FILE NO. 1342

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

December 16, 1978 — THIS LICENSE OR PERMIT EXPIRES

Randall C. Wobig — LICENSEE OR PERMITTEE

2101 West Claire, Lincoln, NE — ADDRESS

T9N, R6E, Section 8 — 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. 1342

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 6E ; Section 9 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 2501 W. Claire

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.

Randal C. Wolvig
Signature of Applicant (Owner or Lessee)

2101 W. Claire
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-16-78. Date Frwd. 6-16-78. ACTION: Approved ☒ Disapproved ☐ Signature: James Weverka

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-16-78. Date Frwd. 6-16-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City ~~or County~~ Engineer: Date Rec'd. 6-16-78. Date Frwd. 6-16-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/3/78 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

11-10-78 fence construct complete

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-11-79 By: Ron Maynard

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. 1342

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range ~~7E~~ 6E ; Section & ¼ Section ~~6E~~ 9N.
Property Dimensions: 391.4 ft. x 556.4 ft. Area: 5.002 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: June 14 to June 15. Weather: Precip. _____ Temp. _____.

OWNER: B. J. Johnsen + Jody Johnsen
Address: 2501 W. Claire.

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	34	6-14	11:00	6-15	11:00	6-15	2:30	13½	3:00	13¾	30	¼ ~~20~~	
2	34	"	"	"	"	"	"	11¾	"	12	"	¼ ~~20~~	
3	34	"	"	"	"	"	"	14½	"	15	"	½	
4	34	"	"	"	"	"	"	15	"	15¼	"	⅛	
5	34	"	"	"	"	"	"	16¼	"	16½	"	¼	
6	34	"	"	"	"	"	"	13⅛	"	13⅛	"	0	

R C Wolbig
Signature of Person Conducting Test

Address 2101 W Claire Phone 423-3653

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

(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

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

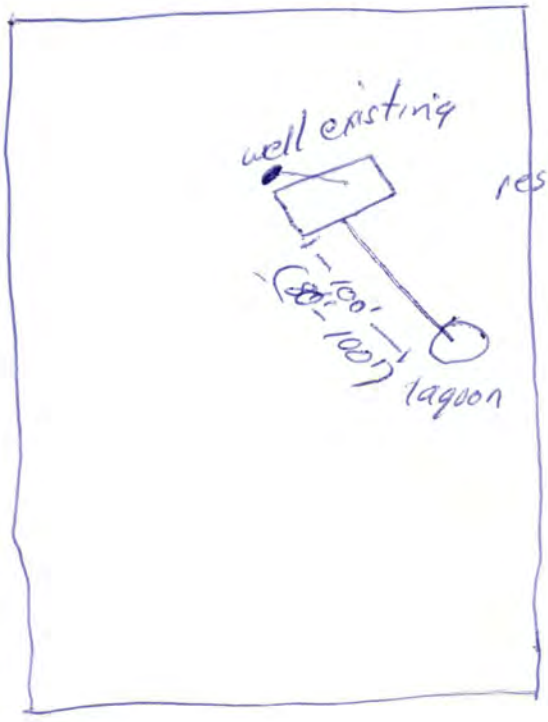
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1342

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



REVIEWING ACTION

Remarks: Lagoon system to be installed

Date: 6-16-78

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.

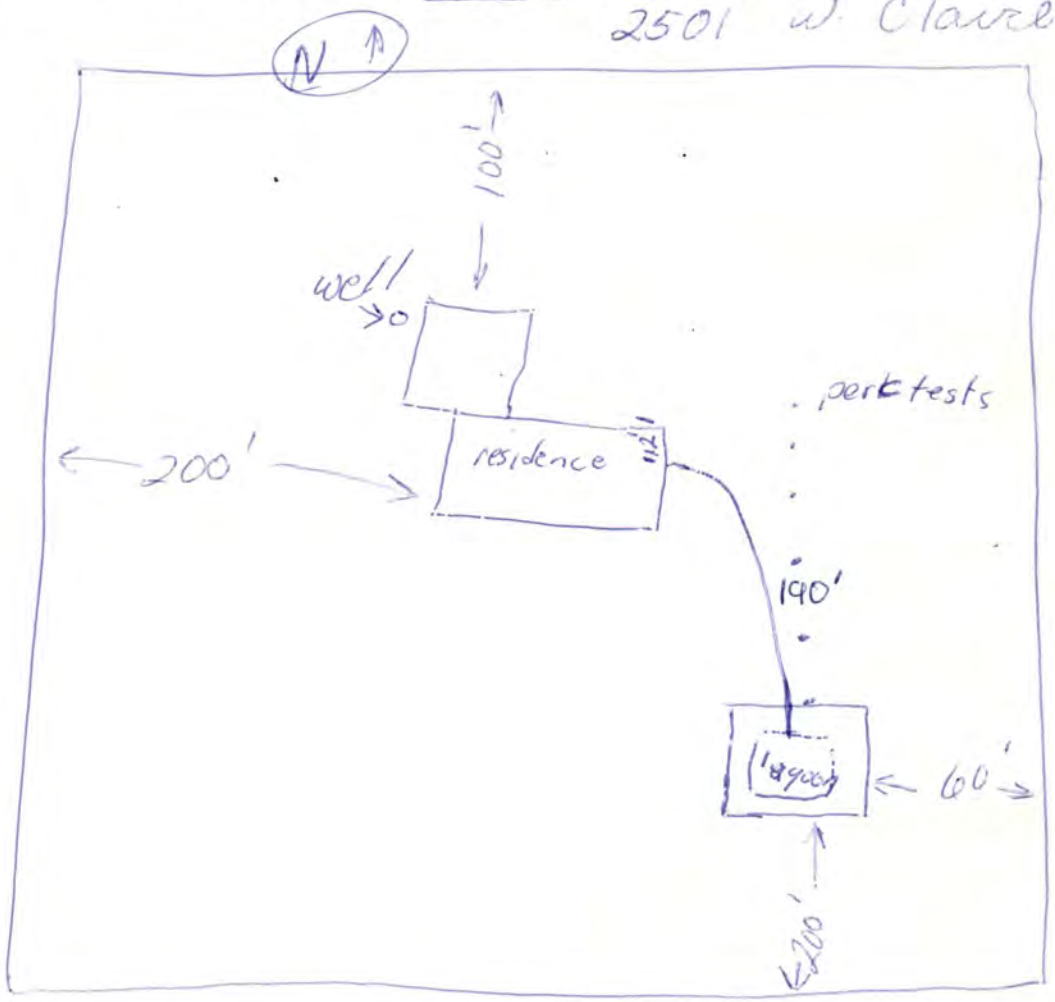
James Weverka
Signature of Reviewing Official

Randy Wadig

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._____

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

2501 W. Claire



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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2501 W. Claire Lincoln

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 7 Addition ___

Directions to Property ___

Location of Well North West Corner Tap Location: Inside ☐ Outside ☒

Location of Sewage System South Year Installed ___

Site Hazards (dogs, etc.) Dogs in locked in pen

	NAME	ADDRESS	PHONE
Present Owner:	Kathy Gaul	2501 W. Claire Ave Lincoln Ne 68523	423-1017 525-6117
Tenant/Buyer:	Elden S. Johnson "	2301 W. Peach Ct Lincoln, Ne 68522 " "	
Return to:			(Fax)

Signature of Applicant Elden S Johnson Address 2301 W. Peach Ct Lincoln, Ne 68522 Date 4/11/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04/12/01 Amount 200.00 Check No. 5471 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 4/16/2001

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 4/27/01 by DL

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Lagoon needs "No Trespassing" sign — one tree on inside of dike needs to be removed. Kathy Gaul contacted - informed of findings

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 4/27/01

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: 9-00

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

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MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2501 W. Claire Ave

Parcel ID 09-09-300-004-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 9 1/4 1/4 Block Lot 7 Addition

Directions to Property W. Van Dorn to Coddington. Coddington South 1.5 miles to W. Claire. 2 Blocks West to Property

Location of Well NW corner of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon - South of house Year Installed 1979 ?

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	Elden Scott & Phyllis Johnson	2501 W. Claire Ave Lincoln NE 68523	421-9430
Tenant/Buyer:	John & Carrie Sublette	139 S. 25th Lincoln NE 68510	476-9207
Return to:	Lynne Schroeder	3737 S. 27th St. Lincoln NE 68502	499-2222 434-3510 (Fax)

Signature of Applicant Lynne Schroeder Address 3737 S. 27th Lincoln NE 68502 Date 07/02/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/3/03 Amount $200.00 Check No. 3222 Initials

DATA ENTRY Date ____/____/____ Case No. Initials

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/7/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 1.2 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ____/____/____ by____

Date ____/____/____ by____

Date ____/____/____ by____

Comments: Lagoon appears to be well maintained. Current water level is adequate to prevent vegetation growth and prevent mosquito breeding.

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 7/10/03

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: 9-00