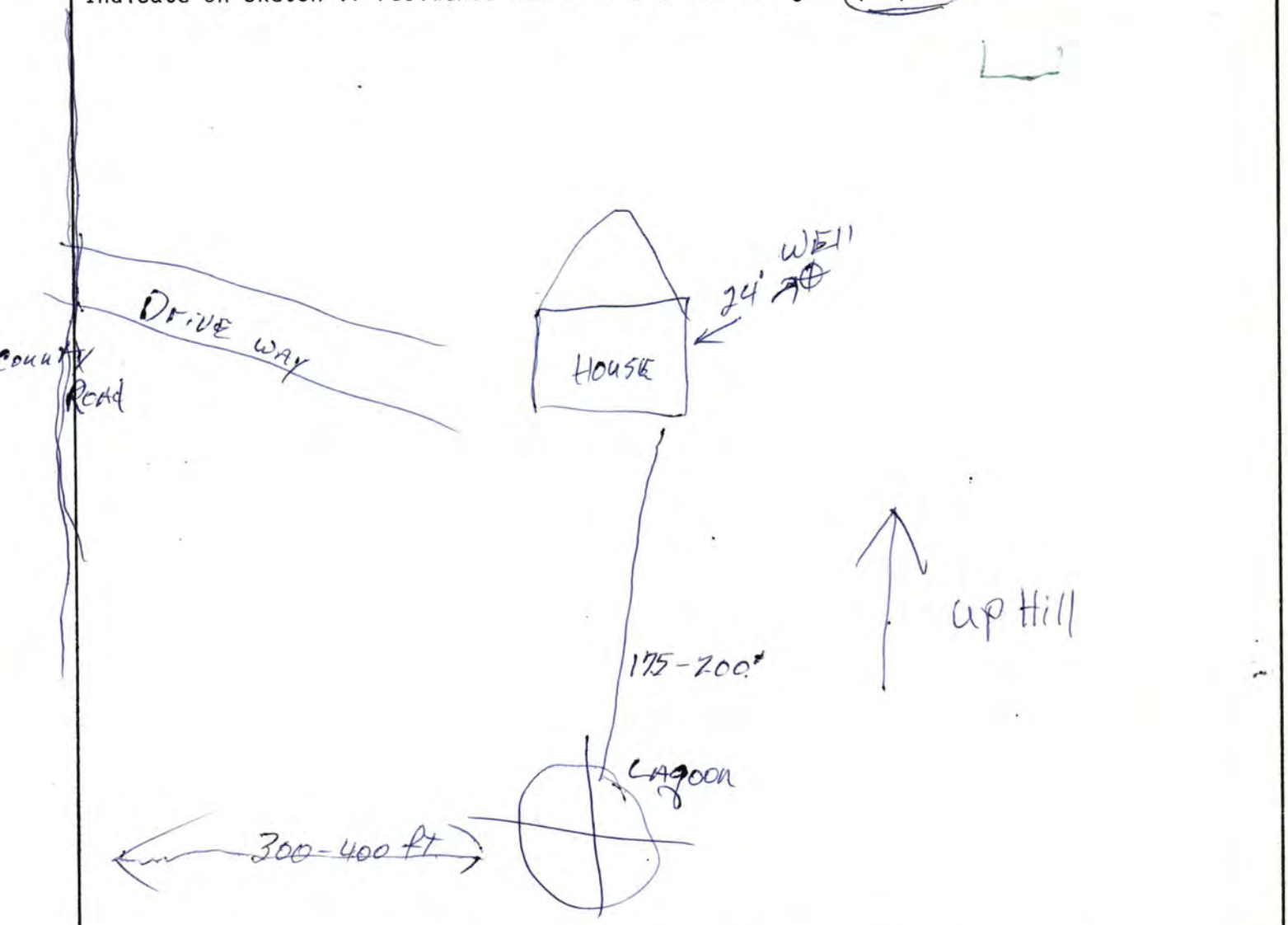
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1407-C

Indicate on sketch if residence and well are exisiting or proposed.



