LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380147701

Issued 08/26/96
Expires 02/26/97
Revenue Code 18754

Establishment
JAMES BORDENARO
T9N R6E SEC 16
GATEWAY WESTERN EST BLK 3 LOT 6

FEES: $150.00

Permittee
JAMES BORDENARO
710 OLD CHENEY RD
LINCOLN NE 68508

TOTAL $150.00

Issued By M. Jane Ford
Health Director

2493

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 6E ; Section 16 ;
   Block 3 : Lot 6 : Addition GATEWAY WESTERN ESTATES
   Street Address 6801 SW 16TH St.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ LAGOON
4. Distance to public sewer: _____ ft.

James L Bedard
Signature of Applicant (Owner or Lessee)

710 old Cheney Rd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/19/96. Date Frwd. 8/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/19/96. Date Frwd. 8/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 8-19-96. Date Frwd. 8-19-96. ACTION: Approved ☒ Disapproved ☐ Signature: KD Mahon

REMARKS OR REASONS FOR DISAPPROVAL ~~APPLICANT IS CHECKING ON WELL PERMIT.~~

Site Visits:
Date: 9/27/96 by: J.C.H. closer than 200' from neighbors house.
Date: 3/10/97 by: J.C.H. need drawing & Neighbors release.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/31/97 By: Jerrold C. 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
3140 N STREET
LINCOLN, NE 68510
(402) 441-8000

B

FILE NO. _____

SW 16 & W. Denton Rd.

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 7-30-96 to 7-31-96. Weather: Precip. 0 Temp. 75.

ALL Holes Had water from pre-Sat. period

OWNER: Jim Bordenaro

Address: _____

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	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	6	30min	0	
2	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	6	30min	0	
3	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	6	30min	0	
4	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	5 7/8	30min	1/8	
5	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	6	30min	0	
6	36"	7-30	7:40P	7-31	5:20P	7-31	5:20P	6"	5:50P	6	30min	0	

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

Brian Shafer
Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(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

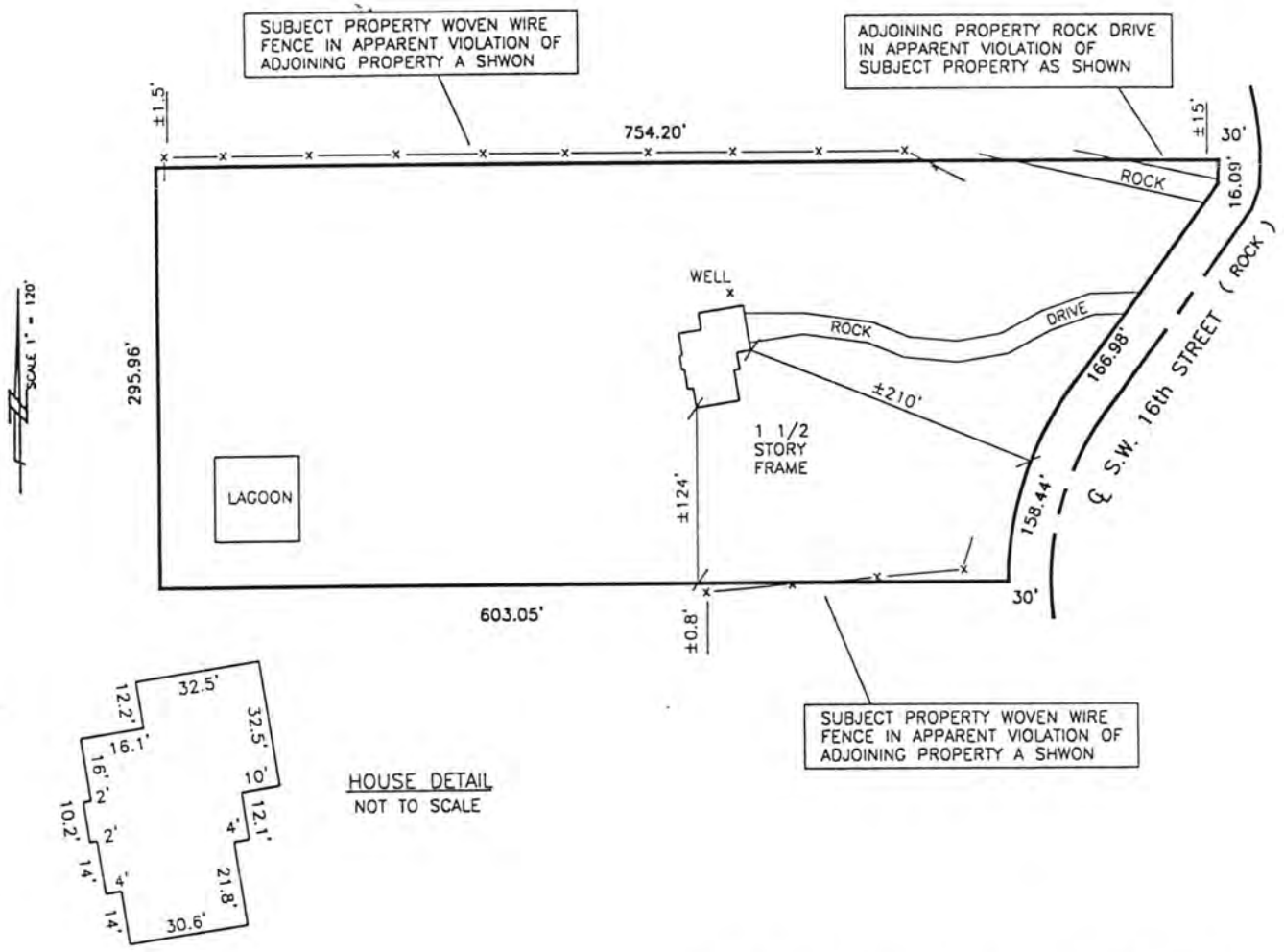
200 OAK CREEK DRIVE,
SUITE 2
LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

K&M inc.
Land Surveying

JAMES BORDENARO
UNION BANK
NEBRASKA TITLE COMPANY

PROJECT # 974035
DATE: 4-1-97 B/P: 52-22

6801 S.W. 16th STREET



HOUSE DETAIL
NOT TO SCALE

NOTE: ALL EASEMENTS SHOWN AS THEY APPEAR ON ORIGINAL PLAT

Subject property apparently falls within the confines of Zone " C " as determined by the FEMA-FIA Flood Rate Map community 315273, panel 0035 C, revised 3-18-86.

LEGAL DESCRIPTION: LOT 6, BLOCK 3, GATEWAY WESTERN ADDITION, LANCASTER COUNTY, NEBRASKA

SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and that there are no visible discrepancies, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This does not guarantee ownership, only the location of said tract. This plat is not a boundary survey and the accuracy may vary upon completion of a boundary survey.

NEBRASKA REGISTERED LS-483 LAND SURVEYOR

000503010

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 3126

Legal Description of Property: Street Address 6801 SW 16th

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 6 Addition Gateway Western Estates

Directions to Property off Denton Road north west.

Location of Well right of garage Tap Location: Inside ☒ Outside ☒

Location of Sewage System Lagoon - easy to see Year Installed 1995 ?

	NAME	ADDRESS	PHONE
Present Owner:	James Bordenaro	6801 SW 16th Lincoln NE 68523	420-1240
Tenant/Buyer:	Todd Way	7201 Beaver Hollow Circle Lincoln NE 68506	423-7209
Return to:	Cheryl Oldham	State Title 4500 So. 70th Ste 102 Lincoln 68512	434-5039

Signature of Applicant Cheryl Oldham Address Same as above Date 4/19/2000

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 4/27/00
Initials CW
Amount $150.00
Check No. 5680

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 04/27/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date___/___/___ by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___ by___
Nitrate	☐ 2.6 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___ by___

Comments: An agreement exists (copy in file) allowing lagoon to exist closer than 200' from neighboring residence.

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 05/02/00

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