Nothing else close

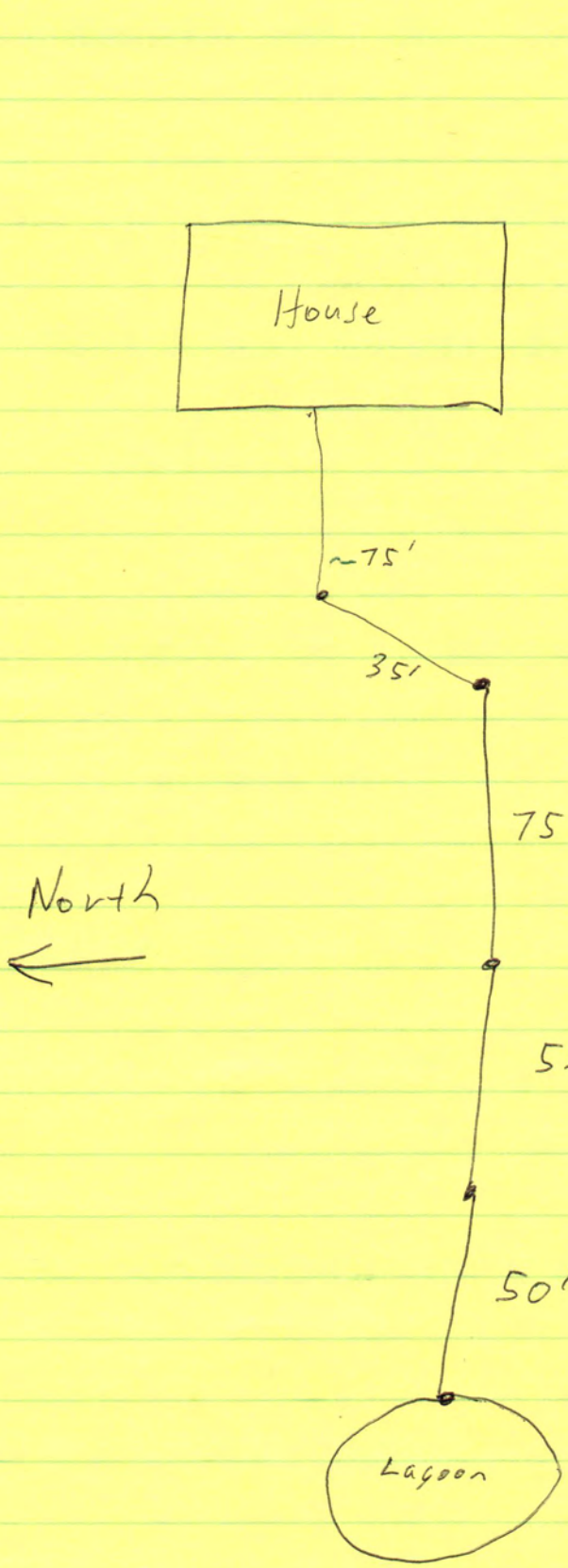
REVIEWING ACTION

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


Well
House
~75'
35'
75'
North
55'
50'
Lagoon

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: _____

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 29; BLOCK ____

LOT 7II; ADDITION _____; Street Address _____

Directions to Property W. Denton Rd to S.W. 119th St. go to W. Beam Hill Rd., W. to 5th hill and at bottom of hill - left side of road.

Location of Well approx 90' So of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System West 300' 500' of house Year Installed well 80 Lagoon 80

	NAME	ADDRESS	PHONE
Present Owner:	Michael Jennings	Lake Havasu City, Arizona	_____
Tenant/Buyer:	Pam and Steve Zwiebel	3331 St Paul, Lin. Ne.	466-1980
Return to:	Ernestine Leif	3910 South St. Lin, Ne. 68506	488-4663

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

Signature of Applicant Ernestine Leif Address 3910 South St. Lin, Ne 68506

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HEALTH DEPARTMENT USE ONLY

Date Received 11/26/90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/26/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☒	Approved:	☐	Date 11/26/90	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 11-29-90	by [illegible]
Nitrate	☒	☐	Disapproved:	☒	Date _____	by ____

Comments: AIR VENT MISSING OFF OF WELL. NEED LITTLE TREES AND WEEDS REMOVED AROUND LAGOON, NEED WARNING SIGNS, FENCE STRAIGHTENED UP, LOCK ON GATE, CLEANOUT REPAIRED WITH CAP PUT ON IT. Septic corrected See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.S. DATE DECEMBER 4, 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

WATER CHEMISTRY

STATE LAB NO. 15 8977

COMPLETE INFORMATION BELOW:

DATE COLLECTED 11 (Mo.) 26 (Day) 90 (Yr) 3:03PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MICHAEL JENNINGS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 29 TOWNSHIP 9 N RANGE 5 E

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
1 SOUTH 14TH, LINCOLN, NE 68502

REC. NOV 26 P3:42 '90 NOV 27 P3:56

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE less than
- ☐ 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:

FOR ACCOUNTING USE ONLY

LRWC 85

BIOLOGICAL EXAMINATION OF DRINKING WATER

FOR LABORATORY USE ONLY

SAMPLE TO [redacted] AND MAILED ON:

MO. [redacted] (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. 11-29-90 (9-16) BY [redacted] (17-28)

ADDRESS OR LOCATION Earl Jennings (29-41)

NAME AND ADDRESS OF OWNER

LLCHO
2200 St. Marys
Lincoln, NE

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. 24722 (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 90 NOV 29 P3:25

OUT 90 NOV 30 P1:51

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT